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Deathbed Use of Ivermectin to Save Lives Faces Major Obstacles

Despite medical understanding of why IVM works for late stage COVID, hospitals fight families, lawyers and courts and let their patients die

By Joel S. Hirschhorn
Global Research, December 17, 2021
Joel Hirschorn

Region: USA
Theme: Science and Medicine

Seriously ill patients facing death from late stage COVID infection increasingly face hospital protocols that have a terrible record of saving lives. In fact, nearly all such patients die. This explains why over 1,000 Americans are dying every day from COVID. In a week, more people die from late stage COVID than died in the 9/11 attacks. Yet this is not major news on mainstream media outlets. Getting used to COVID deaths has produced complacency rather than rage.

As we approach 800,000 COVID related deaths in the US it is important to note that many and probably most of these occur in a hospital. The evidence clearly shows that approved hospital protocols for seriously ill COVID patients in intensive care units are ineffective.

Patients suffer in ICUs on a ventilator, getting oxygen, perhaps a steroid, often with pneumonia, and worst of all being given remdesivir that has a terrible track record, does not save lives and has deadly side effects. Staying many weeks in an ICU until they die means big money for the hospital.

Some may ask why doctors are not standing up and fighting for these patients, fighting to save their lives. Few doctors are brave enough to stand up against the entire medical establishment to administer IVM to a dying patient. Almost all US physicians in hospitals have capitulated to the evil, ineffective public health system. They rather let their COVID patients die than truly follow the science and save their lives. So, here is the science case for this use of IVM.

Late stage COVID disease

Patients and their families desperate for a better outcome often find evidence for using IVM. This usually happens after they see their relative getting worse and worse in the ICU as the hospital keeps using the government approved protocol.

In fact, there is some solid medical research that supports using IVM for late stage COVID disease. Peter McCollough, the preeminent medical expert on COVID agrees there is a valid scientific explanation of why IVM works in late stage COVID infection. Beyond its anti-viral character, it is also an anti-inflammatory medicine.

Here is the title of an April 2021 medical research study: “Anti-inflammatory activity of ivermectin in late-stage COVID-19 may reflect activation of systemic glycine receptors.” It

noted that “the clinical utility of ivermectin in the cytokine storm phase of COVID-19 reflects, at least in part, an anti-inflammatory effect.”

Dr. Pierre Kory, widely seen as a leading expert on IVM, has said: “In more advanced stages, the drug is useful thanks to its anti-inflammatory properties. Contrary to many other drugs, ivermectin is beneficial in all stages of the infection.”

A Yale University professor and renowned cancer researcher Dr. Alessandro Santin said “he has seen ivermectin work at every stage of COVID.” He is positive about hospitalized patients receiving treatments like steroids and oxygen also getting IVM. He noted that it can work “quelling the destructive cytokine storm in late infection.” He said “Ivermectin can really be the game-changer against COVID-19.” And reported seeing cancer patients “radically improve their shortness of breath and oxygenation” within 24 to 48 hours of their first dose.

A published medical 2021 study of patients hospitalized with confirmed severe acute COVID respiratory syndrome at a four-hospital consortium in South Florida. There were 280 patients with 173 treated with IVM and 107 in the usual care group. There were lower mortality rates in the group treated with IVM as compared with the group treated with usual care: 15.0% vs 25.2%, respectively, a big reduction in deaths. Mortality was even lower for a subgroup of patients with severe pulmonary involvement (what most court cases are): 38.8% vs. 80.7% for IVM and usual care, respectively, a very significant result. The study said: “We showed that ivermectin administration was associated significantly with lower mortality among patients with COVID-19, particularly in patients with more severe pulmonary involvement.”

To be clear: This controversial generic has been used globally for many years and is very safe and cheap. The official public health system, however, does not support the use of IVM for addressing COVID despite its very wide use globally, including very successful use in India where its use has wiped out the pandemic in most of the country. Normally, IVM has been used as an early treatment and with very successful outcomes; this being explained by the drug’s ability to kill the virus in the initial stage of COVID infection called viral replication. The protocols of a number of front-line doctors include IVM who have used it for early treatment to keep patients out of the hospital and alive.

Using courts and fighting hospital opposition

Below are some case examples of critically ill patients seen as being on their death bed who were given IVM, when hospitals capitulated to court orders sought by family members, and then fully recovered!

In the past year there have been over 100 court cases trying to get access to IVM for very ill patients, usually for whom hospital doctors say have little chance of surviving. Sadly, *only about 10% of these legal actions have been successful.* Hospitals are literally killing late stage COVID victims by withholding IVM. Few judges have been willing to conclude that what hospitals are doing are not saving lives and that it is medically and morally appropriate to give these patients a chance at recovering with IVM use. There seems to be inadequate use of the medical evidence given above.

Nor has there been strong calls for CDC and FDA sanctioning use of IVM as compassionate off-label drug use for late-stage patients.

Case of Sun Ng, age 71

In Illinois a court forced a hospital to capitulate to family demands to give a very sick elderly patient IVM. The hospital used the approved ways to treat the patient, including the unsafe and very expensive drug remdesivir, intubation and ventilator use for a month in the ICU. None of it worked and Mr. Ng was given only a 10 to 15% percent chance of surviving.

Ng's only child, Man Kwan Ng, with a doctoral degree in mechanical engineering, did her own research and decided that her father should take IVM. The hospital refused. The daughter went to court. Judge Paul M. Fullerton of the Circuit Court of DuPage County granted a temporary restraining order requiring the hospital to allow IVM be given to the patient. As usual, this hospital refused to comply with the court order. But the legal fight continued. One physician who testified described Sun Ng as "basically on his death bed." The judge was informed IVM can have minor side effects such as dizziness, itchy skin, and diarrhea at the dosage suggested for Ng. And the judge said that the "risks of these side effects are so minimal that Mr. Ng's current situation outweighs that risk by one-hundredfold."

The judge issued a preliminary injunction that day directing the hospital to "immediately allow … temporary emergency privileges" to Ng's physician, Dr. Alan Bain, "solely to administer Ivermectin to this patient." [As of several months ago, Dr. Bain had treated over 40 patients with IVM.] But the hospital resisted the order. Then the judge admonished the hospital and restated that it must allow Bain inside over a period of 15 days to do his job. Then the hospital filed a motion to stay the order but judge Fullerton denied it, again directing the hospital to comply. The hospital finally gave in. He passed a breathing test that he hadn't been able to pass in the prior three weeks, looked more alert and aware. The first dose of IVM showed immediate results and he got it for four days. *He recovered from COVID-19 and was discharged by the hospital some six weeks after admission.*

The attorney in this case was Kirstin M. Erickson of Chicago-based Mauck and Baker.

New York cases

Ivermectin was at the center of three successful court cases in three upstate counties of New York involving hospitalized COVID patients – 65, 80 and 81 years old. The three patients were in ICUs and on ventilators when given IVM and had little chance of living. *All were given IVM under court order and recovered and were discharged*.

The attorney for these cases was Ralph Lorigo. He has helped many families, with about 100 similar cases nationwide, he was the subject of an article titled "Ralph Lorigo has built a potentially lucrative brand as the go-to guy for desperate people willing to buck science in the pandemic's fourth wave. Lorigo called hospitals "arrogant" in the matter. "They only stick to their protocols," he said. "It's like they think they're gods. They wear white coats, but they're not God." Absolutely correct.

The case that received the most attention was for a 80-year-old Buffalo woman with COVID whose feisty, take-no-prisoners family took a hospital to court. Judith Smentkiewicz was on a ventilator when her family was told she'd likely spend another month in the ICU, where they gave her a 20 percent chance of survival. The family did some research and read about IVM's success. They pressed an ICU doctor to give it, and, on day 12 of infection, he did. Within 48 hours of a single dose, Smentkiewicz had improved so much that she was

moved out of critical care.

But doctors on the new unit declined to continue IVM even as the woman's condition declined. The family went to court. The hospital fiercely objected. Smenkiewicz's personal physician for 20 years was called in. "We reviewed the limited studies on the use of ivermectin for COVID-19 and recommend [his emphasis] she receive 15 mg orally Day 1, Day 3 and Day 5," wrote Dr. Stephen Scravani in a letter to the court. The judge ordered the treatment resumed. The result, Smentkiewicz was released to a rehabilitation facility shortly, recovered from COVID. "It is a miracle from where she was," Lorigo said.

Texas case

A 74-year-old man battled his COVID infection for almost a month and was put on a ventilator. Pete Lopez's was previously prescribed IVM at a VA hospital, but was admitted before he was able to take it. The family won a court order against Memorial Hermann in Sugar Land, Texas to treat him with IVM but the hospital refused to administer the drug. And so, Lopez died.

Pennsylvania case

Keith Smith age 52 was on a ventilator in a medically induced coma from COVID. His wife got a complicated court order to force the hospital to give IVM; but there were two frustrating days of lawyers negotiating its implementation. The brief order denied the request for an emergency injunction to force UPMC [hospital] to administer IVM. However, the order directed UPMC to allow the doctor who had prescribed the drug or another physician or registered nurse to administer it under the doctor's "guidance and supervision." Like most situations there was a legal battle. After too long a delay, about a month, Smith, who was getting dialysis treatment received his first dose of IVM. Sadly, he died. IVM works, but if major body organs are devastated with use of the standard protocol, it can be too late for IVM to save the life.

Virginia case

Kathy Davies was hospitalized for several months, including being placed on a ventilator and given remdesivir that has a terrible record compared to IVM. According to attorney Thomas Renz, the death rate for COVID patients prescribed remdesivir (26%) exceeds the fatality rate of COVID patients prescribed ivermectin, which is recorded by the CMS database at 7.2%.

Her family fought for several weeks for her to get IVM. But hospital doctors refused, so the family hired a legal team, and the court hearing the case said the patient had the right to try IVM, if it was prescribed by her doctor. But the hospital blocked the doctor.

The hospital in Warrenton, Virginia, was held in contempt by a court that had authorized the use of IVM treatment for Davies according to a report from Just the News. Fauquier Health was ordered to provide the dose authorized by the court or it could be fined. Supposedly the hospital agreed to comply – following a week of arguing with the court. But it did not.

Next, as the report confirmed, "Judge James. P. Fisher, of the 20th Judicial Court of Virginia, agreed with the arguments presented by the Davies family attorney and ruled to hold the hospital in contempt of court and compel the $10,000 a day fines, which could be applied retroactively. The hospital, at this point, complied and allowed the Ivermectin to be

administered to the long-suffering patient."

After 41 days on a ventilator, Kathy received her first dose of IVM and continues receiving it.

Florida Case

In November it was reported that a Florida teacher who drew national attention for trying to get a hospital to administer her IVM died from COVID. Tamara Drock, 47, died 12 weeks after being admitted to Palm Beach Gardens Medical Center for treatment. Her husband sued the hospital in an attempt to require it to administer IVM. "If she had walked out of the hospital, she could have had the medication. Every person in Florida has a constitutional right to choose what is done with their own body," he said. A doctor at Palm Beach Gardens Medical Center agreed to give Drock IVM, but the family's attorney, Jake Huxtable, said the proposed dosage was too low. Palm Beach County Circuit Judge James Nutt rejected the initial lawsuit. This case brought up the option that has not been widely seen, namely late stage COVID patients leaving the hospital if they could arrange for an independent doctor providing IVM.

Montana and Idaho conflicts

One Montana hospital went into lockdown and called police after a woman threatened violence because her relative was denied IVM. Another Montana hospital accused public officials of threatening and harassing their health care workers for refusing to treat a politically connected COVID patient with IVM or hydroxychloroquine, that 82-year-old patient died. And in neighboring Idaho, police had to be called to a hospital after a COVID patient's relative verbally abused her and threatened physical violence because she would not prescribe IVM or hydroxychloroquine. These three conflicts occurred from September to November.

Several Illinois cases

In May, a DuPage County judge ordered Elmhurst Hospital to allow a comatose COVID patient to receive IVM after none of its physicians agreed to administer it. The woman's daughter said she improved and ultimately returned home after an outside doctor gave her the drugs.

A Springfield judge reached a different conclusion, ruling against a woman seeking to force Memorial Medical Center to provide IVM to her 61-year-old husband, who reportedly had been hospitalized with COVID for nearly six weeks.

In another case, friends and supporters of Veronica Wolski, besieged Chicago's Amita Health Resurrection Medical Center with hundreds of calls and emails demanding that Wolski, who was hospitalized with COVID-related pneumonia, be given IVM. The hospital said it did not use IVM to treat COVID, and Wolsk soon died.

In another DuPage case, court documents show a winding road that led Leslie Pai, a 68-year-old photographer, to Advocate Condell's intensive care unit. According to the lawsuit, Pai entered NorthShore Glenbrook Hospital with COVID- on Aug. 31. She was already taking IVM as a preventive measure and brought some to the hospital, but according to the complaint, officials there threw it out, saying it was not allowed in the facility. The staff at NorthShore Glenbrook wouldn't budge in their opposition to IVM, the complaint said, so on Sept. 11 Tiffany Wilson had her mother transferred to Advocate Condell, where she was

placed on a ventilator and put into a medical coma. Advocate Condell doctors weren't willing to give her IVM, either, so Wilson filed suit in DuPage County, home of the hospital's parent company. Hayes granted a temporary injunction allowing an outside physician, Dr. Alan Bain, to give her the drug. But things did not go well because hospital doctors said Pai had harmful effects from IVM.

The hospital's lawyers said Pai had received a "mega dose" of the drug, but Jon Minear, one of Pai's attorneys, said doctors misunderstood the dosage Bain prescribed. He added that her medical records indicated that her condition had improved. The daughter Wilson in an affidavit said her research into IVM led her to believe its risks are "infinitesimally small," and that it offers her mother an excellent chance at a full recovery. The hospital maintained its opposition and the legal battle continued.

Kentucky case

A judge denied a request to force doctors at a Louisville hospital to treat a COVID patient with IVM. Angela Underwood filed a lawsuit in Jefferson County Circuit Court to compel doctors at Norton Brownsboro Hospital to give her husband, Lonnie IVM; she represented herself in the case. "As a Registered Nurse, I demand my husband be administered ivermectin whether by a Norton physician or another health care provider of my choosing including myself if necessary," Underwood wrote in her complaint, which was later amended to request her husband be treated with "intravenous vitamin c." Jefferson Circuit Judge Charles Cunningham wrote in a ruling that the court "cannot require a hospital to literally take orders from someone who does not routinely issue such orders." Cunningham wrote that Underwood could try to find a hospital that "believes in the efficacy of these therapies." "This is impractical because it is likely that no such hospital in the United States, or certainly in this region, agrees with Plaintiff," Cunningham wrote. "Moreover, her husband's medical circumstances may make such a transfer unjustifiably risky. Interestingly, initially, Circuit Court Judge Judith McDonald-Burkman did order the hospital to treat Underwood with IVM "if medically indicated and ordered by an appropriate physician," and that judge granted "emergency injunction to administer intravenous Vitamin C." But Cunningham stepped in as judge at some point.

Ohio case

An Ohio judge ruled that a local hospital cannot be compelled to give IVM to a COVID patient. Common Pleas Court Judge Michael Oster Jr. issued the ruling as a 14-day temporary injunction granted by a different judge expired. Julie Smith asked for an emergency order for the use of IVM for her husband Jeffrey Smith, 51. He was in the intensive care unit of a Butler County hospital for weeks. Initially, Judge Gregory Howard gave the go-ahead to Dr. Fred Wagshul's prescription of 30 milligrams of IVM daily for three weeks, as requested by his wife.

The second judge wrote that Smith and her lawyers did not overcome the high burden needed to maintain the injunction. Oster said there was no clear evidence that IVM is effective against COVID-presented in court and that he must also consider the rights of the hospital and the impact that forcing a hospital to give a drug could have. "The FDA, CDC, AMA and APhAA and the doctors of West Chester Hospital do not believe that ivermectin should be used to treat COVID-19," Oster wrote. He said that Jeffrey Smith could be moved to another hospital where the drug could be administered. Kelly Martin, spokeswoman for UC Health which operates West Chester Hospital, said "We do not believe that hospitals or

clinicians should be ordered to administer medications and/or therapies, especially unproven medications and/or therapies, against medical advice."

Conclusions

There is no consistency among all these cases. With one exception. Hospitals invariably fight all attempts by families, attorneys and courts to get IVM to seriously ill COVID patients. They are totally on the side of the government and refuse to acknowledge benefits from IVM use in late stage COVID disease. Like government agencies, hospitals are unwilling to follow medical science, even in the face of failure of government approved protocols for such patients.

While there has been some success with patients recovering because of IVM, in many cases patients die because they get IVM too late or not at an effective dose.

Most judges seem unwilling to see the near certainty of death being outweighed by the possibility that IVM can save a life. They are stubbornly wed to the idea that hospitals and their doctors know what works best, despite the very high death rate for late stage COVID patients put on the normal protocol.

Emergency preparation

More people should think about taking these actions:

1. Have a stock of IVM in your household.

2. Line up an independent physician who does not work for any hospital or health care corporation; even if only available through telemedicine.

3. If a love one gets stricken with late stage COVID, is seriously ill and gets hospitalized and is given the standard care protocol, be prepared to take that person out of the hospital (without hospital approval), to your home where IVM can be administered, preferably with guidance on dosage from a physician that is pro-IVM. This should be considered after just a week or so in an ICU and preferably before being put on a ventilator.

4. This sounds drastic, but staying in the hospital on a ventilator for weeks in an ICU is in almost all cases a death sentence.
