

'Get Sicker': Anatomy Of A Failed Policy



[Mary Beth Pfeiffer](#)
[August 31, 2021](#)

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By Mary Beth Pfeiffer

Twenty-seven-year-old Ankit Dubey was sick and terrified. He could hear sirens blaring across Lucknow, his home in northern India. He had been warned away from hospitals. People in his middle-class neighborhood were dying.

This second COVID wave was nothing like the first in 2020. This was Armageddon, “a horror movie,” he said, that lasted through April and May of 2021. He had thought lockdowns had spared India the chaos he had seen on TV from New York and Rome. He was wrong. “We went through hell,” he said.

Dubey told me his story because he wants the West to understand, to know. He, his parents, 56 and 65, and brother, 30, all four sick, were spared death, thankfully, but also painful and prolonged illness. How? They got treated early with a combination of safe generic drugs: azithromycin, doxycycline, and another he

had never heard of: ivermectin. Other Indians tell similar stories.

India has been cast as a COVID failure with a struggling health-care system and spotty access to vaccines. But despite those two realities, India quelled a vicious Delta wave by making a key choice. Most of its states, led by 240-million population Uttar Pradesh where Dubey lives, opted to treat COVID early. The United States, Canada, the United Kingdom and most of Europe have not. They can learn from Ankit Dubey's story.

"I don't want to see more humans suffer like we did," he said.

This article – my twentieth on COVID treatments in 18 months — was prompted by the contrasting experiences of success and suffering, of the Dubey family in India that beat back a virus at its doorstep to two patients in the United States who were never given the chance.

First, here is how the supposed greatest nation on earth practices COVID care.

Late, Pricey, Pointless

Sick with COVID and seeking help, Laurie Sharr, 62, in Nevada and Stephen Tyrrell, 51, in Florida were offered nothing to treat their escalating infections. This, of course, is standard operating procedure in America. Sharr was sent home with an antibiotic for pneumonia from a doctor who did not bother to test her or her husband. Tyrrell went to an emergency room with a dangerously low blood oxygen reading, and was told, "Go home and take Tylenol and rest."

Within 48 hours, both were sick enough for a ticket into a hospital, with Laurie Sharr telling a doctor she was doing OK. "Don't worry," the doctor said, "it's going to get a lot worse." Indeed, ahead lay the "cytokine storm" – the dreaded cascade of illness that claims many COVID patients. It almost killed them both.

Three significant parallels emerged from my talks with these patients 2,500 miles apart.

Both had hospital staff members whispering to them that ivermectin worked but their hands were tied; one doctor had even used it to treat himself. Both had ivermectin smuggled into the hospital for them – in a pajama bag and in Gatorade. Both in no uncertain terms were denied safe, FDA-approved ivermectin – as

many patients are — but somehow, eventually, both got the hospitals to give it.

For Tyrrell, the change was “180 degrees...it saved my life.” Sharr said the drug got her “over the hump.” It can be argued that each would have lived anyway. But the point is that damage was done. What would COVID have been for them if, like Dubey, they had been treated early and at home?

In all, Tyrrell spent 104 days in two hospitals and a rehab facility. For his first 38 days alone, Tyrrell's insurance company paid \$385,000. That six-figure prize won him the Cadillac of USA COVID care – high-priced remdesivir, state-of-the-art tocilizumab antibodies, inhalers, steroids, BiPAP treatments and blood-thinners.

‘I’m Terminal’

After eight days of this, and despite all efforts, Tyrrell was suffering severe oxygen deprivation and moved to ICU. “The patient has a critical and tenuous respiratory status,” a doctor wrote in his chart. Tyrrell was told 10 to 15 percent of patients like him survive 30 days.

Facing intubation next, Tyrrell had had enough. “I’m terminal, if you unplug that [oxygen] machine, I’m going to die,” he told a doctor. “I asked him, after he’d already given me everything else, if I could take ivermectin.”

“You might as well drink bleach,” the doctor responded.

Such hostile and dismissive responses – “witchcraft,” one hospitalist called ivermectin – are common from doctors who themselves appear traumatized by medical impotence and loss. Fearful and constrained, they watch helplessly as patients like Tyrrell and Sharr – once robust and healthy — are withered by COVID.

A fit and active man before COVID who took only baby aspirin, Tyrrell lost 84 pounds – a third of his body weight — and spent weeks on his back and then in a wheelchair. He struggles now to walk the length of his home. Sharr, a thrice-weekly aerobics instructor and choir singer, lost 27 pounds in two weeks and is haunted by her experience. “This thing eats your body,” she said. “It just eats it away.”

All of this — the suffering, trauma, disability and expense — might have been avoided if these two patients had been treated early. Yet we are told there is no early treatment.

That is a lie.

Complicit, 'Catastrophic'

These two cases are not unique, as I've learned in 18 months of COVID research, including many talks with doctors, patients and scientists. At this point in our global pandemic, it is clear to me: People have died needlessly, and government is complicit. I'm not alone in believing this.

"It embarrasses me for what we have done in the U.S. in terms of this management," Dr. Mobeen Syed, a medical educator with 395,000 YouTube subscribers, told me when we spoke of ivermectin for this article. "It embarrasses me that even though we have drug that is safer than Tylenol, we have made people resort to taking horse paste or animal products. We have done this to Americans."

Juan Chamie, a data analyst who researches pandemic trends, made a prediction about the unfolding U.S. Delta wave as the weather cools; people move indoors, and school reopens. "Fall and winter in the highly vaccinated states in the north," he said, "is going to be catastrophic." Only early treatment can stop it, he told me.

Time and again, Chamie has documented ivermectin's impact on dozens of outbreaks: In Delhi, Uttarakhand, Haryana and Uttar Pradesh in India; in parts of Peru, Paraguay, Colombia, Argentina and Brazil; and in Panama, Namibia, Zimbabwe, Slovakia and Indonesia. Ivermectin reduced hospitalizations in Mexico City up to 76 percent, while a door-to-door campaign obliterated it in the state of Chiapas. These trends, just after organized efforts, are no coincidence.

But rather than support actual outpatient care, this is what we get from alleged protectors of U.S. public health, including the Food and Drug Administration, National Institutes of Health, and Centers for Disease Control:

- Willful ignorance of the science supporting ivermectin – or any early treatment for that matter.
- Demonization of this safe FDA-approved drug, used on 250 million people annually, as fit only for animals.
- Speedy acceptance of drugs like woefully ineffective remdesivir in a system rife with conflicts of interest.
- A fantastical supposition that there is one way out of COVID: Vaccines.

- Greatly enriched pharmaceutical companies thanks to taxpayer largesse and something called the Emergency Use Authorization.

That statute in U.S. law allowed millions to be inoculated with a hot-off-the-presses, unapproved vaccine, as long as one explicit caveat was met: “there are no adequate, approved, and available alternatives.”

Of course, we know there were alternatives all along. Drugs to treat COVID have been sacrificed to vaccines.

Message and Media

Throughout COVID, the media has stepped into line like good soldiers in a war on disease, failing, in the process, to do its job. It gave government a pass on the dearth of outpatient care. It fostered the fiction that aggressively treating COVID is a right-wing construct. It dismissed vaccine side effects as rare. It enabled vast censorship.

News outlets might be excused for initially minimizing falling vaccine efficacy in this dynamic situation. But it cannot be excused for its politicization of and disdain for generic early treatments. As a mainstream community journalist for decades, with two books and many awards, I am appalled at what this profession has become.

Existing drugs could have relegated COVID to a manageable outpatient disease by the first half of 2021.

We have promising generics: ivermectin primarily but also fluvoxamine, hydroxychloroquine, budesonide and protocols that employ them with zinc, Vitamin D and the like. They have been suppressed around the globe, as countries – mainly, but not all, in the first world — have caved under pressure to conform to the U.S.-hatched strategy.

In the white-hot frenzy of pack journalism, doctors’ licenses have been threatened, and reputations imperiled, including of a prison doctor who used ivermectin and kept inmates out of hospitals. Will nursing home practitioners, who told me of their own ivermectin success, be next in this witch hunt? Indeed, some had used it to control scabies and found a remarkable drop in COVID.

As the globe is buttressed by new variants, vaccine efficacy is being tested and so is that of ivermectin. Leading proponents are adjusting doses and adding to treatment cocktails as part of a logical ongoing effort: Use emerging science and clinical experience to learn what works. Although off-label use of approved drugs is well established — accounting for 21 percent of office prescriptions and half of oncology drugs — doctors have instead been told to follow only a few, patented, government-sanctioned treatments, available only in hospitals.

Who could blame them, in this heated environment, for not practicing medicine but following orders? Nonetheless, the forces of commerce and incompetence that have pushed a false narrative and demonized treatment for COVID must be held to account.

‘Walked Out Alive’

Laurie Sharr in Nevada was traumatized by 16 inpatient days in which her oxygen level plummeted so low that a doctor once looked at her readings and summarily told her she was minutes from death. Her husband, Weldon, fighting COVID in another hospital room, was wheeled in to say goodbye. Instead, he helped her onto her stomach and brought her back from the brink. At least for the moment.

For days, a nurse had told Sharr about ivermectin. “When we used to prescribe it,” the nurse had said, “everybody was walking out alive.” Though Sharr asked and was denied ivermectin, someone apparently intervened. All Sharr knows is that she got the drug for the last five days of her stay. “I started getting better.”

Sharr is grateful, but she is also angry and shaken: By her treatment like a “leper” who was checked through a window or doorway; by her nightmares of three to four calls of code blue each night; by her doctor’s callous announcement of impending death.

“If you don’t figure out how to live,” she said in a conversation punctuated by tears and memories of trauma, “you do not live.”

Helped From Afar

Three weeks into COVID, Stephen Tyrrell was maxed out on oxygen and breathless. “Help my wife bury me,” he texted his friend of more than 20 years, Sam Guirguis. Alarmed, Guirguis found a doctor in Idaho, Ryan Cole, who told him about an ivermectin protocol.

As with Sharr, administrators refused Tyrrell's pleas, even under Florida's "right-to-try" law for dying patients. After he threatened to bring in a high-powered law firm, Tyrrell got ivermectin on day 27 of infection. The change was dramatic. "I got my husband back," said his wife, Rebecca Tyrrell. To Guirguis, Tyrrell went in three days from "basically dead" to making plans for a part-time business. "This was a man with a future."

(I'd note here that the smuggled ivermectin may have made the dosing difference for one of these patients. We will never know.)

The article you are reading will undoubtedly be labeled "misinformation," along with millions of Facebook posts that disagree with the government's pronouncements. That single word and its embrace by the media has enabled anti-treatment COVID dogma. It keeps the press on message. It instills fear. It tows the line, even as the line moves and the government narrative shifts — on infectiousness of the vaccinated, how well vaccines work, where the virus originated and herd immunity.

Vaccines no doubt are a necessary weapon against infectious disease. But in the case of COVID, they have impeded actual care of those who are already sick, vaccinated or not.

I.F. Stone Knew

"All governments lie" was the mantra of investigative reporting legend I.F. Stone. As a journalist, I have exposed some serious lies in my career. But my reporting on the management of COVID-19 has transformed my view of government, and my profession, in a way that 25 years of investigative reporting did not.

It was a lie when the FDA trotted out a six-month-old web post recently, warning of "serious harm," "seizures, coma and even death" from ivermectin. The March post was spurred, it said, by "multiple" reports of people harmed by an animal formulation. In response to my question – how many is "multiple"? – the agency told me four, with some "lost to follow-up." This is how governments obfuscate, confuse and, yes, lie when discussing a drug that the Journal of Drugs in Dermatology said in 2016 "continues to provide a high margin of safety for a growing number of indications."

FDA-sanctioned remdesivir, meanwhile, was associated with more than 500 deaths in its first year of use. Ivermectin was linked to 20 deaths in 19 years of WHO VigiAccess record-keeping. You won't find that on the FDA web site.

In the same vein, on Aug. 26, the CDC reported a “three-fold increase...from the pre-pandemic baseline” in ivermectin calls to poison control centers. I asked the CDC press office four times: How many calls were received, and what was the baseline?

It finally answered, gave no figures, and referred me to the American Association of Poison Control Centers. I'm waiting.

Back to India

Ankit Dubey lives in a white stone house with first and second-floor terraces adorned by greenery, like many houses in America. He is happy to be alive and healthy, knowing what it is like to struggle for breath. A 2019 university graduate, he hopes to work in journalism.

When we spoke, we compared notes. In India, ivermectin is now a “household name” and is easily available for about 150 rupees (\$2) at the nearest drug store. People no longer fear COVID in Uttar Pradesh, with just 300 active cases on Aug. 28. Instead, he said, they treat it. Life goes on.

In the U.S., meantime, I told Dubey of shortages of ivermectin and of pharmacists refusing to fill prescriptions. He knows well the propaganda campaign being waged against ivermectin here because he follows Twitter, which is how we made contact.

“I feel sorry for you all, Miss,” he wrote in a text. “People should use India’s example.”

If only they did. The promise and merits of vaccines aside, treatment matters.

“We are even more at the mercy of virus,” said Dr. Syed, who supports vaccines except in select risk groups. “The virus is not leaving any stone unturned to hurt us. We should also not be leaving any stone unturned to protect us.”

Mary Beth Pfeiffer is an investigative journalist. Find links to her COVID articles [here](#).

Note that views expressed in this opinion article are the writer's personal views and not necessarily those of TrialSite.

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[Mary Beth Pfeiffer](#)

Mary Beth Pfeiffer, author of *Lyme: The First Epidemic of Climate Change*, has been an award-winning investigative journalist for three decades. A reporter who has specialized in social justice, environmental and health issues, she is also author of *Crazy in America: The Hidden Tragedy of Our Criminalized Mentally Ill*. The book is a critically acclaimed look at treatment of the mentally ill in prisons and jails in the United States. Pfeiffer is married to Dr. Robert Miraldi, whom she met when both were reporters at the Staten Island Advance. Miraldi, a Fulbright scholar and journalism professor, is author of *Seymour Hersh: Scoop Artist*. They have two children, four grandchildren and a Shih Tzu named Bushwick.

Responses

You must be [logged in](#) to post a comment.



[PeggiD](#)

[September 2, 2021](#)

I hope TrialSiteNews will make this a free to the public read – it has such important information of which many are so unaware.

[Log in to Reply](#)



[TheRealRestoreInc.](#)

[September 2, 2021](#)

Thanks

[Log in to Reply](#)



nurgar

September 1, 2021

Beautifully written article on a crucial topic. Thanks!

[Log in to Reply](#)



curmudgeon.gg

September 1, 2021

Great work again Ms Pfeiffer. God bless for your work and being one of the few with backbone and courage. I'm convinced IVM is our only chance to ERADICATE this scourge.

Take note: two recent signatories on my petition are lady doc's. I'm delighted. Hope it's a trend.

Save lives. End the suffering. Sign it- Post it- Forward it today:

<https://sign.moveon.org/petitions/give-us-ivermectin>

[Log in to Reply](#)



Ilse008

September 1, 2021

Thank you Mary Beth, your articles are always well thought out, thorough, honest and enlightening. Your talent really shows in how you so eloquently write about such an infuriating topic – truly well done.

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Phred

September 1, 2021

Statements from the “CDC Press Office” need to be signed by some real person, who can then be held to account for wilful misinformation resulting in public harm.

[Log in to Reply](#)



Frances Lilian Wellington

September 1, 2021

The whole hearted approach vs the spiteful parasitic approach. One created through unconditional love the other created by selfish narcissistic greed. To turn things around the patient's unmet needs have to be the priority. It is inconceivable to me that this inconsistency exists. Are these people INSANE?

[Log in to Reply](#)



LibertyKat

August 31, 2021

Thank you for writing this. It needs to be read by the world. Is it available on a free source we can share publicly or just through TSN?

[Log in to Reply](#)



mmcgr

August 31, 2021

Wonderful article.

[Log in to Reply](#)



vivianoverandout@hotmail.com

August 31, 2021

Excellent article especially with the real-life comparisons of people with Covid and their treatment physically and emotionally on two different continents. The American citizens should never have had to suffer such needless terrifying trauma. How many people have died? Will anyone be held accountable for what amounts to medical malpractice? I don't know how these doctors sleep at night.

[Log in to Reply](#)

lu1971

August 31, 2021



Excellent article, thank you Mary Beth. I will share it and it will be ignored or demonized by just about everyone I know who has succumbed to the brainwashing. I just read an article about how well Costa Rica was doing, treating Covid with HCQ in the early stages of the pandemic. Not doing so well now, apparently, since the vaccines were rolled out in January.

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mrJames

August 31, 2021

Great article. Thank you for writing it. Not enough people are brave enough to speak nowadays.

I think a Feynman quote would be appropriate. "To be a successful scientist it's not enough just to be right. You have to be right when everyone else is wrong.

Conventional-minded people can't do that."

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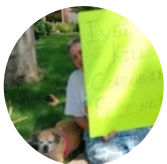


Iforgie

August 31, 2021

Thanks for writing the truth.

[Log in to Reply](#)



TerriScofield

August 31, 2021

Terrific, thank you.

I'm going to figure out how to add this to my TerriScofieldUedited channel on Telegram.

[Log in to Reply](#)



DonMidwest

August 31, 2021

If citizens in the US cannot learn about alternative therapies for Covid 19 from the media and national health policy, maybe they can learn from the experience of India and other countries? Probably not because America is exceptional

This article presents two parallel cases, one in USA, one in India. In both cases the hero was ivermectin and the villain was the “public” health agencies who support technological fixes and high cost drugs. Doctors’ experience was no match for the rigid policy of vaccines. Were people subjected to a medical experiment or good public health policy?

Imperialist nations try to destroy whistle blowers. Typically whistle blowers bring out some hidden information or action. In contrast, the whistle blowing case of ivermectin is out in the open, and the powers that be are fighting it every inch of the way.

[Log in to Reply](#)



TerriScofield

August 31, 2021

You hit the nail on the head, Don.

Corruption, collusion, profiteering and racketeering rule the day.

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