

## **Statement from Dr. Pierre Cory about criticism of his video:**

First of all, I want to apologize for seeming dismissive of the massive amount of death we have had due to the COVID virus. Every life is valued and important. My heart goes out to those who have lost loved ones, regardless of their age or expected death. I am a physician first, with extensive background and training in pathology, in addition to many years I chose to spend caring for patients in the ER, family medicine and dermatology. I take very seriously the physician's oath to "First, do no harm." The first rule in my lab and for my entire career is, and has been, that the patient always comes first. I treat every patient as if they were my loved one.

I care deeply about patients regardless of their age. To call me cruel and unfeeling could not be farther from the truth, as any of my patients or staff would attest. I am not affiliated with any political party, organization, foundation or special interest group. I generally stay out of politics aside from voting and have made no political contributions for many years. I have not been a part of any other events of the Idaho Freedom Foundation and I am not aligned with whatever their agenda may be. I was under the impression that I was giving a talk to a small public group at the invitation of the Lt. Governor's office. This was an open meeting at the Capitol building, called the Capitol consortium, that is open to all citizens and I graciously accepted the invitation to speak. It is disheartening that those of a particular political leaning would use my scientific data and words to promote their agenda. I am absolutely not in the Anti-Vax camp, and I am concerned that these comments came across that way. I have been vaccinated. All of my children have been vaccinated. Vaccinations are a major advancement in public health that has increased the life expectancy for humans around the world over the last 50 years. I support vaccination. I would ask that you remove any Anti-Vax titles from anything associated with this speech, as that was not my purpose there. I am now receiving emails through my business insulting me and calling me an Anti-Vaxer, and I consider this slander and libel, as per my text earlier to you concerning the title KTVB chose for your 208 piece.

I do, however, have some legitimate concerns regarding this particular vaccine. I am concerned about the lack of long term safety data, because this vaccine is simply too new. We have never tried an mRNA vaccine in humans before. I am concerned about the implications of injection of foreign, synthetic mRNA and the antibody reaction which cannot be reversed. It concerns me that large numbers of individuals are being essentially enrolled in a long term phase III clinical trial for the vaccine without being fully informed of this, with no ability for recompense if injured or in case of death. I am concerned by the number of adverse event and deaths that have been reported in correlation with this vaccine administration. You can search this data at <https://vaers.hhs.gov/data.html>

If other consumer products were released with so many correlated deaths, that product would be pulled from the market immediately. The CDC definition of a vaccine is "A product that stimulates a person's immune system to produce immunity to a specific disease, protecting the person from that disease." The endpoint of the current vaccine trials for approval was a decrease in symptoms or hospitalization. To date, there is not scientific paper demonstrating that these injections confer true immunity or prevent transmission of disease, hence the recommendations to continue with masks and

distance. If true immunity were achieved, these recommendations would not be necessary. Per one of the world's leading vaccinologist, a non-sterilizing immunity actually promotes the spread of variants of the virus, and he has recommended we stop the vaccination programs.

<https://www.linkedin.com/feed/update/urn:li:activity:6777922904618225665/>

I find it interesting that as Dr. Souza states that we need more long term randomized, controlled studies regarding treatments while touting a vaccine that does not have long term randomized, controlled studies. I stand by the remarks that Coronaviruses do run a seasonal course. This is common for many viruses, including the flu.

<https://academic.oup.com/jid/article/222/7/1090/5874220>

In my lab, and across the state, we have seen significant drops in the rate of positive cases. While there is not a pre-defined number that determines when a pandemic is over, the lower level of cases may be reaching an "endemic" number. This means that enough of the population has had the disease and has immunity so that it is not spreading as rapidly. It may be that this virus will remain in circulation for some time, at an endemic level, as many viruses, including the common cold, and the flu do. We do not yet know the impact the new variants will have on the case rates. We should stay vigilant, but I would like to see us learn to live with the virus in our midst instead of living in constant fear of it.

Dr. Souza argues that "I find it interesting that people might be more interested in putting an animal, anti-parasite, chemical medication into their body to prevent something that we already know we can prevent non invasively by wearing a mask and spacing out." It should be noted that masks and social distancing are not risk-free recommendations either. There are numerous social, emotional, mental and economic implications of these measures that are particularly impacting young people. These measures have their place, however, they should not be the primary tool in the medical arsenal.

We always draw conclusions for new diseases based on what we know about similar viruses. This is how medicine works. We look at similar diseases and base our treatments and approaches on what works for similar illnesses. Of course we must keep an open mind to how one illness is different from another, but as scientists we absolutely must use what we already know and apply it to new conditions.

Because I do care so deeply about patient lives, I want to see additional treatments available to people. I have seen Ivermectin work for many patients and there are numerous very good studies, randomized and controlled, that show a benefit. Ivermectin has been used safely around the world as an anti-parasitic medication by 4 billion persons. It is considered one of the world's safest and most essential medicines by the WHO. By saying this is a "horse chemical" is either naïve or disingenuous on Dr. Souza's part. This medication won the 2015 Nobel Prize for its discoverer. Medicine and science advance by using treatments we have for one thing, and trying them for another. Many, many medications are used "off-label" safely and effectively.

Ivermectin is also not only a preventive, but very powerful as a treatment for those who are already experiencing symptoms of the disease, and has been shown to reduce symptoms and death rates, as well as viral shedding time and viral load in randomized

controlled trials around the world. Dr. Souza is wrong about the dose in the petri dish studies, as those were performed on monkey kidney cells. However, when those studies were done on lung cell lines, the human dose for Ivermectin became safe and effective. The following websites are from the Front Line Critical Care Consortium, which consists of leading national academicians and physicians with over 2000 combined medical publications. The second site summarizes and confirms my comment that Ivermectin trials have shown strong benefit to date.

<https://covid19criticalcare.com>

<https://c19ivermectin.com>

All the medications used in treating patients are chemicals. A chemical does not read the textbook and know it's only allowed to work for specific illnesses or conditions. I could go into an extensive lecture regarding the anti-viral mechanisms of action for Ivermectin, and why it works for COVID even though it was initially developed as an anti-parasitic. In a pandemic, we need to reach for all tools that show efficacy and have a proven safety record quickly to save lives.

I stand with my health care colleagues in wanting to find effective approaches to combatting this disease. As you know, I have spent countless hours on the front lines testing so that people can have accurate information for conducting their lives. I spend nearly all of my waking hours consuming scientific information about this virus, it's spread, testing modalities, and treatments.

I absolutely agree with your closing comments regarding the public health and scientific tools needed to combat this disease and I am in full support of treatments and approaches that have sound scientific evidence for the benefit of individuals and society.

I would be happy to discuss this with you today or in the future.

Thank you,

Ryan Cole, MD  
April 2021