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## The Drug that Cracked COVID

May 01, 2021 01:43PM • By Michael Capuzzo



On the morning of December 18, 2020, as the newscaster announced a grim New York record for COVID-19 deaths and the weatherman predicted a white Christmas for Buffalo, Judy Smentkiewicz drove home from a house cleaning job, excited about the holiday. But her back hurt bad, and she was unusually exhausted. “I thought it was my age, being eighty years old, working every day,” she said. “I never thought about COVID.”

Judy’s small house in Cheektowaga, just east of Buffalo, was all set for Christmas. Daughter Michelle, who lives a few miles away and talks to her mother five times a day, put up the tree and the decorations and the snowman on the front lawn of grandma’s house with her daughter until it looked like a scene from *It’s a Wonderful Life*. Son Michael came up from Florida with his wife Haley to help his sister cook the family Christmas Eve dinner, usually for twenty-five, but now just immediate family with “COVID shaping everything,” Michael said. Michael, fifty-seven, hasn’t lived in Buffalo for close to thirty years, and relishes the trip home.

But now he was worried. Mom was sleeping twelve hours a day. She couldn’t eat. She couldn’t lift the phone. “I’m fine, I’m just tired,” she kept saying. But Judy was always up with the sun. After raising two children as a single mother, working thirty-five years as an office manager for Metropolitan Life Insurance Company, she was still cleaning houses five mornings a week with her girlfriends to “keep busy.” On December 22, three days before Christmas, Judy tested positive for COVID-19.



“We were devastated,” Michael said. The family Christmas Eve dinner was cancelled, Judy spent Christmas in quarantine in her house, four days after Christmas she was taken by ambulance to Millard Fillmore Suburban Hospital, and on New Year’s Eve Michael and Michelle got a call from the hospital that their mother was being admitted to the ICU. It all happened so fast. “We can’t be with her,” Michael said. “We can’t hold her hand, we can’t sleep in the room with her.” He started keeping notes to make sense of it all. “Hearing her voice crack on the phone as she agreed to go on the ventilator was HEART-BREAKING,” he wrote.

His mother was sedated and unresponsive, as if she were in a coma, as a ventilator mechanically breathed for her. The doctors said there was little more they could do, and

her chances of survival were bleak. Judy was getting the global standard of COVID-19 care recommended by the World Health Organization, the National Institutes of Health, and all major public health agencies. It was called “supportive care.” Judy was told to stay at home since there was nothing the doctor could do for her anyway, it was best to keep patients away from doctors and everyone else, until she had trouble breathing in week two. That was the sign the disease had entered its potentially fatal stage and it was time to go to the hospital where doctors couldn’t do much but more supportive care. In other words, Judy would have to save herself. “There is no antiviral drug proven to be effective against the virus,” *The New York Times* said on March 17, 2020, under the headline “Hundreds of Scientists Scramble to Find a Coronavirus Treatment.” It was day seven of the pandemic, when the global death toll was 7,138. “When people get infected,” the *Times* said, “the best that doctors can offer is supportive care—the patient is getting enough oxygen, managing fever and using a ventilator to push air into the lungs, if needed—to give the immune system time to fight the infection.” The global death toll was more than 3.3 million as this story went to press, and scientists are still scrambling. The NIH and WHO are still recommending Tylenol and water in 2021. There is still no approved treatment for all stages of COVID-19.

Even with the rollout of vaccines, they are “not the whole answer,” Dr. Francis Collins, director of the NIH, said recently on *60 Minutes*, with variants that threaten to defeat vaccines in rich countries constantly sweeping the Earth after mutating in that majority of poor 7.9 billion humans who won’t get a big pharma jab any time soon. According to *The Wall Street Journal*, global deaths in 2021 will soon exceed 2020, and millions more are expected to die. “People are going to continue to get sick,” Collins said. “We need treatments for those people.”

Michael was calling the doctors and nurses constantly, but “we heard nothing but bad, bad news. Mom wasn’t getting any better. It’s going to be a long haul, she’s in bad shape, prepare yourself.” The doctors and nurses said they had exhausted all treatment options, and like so many others Judy was highly likely to die. When an eighty-year-old COVID-19 patient goes on a ventilator, they said, it’s a highly likely death sentence—eighty percent of them don’t survive. The prolonged critical illness was typically about a month with little or no change until, surrounded by helpless doctors and nurses and goodbyes and cries of loved ones echoing from a Zoom call, they turned blue and suffocated to death.

But as Judy lay dying in the small hospital eight miles northeast of Buffalo, almost six hundred miles south in Norfolk, Virginia, Dr. Paul Marik, sixty-three, the endowed professor at the Eastern Virginia Medical School and a world-renowned clinician-researcher, was unknowingly preparing to save her life with a “wonder drug” that obliterates COVID-19. Discovering the drug was one thing, but getting it to Judy’s doctors in time to save her, getting it to the many thousands of people who needed it, would be a harrowing journey to rival the Iditarod mushers’ 1925 serum run of 675 miles through ice and snow to Nome, Alaska so Dr. Curtis Welch could stop the diphtheria epidemic. But this “Great Race of Mercy” had far less chance of success, for the obstacles were not in nature but in the minds and hearts of other men.

Marik was accustomed to beating the odds. The legendary professor, a 6-foot, 230-pound, balding, barrel-chested, bear of a man with a crisp native South African accent touched with the South after thirty years, is the second most published critical care doctor in the history of medicine, with more than 500 peer-reviewed papers and books, 43,000 scholarly citations of his work, and a research “H” rating higher than many Nobel Prize winners. Marik is world famous as creator of the “Marik Cocktail,” a revolutionary cocktail of cheap, safe, generic, FDA-approved drugs that dramatically reduces death rates from sepsis by 20 to 50 percent anywhere in the world—whether you’re in a hospital in Zurich or Zimbabwe, Chicago or Chengdu—down to near zero, when given soon after presentation to hospitals. Since he published what he calls the “HAT Therapy” (Hydrocortisone, Ascorbic Acid [intravenous Vitamin C] and Thiamine) in 2016 in the most prestigious peer-reviewed journal in the field, Marik has received worldwide publicity, is celebrated in James Bond Internet memes with the “Marik Cocktail” shaken, not stirred, and is seen in ICUs

around the globe as a historic figure in medicine for improving care of sepsis, which last year passed cancer and heart disease as the world's number one killer, according to Lancet. Marik, known as a quirky genius and an exceptionally kind-hearted doctor (his most published peer in the annals of medicine doesn't see patients), has been searching for an effective treatment for COVID-19 since it began.

Now, while Judy's doctors were stumped, he was spending long days and nights at the Sentara Norfolk General Hospital, a large, 563-bed teaching hospital on the EVMS campus, where Marik, head of pulmonology and critical care, was treating hundreds of critically ill COVID-19 patients, many referred to him from all over the 1.8-million population Hampton Roads region.

The pandemic had pushed him to nights doing Zoom grand rounds and making YouTube videos instructing doctors and hospitals all over the world on treating COVID-19, sending out a daily EVMS COVID-19 Management Protocol online for doctors worldwide, and hunting the literature for the "wonder drug" that would save Judy Smentkiewicz and bring the pandemic to an end.

This was not something many people thought possible. But while the world was living the nightmare of the COVID-19 pandemic like a Michael Crichton sci-fi horror production where the planet is facing a plague apocalypse, millions die, and doctors can do nothing as brilliant pharmaceutical scientists race to develop vaccines to save the globe in the final scene, Paul Marik had a different movie in his head. He was startled and appalled that all the national and international public health agencies recommended that the most well-trained, well-equipped doctors in history stand down and wait on big pharma's lab scientists while the worst pandemic in a century devastated the world. "It's therapeutic nihilism to say that doctors can do nothing," Marik said. "Supportive care is no care at all." What Marik did was assemble four of his closest friends, who also happen to be four of the top academic critical care doctors in the world. He challenged them to join him in an expert panel to continually review the literature while treating their COVID-19 patients and developing treatment protocols—low-cost generic therapies that countless black and brown and poor people all over the world would need, he saw from the beginning, or face a coming catastrophe without treatments or vaccines.



These five doctors set out to save the world, with a better chance at it than most. Pulmonary critical care specialists often lead medical teams at hospitals in a crisis. "Lungs are the most common organ that fails in the ICU and in the context of many diseases," says Dr. Pierre Kory, Marik's protégé. "Pulmonary critical care physicians (are)...the most

widely skilled, and the most knowledgeable and experienced in all facets of disease and all levels of severity to the extent that no other doctor comes close.” ICUs were getting hammered by the new respiratory plague all around the world, but Marik had assembled a group of intensivists with nearly 2,000 peer-reviewed papers and books and over a century of bedside experience in treating multi-organ failure and severe pneumonia-type diseases. If anyone could arrest the coronavirus in a living patient, they could.

Marik turned to his dearest colleague in medicine in Houston, professor and doctor Joseph Varon, a Mexican American with academic appointments in both his countries that have included the University of Texas Health Science Center, and research innovations including a cooling cryo-helmet he used to save his own life when he had a stroke. He then recruited his comrade-in-arms in sepsis therapies, the renowned Dr. Gianfranco Umberto Meduri, an Italian, professor at the University of Tennessee Health Science Center in Memphis, the father of noninvasive intubation and world authority on steroid treatment of ARDS (Acute Respiratory Distress Syndrome) and COVID-19. He called on his longtime boon colleague and former resident Dr. Jose Iglesias, from Cuba, a highly published associate professor of medicine at Hackensack Meridian School of Medicine in Seton Hall, New Jersey, and director of one of that state’s largest dialysis centers. At age fifty, the youngest of the group was Pierre Kory, a big, passionate doctor-scientist like Marik, and his protégé. Kory was a highly published former associate professor and critical care service chief at the University of Wisconsin-Madison and the director of the Trauma and Life Support Center at University Hospital, one of the top academic medical centers in the world. If you go by the traditional measure of lives saved by research breakthroughs or bedside care, Marik, Meduri, Varon, Iglesias, and Kory—four brilliant immigrants from South Africa, Italy, Mexico, Cuba, and one brash New Yorker—are the finest COVID-19 clinician-researchers of the pandemic.

They made their first major breakthrough in March 2020, by the third week of the pandemic when only 3,800 Americans had died. It was based on the idea that COVID-19 has one great weakness: the coronavirus doesn’t kill anybody. In a mechanism so diabolical Marik believes “human beings aren’t smart enough to have figured it out,” the trillions upon trillions of coronaviruses that overwhelm and sicken the host don’t kill it. But in the second week of the disease, all the coronaviruses die, and like suicide bombers flooding out of a Trojan Horse swamp the body with a “vast viral graveyard” that triggers a friendly-fire hyper-immune response that in turn unleashes monstrous multi-organ inflammation and clotting like doctors have never seen. A body dying of COVID-19 is a complex, terrifying sight. But its weakness is simple: “As pulmonary critical care doctors we know how to treat inflammation and clotting, with corticosteroids and anticoagulants,” Marik says. “It’s first-grade science.”



From the beginning of the pandemic, the hospitals that Marik and Varon led had COVID-19 beat. They achieved remarkably high survival rates at their hospitals at a time when 40 to 80 percent of patients in the U.S. and Europe were dying from the disease. Their success was achieved with the group's now-famous MATH+ protocol for hospitalized COVID-19 patients.

The cocktail of safe, cheap, FDA-approved generic drugs—the steroid Methylprednisolone, Ascorbic Acid (Vitamin C), Thiamine (Vitamin B1), and the blood thinner Heparin—was the first comprehensive treatment using aggressive corticosteroid and anti-coagulant treatments to stop COVID-19 deaths. Both were novel approaches strongly recommended against by all national and international health care agencies throughout the world, but later studies made both therapies the global standard of hospital care. In addition, Kory, Marik, et. al published the first comprehensive COVID-19 prevention and early treatment protocol (which they would eventually call I-MASK). It is centered around the drug Ivermectin, which President Trump used at Walter Reed hospital, unreported by the press, though it may well have saved the president's life while he was instead touting new big pharma drugs.

The doctors published their breakthroughs in real time on the website of their nonprofit research group, the Front Line COVID-19 Critical Care Alliance ([www.flccc.net](http://www.flccc.net)), so doctors anywhere in the world could find them and use them immediately. Marik, Kory, Varon, Meduri, and Iglesias became heroes of the pandemic to intensivists around the globe who used their protocols to save thousands of lives, and to practitioners at many hospitals in the U.S., including the St. Francis Medical Center in Trenton, New Jersey, where Dr. Eric Osgood posted the MATH+ protocol on a private Facebook group for thousands of ICU doctors after it stopped the dying in his hospital, and talked it up with his colleagues around the nation. Marik and his colleagues receive more than five hundred emails a day from doctors and patients begging for help to beat COVID-19, and they answer all of them, comforting patients and their families, coaching other doctors, and saving lives. Emails like this (unedited):

*Dear Dr Marik I am from a remote place(Muzaffarpur,Bihar) in India.people are not that rich and can't effort costly treatment.i used your MATH PLUS protocol in TOTO to save hundreds of life at very low cost.since there is limited govt facility I have managed pts with SPO2 of even 72% at room air with home oxygen,proning and MATH PLUS. I don't have words to thank you for this.you deserve to get Nobel Prize for your protocol. Words are not supporting me enough to thank you. Dr Vimohan Kumar*

Many prominent doctors and scientists around the world believe that Marik, Kory, Meduri, Varon, and Iglesias deserve the Nobel Prize in medicine. Dr. Keith Berkowitz, director of the Center for Balanced Health on Madison Avenue in New York City and Dr. Robert Atkins' former medical director, and Dr. Howard Kornfeld, founder of the Recovery Without Walls Clinic in Marin County, California, found Marik while looking in the literature for COVID-19 treatments for their patients, and convinced him to form the nonprofit FLCCC to get the word out to the world and save humanity.

Emmy Award-winning publicist Joyce Kamen of Cincinnati and former CBS News correspondent Betsy Ashton of New York City set aside their lives and began working tirelessly to reach every famous TV newscaster, scientist, and public health expert you know and hundreds you don't, the handful of science writers who have won Pulitzer Prizes, the five thousand science writers on a special news wire who haven't, every science desk from CNN to NBC News to the *Atlantic* magazine, every governor and member of Congress, President Trump, Dr. Anthony Fauci, and, when the time came, President-Elect Biden. Nobody responded.

Marik thought it might be a good idea if doctors who were actually saving lives with treatments that could save almost everybody could spend a few minutes on the podium sharing their knowledge with the world after Trump made his speeches and Fauci and Dr. Deborah Birx talked about flattening the curve and obeying lockdowns so millions wouldn't die. "People are dying needlessly," Marik said. "We've cracked the code of the coronavirus." Nobody seemed to care.

Kory even testified to the Senate on May 6, 2020, his first appearance before the committee seeking COVID-19 treatments, that steroids were "critical" to saving lives and received silence and scorn. Six weeks later, the publication of the Oxford University Recovery Trial proved that the FLCCC doctors were right, and corticosteroids became the accepted worldwide standard of care, changing the trajectory of the pandemic. Now, millions of deaths later, steroids remain "the only therapy considered "proven" as a life-saving treatment in COVID-19," he says, and only in "patients with moderate to severe illness."

No approved treatment to stop the sick from getting sicker and overloading hospitals, where they face possible death, yet exists. All the non-vaccine big pharma designer treatments for COVID-19 have largely failed to show an impact on mortality, Kory says, including Remdesivir and monoclonal antibody therapy. The Holy Grail COVID-19 treatment remains elusive. On November 11, 2020, Dr. Fauci co-authored a paper for *JAMA*, the *Journal of the American Medical Association*, "Therapy for Early COVID-19, A

Critical Need,” explaining that early treatments “to prevent disease progression and longer-term complications are urgently needed.”

A month earlier, Dr. Marik had found exactly what Dr. Fauci was seeking. The discovery astounded him.

In the professor’s continual review of “the latest (and best) literature,” he picked up a surprising “data signal” in October from emerging studies in Latin America. Ivermectin, a safe, cheap, FDA-approved anti-parasitic drug, was showing remarkable anti-viral and anti-inflammatory agency as a repurposed drug—the most powerful COVID-19 killer known to science.

Marik had been keeping tabs on Ivermectin but hadn’t included it in his protocols. He knew the drug as a core medicine on the WHO Model List of Essential Medicines, and it is well-established in the literature as a “wonder drug” that won the 2015 Nobel Prize for its discoverer, Japanese microbiologist Satoshi Omura, for nearly eradicating two of the “most disfiguring and devastating diseases” in history, river blindness and elephantiasis, that had plagued millions of people in Africa countries, one of the great achievements in the history of medicine. The drug was also well known as a standard treatment for scabies and lice, from nurseries to nursing homes. A veterinary version keeps millions of family dogs and cats, farm animals, and cattle safe from worms and parasitic diseases. An over-the-counter medicine in France, Ivermectin is safer than Tylenol and “one of the safest drugs ever given to humanity,” Dr. Marik said, with “3.7 billion doses administered in forty years, that’s B for *billion*, and only extremely rare serious side effects.”

An earlier Australian study, reported in the journal *Antiviral Research*, showed that Ivermectin, which blocked other RNA viruses like Dengue virus, yellow fever virus, Zika virus, West Nile virus, influenza, the Avian flu, and HIV1/AIDS in vitro, decimated the coronavirus in vitro, wiping out “essentially all viral material by 48 hours.” But more research was needed in human beings.

But by October Marik’s concerns were answered. The studies were well-designed university trials that showed amazing anti-COVID-19 activity at the normal doses used to treat parasites. Though small and endlessly diverse by large, Western big pharma “one-size-fits all” random control trials, the Ivermectin studies were a mosaic of hundreds of scientists and many thousands of patients in trials all over the world, all showing the same remarkable efficacy against all phases of COVID-19 no matter what dose or age or severity of the patient. “Penicillin never was randomized,” Marik says. “It just obviously worked. Ivermectin obviously works.”

Marik was astonished. “If you were to say, tell me the characteristics of a perfect drug to treat COVID-19, what would you ask for?” he said. “I think you would ask firstly for something that’s safe, that’s cheap, that’s readily available, and has anti-viral and anti-inflammatory properties. People would say, “That’s ridiculous. There could not possibly be a drug that has all of those characteristics. That’s just unreasonable. But we do have such a drug. The drug is called Ivermectin.”

If it was universally distributed at a dose that costs ten American cents in India and about the cost of a Big Mac in the United States, he said, Ivermectin would save countless lives, crush variants, eliminate the need for endless big pharma booster shots, and end the pandemic all over the world.

There were no effective, lifesaving, approved COVID-19 treatments that doctors had used to slow down or stop the coronavirus in the history of the pandemic, in any phase of the disease, except the one, corticosteroids, that Marik and company had discovered.

Now they had discovered another treatment, even more powerful, that could save the world.

Surely, Marik thought, the world would listen this time.

As Judy lay dying in Millard Fillmore hospital, her doctors did not have Ivermectin in their treatment bag. But they did have Remdesivir, and they gave a dose to Judy. Manufactured by Gilead Sciences, one of the world's largest pharmaceutical companies, Remdesivir costs \$3,000 a dose. It is the only anti-viral treatment for hospitalized COVID-19 patients approved by the NIH COVID-19 Treatment Guidelines Panel, and as a result is a standard of COVID-19 care in many hospitals, even though many doctors say it doesn't work, and the WHO recommends against it. It has been shown in studies to have no mortality benefit for COVID-19 patients. (Coincidentally, seven members of the NIH COVID-19 Treatment Guidelines Panel acknowledge in financial disclosures that they have received research support or consultant payments from Gilead, or sit on the advisory board of the \$60 billion company). As *The Washington Post* reported, "Remdesivir may not cure coronavirus, but it's on track to make billions for Gilead."

Remdesivir had "absolutely no effect" on his mother, Michael Smentkiewicz says. But Michael refused to accept the reality that nothing could be done. "I'm stubborn, I'm pushy, I'm the loudest guy in the room," he says. Anguished that they couldn't enter the hospital to see his mother and comfort her, Michael, Michelle, their families, and friends—eight of them in all—spent New Year's Eve standing outside the hospital with their hands on the brick wall under her window, praying for her recovery. They linked arms and sang and called out her name to the high square window lit against the dark. "We felt we needed to be on that ground, blessing the doctors, blessing my mother, staking our claim for healing," Michael says. "My wife said people live on love," he says, "and they feel you."

New Year's Day came. The calendar turned, but Judy was the same. In the morning Michael went by himself to the hospital parking lot and shouted into the cold gray air up toward his mother's window. "We're here for you!" he cried. "We're not ready for you to go! We're here fighting! We're not leaving town until you get out of the hospital."

But by now the Smentkiewiczs believed they needed a miracle. Michael put out a wider appeal to the universe, calling upon some fifty of his "prayer brothers" around the country to pray for his mother's life. Thoughts and prayers from a wide network centered on the room in the small hospital in Williamsville, New York.

At 11:35 a.m. on New Year's Day, with the *annus horribilis* of 2020 finally gone and buried, the universe delivered its answer. That was the morning Jan, Michael's mother-in-law in Atlanta, who had also been praying for Judy's life, picked up her phone and thought, "This is how the Lord works in my life. There on my phone is this video and the words 'Ivermectin' and 'COVID.'"

Jan clicked on the link. A large, intense physician, six-foot-one inches tall and lineman-wide with horn-rim glasses wrapping a bald head, was being interviewed on Fox 10 *News Now*, KSAZ-TV in Phoenix, Arizona. It was Pierre Kory, president and chief medical officer of the FLCCC, who had testified that morning to the U.S. Homeland Security Government Affairs Committee in Washington that he and his colleagues had discovered a drug that could swiftly end the global pandemic and return life on Earth to normal.

Kory is a COVID fixer. He went to COVID-19-wracked hospitals during outbreaks, when patients were dying and doctors were overwhelmed, with the mission to stop the dying and restore order to the ICU. When the pandemic hit, Kory helped prepare the university hospital in Madison to handle a forecast surge. Then he went east to help save New York City when the death rate exceeded that of the medieval plague, taking over as the ICU attending chief at the main COVID ICU at Mount Sinai Beth Israel Medical Center.

"I'm a lung specialist, I'm an ICU doctor. My city is being destroyed by the worst pandemic in a century, and it's a lung disease, all my friends, the ICU chiefs who trained me and the ones I trained, they're going out of their minds, people are dying. Are you kidding me? I went to New York to save lives."

Kory is the son of two New York intellectuals, one a Jewish radiologist who survived the Holocaust, the other a French PhD linguist. He is a New York liberal, renowned pulmonary critical care specialist, award-winning professor and researcher, and a big, brawling, blunt-spoken, and deeply idealistic physician whose lectures are famously a river of eloquence until he gets worked up. Then out comes a torrent of scientific data roiling with moral outrage against medical institutions that turn their backs on human suffering. "I'm a New Yorker," he says. "I tell it like it is."

In an impassioned, nine-minute testimony, Kory implored the Senate and the NIH to read his scientific review, later published in the *American Journal of Therapeutics*, that presented a "mountain of data" showing that Ivermectin stopped all phases of COVID-19. The peer reviewers, including three senior career scientists, two at the Food and Drug Administration, supported Kory's conclusion that Ivermectin "should be systemically and globally adopted...for both the prophylaxis and treatment of COVID-19."

It was Tuesday, December 8, and the news was bleak. On CNN Dr. Fauci asked the American people not to get together for Christmas or Hanukah to prevent "a surge upon a surge" after Thanksgiving. There were 286,189 deaths already and new cases and deaths were reaching a "frightening peak" and accelerating faster than ever, ABC News reported. "The end of the pandemic is in sight," Fauci said. "The vaccine...will end the pandemic and return us to as near normal or normal as possible, but we have to do our part right now."

Then came the bright, confident voice of the big physician from the Midwest saying that science had discovered a way for schoolchildren to go back to school and workers to work, and for families to put a star on the Christmas tree and candles on the menorah with new hope.

"We have a solution to this crisis," he said. "There is a drug that is proving to be of miraculous impact," Kory said. "When I say miracle, I do not use that term lightly. And I don't want to be sensationalized when I say that. It's a scientific recommendation based on mountains of data that has emerged in the last three months...from many centers and countries around the world showing the miraculous effectiveness of Ivermectin. It basically obliterates transmission of this virus. If you take it, you will not get sick."

The scientific evidence was overwhelming, he said. The data from twenty-seven studies, sixteen of them randomized controlled trials, demonstrated, with highly statistically significant, overwhelmingly positive, consistent, and reproducible rates, that people who got sick with COVID-19 were far more likely to quickly get better at home when they took Ivermectin. They didn't go to the hospital. Housemates of people with COVID-19 who took Ivermectin didn't get infected. People who got moderately ill in hospitals didn't go to the ICU; they got better quicker and went home faster. Hospitals didn't get overrun. The drug even saved elderly, critically ill COVID-19 patients from dying compared to those routinely dying elsewhere. Six prevention studies showed Ivermectin reduced the risk of getting COVID-19 by 92.5 percent, superior to many vaccines. Dr. Hector Carvallo, a professor of medicine at the University of Buenos Aires, gave 788 doctors and other health care workers in three medical centers weekly Ivermectin prophylaxis, with a control group of 407 doctors and others who didn't get the drug. In the control group 236 people, or 58 percent, "had become ill with COVID." Among the 788 who got Ivermectin, "no infections were recorded."

Kory had been working with a senior data scientist in Boston named Juan Chamie, who discovered that Ivermectin dropped case and death rates off the cliff in numerous regions around the world. The huge Indian state of Uttar Pradesh, which with 232 million people would be the fifth biggest country the world, mass distributed Ivermectin to 200 million people last fall and by winter was reporting few if any deaths in the country. The state is still not suffering as badly as its neighbors in that crisis-stricken country. In Peru, tens of thousands of rural residents in eight states often took animal-grade Ivermectin—some in the form of de-worming horse paste—through a large, door-to-door humanitarian mission because doctors and health ministers in the capital city of Lima refused to give the

“peasants” the human medicine. But cases and deaths plummeted in the eight rural states to pre-pandemic levels, with no reported harm from the medicine’s impurities, while they soared in Lima, where Ivermectin was not dispensed amongst the ivory towers of medicine.

Kory’s data was corroborated by Dr. Andrew Hill, a renowned University of Liverpool pharmacologist and independent medical researcher, and the senior World Health Organization/UNITAID investigator of potential treatments for COVID-19. Hill’s team of twenty-three researchers in twenty-three countries had reported that, after nine months of looking for a COVID-19 treatment and finding nothing but failures like Remdesivir—“we kissed a lot of frogs”— Ivermectin was the only thing that worked against COVID-19, and its safety and efficacy were astonishing—“blindingly positive,” Hill said, and “transformative.” Ivermectin, the WHO researcher concluded, reduced COVID-19 mortality by 81 percent.

Kory nearly broke down pleading with the NIH to review the “immense amounts of data that shows that Ivermectin must be implemented and implemented now,” and reverse its negative recommendation of August 27, when no data was available.

“We have 100,000 patients in the hospital right now dying,” he cried out to the committee. “I’m a lung specialist, I’m an ICU specialist. I’ve cared for more dying COVID patients than anyone can imagine. They’re dying because they can’t breathe. They can’t breathe...and I watch them every day, they die....I can’t keep doing this. If you look at my manuscript, and if I have to go back to work next week, any further deaths are going to be needless deaths, I cannot be traumatized by that. I cannot keep caring for patients when I know they could have been saved by earlier treatment with a drug...that will prevent the hospitalization, and that is Ivermectin.”

Kory’s testimony, titled “I can’t do this anymore” on YouTube, went viral and reached eight million views and counting before being censored by YouTube for “misinformation;” it was the Howard Beale speech that captured the gestalt of a new time. But unlike the fictional newsman in the movie *Network* who had thousands throwing open their windows with 1970s angst and shouting “I’m mad as hell and I can’t take it anymore!” this prophet was real, and many lives and the fates of nations were at stake.

The reaction was explosive and hopeful all over the world, from doctors, nurses, scientists, and civil rights activists; from people watching their loved ones die from COVID-19 and begging for help. Eighty-five-year-old Nobel Prize winner Ōmura in Japan, a legend in microbiology, promptly asked his research team to translate Kory’s paper into Japanese to be placed on his institute website. Thousands of social media fans were moved by Kory’s bravery and the big heart of a doctor who cared about his patients, hailing him as a knight fighting big pharma, big media, big politics, big everything. “Never give up, Pierre Kory!” implored a young woman in Japan. Overnight, the American doctor was a folk hero to great masses of people weary of death and lockdowns and hungry for things not forgotten—the hush of the theater, the clatter of seats in the classroom just before the teacher started, the wonder of human touch—and a prophet to doctors who saw the Hippocratic Oath subsumed by regulators, politicians, and journalists picking COVID-19 drugs if they worked for Wall Street or Washington, whether the doctor thought they worked for the patient or not.

In South Africa, where use of Ivermectin was criminalized, civil rights activists hung posters with Kory’s data urging revolt, and a group of physicians won permission from the Ministry of Health in Zimbabwe on January 27, 2021 to treat COVID-19 with Ivermectin; case fatalities dropped in one month from seventy a day to two a day, “and our hospitals are virtually empty,” said Dr. Jackie Stone, who was subsequently taken in for questioning for her use of a controversial drug. In Phnom Penh, Cambodia, a doctor trained in Milwaukee, Wisconsin, was using Kory’s data to persuade the Ministry of Health of Ivermectin’s efficacy and was making a personal appeal to the king. “Thank you for your amazing courage and love for humanity,” he wrote. “You’re a real doctor who is living up to the

Hippocratic oath. All doctors need to follow your example!!”

In Bath, England, Dr. Tess Lawrie, a prominent independent medical researcher who evaluates the safety and efficacy of drugs for the WHO and the National Health Service to set international clinical practice guidelines, read all twenty-seven of the Ivermectin studies Kory cited. “The resulting evidence is consistent and unequivocal,” she announced, and sent a rapid meta-analysis, an epidemiological statistical multi-study review considered the highest form of medical evidence, to the director of the NHS, members of parliament, and a video to Prime Minister Boris Johnson with “the good news...that we now have solid evidence of an effective treatment for COVID-19...” and Ivermectin should immediately “be adopted globally and systematically for the prevention and treatment of COVID-19.”

Ignored by British leaders and media, Lawrie convened the day-long streaming BIRD conference—British Ivermectin Recommendation Development—with more than sixty researchers and doctors from the U.S., Canada, Mexico, England, Ireland, Belgium, Argentina, South Africa, Botswana, Nigeria, Australia, and Japan. They evaluated the drug using the full “evidence-to-decision framework” that is “the gold standard tool for developing clinical practice guidelines” used by the WHO, and reached the conclusion that Ivermectin should blanket the world.

“Most of all you can trust me because I am also a medical doctor, first and foremost,” Lawrie told the prime minister, “with a moral duty to help people, to do no harm, and to save lives. Please may we start saving lives now.” She heard nothing back.

In Charlottesville, Virginia, Dr. David Chesler, an internist/geriatrician for forty-four years with hundreds of COVID-19 patients in six nursing homes, wrote to Dr. Fauci, telling him essentially that he had found the early treatment Fauci was urgently looking for. Dr. Chesler explained that facing the choice with his elderly COVID-19 patients to “either provide my patients with the standard of care, basically first aid, with Tylenol, oxygen and monitoring, until they became sick enough to be sent to the hospital, or to *try* something more proactive with the hope of the patients not becoming so ill and then losing their lives,” he had since successfully treated “over 200 high-risk COVID patients” with Ivermectin, many over 100 years old, with none dying or needing “heroic” oxygen support. Fauci never replied.

Everywhere the problem was the same, Kory said. The WHO, NIH, and other public health agencies were suddenly recommending only COVID-19 therapies proven by the “gold standard” of large randomized controlled trials of treatment and placebo groups, which were powerful but had several limiting flaws, including the fact that they took months to complete and cost ten to twenty million dollars that only big pharmaceutical companies could afford. They had thrown out all the other time-tested forms of clinical and scientific medical investigation still taught in all the medical schools, such as observational trials (which had eliminated widespread crib death), case histories, and anecdotes. They also restricted the use of essential off-label and generic drugs with blatant disinformation campaigns that reminded Kory of big tobacco’s efforts to hide the dangers of smoking. In effect, the public health authorities eliminated the full toolbox of essential scientific methods and drugs that doctors use every day, including the most effective early, prophylactic, and late-stage treatments for COVID-19, which were developed by frontline doctors, not pharmaceutical companies.

Kory never tires of reminding critics that the modern Hippocratic Oath, the World Medical Association Declaration of Helsinki, makes it abundantly clear that all medical research is secondary to the doctor’s clinical judgement in the moment, whether the patient is dying of COVID-19 or giving birth. The doctor is morally compelled to use their best clinical judgement and the “best available evidence” in that instant, not tomorrow or next year when more data is published. As the WMA puts it: “The health of my patient will be my first consideration.” Clearly the medical establishment is now routinely violating that ancient oath, Kory says, and as a result he “feels estranged from most, but not all, of my colleagues.”

In the new world of medicine, the COVID world, he says, “Only big randomized controlled trials by big pharma/big academic medical centers are accepted by big journals, while others are rejected,” while only studies in big journals are accepted by big public health agencies for drug recommendations, and only drugs recommended by big public health agencies “escape media/social media censorship.”

“This leaves you with a system where the only thing that’s considered to have sufficient evidence or proven efficacy is essentially a big new pharmaceutical drug,” he adds. “If it doesn’t come from the mountaintop, it doesn’t exist,” Kory says. “The people on the ground, we cannot do any more science that’s considered credible. We’re discredited as controversial and as promoting unproven therapies and our Facebook groups are shut down, Twitter accounts are locked, YouTube videos are removed and demonetized. It’s really almost totalitarian what’s happening when we’re just well-meaning scientists trying to do the right thing by our patients.”

As Kory left the Senate hearing room that morning in December after his Ivermectin testimony, his face was dark with disgust. The hearing was dead before it started. When Republican Senator Ron Johnson of Wisconsin (with whom Kory decidedly shares no political sympathies) called the hearing on early COVID-19 treatments, *The New York Times* ran an advance story eviscerating it as a panel of anti-science kooks promoting “fringe theories,” a “forum for amplifying dubious theories and questionable treatments pushed by President Trump,” including hydroxychloroquine. The hearing was boycotted by all seven Democrats (who have received a total of \$1.3 million in big pharma bucks from Pfizer, AstraZeneca, Johnson & Johnson, Merck, Gilead, and others), and four of the seven Republicans, including Utah’s Mitt Romney (more than \$3 million received from big pharma), Ohio’s Rob Portman (\$542,400), and Florida’s Rick Scott (more than \$1 million in stock in Gilead Sciences, maker of Remdesivir).

Michigan Senator Gary Peters, the Democratic chairman, walked out after reading an opening statement saying the hearing was “playing politics with public health.” Kory was outraged. “I want to register my offense at the ranking member’s opening statement,” he said. “I was discredited as a politician. I am a physician and a man of science. I’ve done nothing, nothing, but commit myself to scientific truth and the care of my patients.”

But the next day the assault continued. “All the gods of science and medicine” as Marik calls them, descended to crush the little Nobel-Prize winning pill. *The New York Times* headlined, “A Senate hearing promoted unproven drugs and dubious claims about the coronavirus,” slamming Ivermectin as unproven, but never mentioning Kory or his testimony. In subsequent days, the WHO guidelines committee, after promising a thorough review for months, quashed Ivermectin without a vote, as a lesser advising committee threw out all the strongest evidence first—including the WHO consultant’s own report—and “having thrown out most of the evidence,” Kory said, “they called the remaining few crumbs of very low certainty.”

Ivermectin is the generic name for Merck’s Stromectol, which they developed in 1981. Though the drug went off patent in 1996, Merck still distributes millions of doses each year in Africa for free, with a statue honoring the drug and the great humanitarian eradication effort in its headquarters and one at the WHO in Geneva. But recently Merck issued a stern warning that seemed written by marketing, Kory says, “as it had no scientific data to support the conclusion,” that Ivermectin was suddenly dangerous. Another pharmaceutical company’s CEO privately noted that “People must think Merck knows what they’re talking about because it’s their drug,” but Merck has “tremendous disincentives” to say nice things about the generic pill, as it has already spent hundreds of millions of dollars developing an oral anti-viral COVID-19 treatment, rival to Ivermectin, that may be priced at \$3,000 a dose.

A news blackout by the world’s leading media came down on Ivermectin like an iron curtain. Reporters who trumpeted the COVID-19 terror in India and Brazil didn’t report that Ivermectin was crushing the P-1 variant in the Brazilian rain forest and killing COVID-19

and all variants in India. That Ivermectin was saving tens of thousands of lives in South America wasn't news, but mocking the continent's peasants for taking horse paste was. Journalists denied the world knowledge of the most effective life-saving therapies in the pandemic, Kory said, especially among the elderly, people of color and the poor, while wringing their hands at the tragedy of their disparate rates of death.

Three days after Kory's testimony, an Associated Press "fact-check reporter" interviewed Kory "for twenty minutes in which I recounted all of the existing trials evidence (over fifteen randomized and multiple observational trials) all showing dramatic benefits of Ivermectin," he said. Then she wrote: "AP'S ASSESSMENT: False. There's no evidence Ivermectin has been proven a safe or effective treatment against COVID-19." Like many critics, she didn't explore the Ivermectin data or evidence in any detail, but merely dismissed its "insufficient evidence," quoting instead the lack of a recommendation by the NIH or WHO. To describe the real evidence in any detail would put the AP and public health agencies in the difficult position of explaining how the lives of thousands of poor people in developing countries don't count in these matters.

Not just in media but in social media, Ivermectin has inspired a strange new form of Western and pharmaceutical imperialism. On January 12, 2021, the Brazilian Ministry of Health tweeted to its 1.2 million followers not to wait with COVID-19 until it's too late but "go to a Health Unit and request early treatment," only to have Twitter take down the official public health pronouncement of the sovereign fifth largest nation in the world for "spreading misleading and potentially harmful information." (Early treatment is code for Ivermectin.) On January 31, the Slovak Ministry of Health announced its decision on Facebook to allow use of Ivermectin, causing Facebook to take down that post and removed the entire page it was on, the Ivermectin for MDs Team, with 10,200 members from more than 100 countries.

In Argentina, Professor and doctor Hector Carvallo, whose prophylactic studies are renowned by other researchers, says all his scientific documentation for Ivermectin is quickly scrubbed from the Internet. "I am afraid," he wrote to Marik and his colleagues, "we have affected the most sensitive organ on humans: the wallet..." As Kory's testimony was climbing toward nine million views, YouTube, owned by Google, erased his official Senate testimony, saying it endangered the community. Kory's biggest voice was silenced.

But Jan heard him. After a few minutes of watching the interview with Dr. Kory on New Year's Day morning, she'd heard quite enough. Her fingers flew on a text to her daughter, Haley: "This is the drug Michael's mother needs to be on...now!!!!... You need to take charge of Nonnis healing."

Haley showed the text to her husband. But Michael Smentkiewicz wasn't interested. He was skeptical. A doctor selling a "miracle drug" for COVID on the Internet sounded awfully fishy. "This channel is telling you, 'You gotta take Ivermectin,' but you got people like QAnon, conspiracists, telling you what to take," he said. He and his sister returned to the hospital parking lot to pray, and floated a cluster of mylar balloons, including a pink heart, up to their mother's window. But nothing was working. Finally, he watched the video, and thought Kory was "incredible," with top credentials, "and his passion is crazy." Within minutes, "I called the ICU and told the attending physician, 'We want my mother to be on this medication.'"

The doctor said no. Ivermectin wasn't approved for COVID-19, and "we don't experiment on our patients." But Michael pushed harder. "I'm a bull," he said. After several back and forths, a hospital administrator gave approval for one dose, 15 milligrams of Ivermectin. Less than twenty-four hours later, "Mom is off the ventilator."

The nurses were shocked. Michael was jubilant. The next day his mother was sitting in a chair talking to him on Zoom. But then Judy regressed. They moved her to a cardiac floor, her heart was racing, and "she was going downhill," Michael says, and he asked the doctor for another dose of Ivermectin. This time the "no" from the doctor and administration was

final. That day the family retained Buffalo lawyer Ralph Lorigo, who studied Kory's video and the FLCCC website and sued the hospital to give their mother more Ivermectin.

Judge Henry Nowak of the New York State Supreme Court agreed to hear the case on an emergency basis as "a matter of life and death." He ruled that a woman was dying in the middle of a pandemic with no known treatment for COVID-19 and a safe, long-established drug had affected her "miraculous turnaround," and ordered the Millard Fillmore Suburban Hospital to immediately start Judith Smentkiewicz on four more doses of Ivermectin, per her family doctor's prescription.

The hospital refused to carry out the judge's order. The hospital's lawyer insisted on a hearing to make his case that no patient has the right to choose their own medicine. The debate ensued as Judy lay dying. "The world has gone mad," Kory said. All over the world, people were fighting for their lives not only against the coronavirus but against their national public health societies, their most respected hospitals and long-trusted doctors for the right to use the little generic pill that cracked COVID-19.

Dr. Manny Espinoza was dying of COVID-19 in his Texas hospital when his wife, Dr. Erica Espinoza, asked the doctors to try Ivermectin as a last resort, and was refused. Erica hired a life-flight helicopter to take Manny to the Houston hospital of FLCCC co-founder Joseph Varon for the cheap little pill that in four days had her husband sitting up smiling and telling their children about the "miracle" that saved his life. "We see this every day," Dr. Varon says. "They say it's a miracle, I say it's the science, but it's the truth." In Atlanta, Georgia, eighty-four-year-old Lou Gossett Jr., the Oscar-winning black star of *An Officer and a Gentleman*, gravely ill with COVID-19, checked out of a hospital and was three days from his lungs failing, doctors said, when his son connected him with an FLCCC doctor in Florida who gave him Ivermectin. Gossett quickly recovered and made a very short film for the FLCCC doctors that ends: "I'm very grateful to all of you for literally saving my life."

In Cushing, Oklahoma (pop. 7,826), Dr. Randy Grellner saw Kory's testimony and started giving his patients Ivermectin, which he'd used safely for years for parasites, for COVID-19 because he was "tired of the heartache...tired of the misery...I've seen enough death and despair." In a few weeks the overwhelmed clinic dropped from twenty-five new COVID-19 cases a day to two. "The first thing that surprised me was how fast was the recovery in seventy-five and eight-five-year-old people," Dr. Grellner said. "I know there's controversy. I have no political motivation. I don't have any desire except to put husbands and wives back together. If you're getting problems from an organization that you work for that says you can't use it, I would question that organization. If we're not doing what is best for the patient, then we need to find another occupation."

In Buffalo, after a forty-minute hearing on the fate of Judy Smentkiewicz, the lawyer for the Millard Fillmore hospital agreed that she could take Ivermectin if the family doctor delivered the prescription, and after a lot of hassles (including the hospital couriering Ivermectin from another hospital, "At eleven o'clock that night she was administered the second dose of Ivermectin," Lorigo says. She immediately started improving. With three more doses of Ivermectin, he said, "she's off the cardiac floor, she's back on the COVID floor, she's cured of COVID, she's released."

A week later, Natalie Kingdollar, whose sixty-five-year-old mother Glenna Dickinson was dying of COVID-19 on a ventilator in Rochester General Hospital—the doctors had exhausted all treatment options—read the *Buffalo News* story of Judy's recovery, a life-saving flicker in the media blackout, and persuaded the ICU doctors to give her mother Ivermectin. Twelve hours later, after one 12 mg dose that her daughter picked up at Walgreens for eighty-three cents, Glenna's vitals were much improved. She was "completely stable and doing much better," Lorigo said. They reduced her ventilator 50 percent, no longer had to "flip" her from her back to her belly for better oxygen flow, and they moved her to a "step down ICU."

Glenna's doctor, who prescribed the Ivermectin, is Thomas Madejski, internist and chief of

medicine at Medina Memorial Hospital, former president of the New York State medical society, a clinical instructor in medicine and pharmacy at the University of Buffalo, who sits on the Board of Trustees of the American Medical Association as an expert in geriatric medicine. As medical director of a nursing home he says he has successfully used Ivermectin to quell COVID-19 among elderly patients in three New York counties.

Now Dr. Madejski, who has treated Glenna for fourteen years, prescribed a full course of Ivermectin to complete the treatment, and was denied. The ICU doctors and Rochester General refused to administer the medication because Ivermectin isn't approved to treat COVID-19 by the FDA (the budget of which, as it happens, is 75 percent funded by big pharmaceutical companies). Another state supreme court judge, relying on the science provided by Pierre Kory and the FLCCC, ordered the hospital to dispense a handful more of the pills, per the doctor's script, and Glenna got off the ventilator and is now home, cured of COVID-19.

A few days before Judy was released from the hospital, the writer of this story was interviewing her son Michael about the happy news that she was headed home, but he said the doctors were waiting a few more days because she was still a little "breathy." Alarm bells went off in my mind after many interviews with Pierre Kory. I got word to Dr. Kory, who called Michael Smentkiewicz, who heard the doctor's voice and became emotional. "It's him, it's the guy," he said, holding his phone out for the family to hear. "Listen to his voice." Kory walked the rehab center through the complicated step-down use of corticosteroids for elderly COVID-19 patients that is more attentive than the one-size-fits-all government protocols, which cause a lot of needless deaths when doctors treat on cruise control, Kory says. After a month in rehab, Judy went home, happy and healthy, to her children and her grandchildren.

She was quite amazed to learn from her children that while she was lying unconscious and near death with COVID-19 she became a front-page story in *The Buffalo News* and a Joan of Arc figure in a new revolution, the grandmother who won the first legal fight in the battle of Ivermectin. It is an unprecedented civil rights uprising of doctors, nurses, scientists, Nobel-Prize winning biologists, billionaire health philanthropists, civil rights activists, and thousands of ordinary people across Europe, Asia, South America, Africa, Canada, and the United States fighting a global, big-data-driven medical establishment. They're fighting for the lost little things, the little data—the sanctity of the doctor-patient relationship, the survival of the Hippocratic Oath, and the most important of civil rights, the right to life.

Kory sometimes despairs at the forces against him. "Our little Ivermectin has so many big enemies," he says. "It's David versus ten Goliaths." But word is getting out. More than twenty countries representing some 20 percent of the Earth's population use Ivermectin, many in their national protocol. Every day it seems Kory hears from someone like the Toronto doctor, a Bulgarian, who used Kory's data to convince the health ministers in his home country to sign on. Kory talks every day to his growing base of 17,000 Twitter followers, and his peer-reviewed paper on Ivermectin recently exploded online as one of the most-discussed scholarly papers ever posted out of seventeen million tracked by Altmetric.

Every Wednesday night, Kory stars in an FLCCC webinar hosted by former CBS correspondent Betsy Ashton that is an Ivermectin *60 Minutes*, with Kory talking to the public and answering their questions. Recently he reported that Mexico, the "light and model of the world," solved an India-like COVID-19 crisis last fall by testing and treating the population with Ivermectin, and now has some of the lowest case and death rates on the globe. He also posted an interview with a prominent surgeon and hospital owner in Visakhapatnam, India, who treats many COVID-19 patients in the tragic current "COVID tsunami," and passed on the hopeful news that the All India Institute of Medical Sciences in New Delhi has recently approved Ivermectin for early and home treatment, "a game changer for India and for the world," the surgeon said. Ivermectin "saved India in 2020 after it got official permission in Uttar Pradesh in August followed by many other states," he wrote, but starting in January with many political changes, it "has been getting BAD

propaganda by big pharma and big scientists,” and many doctors stopped using it, collapsing prevention and home treatment and seeding the crisis of overloaded hospitals and many needless deaths.

“We BEG health agencies and mainstream media in other countries,” the Indian doctor wrote, “NOT to give BAD PROPAGANDA of Ivermectin. Ivermectin is saving India and Africa.”

As he reported the news that night, Kory expressed disgust with “the physician-scientists in the ivory towers and public health agencies” who are “just not getting it;” it was up to doctors now to save lives as the scientists are “completely disconnected to how to treat this disease and what to do.” His mentor takes the longer view. “The saddest thing for us is we know this can make a difference and save lives,” Marik says, “and it seems like nobody really cares and wants to listen to us.” But “we feel we can’t be silenced, we just can’t be, because you know the truth will ultimately prevail.”

“This is how science always progresses,” says Dr. Berkowitz, who takes hope from the recovery of Judy Smentkiewicz. “This is what being a doctor is,” he said. “It says in the Talmud, if you save one life, you save the entire world.”

People & Life Michael Capuzzo May 2021

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