

Pierre Kory MD, a critical care respiratory therapist reports that Ivermectin - a low cost generic drug cures Covid-19



Testimony of Dr. Pierre Kory MD, before the Homeland Security Committee Meeting on Alternative Treatments for COVID-19 12/08/20

Editors Note - Senator Ron Johnson is from Wisconsin and Dr. Pierre Kory MD practices in my hometown of West Allis, Wisconsin, at Aurora St Lukes hospital.

I want to begin by thanking Senator Ron Johnson and the Committee for this critically needed effort to bring attention to the importance and need for effective early treatment approaches to COVID-19.

I am speaking today not only as an individual physician, but also on behalf of my non-profit organization, the Front-Line COVID-19 Critical Care Alliance, made up of some of the most highly published and well-known critical care experts in the world with almost 2,000 peer-reviewed publications in the medical literature as well as over 100 years of bedside clinical experience in ICU's around the country.

Although we, like many, are extremely encouraged by the apparent successes in developing effective vaccines, we also are dismayed at the near complete absence of

guidance and research on effective early, at-home, or preventative treatment options apart from vaccines, a reality we find unconscionable.

Our hospitals are overflowing with over 100,000 COVID-19 patients admitted, and new record deaths are reported each passing day. It will take months for the vaccine to be distributed to the general public and further time to have sufficient impact in this crisis, so we are here to stress the need for effective early treatment.

My organization of critical care specialists have spent the almost nine months tirelessly reviewing the scientific literature to gain insight into this virus and the disease process and to develop effective treatment protocols.

All the while, we were working long hours in Intensive Care Units full of COVID patients. I was proud to testify in front of the committee about our MATH+ Hospital Treatment Protocol in May which I would like to mention has had nearly every single component of its combination therapies validated in clinical studies and our paper detailing and reporting on the impacts of the treatment protocol will be published within days in the **Journal of Critical Care Medicine**.

And so, it is with great pride as well as significant optimism, that I am here to report that our group, led by Professor Paul E. Marik, has developed a highly effective protocol for preventing and early treatment of COVID-19. In the last 3-4 months, emerging publications provide conclusive data on the profound efficacy of the anti-parasite, anti-viral drug, anti-inflammatory agent called ivermectin in all stages of the disease.

Our protocol was created only recently, after we identified these data. Nearly all studies are demonstrating the therapeutic potency and safety of ivermectin in preventing transmission

and progression of illness in nearly all who take the drug.

Before proceeding, I want to bring attention to two critical deficits in our national treatment response that has made this hearing necessary in the first place. Besides the early interest and research into hydroxychloroquine, we can find no other significant efforts to research the use of any other already existing, safe, low-cost therapeutic agents.

Seemingly the only research and treatment focus that we have observed on a national scale is with novel or high-cost pharmaceutically engineered products such as remdesivir, monoclonal antibodies, tocilizumab, with all such therapies costing thousands of dollars. This is consistent with conclusions drawn by a physician consulting to Congress about Covid-19 when she concluded,

“There is a pervasive problem on the Hill with how we prove the value of a low cost treatment.”

Another barrier has been the censorship of all of our attempts at disseminating critical scientific information on Facebook and other social media with our pages repeatedly being blocked. Finally, we believe the lack of clinical experts on the existing task forces is further hindering progress on identifying effective therapeutics.

We can identify almost no members with any similarities to the skill set, clinical knowledge base, and patient care experience to our group of expert clinicians. Existing members all seem to be either physician leaders of large health care organizations or have research backgrounds.

Although many must have had some bedside experience in the care of patients in their careers, there seem to be almost none that have been at the bedside of COVID-19 patients in any appreciable fashion during this pandemic. Expert clinician panels such as ours have large amounts of valuable insights and wisdom and we are extremely pleased to share our recent discovery of the immense potency of ivermectin in COVID-19.

Ivermectin is highly safe, widely available, and low cost. Its discovery was awarded the Nobel Prize in medicine, and is already included on the WHO’s “World’s List of Essential Medicines.” We now have data from over 20 well-designed

clinical studies, ten of them randomized, controlled trials, with every study consistently reporting large magnitude and statistically significant benefits in decreasing transmission rates, shortening recovery times, decreasing hospitalizations, or large reductions in deaths.

This clinical data is also supported by multiple basic science, in-vitro and animal studies. Our manuscript, completed one week ago, is already out of date due to the near daily emergence of new, positive ivermectin studies. The manuscript has been posted on the medical pre-print server OSF (Open Science Foundation) and can be downloaded on our organization’s website, www.flccc.net.

A more updated meta-analysis and review authored by a group of Ph.D. researchers and scientists includes all ivermectin studies as of December 4th, 2020 and can be found on the c19study.com website here: <https://ivmmeta.com/>

These data show that ivermectin is effectively a “miracle drug” against COVID-19. The magnitude of the effect is similar to its Nobel prize-worthy historical impacts against parasitic disease across many parts of the globe. It should be noted that that Merck, the pharmaceutical company whose scientists helped discover Ivermectin, has from the first availability of the drug, donated hundreds of millions of doses for free to support the WHO parasite eradication programs.

We believe a similar initiative is needed to eradicate the globe from the scourge of COVID-19. Our group held a press conference this past Friday, December 4th at the United Memorial Medical Center in Houston, issuing a “Call to Action.”

We made a formal request to our national and global health care agencies and leaders to rapidly assess the growing scientific evidence on ivermectin and update treatment guidelines accordingly. We noted that the last treatment recommendation on ivermectin is from August 27th where on the NIH website, they recommended that ivermectin only be used in clinical trials and they based that recommendation as “expert opinion” only given the lack of clinical studies at the time.

There is now a wealth of studies reporting efficacy of ivermectin. In that press conference, we called for a rapid and updated review of this evidence in the hopes a treatment recommendation could be made and thus saving many thousands of lives, quickly.

The press conference was broadcast via the Associated Press and Univision to nearly every country globally. The Health Ministry of the Government of Uganda is currently reviewing our manuscript with the intent of incorporating our treatment protocol into a national treatment guideline. It is now 48 hours later and, although it has been shared widely, we have not heard from:

- Any national news radio, newspaper or television station.
- Any single member of any U.S health care agency.
- One notable exception is the interest shown by the Health Ministry of the Government of Uganda

We know of no similar effort by any US health care agency at this time. (This point can be omitted if necessary) This is unacceptable as we have documented evidence that leading members of Operation Warp Speed, including Janet Woodcock had planned to watch our press conference as have multiple members of the CDC and military as well as journalists from major national news outlets who watched.

Again, 48 hours later and no contact from any health official or major news outlet. We are still hopeful to hear soon from the government and media. I now will briefly review and summarize the emerging scientific data demonstrating the efficacy of ivermectin in the treatment of COVID-19

Data Supporting Ivermectin as a Potential Global Solution to the COVID-19 Pandemic

Ivermectin is already eradicating coronavirus infections in multiple regions of the world. Dozens of studies demonstrate its efficacy from studies done from “bench to the bedside” as follows:

1) Since 2012, multiple in-vitro studies have demonstrated that Ivermectin inhibits the

replication of many viruses, including influenza, Zika, Dengue and others (19-27).

2) Ivermectin inhibits SARS-CoV-2 replication, leading to the absence of nearly all viral material by 48h in infected cell cultures (28).

3) Ivermectin has potent anti-inflammatory properties with in-vitro data demonstrating profound inhibition of both cytokine production and transcription of nuclear factor-kB (NF-kB), the most potent mediator of inflammation (29-31).

4) Ivermectin significantly diminishes viral load and protects against organ damage in multiple animal models when infected with SARS-CoV-2 or similar coronaviruses (32, 33).

5) Ivermectin prevents transmission and development of COVID-19 disease in those exposed to infected patients (34-36,54,88).

6) Ivermectin hastens recovery and prevents deterioration in patients with mild to moderate disease treated early after symptoms (37-42,54).

7) Ivermectin hastens recovery and avoidance of ICU admission and death in hospitalized patients (40,43,45,54,63,67).

8) Ivermectin reduces mortality in critically ill patients with COVID-19 (43,45,54).

9) Ivermectin leads to striking reductions in case-fatality rates in regions with widespread use (46-48).

10) The safety of ivermectin is nearly unparalleled given its near nil drug interactions along with only mild and rare side effects observed in almost 40 years of use and billions of doses administered (49).

11) The World Health Organization has long included ivermectin on its “List of Essential Medicines” (50).

A more detailed summary of ivermectin’s existing clinical studies in the prevention, early, and late treatment phases of COVID-19 follows below. All studies are positive, with considerable magnitude benefits, with the vast majority reaching strong statistical significance.

Note that in the below summary, RCT’s refers to “prospective randomized controlled trials” where patients were assigned randomly to a planned treatment with ivermectin or placebo and OCT’s refer to “observational controlled trials” where ivermectin treated patients were compared to concurrently or previously treated

patients that did not receive ivermectin.

1) Prevention Studies: Six studies, 4 RCTs, 2 OCT's with total patients included now over 2,400 patients – all showing near-perfect prevention of transmission of this virus in people with unprotected exposure to COVID-19 patients compared to high measured rates of transmission in those that did not receive ivermectin treatment.

2) Early treatment: Three RCT's and multiple large case series –patients in these studies total over 3,000. All studies show either a considerable, statistically significant reduction in the number of patients who deteriorated into hospital or ICU or they reported faster recovery from all symptoms when treated with ivermectin.

) Hospital Treatment: Four large RCT's, 4 well designed OCT's, total amount of patients studied approach 3,000, and almost all show large and statistically significant reductions in mortality when treated with ivermectin.

Table I below summarizes the existing clinical trials data as of November 24, 2020; however, the number of positive studies has since increased.

Treatment time	Number of studies reporting positive results	Total number of studies	Percentage of studies reporting positive results
Early treatment	3	3	100%
Late treatment	12	12	100%
Pre-Exposure Prophylaxis	4	4	100%
Post-Exposure Prophylaxis	2	2	100%
All studies	21	21	100%

Numerous studies have consistently positive reported large magnitudes of benefits in all disease's phases but - with the most significant public health impact in the prevention of transmission. On this compelling evidence, we recommend ivermectin's administration for both prophylaxis in all high-risk patients as well as in the early and late phases of the disease.

If this were to occur nationally and globally, we predict that, like in many of the regions shown above, the pandemic will end, the economy can re-open, social interactions and activity can resume, and life can normalize. The

expected impact will allow our nation to grow and focus on the multitude of other pressing problems facing our society.

People are dying at unacceptable and untold rates. I am a lung and ICU specialist, and all I do right now is take care of COVID-19 patients dying of breathlessness in ICUs. By the time they get to the ICU, it is nearly impossible to save most patients.

They simply cannot breathe – all are attached to high flow oxygen delivery devices or non-invasive ventilator masks strapped tight to their faces or they are placed in sedative comas and paralyzed so that mechanical ventilators can do the work of breathing for them. They are dying even with our armory of modern medicines and machines. And they are dying slowly.

I have never witnessed a form of respiratory failure where patients can be consistently kept alive for weeks before finally succumbing.

Besides the horrific amount of suffering by the patients, their families are also getting traumatized and destroyed. I have seen so many vibrant fathers and mothers of families die in my ICU. And most importantly, the majority are minorities, black and latino's, many of them poor and often without access to private doctors for early treatment.

I have never seen such a disparity in any other illness I treat. Recognize that the amount of evidence that I have presented far exceed the level required for a compassionate use authorization as defined by the FDA.

In conclusion, the global impact of the COVID-19 pandemic on both lives and economic despair is in front of all. COVID-19, and the inflammatory response to this virus, ravages damage to the body in a way that we, healthcare providers in the front-line, have never seen before.

The heavy burden placed on society, legislators, governmental and medical organizations is unprecedented. We are worried that if our call to action is not followed through, confidence in our health care leaders and agencies will be irreparably tarnished. Inaction in front of mounting evidence of safety and effectiveness during a catastrophic pandemic may also compromise widespread vaccination support.

We will look back to the impact that actions versus inaction had on the US and the globe two months from now. If we do nothing, the present trend will continue. History will judge. The American people will cry for answers or will praise the courage of those elected to represent their interest.

Table 2. I-MASK+ Prophylaxis & Early Outpatient Treatment Protocol for COVID-19
PROPHYLAXIS PROTOCOL

MEDICATION RECOMMENDED

Outpatient Treatment Protocol for COVID-19
MEDICATION RECOMMENDED DOSING
Ivermectin 0.2 mg/kg* dose on day 1 and day 3,
Vitamin D3 - 1000 i.u to 3000 i.u daily
Vitamin C 1000 mg twice daily
Quercetin - 250 mg/day
Melatonin 6 mg before bedtime (causes drowsiness)
Zinc 50 mg/day of elemental zinc

For treating advanced cases of Covid-19 that require hospitalization go to **www.flccc.net** for more information.

References and Notes

1. Front Line COVID-19 Critical Care Working Group. MATH+ hospital treatment protocol for COVID-19. www.flccc.net. (2020).
2. . E. Marik, P. Kory, J. Varon, J. Iglesias, G. U. Meduri, MATH+ protocol for the treatment of SARS-CoV-2 infection: the scientific rationale. Expert Review of Anti- infective Therapy. 10.1080/14787210.2020.1808462 (2020).
3. P. Kory, G. U. Meduri, J Iglesias, J. Varon, P. E. Marik. Clinical and scientific rationale for the MATH+ hospital treatment protocol for COVID-19. J Int Care Med. (2020) (in press).

6,000 Covid-19 patients in the Dominican Republic treated with the generic drug ivermectin.

Excerpts from Dr. José Natalio Redondo of Santo Domingo, Dominican Republic.

Doctors in the Dominican Republic, one of poorest nations in Carribean, have found a safe and effective low cost remedy for Covid-19.

The details of this treatment were provided by Dr. José Natalio Redondo, when he participated as a guest in "La Cita con el Covid," which broadcasts every Monday at 9:00 pm at Listindiario.com.

Redondo reports over that 6,000 Covid-19

positive patients have been successfully treated with excellent results using the drug ivermectin, by doctors belonging to the Rescue group, with health facilities located in Puerto Plata, La Romana, and Punta Cana.

Ivermectin is an antiparasitic and antiviral drug, known and used for 45 years for treating parasitic infections and also used as a dewormer in animals. Rescue doctors in the Dominican Republic used ivermectin to treat patients with the SARS-CoV-2 virus that causes the Covid-19 disease since the beginning of the epidemic.

The advantage of ivermectin, Redondo points out, is that it is a well-known and studied drug because it has been used for more than 30 years in humans. He states that around the world a trillion doses are given per year with no side effects.

The Dose

He explained that the current dose is that a person between 80 and 90 kilos should take six or seven tablets in total, administered all together or in daily doses, preferably in the early stage of symptoms. "Our group is giving it all six (tablets) in the emergency room to Covid patients," he said. Each tablet has 3 mg of ivermectin. Any doctor may prescribe it.

12/15/20 Reuters News Service reports a new variant of Covid-19 is rapidly spreading in Great Britain.

Reuters reports that mutations to the "spike" protein have occurred. This "spike" protein is what the Covid-19 virus uses to infect human cells. As we reported in our last newsletter, Covid-19 latches onto the ACE2 receptor in the blood vessels and can cause vascular inflammation and blood clots.

Excerpts from Reuters: "*The mutations include changes to the important "spike" protein that the SARS-CoV-2 coronavirus uses to infect human cells, a group of scientists tracking the genetics of the virus said, but it is not yet clear whether these are making it more infectious.*

"Efforts are under way to confirm whether or not any of these mutations are contributing to increased transmission," the scientists, from the COVID-19 Genomics UK (COG-UK) Consortium, said in a statement (bit.ly/3mhpTJX).

"The new variant, which UK scientists have named "VUI – 202012/01" includes a mutation in the viral genome region encoding the spike protein, which - in theory - could result in COVID-19 spreading more easily between people."

Dec 20 update: With over 1000 Britain's already infected with this new strain of coronavirus, several European countries have blocked travel to and from Britain today. The timing of the emergence of this new variant of the coronavirus is one week after Britain began inoculating its citizens with the Pfizer/BionTech vaccine. Whether this vaccine will protect against the new variant of the Covid-19 virus is unknown at this time.

Australia Abandons Coronavirus Vaccine After Study Participants Test HIV Positive - December 11, 2020

Australia has cancelled an agreement to distribute 51 millions doses of a vaccine made by CSL Limited. The vaccine was abandoned after several persons in the trial receiving the vaccine tested positive with an HIV antibody test.

The Australian Prime Minister, Scott Morrison, stated:

"University of Queensland vaccine will not be able to proceed based on the scientific advice, and that will no longer feature as part of Australia's vaccine plan."

CSL Ltd used the Covid-19 "spike protein" technology for vaccine research using molecular clamp technology to lock the protein into a shape that allows the immune system to be able to recognize and then neutralize the virus.

Mike Ives of the New York Times reported the following on Dec 11, 2020:

"The trouble that arose with the Australian vaccine, developed by the University of Queensland and the biotech company CSL, was related to its use of two fragments of a protein found in H.I.V."

"The protein formed part of a molecular "clamp" that researchers placed on the spikes that surround the coronavirus and allow it to enter healthy cells. The clamp stabilizes the spikes, allowing the immune system to respond more effectively to the vaccine."

"The use of the H.I.V. protein posed no risk of infecting the volunteers with that virus, the researchers said. But the clamp generated the

production of antibodies recognized by H.I.V. tests at higher levels than the scientists had expected."

The NIH funded research on Coronavirus in bats at Wuhan Lab

The following are excerpts from Newsweek - Dec 20, 2020

"just last year, the National Institute for Allergy and Infectious Diseases, the organization led by Dr. Fauci, funded scientists at the Wuhan Institute of Virology and other institutions for work on gain-of-function research on bat coronaviruses."

"In 2019, with the backing of NIAID, the National Institutes of Health committed \$3.7 million over six years for research that included some gain-of-function work. The program followed another \$3.7 million, 5-year project for collecting and studying bat coronaviruses, which ended in 2019, bringing the total to \$7.4 million."

"Many scientists have criticized gain of function research, which involves manipulating viruses in the lab to explore their potential for infecting humans, because it creates a risk of starting a pandemic from accidental release."

"ARS-CoV-2, the virus now causing a global pandemic, is believed to have originated in bats. U.S. intelligence, after originally asserting that the coronavirus had occurred naturally, conceded last month that the pandemic may have originated in a leak from the Wuhan lab."

End of quote from Newsweek magazine.

Medicare Doubletalk Medicare - Part A

[My Chat with a Medicare Employee on Nov 20, 2020 by Conrad LeBeau]

[09:42:13 am]: Thank you for contacting Medicare.gov Live Chat.

[09:42:16 am]: CONRAD

I am 77 y.o. I use diet, herbal and nutritional therapies. I don't like any of the plans the government offers. What benefits do I get with part A only if I drop part B and use the extra money for my choices in health care, not the governments? Conrad Lebeau

[09:43:41 am]: Sadiyah

Part A, which is hospital insurance covers inpatient hospital services, hospice care, skilled nursing facility care, and home health care.

[09:44:25 am]: CONRAD

Thank you. Does part A also cover the doctors

who evaluate you at a hospital?

[09:45:10 am]: Sadiyah

If the service is not considered inpatient, it will not be covered under Part A.

[09:46:19 am]: CONRAD

So you saying that if I need to visit an Emergency room, the doctors fees are not covered under Part A

[09:47:25 am]: Sadiyah

That is correct. Part B is medical insurance that covers doctors' services, durable medical equipment, and hospital outpatient care.

[09:48:16 am]: Sadiyah

If the visit is not considered inpatient it will not be covered under Part A.

[09:49:56 am]: CONRAD

What is your medical or legal definition of "inpatient"? I wasn't asking you about part B -I was asking about part A - Are you saying that if I am inside a hospital in an Emergency that I am not an inpatient?

[09:51:41 am]: Sadiyah

Inpatient means when you are admitted into a hospital for at least 1 night.

[09:52:54 am]: Sadiyah

A visit to the Emergency Room is not considered inpatient.

[09:52:54 am]: CONRAD

So if I go to an emergency room at night I am an inpatient?

[09:53:05 am]: Sadiyah

A visit to the Emergency Room is not considered inpatient.

[09:55:13 am]: CONRAD

What you are telling me is that there are no doctor's fees paid under part A if that is the only medicare insurance I choose? Also is urgent care covered under Part A?

[09:55:43 am]: Sadiyah

That is correct. Urgent care is not covered.

[09:56:51 am]: Sadiyah

Do you have any other questions?

[09:57:18 am]: CONRAD

Exactly what medical services can you get in a hospital without a doctor? Are xrays covered under part A?

[09:59:56 am]: Sadiyah

X-rays are covered (as inpatient.)

[10:00:25 am]: Sadiyah

Covered Inpatient Services:

Ancillary charges

Bariatric surgery

CAR T-cell therapy

Inpatient alcohol or substance misuse Inpatient clinical research studies

Inpatient mental health or psychiatric care

Medicare Part A blood

Outpatient services received within 72 hours of inpatient admission

Respite care in hospice

Transportation services

Self-administered drugs

[10:00:48 am]: CONRAD

How about the radiologist who takes the xrays.

Does he bill you or me separately?

[10:02:11 am]: Sadiyah

If done while inpatient it will be covered.

[10:03:46 am]: CONRAD

That means that for the xrays to be covered, I have to be admitted and stay in a hospital for 24 hours? Also are blood tests covered?

[10:05:56 am]: Sadiyah

Blood tests done while you are admitted as inpatient is covered.

[10:08:17 am]: CONRAD

So what you are telling me is that no visits to an Emergency Room are covered for any expenses unless I am admitted as an inpatient for 24 hours or have part B? Can you explain exactly what value part A alone provides?

[10:09:21 am]: Sadiyah

That is correct. However, you would be the one to decide if having Part A has any value to you.

[10:11:45 am]: Sadiyah

Do you have any other MyMedicare.gov questions that I can help you with?

[10:13:38 am]: CONRAD

I am not the government. You represent the government administering part A. Frankly, I am disappointed but not totally shocked by your answers. Apparently, the billionaire bankers and the drug companies and politicians they buy with their campaign contributions and perks have written these confusing and unjust regulations.

Good Day.

[Note:: Medicare regulations unabashedly promote the use of drugs while opposing nutritional, dietary and herbal remedies.]

Medjugorje.org

Our Lady's Message to the world

December 25, 2020



"Dear children! I am carrying to you little Jesus who brings you peace, Him who is the past, present and future of your existence. Little children, do not permit for your faith and hope in a better future to be extinguished, because you are chosen to be witnesses of hope in every situation. That is why I am here with Jesus that He may bless you with His peace. Thank you for having responded to my call."

Patriotic Author Has Sound Plan to Stop Foreclosures on Farmers

By Mark Anderson

Wisconsin resident Conrad LeBeau is an author and activist whose father, a dairy farmer, taught him about the predatory banking system at a young age, which planted deep seeds for his quest today to help the nation's farmers—and, by extension, people from all walks of life—as they suffer from the scourge known as the debt-based money system. LeBeau has created a flyer and petition that focuses on the plight of farmers in this age of corporate mega-farms that tend to suffocate local family farms.

"I was born in lower Michigan, but I was raised in upper Michigan until I was about 16, and then my father moved to the city after he got out of the farming business," LeBeau told this AFP writer. "Around 1956-57, we had a dairy farm in upper Michigan, and it was very small, with only 30 milk cows, but it wasn't a survivable business. I was milking cows—I was probably 14 years old at the time—and my father, who lived through the Great Depression of the 1930s, was a follower of Fr. Charles Coughlin."

Fr. Coughlin (1891-1979) was the courageous Royal Oak, Mich. radio priest whose volcanic weekly broadcasts, public speeches, pamphlets, books, and his newspaper, *Social Justice*, became an enormous threat to the banking establishment—and eventually to President Franklin D. Roosevelt. Coughlin reached tens of millions of Americans with his insightful and forceful remarks about

the banking racket and needless wars.

"Fr. Coughlin would speak every Sunday on religious topics, and he also spoke on banking and monetary reform," LeBeau noted. "That's about the time the Great Depression set in. During the Depression, he had proposed a solution to it, recommending that Congress print some money and spend it, and create jobs, which pursued via the Frazier-Lemke Farm Bankruptcy Act [73rd Congress]. That bill almost passed the House of Representatives, but it didn't, and that was due to the banking lobby."

LeBeau recalled: "My father, born in 1905, told me what caused the Crash of 1929. He said there were two factors: One was that Herbert Hoover, the president early in the Depression, tried to pay off the national debt. The second factor was that the Federal Reserve raised interest rates. The combination of those two factors shrank the money supply, so there was less money and less credit available for people to spend, and that led to the stock market crash in October of 1929 and the subsequent Depression."

Fast forward to 1979-80, when LeBeau was a real estate broker. At the time, the Federal Reserve Board was chaired by Paul Volcker. "That former chairman of the Federal Reserve Bank of New York thought people were living too well—that there was 'too much money' and 'too much inflation'—so he kept jacking up interest rates until they got up to about 18%, which put the country into a very severe recession. At the same time, at least 1 million farmers lost their farms."

All of the foregoing inspired LeBeau—who spent



CONRAD LEBEAU

the early 1980s writing model laws to try and help farmers avoid foreclosures—to continue his activism. Among other things, a flyer that accompanies his petition (see his ad on the facing page) calls for:

- a national moratorium on farm foreclosures,
- reducing interest rates on farms by 50% or more, and
- among other things, minimum mark-up laws to support fair prices on domestic farmers' produce while prohibiting unfair foreign competition.

In its most dramatic passages, the petition itself calls for circumventing the credit monopoly held by the banks in a manner that LeBeau said could give the U.S. government a steady flow of interest-free funds:

The growth of the national and private debts of farmers and all Americans grows exponentially with the interest charged for the use of this [private banking] credit, and because the government's [official] national debt exceeds \$23 trillion, and [the] constitutional authority to coin or print money are . . . exclusive powers granted to Congress—and not private bankers—and because the federal government can and should offer real competition in the marketplace to the credit [monopoly] of the big banks, we ask for . . . the president or Congress to declare a national moratorium on all farm foreclosures, and evictions. Because the banking system uses its own records as digital dollars that are stored in their computers, and because all the reforms we petition for herein shall require substantial amounts of money or credit, we ask the federal government to pass a law requiring the Federal Reserve Banks to create an interest-free deposit of digital (book-keeping) dollars in the U.S. [Treasury's] checking account at the Federal Reserve . . . in a sum of no less than \$100 billion . . . and to permanently replenish funds on a recurring basis on any day the U.S. Treasury account balance drops below \$100 billion; and that all future deposits of coins or currency issued by the U.S. Treasury shall be deposited in the government's checking account at the Federal Reserve . . . for their full legal-tender value and add to the balance of available funds.

The books LeBeau has written include *Money Creation: From Knights Templars to Wall Street Bankers*, available at www.Lebeaubooks.com. ★



An empty tractor sits in a field unattended even as crops wait to be harvested. The policies of Paul Volcker (Federal Reserve chairman who served both the Carter and Reagan administrations) greatly harmed America's farming community, resulting in thousands of farm foreclosures. Patriot author Conrad LeBeau is seeing a similar thing happen again today and has a plan to rectify the situation.

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