Pierre Kory, M.D.
Internal Medicine, Pulmonary Diseases,
and Critical Care Medicine

DECLARATION OF PIERRE KORY, M.D.

I, Pierre Kory, M.D., declare as follows:

1. I am a pulmonary and critical care medicine doctor and am board certified by the American Board of Internal Medicine in Internal Medicine, Pulmonary Diseases, and Critical Care Medicine. I am licensed to practice medicine in Wisconsin. Attached hereto as **Exhibit "1"** is a true and correct copy of my current *curriculum vitae.*

2. From 2008 to 2015, I was an attending physician providing critical care medicine, inpatient pulmonary consultation, and outpatient pulmonary consultation services at Mount Sinai Beth Israel Medical Center in New York City, New York. From 2015 to 2020, I was an Associate Professor at the University of Wisconsin where I served as the Medical Director of the main medical-surgical Intensive Care Unit called the Trauma and Life Support Center and was also the Critical Care Service Chief.

3. I am, at all relevant times hereto, considered a world-expert and pioneer in the field of critical care ultrasonography as I am the senior author of a best-selling textbook on the topic which has been translated into six languages.

4. Since the onset of the Coronavirus disease ("COVID-19") pandemic, I have worked in numerous "hot spots" around the country, including without limitation Mount Sinai Beth Israel in New York, Greenville Memorial in South Carolina, St. Luke's Aurora in Wisconsin, and the University of Wisconsin in Wisconsin.

5. I am considered an expert in the pathophysiology and management of COVID-19, having published ten increasingly cited papers on the disease and its clinical management.

6. Further, I am, at all relevant times hereto, a member of an expert panel of highly published thought leaders in critical care medicine, that formed the Frontline Covid-19 Critical Care Alliance in March of 2020 with the sole intent of developing the most effective treatment protocols for COVID-19.

7. Our review paper on ivermectin, of which I am the first author, concludes that ivermectin should be immediately and systematically deployed in the prevention and treatment of COVID-19. Attached hereto as **Exhibit "2"** is a true and correct copy of said paper. The paper is published, having passed peer-review at the American Journal of Therapeutics. The peer reviewers included two career US Food and Drug Administration ("FDA") scientists, a senior scientist at the Defense Threat Reduction Agency, and an expert Intensive Care Unit ("ICU") clinician - all the reviewers' identities, and their reviews are publicly available. It should be noted that this paper is the third review paper to pass peer-review and be published in a major medical journal, with all reviews supporting this same conclusion.

8. Based upon my knowledge, education, training, and experience in COVID-19 and treating the same, as well as on my extensive research in the compiling of the existing, up-to-date evidence base supporting the use of ivermectin, I am generally considered the foremost expert on ivermectin and its use in the treatment of COVID-19 in the world.

9. The current evidence base now includes 65 studies with 32 randomized controlled trials, with all except one reporting benefits in at least one important clinical outcome, with the large magnitude finding statistically significant benefits.

10. Most importantly, the mortality benefits are beyond striking, even in late phase disease. Our review paper concludes that the existing data indicates a significant mortality benefit is also supported by multiple other, very recent, expert research groups, including a group

from Kitsato University in Tokyo, Japan, senior authored by Professor Satoshi Omura, Nobel Prize Winner in Medicine in 2015, which is found within the 65 studies referenced herein above.

11. Other posted and published review papers calling for the adoption of ivermectin come from the United Kingdom, Spain, and Italy.

12. The FDA has approved ivermectin for human use for the treatment of parasitic infections. Nearly forty million doses of ivermectin have been given out worldwide during the past forty years with few known serious side effects. Ivermectin was the second medication listed by the National Institutes of Health ("NIH") for the treatment of COVID-19 with a dosage of .2 to.6mg per kg and *it showed minimal adverse events*, finding that ivermectin is "generally well tolerated." During that time, only 5,695 adverse reactions have been reported in connection with ivermectin, with zero associated deaths.

13. By contrast, although remdesivir received emergency use authorization from the FDA to treat COVID-19 patients, it has been associated with renal and liver toxicity by the NIH and the World Health Organization Collaborating Center for International Drug Monitoring found at least 7,480 adverse reactions to remdesivir in less than two years, including 945 cardiac disorders and 560 deaths.

14. This data helps explain why more than twenty countries recommend treating COVID-19 patients with ivermectin, not remdesivir.

15. For example, in the North Indian State of Uttar Pradesh, population 241 million, a systematic and aggressive testing program executed by over 70,000 health care workers visiting over 97,000 villages whereby all health care workers took ivermectin regularly, all positive cases were treated with ivermectin, and all households contacts of positive cases were given ivermectin prophylactically, led to near complete eradication of the disease. The Indian Bar Association

brought a lawsuit against Dr. Soumay Swaminathan, chief scientist of the WHO for spreading false information about the efficacy of ivermectin.

16. Based on all the above, it is my medical opinion that ivermectin is extremely beneficial in treating COVID-19 and can substantially reduce the risks associated with COVID-19 and further substantially reduce the risk of death that patients face from being on a ventilator for a prolonged period of time. It is my medical opinion that remdesivir has limited, if any, benefit in treating COVID-19 and that benefit is substantially outweighed by the potential serious side effects of the drug, especially in elderly patients.

17. In preparation for the opinions expressed herein, I have reviewed the Complaint filed by Gavin de Becker and Brian de Becker in connection with the treatment of their father, Hal de Becker, at Desert Springs Hospital Medical Center ("Desert Springs") during 2021. I have also reviewed some of the medical records from Desert Springs from May of 2021. These records list Drs. Khuong T. Lam, D.O., Shfali Bhandari, M.D., and Amir Z. Qureshi, M.D., as the physicians who were primarily responsible for Mr. de Becker's care. I believe many more records exist that will be obtained during discovery. At a minimum, the records show that the physicians who treated Mr. de Becker at Desert Springs refused to treat Mr. de Becker with ivermectin, despite pleas from the patient (via his surrogate), family and his personal physician, and instead treated him with remdesivir and other medications that are not as useful in treating COVID-19 and which have potential serious side effects, especially in elderly patients. These physicians did this without consulting with Mr. de Becker's surrogate, family or personal physician. In my professional medical opinion, these decisions fell below the standard of care for physicians working in an acute medical setting. They violated the doctrine of informed consent, which is the pillar of modern medicine.

18. Remdesivir is an antiviral medicine that has no guarantees of effectiveness or safety when it is used to treat COVID-19, especially in elderly patients. It has *not* been proven safe or effective in treating COVID-19. As discussed above, remdesivir has been associated with renal and liver toxicity, but also abnormal blood clotting, difficulty breathing, swelling, sudden drop in blood pressure and other known and *unknown side effects*. Reasonable physicians rendering services in similar circumstances who were similarly trained and experienced would have found this to be material information that should have been disclosed to Mr. de Becker's surrogate *prior* to any treatment.

19. Of note, the records establish that Mr. de Becker's surrogate and family were in contact with the physicians and the hospital, such that the physicians could have, but didn't, obtain authorization from Mr. de Becker's available surrogate regarding the initial and continued remdesivir treatment. Also, no urgency existed for which consent could be waived due to the ongoing nature of the treatment.

20. The physicians compromised Mr. de Becker's patient sovereignty and ability to intelligently govern the treatment of his body. It was his decision and his decision alone, or rather his authorized surrogate, to decide whether to take remdesivir or not, especially because it was not an FDA approved drug but rather solely authorized for emergency use only. Informed consent to medical treatment, especially remdesivir treatment, is fundamental in both ethics and law. Mr. de Becker's surrogate had a right to receive this material information concerning remdesivir and to ask questions about the physician's recommended treatment to make a well-informed decision concerning Mr. de Becker's own care. The physicians did not provide informed consent to Mr. de Becker's authorized surrogate and Mr. de Becker surrogate did *not* consent or authorize Mr. de Becker to undergo remdesivir treatment.

21. These physicians' decisions to not treat Mr. de Becker with ivermectin, and to treat him with remdesivir without consulting his surrogate, family, or personal physician, may have resulted from political pressure surrounding ivermectin during 2021. But that should not have mattered. Physicians are not supposed to make decisions based on political pressure or media narratives. They are supposed to do their own research, follow the doctrine of informed consent and exercise reasonable care in treating their patients.

22. Based on my review of the limited medical records and my training, knowledge and experience, it is my professional medical opinion that the actions and inactions of physicians like Drs. Lam, Bhandari and Quereshi, and others who were responsible for Mr. de Becker's care and treatment at Desert Springs, fell below that standard of care.

23. Furthermore, the physicians' and the hospitals' failure to meet those standards resulted in Mr. de Becker's death.

24. The foregoing opinions are a summary of my opinions and are not intended to be exhaustive. I reserve the right to amend my opinions should new additional information come available.

Under penalty of perjury, under the laws of the State of Nevada, I declare that the foregoing is true and correct.

Executed this 13 day of April 2022 at 2:51 p.m in Madison, Wisconsin

Pierre Kory, M.D.