

MSNBC's *The ReidOut*

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JOY REID: So, things are clearly bad, but they're being made even worse by people who have refused to take the vaccine, and instead are swallowing horse paste. The emergency room in one rural Oklahoma town is being overwhelmed by people overdosing on ivermectin, the horse deworming medication. It's gotten so bad that gunshot victims — gunshot victims — are having to wait to be treated. By the way, the pharmaceutical company that produces ivermectin, Merck, had to tell people that there was no scientific basis or evidence for using ivermectin when it comes to COVID. Despite that, these folks would rather eat the horse deworming medication than just take the free shot. With me now is Dr. Lipi Roy, medical director of COVID isolation and quarantine sites for Housing Works in New York City and NBC News senior reporter Ben Collins. And, Dr. Lipi Roy, I got to tell you, it has to be frustrating. I'm not even a clinician and it's so frustrating to me to hear people who are willing to take a horse medicine and drink that because they think they're evading big pharma, and it's made by big pharma, and it's not for COVID. How frustrating is it for you that people are now taking up hospital beds because they chose to drink or to consume ivermectin, instead of getting the shot?

DR. LIPI ROY: Yes, so, happy Friday, Joy. Good to see you. I want to make sure your viewers understand that inappropriate administration of medications can have a constellation of harmful side effects. In the case of ivermectin, which, by the way, to be very clear, is not FDA-approved for the treatment of COVID-19 — it is FDA-approved to treat parasitic infections, such as river blindness, malaria, but not COVID-19. There are active clinical trials being run right now. But ivermectin, especially when it's — when people are overdosing on it, can cause a lot of serious side effects, including seizures, coma and death. People need to just really stick with the evidence-based medications, treatment. And, yes, the gold standard right now is prevention, which is the vaccine, Joy. That's the message that people need to know.

REID: And the reason we have you on here, Ben, in a segment — in a COVID segment, where normally we would have two doctors, is because people are listening more to social media, which you cover for us so brilliantly at NBC News, than they're listening to people like Dr. Lipi Roy. Where are they getting this idea that they should go out and go to the feed store and pick up something and drink it?

BEN COLLINS: Yes, they're getting it from podcasts. They're getting it from Facebook. They're getting it from insular groups that are — really, frankly, just don't trust the government. What you have to think about when you're thinking about a large section of politics right now, and specifically with Donald Trump supporters, is think about what the government is saying, assume it's a cabal made to hurt you, and do the opposite, so what's the opposite here? It's don't take the vaccine and take a therapeutic that people are sort of guessing works. There's no proof that it does work. In this case, it's ivermectin. The problem is, we're up to 80,000, 90,000 prescriptions of this stuff out there, so people who need it can't get it. So they're going now, all these people who are trying to get some, and now it's so overpriced. It's hundreds of dollars, instead of tens of

dollars, where it used to be. They are going to the feed store instead. They're taking five times the amount that's regular for a person, because that's meant for horses, and they're getting really, really sick.

REID: And people like Joe Rogan who are out there saying, hey, I took it, like, who has COVID, and he's very popular -- younger people are listening to people like him. There was that 30-year-old activist in Texas who treated himself with ivermectin, rather than getting the shot and doing the normal things that you would do. He is now dead at 30, leaving young children and a pregnant wife. Do -- are you seeing evidence that people actually turning up dead from doing this and the stories of people dying and people getting sick from trying these other drugs or having any impact on the -- in these -- world, these feeds, in these Facebook feeds? When they see the people are dying, does it change their mind?

COLLINS: It's not falsifiable. The stuff -- the problem with this sort of thing is, people don't go back to share their failures in these spaces. This is sort of a widespread extremist problem that you have. People who are, for example, incels, once they are no longer incels, once they have got a girlfriend or once they have got a job, they don't go back to the incel board and be like, hey, guys, I got a job, everything's fine now, it's OK. It doesn't happen that way. With ivermectin, it's kind of similar. With the people in the ivermectin Facebook groups, they don't go back because they're embarrassed.

REID: Right.

COLLINS: If it didn't work for them, if they got COVID anyway, if their family got sick or died from it, and they treated them with ivermectin, instead of bringing them to the hospital, they don't go back and share that. They're too embarrassed to deal with it, so that's the problem with these spaces. They're so insular, they're so closed off from actual medical reality, that they never see the reality themselves.

REID: So, Dr. Roy, is the answer now going to be that hospitals should all go to that clinical, that emergency sort of standard of care, meaning that you -- do you -- should hospitals be prioritizing children, because they can't help being unvaccinated, people who have gunshot wounds and cancer and the things that are unpreventable, and nothing that you could have done about it, and rather than allowing the ivermectin people to take up all of these beds? Because it feels like, at a certain point, there are limited resources, human resources, care resources, and actually physical resources. And it feels like people who have other issues are just getting crowded out.

ROY: Yes, so, look, what happens in hospitals is that, when a patient presents, they are triaged in the waiting room, and the people who are most clinically unstable, say, low blood pressure, low heart rate, they're bleeding profusely, they're the ones that are going to be prioritized, so irrespective of cause, those are most unstable —

REID: Yes.

ROY: — the respiratory distress, regardless of the cause, they're the ones that are getting

prioritized. But what's happening is the people that are getting sickest the most are the people that — with COVID-19 —

REID: Yeah.

ROY: — and who are unvaccinated.