BS"D **April 3, '22**

Dear Editor,

We are writing to inform the community concerning a recently published paper in the New England Journal of Medicine, on the TOGETHER trial for ivermectin conducted last year in Brazil. Your readers are surely learning of this study in the media, and likely have questions about it. We have grave concerns about this study, particularly since the inaccurate conclusions are being presented in major newspapers as facts, and have the real potential to kill people who may otherwise seek early, safe, and effective treatment for their covid symptoms. It is also very strange and troubling that the MSM cherry picks one study and presents that as definitive, over the whole literature on the topic. Does it even make any sense that there is an extremely strong anti-ivermectin advocacy, about a drug that is proven to cause no harm at all?

We kindly ask you to give us this opportunity to educate your readers on this critical topic.

Many fundamental problems are being raised by doctors and scientists about this 7-month-old-but-newly-published TOGETHER trial which came out in the NEJM and is making gleeful headlines in mainstream media, telling one and all "Ivermectin doesn't work." Here is the link to the NEJM paper.

https://www.nejm.org/doi/full/10.1056/NEJMoa2115869?query=featured_home

We will go through many of the severe flaws in the trial, but first we would like to take issue with a different inaccurate statement being widely promoted, claiming that ivermectin is being used in unsafe doses. The fact is that ivermectin has been tested at extremely high doses – up to ten times the standard dose – and was NOT found to be toxic at *any* level tested.

Back to the TOGETHER trial.

1) Let us begin by clarifying who is behind this trial, which is very revealing. As you will see here, the first of three listed sponsors is the Gates Foundation.

https://static1.squarespace.com/static/6112a257d1c1153666ccb987/t/622283a2f3cfc00558dcc768/1646429092376/Together_MP_V2.1_05May2021.pdf

Do we need to look any further? If Henry Ford was testing out GM cars, would he make them look good? If my name is Bill Gates and my entire focus is vaccines, vaccines, vaccines, for which I've stated I earn 20x returns on every dollar invested, *what do you expect from a trial I fund* looking into a cheap vaccine *alternative*? Do you assume that Bill Gates started an ivermectin trial in order to discover the truth, or in order to discredit ivermectin so that he can push his money-making vaccines?

Look at the *conflicts of interest disclosed in the trial paper*: https://c19ivermectin.com/togetherivm.html (lots of important information on the trial irregularities here, more on this later.)

Disclosed conflicts of interest include: Pfizer, Merck, Bill & Melinda Gates Foundation, Australian Government, Rainwater Charitable Foundation, Fast Grants, Medicines Development for Global Health, Novaquest, Regeneron, Astrazeneca, Daichi Sankyo, Commonwealth Science and Research Organization, and Card Research.

In short, as the FLCCC response summed it up: "Several organizations associated with the trial have a paid client relationship with Pfizer, which has secured Federal government contracts worth $5.3 billion for its antiviral treatment, Paxlovid". Gotta make you wonder...

We will digress to provide a comparable scenario to aid in understanding: If we were to run an ibuprofen trial in Brazil to determine whether it reduces pain and fever, conclude that it does neither, and triumphantly herald our findings in the NEJM, WSJ, and NYT, with every "expert" imaginable behind us, would we convince you that ibuprofen doesn't work?

Obviously not, because you **KNOW it does.** You've experienced yourself the relief it provides. Right off the bat, you would know that the trial was cooked and there's an ulterior motive. The question would just be the why and the how the fraud was perpetrated. Do we have a competing product to sell you? Did we pay someone a lot of money to reach certain conclusions? Were certain key elements missing in the trial? This is exactly where we stand now with this "TOGETHER" trial of ivermectin. By the way, there are no double-blind trials showing that ibuprofen brings relief, yet it is accepted worldwide.

Those of us who consistently watch patients make drastic and rapid improvements on ivermectin know the facts, and don't need to be convinced. A critically flawed – if not fraudulent – trial result means nothing to us - it's like the Ibuprofen example above. **But the tragedy is all those worldwide who don't know any better and will die as a result of the lies.** Here are patient testimonials which illustrate this better than anything: https://pierrekory.substack.com/p/patient-testimonials-on-the-efficacy

Remember that G-d's seal is truth and He hates falsehood. Could there be anything more repulsive to Him than lies for the purpose of murder? Also remember that in the laws that G-d set down for judges in the Torah, *any benefit* accrued to the judge from any of the parties makes him invalid to judge the case, and he must recuse himself. That is because, as the Torah tells us, "bribery blinds the eyes of the wise." So, the conflicts of interest on the part of those running this trial *automatically* should invalidate the trial, whether or not we can *prove* that there was foul play or not.

2) Let's see how parties with conflicts of interest have *previously* stopped at nothing to discredit ivermectin. This gives a background understanding of what we are up against. Dr. Pierre Kory has written an excellent expose: Part 1: https://pierrekory.substack.com/p/the-global-disinformation-campaign-6d6 Part 2: https://pierrekory.substack.com/p/the-global-disinformation-campaign-e1e

These are a must-read, but to summarize, in Dr. Kory's words, "Dr. Andrew Hill was hired by the organization UNITAID which was collaborating on the WHO's ACT Accelerator program to research the efficacy of repurposed drugs against COVID. As a result, he became the world's leading researcher on all the active and emerging randomized controlled trials of ivermectin in COVID since November of 2020." As Andrew Hill was about to come out with his findings, in collaboration with Tess Lawrie, *recommending* ivermectin on the basis of overwhelming evidence of its efficacy, something very strange happened, and he abruptly reversed course and independently published a paper saying "further research is needed", stabbing his fellow researchers in the back and stymying their efforts to save lives. Much later, investigative journalist Phil Harper solved the mystery. It was simply a cool $40 million paid by UNITAID to Andrew Hill to reverse course. He apparently allowed Andrew Owen of UNITAID to make changes to his paper's conclusions for the right price (Andrew Owen of UNITAID was found to be the ghost author of Andrew Hill's paper by checking the PDF metadata.) See the whole story here: https://philharper.substack.com/p/why-didnt-the-therapeutics-taskforce. Interestingly, Andrew Hill formed an extremely coincidental partnership with Kyle Sheldrick, the same person who fabricated pretexts to negate ivermectin trials that showed positive results, while he simply ignores trials *without* positive results or trials on Paxlovid – a clear directed agenda.

Watch the heartstopping video of Tess Lawrie's zoom call with Andrew Hill in which she valiantly begs him to go back to the truth he previously stood for, for the sake of the lives of tens of thousands of people: https://www.oraclefilms.com/alettertoandrewhill

***Why* might Andrew Owens and UNITAID not have wanted ivermectin to become popular? Without going into deeper motives, the simple answer is that there are tremendous financial incentives to the vaccine companies - to the tune of tens of billions of dollars a year - to get a needle in every arm, and any widely available, cheap, effective treatment would make their new vaccines totally moot. Not only that, but they wouldn't even be able to get an EUA for their products if an alternative treatment existed. Thus, this is an existential battle for pharma companies (who are closely intertwined with Bill Gates, WHO, UNITAID et al.) In fact, this agenda of prioritizing vaccine approval and profits can be seen internally within Pfizer as well. Why did Pfizer wait for the 'vaccines' to be approved and sold worldwide and only then start trials on Paxlovid? Therapies, even theirs, couldn't be an option earlier, or they would negate the emergency use approval of 'vaccines'.**

3) Finally, let us examine the MULTIPLE severe problems in the TOGETHER trial, most of which even *one* would be enough to invalidate the whole study:

A) The ivermectin arm ran *later* than the placebo arm, during a time that a much more virulent strain was prevalent. https://www.researchsquare.com/article/rs-910467/v1

The initiation of the ivermectin trial coincided precisely with the surge of a more virulent strain in the state where the study was conducted. By that time, all doctors in Brazil that already had contact with this variant noticed that ivermectin *alone* did not work at all, but a synergistic drug combination was needed instead. Maybe that is the reason why they 'waited' to start the ivermectin arm?

B) The researchers did *not* screen the participants for ivermectin use. This is *mind boggling*, considering the fact that ivermectin is available *over the counter in Brazil, and the trial took place just at the time that the government was making a strong push for people to take it at the first sign of illness.* In fact, sales of ivermectin were *nine times higher than normal* in the area of the trial at the time it was being conducted. Thus, there IS no valid placebo group in this trial - *a trial that draws its entire conclusions about whether ivermectin works based on a comparison of outcomes between an ivermectin group and a supposed placebo group.* See this excellent post by Alexandros Marinos for the documentation: https://threadreaderapp.com/thread/1509400149608448000.html

A strong possibility is that the people who participated in the trial were already using ivermectin, and joined in order to have closer medical follow-up and earlier detection of disease progression. If so, the 'placebo' group was on ivermectin as well, and the trial is meaningless.

C) The lack of reported increased gastrointestinal side effects in the ivermectin arm points to a fundamental problem in the study. Since the trial took place in an area with a prevalence of parasitic infection, it is impossible for the group taking ivermectin to not have experienced an increase in GI problems over the placebo group. There are two possibilities: Either the placebo group was also on ivermectin, (see above, B) or those "taking ivermectin" were not being given real ivermectin. See p.22 of the supplement: https://www.nejm.org/doi/suppl/10.1056/NEJMoa2115869/suppl_file/nejmoa2115869_appendix.pdf

D) The TOGETHER trial used ivermectin *alone,* when all of us in the treatment community know very well that much (not all!) of its lifesaving power lies is *in combining* ivermectin with other cheap, safe drugs, and nutraceuticals, such as antibiotics, steroids, aspirin, vitamins D and C, and zinc. The trial does not reflect the current clinical practice in early treatment. Hence, it means nothing to frontline doctors.

E) We also know that the key to most effective treatment is treating *early*, but the TOGETHER trial studied patients who started treatment up to 8 days after onset of symptoms. That is when some patients have begun their cytokine storm and need intense treatment in order to survive.

(Furthermore, while in other strains the cytokine storm starts 7 to 8 days from the first day of symptoms, in the P.1 variant, the progression to the inflammatory stage happens as early as 3 or 4 days after the beginning of the disease. By March 2021, this was notoriously known by doctors in Brazil, where trials included higher levels of high-sensitivity C-reactive protein (hs-CRP), a classic inflammatory marker, as an indicative of the progression to the inflammatory stage of COVID-19, and therefore a novel exclusion criteria for testing early treatments. The authors of the study knew this but decided not to adapt the eligibility criteria, showing that instead of searching for the truth, they were searching for a way to 'make ivermectin ineffective'.)

F) The dose used in the TOGETHER trial (0.4 mg per kilo per day) can be inadequate for very ill patients, who are often helped by higher doses. In fact, by the time the TOGETHER trial initiated the ivermectin arm, a dose of 0.6mg/kg/day for 5 days was already established in that area as the minimum dose to be possibly effective. Trials with up to 1.0mg/kg/day for 5 days had already received approval from institutional boards and ethics committees as early as January 2021 due to this development, as well as owing to the extremely well-established ivermectin safety profile. This is one such trial that was to be conducted by Dr. Cadegiani: http://clinicaltrials.gov/ct2/show/NCT04712279.

G) We know that ivermectin should be taken *until symptoms resolve*, but the TOGETHER trial only administered ivermectin for 3 days. Huh?

H) The TOGETHER trial administered ivermectin to patients on an empty stomach, but we know that ivermectin works best for Covid when ingested together with fatty food. Why did they give it in a less effective way?

The lack of adaptations in terms of timing of treatment, treatment regimen and eligibility criteria to the well-known changes in the prevalent viral strain seem a convenient way to avoid a trial result that shows efficacy of the drug. No other plausible explanation can be found.

I) Much basic information is missing from the trial data, such as:

***Recruitment period**

***Recruitment locations**

***Recruitment and allocation order per site**

***Description of how the molecules and placebo were manufactured or compounded to look identical (without which the blindness is lost)**

***98 patients are missing age information**

***Days with respiratory symptoms**

***Covid-19 symptom scale assessment**

***Covid-19 mortality outcomes**

...and much more. See https://c19ivermectin.com/togetherivm.html

J) Some basic math shows that the numbers listed in the trial paper for the different arms and outcomes in the trial do *not* add up to the totals and percentages that they give. To see many of these strange discrepancies which call into question the trial conclusions, go to investigative journalist Phil Harper's article: https://philharper.substack.com/p/the-cant-add-together-trial

K) Strangely, according to their own chronology, the TOGETHER trial was *not* approved by the Brazilian government at

the time it supposedly was happening.

Those unfamiliar with medical research in Brazil likely would never have spotted this: In the New England Journal of Medicine, there is no mention of the Brazilian National Ethics Committee approval number for the TOGETHER trial, which is a basic requirement to publish any research conducted in Brazil. The number that IS listed is the PROTOCOL number that is generated when one *begins* the process for approval. Not having the approval number listed anywhere is highly irregular, but when you search for the protocol number in the official page of the Brazilian IRB website, you find the astonishing information that the TOGETHER trial was approved to BEGIN on January 18, 2022. (Remember, it somehow already took place and ENDED in the summer of 2021.)

Is it conceivable that we are looking at another "Surgisphere" scandal, in which data is manufactured to fit an agenda? ("Surgisphere" was a company which supposedly aggregated data from 90,000 hospitalized patients worldwide on hydroxychloroquine for treatment of Covid and concluded that HCQ increased death. The study was published in the Lancet but retracted soon afterwards when numerous irregularities came to light, it was discovered that Surgisphere was a tiny 5-person outfit incapable of collecting the data that it pretended to have, and that the entire study was simply made up.) Could a similar story be the reason that the TOGETHER trial took place in remote areas, which are hard to check up on?

Just a possibility. What do YOU think?

Please note that there are many more curiosities in the TOGETHER trial data, which investigators are poring over. We have only listed the ones that are easier for a layperson to understand.

Finally, we must point out two things:

1. *Even using their seemingly rigged trial methods and resulting data*, the appropriate conclusion of this study is *not* that ivermectin doesn't work, but rather it is this: "Ivermectin if used alone, without any other component such as vitamin D, C, zinc, aspirin, hydroxychloroquine, dutasteride, or any other medication, *did* demonstrate numeral benefits including prevention of deaths, but did not achieve statistical significance, which would have likely happened if more subjects were recruited, in a highly pathogenic viral strain. Whether ivermectin alone would present better efficacy in other strains is unknown."

2. If we take the "three worst studies for ivermectin" – the one from Lopes-Medina (Colombia), Malaysia, and now the TOGETHER trial, even while ignoring all the positive trials on ivermectin, there is still a reduction above 30% in mortality, with a p=0.087, marginally statistically significant. That said, the conclusions are obvious.

Now, contrast the TOGETHER trial, which claimed *no* statistically significant benefit for ivermectin alone, with the following collection of robust studies showing *extreme* benefit and greatly reduced death rates.

https://ivmcurescovid.com/category/studies/

WHO DO YOU BELIEVE?

Sincerely,

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