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THE ANATOMY OF A VERY, VERY BIG LIE

HOW TO RIG A TRIAL AND KILL FOR MONEY (IF YOU HAVE NO CONSCIENCE)

Brucha Weisberger Apr 1  5  2 

BS"D

Many have questions about the old-but-newly-published TOGETHER trial that just came out in the New England Journal of Medicine and is making gleeful headlines in mainstream media, telling one and all "Ivermectin doesn't work."

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

<https://www.nytimes.com/2022/03/30/health/covid-ivermectin-hospitalization.html>

There is so much to say about this severely flawed trial. Let's start with the credibility issue

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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 I have a competing product to sell you? Did I 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 the fraudulent "TOGETHER" trial of Ivermectin, which was run last year in Brazil, but only now published in the NEJM and parroted in multiple headlines, including The Wall Street Journal and The New York Times.

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 fake 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:



Pierre Kory's Medical Musings

Patient Testimonials On The Efficacy of Ivermectin

This post is a "companion" to a post of a few hours ago, "The Global Disinformation Campaign Against Ivermectin, "The Fix of Dr. Andrew Hill" - Chapter 2...

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5 days ago · 177 likes · 24 comments · Pierre Kory, MD, MPA

With this in mind I would like to expose the ulterior motives of the players, and then the flaws in the trial which I am aware of, in the hope of saving lives by fighting the lies. If one person will not hesitate to take ivermectin after reading this, and their life will be saved, it will be worthwhile.

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? The wicked will pay! We are doing His Holy work by rectifying the falsehood.

Also remember that in the laws that G-d set down for judges in the holy 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.

Note: I wish to thank all of the doctors, scientists, and experts who have written, sent materials, and contributed to my education on this topic, and to this article. I am so grateful for your time, graciousness, and the blood and tears that you put in to save humanity.

1) Let us begin by clarifying who is behind this trial. It is quite interesting.

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 my name is Henry Ford and I am testing out GM cars will I 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 vaccine alternative? IF I AM BILL GATES, DO YOU REALLY THINK I STARTED THE TRIAL TO FIND OUT THE TRUTH, OR TO DISCREDIT IVERMECTIN SO I CAN PUSH MY VACCINES?

Now, 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...

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:



Pierre Kory's Medical Musings

The Global Disinformation Campaign Against Ivermectin, "The Fix" - Chapter 1

My Global Disinformation Campaign Series: Part I - Introduction to the

Disinformation Playbook Part II - Exposing the Corrupt Disinformation Campaign on Ivermectin Part II - Ivermectin - An Attack by New York State's Attorney General Part III - Ivermectin - Lawyers Helping Doctors be Doctors...

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Part 2:



Pierre Kory's Medical Musings

The Global Disinformation Campaign Against Ivermectin, "The Fix" - Chapter 2

My Global Disinformation Campaign Series: Part I - Introduction to the Disinformation Playbook Part II - Exposing the Corrupt Disinformation Campaign on Ivermectin Part II - Ivermectin - An Attack by New York State's Attorney General Part III - Ivermectin - Lawyers Helping Doctors be Doctors...

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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:



The Digger

Why didn't the 'Therapeutics Taskforce' recommend Ivermectin for further study?

It's a valid question which is deserving of a full answer. We don't have to dig too deep to justify the question, but since this is The Digger... *** Taken at its own word, Andrew Hill's pre-print paper concluded "...there was a 75% reduction in mortality..with favourable clinical recovery and reduced hospitalisation...

[Read more](#)

14 days ago · 70 likes · 6 comments · Phil Harper

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 was an existential battle for pharma companies (who are closely intertwined with Bill Gates, WHO, UNITAID et al.)

3) Let's see 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>

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>

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, D, C, and zinc.

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.

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.

G) 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?

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

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

*Recruitment period

*Recruitment locations

*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>

What do YOU think?

Now, contrast the TOGETHER trial which claimed no statistically significant benefit, with this collection of robust studies showing extreme benefit.

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

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