

<b>CONNECT</b>	
<b>The Nail's In Their Coffin. Whose?</b>	

MA-3385B

*When enough people know – or just have enough doubt even – it will change*

- 1 The thing about science is that it has revealed so much to the world about how our bodies work – how the planet works and so much more. It has also given birth to the inquisitive ones who dig further for the truth - and apply it.

Among the latter of course are the medical professionals who are practising what they know of science to improve the health and wellbeing of people across the entire world. They continue to do this even when faced with what they believe is extreme danger. In the early time of C19, doctors and nurses put their own safety aside to treat people with a life-threatening disease.



- 2 But the reality of the situation in the last few years has morphed – in that we have come to understand that the C19 pandemic was not what we all at first 'believed' it was. And when I say 'believed', I use the word jokingly, since the dangers associated with C19 appear to have been, more about what we were all TOLD they were, rather than what they actually were. In effect we were all given a belief – to believe.

Many thousands of people around the world contracted what they were led to believe was a deadly virus. The governments of the world had us all doing backflips to keep ourselves and others safe – and those backflips came in the form of *Stay At Home* orders, *Wear A Face Mask* orders and coercion to get ourselves *Jabbed To Protect Others*.

The medical profession applied itself in the way we half-expected it to. Despite there being a grave lack of Personal Protective Equipment PPE,

doctors and nurses got stuck in to helping the sick back to life, putting themselves, willingly, at risk in the process.

It is, I 'believe,' fair to say that many people died with this thing called C19 – but it is also fair to say that many people died unnecessarily due to the protocols that managers in the profession handed down to their soldiers in the field treating patients – the doctors and nurses.

One doctor in a New York hospital was very quick to see that the protocols handed down from management were not working and were in fact proving to be detrimental to the patients. Basically, any person who was put on a ventilator – a main protocol adopted around the world – invariably ended up dead. The death certificate being marked with Covid as the cause.

The doctor, in this story, was so impassioned about what he witnessed and thought was wrong – in his opinion as a doctor - that he published a video voicing his concerns.

Oddly, rather than be listened to by his managers, he was silenced and found himself moved to a different department.

The doctor – **Dr Cameron Kyle-Sidell** – explains more in his video. [NYC Doctor Claims COVID 19 Is Not What They Say It Is!](#)

Dr Cameron was one doctor among many who spoke out, questioning the protocols handed down to them by their senior managers. Unfortunately, it seems today that too few spoke out and those who did became ridiculed and censored. Many in fact, were sacked from their posts in hospitals.

As time went by, it became even more clear that the protocols were being pushed strongly by the managers regardless - which all made little sense to those working on the frontline of medical care with C19 patients. What made the picture worse, was the confirmed stories that hospitals in the US were being paid significant sums of money if they applied the protocols handed down to them. Payments were made to hospitals:

- If they tested a patient for C19 with a PCR test
  - a test known to be totally unsuitable for detecting a virus
- If they put a patient on a ventilator
  - a protocol known to kill patients as Dr Cameron discovered
- If they administered the drug Remdesivir
  - a drug known to have severe effects on a patient's renal organs
- If the patient died of C19
  - this sounds weird and incomprehensible – but is true nonetheless

Anyone would have to ask – what is this really about?

One woman's husband contracted a pneumonia of some sort and found himself started on the protocol list above. The woman – a radio host called **Kate Dalley** – was thankfully aware that the above protocols were dangerous – if not insane - and intervened in her husband's treatment. Kate was aware that anyone placed on a ventilator, who was presenting with

pneumonia-type conditions, would last no more than 7-10 days – according to reports then circulating. Death being the eventual outcome. Dr Cameron explains why in his video.

Kate's intervention appears to have saved her husband from certain death and he left hospital in under 4 days and recovered.

Kate Dalley's story is truly stunning.

[What is ACTUALLY Killing People In The Hospital](#)

**Dr Ali Shultz** relays a story to **Stew Peters** about a newborn baby that was first moved to a different hospital without the parents' knowledge where it was about to be given Remdesivir without parental consent. Thankfully, the parents were able to stall the treatment despite having been placed under threat of being labelled unsuitable parents in the care of a child. The story takes some believing but all the same it is factual.

Stew Peters covered the story and had this:

[Baby murder protocol infants separated from parents.](#)

- 3 Doctors the world over when faced with a new disease or ailment in their patients, turn to existing drugs that are known to work in treating patients with similar conditions. They are also quick to share their findings and consult with their peers. This happened in the case of C19 when it emerged onto the world scene.

In one sense, doctors are a little like creative chefs. They look critically at the ingredients they know work best in a dish and importantly which ingredients work well together.

Doctors around the world quickly derived their own protocols which included using those ingredients available to them – and largely in the form of what doctors refer to as being repurposed drugs.

**Dr Thomas Borody** was one such doctor who treated patients in Australia and on the Indian continent. He used a drug called **Ivermectin** in combination with Doxycycline and Zinc – achieving stunning results of near 100% success. He says:

*"It is hard to believe how simple it is to cure Coronavirus."*

I'd suggest you let that sink in for a moment!

He also said, these drugs together work best when given early. Success is achievable later in the onset of the disease but, a 100% survival rate – achieved by treating patients early – is better than a 48% survival rate if patients are treated later.

[Listen to Dr Borody in his interview on the subject.](#)

Another frontline doctor who arrived at the same conclusions - but in the USA - is **Dr Pierre Kory** and he is seen on camera making an impassioned plea to his government about the positive results achieved with the drug Ivermectin.

One might think at this point the game was over. With the testimony of these two doctors – supported by countless others around the world saying exactly the same thing – this SHOULD HAVE BEEN the end of the affair.

The drugs should have been dished out in quantity with everyone returning to life as it was. But as you know – I know – and the rest of the world knows – that is not what happened.

It was as if there was a faction operating somewhere with the ear of government and the media that had an agenda. And if there wasn't an agenda what theory might explain what was happening and not allowed to happen? Was it pure incompetence – the world over? Maybe – but unlikely!

Have a listen to Dr Pierre Kory speaking at numerous forums and talking to **Del Bigtree** of **The Highwire** In a piece called: [How the war on Ivermectin opened Pierre Kory's eyes.](#)

Anyone who has not heard this doctor's name before or not heard the doctor speak, should take time to listen to what he says about a miracle drug called Ivermectin.

- 4 Another doctor, this time in Bath, England - with no experience of Ivermectin and not personally involved in treating patients with C19 symptoms – over the Christmas break of **2020/21**, heard Dr Pierre speak about Ivermectin.

Given the doctor's heavy involvement at the time - through her Bath-based consultancy practice – with the NHS and the World Health Organisation as clients - a serious chain of events began. **Dr Tess Lawrie** spent the remainder of her Christmas break pulling together the results of numerous studies on Ivermectin and its use in treating C19 patients. A meta study was quickly produced and the report on the study shared with the WHO.

It was also shared with the UK government. No response was received back from the WHO or to her similar communications to PM **Boris Johnson** or the then Health Secretary, **Matt Hancock**.

A detailed account of Dr Tess' involvement with Ivermectin is given in an interview with **Del Bigtree** of **The Highwire**. It is illuminating to say the least. [Dr Tess Lawrie Talks with Del Bigtree.](#)

How is this reading to you now, I wonder?

A wonder drug and a protocol based around it - using other drugs in combination - is found and applied with astonishing positive effect. And yet there is no government in the world – at least among the leading nations – who want to know anything about it. You might remember thinking – that governments would be clambering for new insights and ideas which could be quickly examined and tested – to help people suffering with this disease. Why were governments, seemingly, disinterested?

Are you getting a sinking feeling now – or do you already know the reason?

Could it be that the drug Ivermectin is stupidly expensive, difficult to make and on top of that, is brand new and thus untested? Is it this or a combination of these possible reasons which explain this disregard? Well, actually, NO!

- Ivermectin is in fact recommended as a safe drug by the WHO
- It has been in use for more than four decades
- The safety record features among the best in the world
- It is out of license now and thus can be produced by anyone
- On top of all the above – the drug is exceptionally cheap to make

Could the reason for the governments of all the leading nations – and others – ignoring this reality, be that they wanted the people to be given a different treatment – say a novel mRNA treatment that had never been tested before but contained some very interesting – but scary looking – ingredients?

Looking back on all the messaging from government and particularly bolstered by the mainstream media – the theme was, that all being well, if things go in our favour – we can have a vaccine for every person in the world – all 7 billion – within eighteen months or less.

Well, things did go well, and what **Bill Gates** and **Anthony Fauci** – among so many others – referred to as a Covid vaccine, was produced in less than nine. Wow.

It wasn't tested of course, because tests of treatments such as vaccines take many years and often more than a decade. In a BBC interview Bill Gates made clear that we could wait that long but – what might happen? It was for governments to decide where they draw the line on risks – that is risks to the population, including you and me.

[BBC: Bill Gates Interview mentioning risks governments need to consider](#)

Question.

When you got the job – assuming you did – were you told about the risks that Bill Gates referred to? I think I know the answer to that.

And knowing the answer raises even more questions in my mind and doubtless in yours.

- 5 Before we got to the point of giving the green light to pumping the whole world's population with a novel, untested, Covid mRNA treatment, an important step had to be gone through.

That step involved the Big Pharma producers of the mRNA treatment getting their treatment approved by the regulatory agencies around the world. Approval was the role of these agencies who technically stand between Big Pharma and the innocent population. The agencies' role is to test and satisfy themselves that any new drug is safe and effective. That should have been a problem given what has just been said. But it wasn't.

In the UK the regulator of medicines in place to handle these issues is the MHRA headed by **June Raine**. In effect the MHRA waved the novel mRNA treatment through – whilst announcing - oh so loudly - to the whole population that the treatment was safe and effective.

This situation should be enough for any able, clear-thinking person, to conclude, that trusting the government on anything and certainly on matters as important as this one – is something we do at our peril.

On top of all this, there is one further nail to put in the government's coffin. The MHRA can only license Big Pharma's revolutionary mRNA treatment on the condition – NO OTHER safe and effective treatment is available. BOOM!

At this point – knowing all the above – you could well be smelling a rat. Personally, I don't understand how anyone could not be – but hey.

[Oracle Films: A documentary Safe and Effective](#)

The film tells some shocking truths about the safety of the C19 jab and looks at the MHRA and its failings.

- 6 There is a final twist to come in this story and it relates to yet another nail in the coffin – and it's Big Pharma's coffin this time!

**Dr Tess Lawrie** had begun working with **Dr Pierre Kory** and a **Dr Andrew Hill** - based at Liverpool University in the UK – on a study of the drug Ivermectin. In **January 2021**, the study was in the latter stages of being written up in a formal and defining report for the WHO. Given the positive results, documented and pulled together in the study, the writing was on the wall. Ivermectin was determined as a safe, effective and available alternative treatment to Big Pharma's expensive and untested novel mRNA vaccine.

A point of note.

The Covid vaccine was referred to as a 'vaccine' – it seems – such that it would be recognised as a safe and standard treatment by the unsuspecting public. Big Pharma's Covid product – apparently – had only one feature that was in common with other more widely-known vaccines that many people will have had in the past.

And that feature – well, it was delivered in the arm via a needle. That's it. Everything else about it was uncommon.

And to help the process of disguise, the WHO – in its wisdom – altered the definition of a vaccine to include the product that was clearly at odds with the original definition. The innocent public were in effect duped.

Ivermectin being declared – by the WHO and regulators around the world – as a safe, effective and available alternative to Big Pharma's product, meant NO license being given to the novel mRNA treatment. But as we all know now, the license was given – and it was given because the report which went to the WHO was doctored. It was doctored to completely change its reading. Instead of confirming the results accumulated from around the world, Dr Andrew Hill was involved in altering the final narrative, which in effect placed doubt on all the findings. Astonishing!

What is more astonishing still, is listening to the conversation – and what emerged from it – between Dr Tess Lawrie and Dr Andrew Hill discussing the doctored report.

**Oracle Films** produced a documentary disclosure – stemming from Dr Tess Lawrie's email to Dr Andrew Hill – covering a zoom conversation between the two doctors discussing the doctoring of the final report. It is stunning! [A Letter to Dr Andrew Hill | Dr Tess Lawrie](#)

A transcript of the conversation is reproduced below in PS1 – courtesy of and thanks to **Robert F Kennedy Jr**, as is reproduced in his book about one of the main architects of the Covid pandemic and the response to it, titled – [The Real Anthony Fauci](#)

7 The story of ivermectin in the world today tells us all so much.

At the very least, it should:

- Place doubt on the integrity of Big Pharma
- Place doubt on the integrity of our governments
- Place doubt on the integrity of regulatory agencies
- Place doubt on the inner workings of the medical professions

Above all, it should provide a lesson to each of us that, we should all UP our levels of personal responsibility when it comes to matters of health. It seems the government – the UK's among others – has not been responsible for the quality of health advice to the extent we all at first thought.

Given all the above – and more – it would be reasonable to conclude, that the nail has been put into the coffins of all these parties. We shall have to see how long it takes to see them inside.

8 A few final thoughts, thinking about the coffin idea.

Many people in the UK will perhaps remember that the government's advice during the pandemic of **2020** never once included the following.

- The importance of getting out in the sunshine when possible
- The importance of ensuring good levels of Vitamin D3
- The importance of boosting our immune systems

**Prof. Chris Whitty** – a chief medical spokesman for the government at the time – never once mentioned these important points. It is as if the government had in mind but one solution for everyone. And that solution came in the form of a specially conjured mRNA formulation called a vaccine when it actually wasn't.

It was – according to scientists – a gene-altering therapy. And it came with risks which people were not informed about.

**Dr John Campbell** talks on the subject of gene therapy in this piece. [Massive UK Moderna partnership](#)

NOTE:

I mentioned Vitamin D3 above.

Doctors in Spain made a fascinating discovery about the low levels of D3 in patients most affected by the virus. Doctors around the world latched onto this discovery and began recommending D3 to be taken with zinc. The UK government had other ideas and thought it best to wait for the untested Big Pharma solution.

[Dr John Cambell: Vitamin D3 and zinc bolsters immune systems](#)

PS1 What follows below is a transcript of the video conversation between two doctors - **Dr Tess Lawrie** and **Dr Andrew Hill** - involved in assessing the value of Ivermectin as a safe alternative to the novel mRNA jab treatment. Watching the video, one is stunned by its content. To read the transcript is somehow even more stunning. The video again:

[A Letter to Dr Andrew Hill | Dr Tess Lawrie](#)

The conversation is pivotal and will likely go down in medical history as one of the most talked-about moments in time, when – based on the findings of a specially commissioned report for the WHO – a decision was made which condemned people – and arguably millions of people - to death. And all because an existing treatment, a safe and effective treatment – a cheap and available treatment - was knowingly denied to the world population.

The numbers of people that have sustained injury by talking the mRNA jab treatment may well come to exceed the numbers that have been killed by C19 and the erroneous treatment protocols allied thereto. This is an mRNA jab treatment which *somebodies* in the world were oh so keen to have everyone - in fact all 7billion of us - get.

What follows are certain extracts from **Robert F Kenndy Jr's** book – p49:  
[The Real Anthony Fauci](#)

NOTE: Ivermectin is often abbreviated as IVM.

Andrew Hill, a PhD, confessed that the sponsors were persuading him to influence his conclusion. When Dr Lawrie asked who was trying to influence him, Hill said, "I mean I, I think I'm in a very sensitive position here..."

**START**

**Tess Lawrie:** "lots of people are in sensitive positions; they're in hospital, in ICU's dying and they need this medicine."

**Andrew Hill:** "Well..."

**Tess Lawrie:** "This is what I don't get, you know, because you're not a clinician. You are not seeing people dying every day. And this medicine prevents deaths by 80%. So, 80% of those people who are dying today don't need to die because there's medicine, because there's ivermectin".



**Andrew Hill:** "There are a lot, as I said, there are a lot of different opinions about this. As I say, some people simply..."

**Tess Lawrie:** "We are looking at the data; it doesn't matter what other people say. We are the ones who are tasked with looking at the data and reassuring everybody that this cheap and effective treatment will save lives. It's clear. You don't have to say, well, so and so says this, and so and so says that. It's absolutely crystal clear. We can save lives today. If we can get the government to buy ivermectin."

**Andrew Hill:** "Well, I don't think it's as simple as that, because you've got trials..."

**Tess Lawrie:** "It is as simple as that. We don't have to wait for studies, we have enough evidence now that shows that ivermectin saves lives, it prevents hospitalization. It saves the clinical staff going to work every day, being exposed. And frankly, I'm shocked at how you are not taking responsibility for that decision. And you still haven't told me who is influencing you? Who is giving you that opinion? Because you keep saying you're in a sensitive position. I appreciate you are in a sensitive position, if you're being paid for something and you're being told to support a certain narrative, that is a sensitive position. So, then you kind of have to decide, well, do I take this payment? Because in actual fact, you can see your false conclusions are going to harm people. So maybe you need to say, I'm not going to be paid for this. I can see the evidence, and I will join the Cochrane team as a volunteer like everybody in the Cochrane team is a volunteer. Nobody's being paid for this work."

**Andrew Hill:** "I think fundamentally, we're reaching the same conclusion about the survival benefit. We're both finding a significant effect on survival."

**Tess Lawrie:** "No, I'm grading my evidence. I'm saying I'm sure of this evidence. I'm saying I'm absolutely sure it prevents deaths. There is nothing as effective as this treatment. What is your reluctance? Whose conclusion is that?"

Andrew Hill then complains again that outsiders are influencing him.

**Tess Lawrie:** "You keep referring to other people. It's like you don't trust yourself. If you were to trust yourself, you would know that you had made an error and you need to correct it because you know, in your heart, that this treatment prevents death."

**Andrew Hill:** "Well I know, I know for a fact that the data right now is not going to get the drug approved."

**Tess Lawrie:** "But, Andy- no this will come out... It will come out that there were all these barriers to the truth being told to the public and to the evidence being presented. So please, this is your opportunity just to acknowledge the truth in your review, change your conclusions, and come on board with this Cochrane review, which will be definitive. It will be the

review that shows the evidence and gives the proof. This was the consensus on Wednesday night's meeting with the 20 experts."

Andrew Hill protests that NIH will not agree to recommend IVM.

**Tess Lawrie:** "Yeah, because the NIH is owned by the vaccine lobby."

**Andrew Hill:** "That's not something I know about."

**Tess Lawrie:** "Well, all I'm saying is this smacks of corruption and you are being played."

**Andrew Hill:** "I don't think so."

**Tess Lawrie:** "Well then, you have no excuse because your work in that review is flawed. It's rushed. It is not properly put together."

Dr Lawrie points out that Hill's study ignores a host of clinical outcomes that affect patients. She scolds Hill for ignoring the beneficial effects of IVM as prophylaxis, its effect on speed 2 PCR negativity, on the need for mechanical ventilation, on reduced admissions to ICUs, and other outcomes that are clinically meaningful. She adds:

"This is bad research. Bad research. So, at this point, I don't know ... You seem like a nice guy, but I am really, really worried about you."

**Andrew Hill:** "OK. Yeah. I mean, it's, it's a difficult situation."

**Tess Lawrie:** "No, you might be in a difficult situation. I'm not, because I have no paymaster. I can tell the truth... How can you deliberately try and mess it up. You know!"

**Andrew Hill:** "It's not messing it up. It's saying that we need, we need a short time to look at some more studies."

**Tess Lawrie:** "So, how long are you going to let people carry on dying unnecessarily - up to you? What is, what is the timeline that you've allowed for this, then?"

**Andrew Hill:** "Well, I think... I think that it goes to WHO and then NIH and the FDA and the EMEA. And they've got to decide when they think enough is enough."

**Tess Lawrie:** "How do they decide? Because there's nobody giving them good evidence synthesis, because yours is certainly not good."

**Andrew Hill:** "Well, when yours comes out, which will be in the very near future... At the same time, there will be other trials producing results, which will nail it with a bit of luck. And we'll be there."

**Tess Lawrie:** "It's already nailed."

**Andrew Hill:** "No, that's, that's not the view of the Who and the FDA."

**Tess Lawrie:** "You'd rather... Risk loads of people's lives. Do you know if you and I stood together on this, we could present a united front and we could get this thing. We could make it happen. We could save lives; we could prevent British National Health Service doctors and nurses, people from getting infected. We could prevent the elderly from dying."

"These are studies conducted around the world in several different countries. And they're all saying the same thing. Plus, there's all sorts of other evidence to show that it works. Randomized controlled trials do not need to be the be all and end all. But based on the randomized controlled trials, it is clear that ivermectin works. I can see we're getting nowhere because you have an agenda, whether you like it or not, whether you admit to it or not, you have an agenda. And the agenda is to kick this down the road as far as you can. So... We are trying to save lives. That's what we do. I'm a doctor and I'm going to save as many lives as I can. And I'm going to do that through getting the message out on ivermectin... OK. Unfortunately, your work is going to impair that, and you seem to be able to bear the burden of many, many deaths, which I cannot do."

"Would you tell me? I would like to know who pays you as a consultant through WHO."

**Andrew Hill:** "It's Unitaid."

**Tess Lawrie:** "Alright. So, who helped to...? Whose conclusions are those on the review that you've done? Who is not listed as an author? Who's actually contributed?"

**Andrew Hill:** "Well, I mean, I don't really want to get into, I mean, it... Unitaid..."

**Tess Lawrie:** "I think that... It needs to be clear. I would like to know who, who are these other voices that are in your paper that are not acknowledged. Does Unitaid have a say? Do they influence what you write?"

**Andrew Hill:** "Unitaid has a say in the conclusions of the paper. Yeah."

**Tess Lawrie:** "OK. So, who is it in Unitaid, then? Who is giving you opinions on your evidence?"

**Andrew Hill:** "Well, it's just the people there. I don't..."

**Tess Lawrie:** "So they have a say in your conclusions."

**Andrew Hill:** "Yeah."

**Tess Lawrie:** "Could you please give me a name of someone in Unitaid I could speak to, so that I can share my evidence and hope to try and persuade them to understand it?"

**Andrew Hill:** "Oh, I'll have a think about who to, to offer you with a name... But I mean, this is very difficult because I'm, you know, I've, I've got this role where I'm supposed to produce this paper and we're in a very difficult, delicate balance..."

**Tess Lawrie:** "Who are these people? Who are these people saying this?"

**Andrew Hill:** "Yeah... It's a very strong lobby..."

**Tess Lawrie:** "OK. Look I think I can see we're kind of at a dead end, because you seem to have a whole lot of excuses, but, umm, you know, that too, to justify bad research practice. So, I'm really, really sorry about this, Andy. I really, really wish, and you've explained quite clearly to me, in both what you've been saying and in your body language that you're not entirely comfortable with your conclusions, and that you're in a tricky position because of whatever influence people are having on you, and including the people who have paid you and who have basically written that conclusion for you."

**Andrew Hill:** "You've just got to understand I'm in a difficult position. I'm trying to steer a middle ground and it's extremely hard."

**Tess Lawrie:** "Yeah. Middle ground. The middle ground is not a middle ground... You've taken a position right to the other extreme calling for further trials that are going to kill people. So, this will come out and you will be culpable. And I can't understand why you don't see that, because the evidence is there and you are not just denying it, but your works actually actively obfuscating the truth. And this will come out. So, I'm really sorry... As I say, you seem like a nice guy, but I think you've just kind of been misled somehow."

Andrew Hill promised he would do everything in his power to get ivermectin approved if she gave him six weeks.

**Andrew Hill:** "Well, what I hope is that this, this stalemate that we're in doesn't last very long. It lasts a matter of weeks. And I guarantee I will push for this to last for a short amount of time as possible."

**Tess Lawrie:** "So, how long do you think the stalemate will go on for? How long do you think you will be paid to make the stalemate... go on?"

**Andrew Hill:** "From my side. OK... I think end of February - we will be there six weeks."

**Tess Lawrie:** "How many people die every day?"

**Andrew Hill:** "Oh, sure. I mean, you know, **15,000 people a day.**"

**Tess Lawrie:** 15,000 people a day times 6 weeks... Because at this rate, all other countries are getting ivermectin except the UK and the USA, because the UK and the USA and Europe are owned by the vaccine lobby."

(15k per day x 6wks = **630,000 avoidable deaths!**)

A moment here to digest this number.

Remember, there were no deaths recorded associated with patients taking Ivermectin. But even so, governments did not make Ivermectin available, not even to small test cohorts – let alone the whole population.

Why would that be?

**Andrew Hill:** "My goal is to get the drug approved and to do everything I can to get it approved so that it reaches the maximum..."

**Tess Lawrie:** "You're not doing everything you can, because everything you can would involve saying to those people who are paying you. I can see this prevents deaths. So, I'm not going to support this conclusion anymore, and I'm going to tell the truth."

**Andrew Hill:** "What, I've got to do my responsibilities to get as much support as I can to get this drug approved as quickly as possible."

**Tess Lawrie:** "Well, you're not going to get it approved the way you've written that conclusion. You've actually shot yourself in the foot and you've shot us all in the foot. All of... Everybody is trying to do something good. You've have, you have actually completely destroyed it."

**Andrew Hill:** "OK. Well, that's where we'll, I guess we'll have to agree to differ."

**Tess Lawrie:** "Yeah. Well, I don't know how you sleep at night, honestly."

And from **Robert F Kennedy Jr's** book – p52:

*At the conclusion of the **14Jan21** BIRD conference, Dr Tess Lawrie delivered a monumental closing address that should be recorded among the most important speeches in the annals of medical history. Dr Lawrie spoke out at considerable personal risk, since her livelihood and career largely rely on the very agencies she targeted for criticism.*

An article about IVM was published by CONNECT, called:

[How Does He Sleep At Night?](#) : M-2105FB

PS2 The transcript above in PS1 includes references to the organisation [Unitaid](#). [Wikipedia](#) has this:

*Unitaid is a global health initiative that works with partners to bring about innovations to prevent, diagnose and treat major diseases in low- and middle-income countries, with an emphasis on tuberculosis, malaria, and HIV/AIDS and its deadly co-infections. Founded in 2006, the organization funds the final stages of research and development of new*

*drugs, diagnostics and disease-prevention tools, helps produce data supporting guidelines for their use, and works to allow more affordable generic medicines to enter the marketplace in low- and middle-income countries. Hosted by the World Health Organization (WHO) in Geneva, Unitaid was established by the governments of Brazil, Chile, France, Norway and the United Kingdom.[4]*

*As of 2019, Unitaid manages a portfolio of 48 grants worth around US\$1.3 billion. More than half of Unitaid's projects contribute to the global fight against antimicrobial resistance.[5]*

PS3 Ivermectin was found to be a wonder drug in treatment of C19 symptoms. However, it wasn't the only drug that was found to have miraculous effects.

Another which performed exceptionally well - apparently in the early stages of the C19 infection rather than later - was a drug called Hydroxychloroquine. The story surrounding this drug - known as HCQ - is just as stunning as that for Ivermectin.

It is another indication, that the government were laying a path for one solution and one solution only. In the Connect article below, we see that the police appear to have been told to ignore any representations made to them - and were thus taking the position as a co-conspirator with the government. Anyone with an aversion to contemplating conspiracy theories would, I'm sure, find this an interesting mental challenge to discount.

An article about HCQ was published by CONNECT, called: [Man Enters A Police Station, And...](#) : M-2175MD

PS4 A further extract from **Robert F Kennedy Jr's** book - p44:

*Dr Tess Lawrie assessed 15 trials, finding a cumulative benefit of Ivermectin in reducing deaths of 62%. Although the data quality of the ivermectin for prevention studies was less strong, they showed that ivermectin prophylaxis reduced C19 infection by 86%.*

*Dr Lawrie, a world-renowned data researcher and scientific consultant, is an iconic eminence among global public health scientists and agencies. Lawrie's Consulting Group, the evidence-based medicine consultancy, in **Bath, England**, performs the scientific reviews that develop and support guidelines for global public health agencies, including the WHO and European governments, as well as international scientific and health consortia like the Cochrane collaboration. Her clients have included a retinue of virtually all the larger government regulators now involved in the suppression of ivermectin and other repurposed drugs. At the end of **December 2020**, Dr Lawrie happened on a YouTube video by **Dr Pierre Kory** giving testimony on ivermectin to the US Senate. Her interest piqued. Dr Lawrie conducted a pragmatic rapid review between Christmas and new year to validate the 27 studies from the medical literature that Pierre Kory cited, asserting each of them for quality and power.*

*"After a week, I realized it was a go. IVM's safety was well established as a widely used dewormer," she told me. "I was startled by the magnitude of its benefits. Its efficacy against COVID was consistently clear in multiple studies. I thought that all these people were dying and this was a moral obligation- this drug should have been rolled out." Dr Lawrie dispatched an urgent letter to the UK health minister **Matt Hancock** on **04jan21** with her rapid review attached. She never heard back from Hancock. But in a suspicious coincidence, someone leaked a meta-review by WHO researcher **Andrew hill** to the **Daily Mail**. Three days later, Hill posted a preprint of his study. In the one month since he testified enthusiastically beside Dr Pierre Kory about IVM's efficacy at the **13jan21** NIH panel, Hill had made a neck wrenching 180degree about turn.*

*On **13jan21**, Dr Lawrie used her convening power to assemble an invitation-only symposium of 20 of the world's leading experts, including researchers, physicians, patient advocates, and government consultancy advisers, to review her meta-analysis and make evidence-based recommendations on the use of ivermectin to prevent and treat C19. She called the conference the British Ivermectin Recommendation Development - BIRD - study.*

*"Tess Lawrie did exactly what WHO should have done," says Dr Pierre Kory. "She made a thorough, open and transparent review of all the scientific evidence."*



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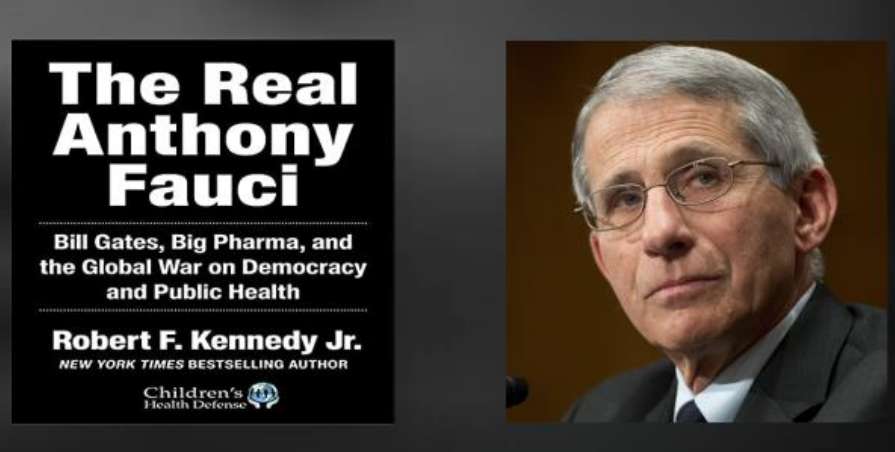
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