Fraud In the NIH Sponsored ACTIV-6 Study of Ivermectin

D doctrumpet Follow
Nov. 8, 2022, 3:00 a.m.

Opinion Article

The National Institutes of Health (NIH) sponsored ACTIV-6 ivermectin trial for early COVID published in JAMA claimed ivermectin didn't work for mild-moderate COVID. Medscape and MedPage Today reviewed the trial and had experts comment on it. All said the study, not unexpectedly, showed no benefit for the third time in a large, randomized trial, and that ivermectin was dead as a therapeutic.

In the ACTIV-6 trial reported in JAMA, the study team first enrolled patients on 6/23/21, when we already had about 30% delta variant in circulation. Based on India and Great Britain, delta was certain to dominate soon. ACTIV-6 randomized patients to a placebo or a dose they had planned to use for alpha, 0.4 mg/kg for 3 days on an empty stomach. By the time they had enrolled about 10% of the patients on 8/6/21 when they had 80% delta, the same dose they were using was reported to not show statistically significant benefit in the TOGETHER trial.

They should have looked to see that by then what the Front Line COVID-19 Critical Care Alliance (FLCCC) was recommending: 0.4-0.6 mg/kg with food for 5 days or until symptoms resolved for delta. Dr. David Boulware of ACTIV-6 had discussed dosing with FLCCC in Feb 2021, when alpha was the predominant variant of concern. ACTIV-6 should have stopped the trial and restarted with the FLCCC dose vs. placebo but instead chose to enroll another 1400 patients and randomize them to placebo or the same

dose of ivermectin, 0.4 mg/kg for 3 days on an empty stomach, a dose of ivermectin they knew, or should have known did not work in another trial of a less virulent COVID variant, and 40% of what FLCCC recommended. A second trial of an ineffective dose of ivermectin was not needed. What was needed was a trial including a potentially effective dose. Ivermectin has no appreciable toxicity at much higher doses.

Not surprisingly, their dose of ivermectin did not shorten the duration of illness. They reported their results in a preprint and the JAMA article but did not acknowledge that they knew they had underdosed ivermectin. As evidence that they knew that they HAD IN FACT known they severely underdosed ivermectin, in February 2022, ACTIV-6 continued the trial with 3 times the cumulative dose: 0.6 mg/kg for 6 days.

Medscape, *MedPage Today,* and all their consultants failed to mention that the higher dose had been in use since February which, of course, meant that the patients had been undertreated in the ACTIV-6 trial reported in JAMA. This meant that the patients in TOGETHER and COVID-OUT were also underdosed since they had gotten the same dose. All 3 studies were not going to test at adequate doses, and all the publicity about ivermectin failing in 3 large, randomized trials was in this author's opinion, nonsense.

COVID-OUT at University of Minnesota shared Dr. David Boulware with ACTIV-6. They started a month earlier with ivermectin at a 10% higher dose. They had the same problems as ACTIV-6. They chose a dose for alpha instead of delta and got swamped with delta.

Unlike ACTIV-6, which could have added a higher dose arm, they couldn't add another arm because as Dr. Boulware emailed this author, they had no more money. Like ACTIV-6, ivermectin didn't shorten the duration of illness. They reported their results in NEJM and didn't acknowledge that they knew during the trial that they had severely underdosed the ivermectin patients.

ACTIV-6 can't claim they didn't know about TOGETHER or that they had 80% delta in early August. I don't know who they can find to say that 0.4 mg/kg for 3 days on an empty stomach was an appropriate dose for delta. There is no logic that 0.4 mg/kg on an empty stomach for 3 days was likely to be effective. It's hard to believe that no one looked at the FLCCC website.

On October 18, 2021, when ACTIV-6 had enrolled 40% of the patients, this author emailed multiple people at ACTIV-6 that based on the recommendations of the FLCCC Alliance, were giving 40% of the correct dose on an empty stomach when ivermectin is better absorbed with food. (Email to Dr. Susanna Naggie attachment). I got acknowledgement from Dr. Cliff Lane, deputy chairman at NIAID that it was received.

ACTIV-6 made no changes and randomized another 900 patients to placebo or a dose of ivermectin they were now sure didn't work. They could have added a high dose arm but didn't.

This article I wrote for *TrialSite News* after the preprint was published, one of 26 articles I've authored about the pandemic, explains ACTIV-6 in great detail.

Recruitment was not linear. I miscalculated the percentage of delta as 70%. About 40% of the patients were recruited in the last 7 weeks and were almost all infected with the omicron variant. About 52-55% were delta not the 70% I reported in the article.

Ivermectin Fails to Shorten COVID Recovery Time in NIH Sponsored ...

The only 3 studies of absorption of ivermectin with food show 18%, 25%, and 2.6 times increases in blood levels when taken with food.

In the high dose ivermectin study which started in February, there won't be enough hospitalizations or deaths to tell anything. Patients didn't get ivermectin until an average of 6 days into symptoms in the initial trial. Late treatment is a problem for these centralized trials which mail out medications. Giving high dose ivermectin at 6 days into symptoms for omicron is unlikely to shorten duration of the illness. There were 90 patients who presented with severe illness in the initial trial. They benefited from ivermectin, but it wasn't statistically significant. There will be fewer in the high dose study because they will be all omicron instead of half delta. Ivermectin could show statistical benefit.

By far, the most important part of the high dose ivermectin study is looking to see if high dose ivermectin prevents long COVID which occurs in 10-15% of omicron patients including some with mild illness. No drug trial has shown conclusive benefit in preventing long COVID so far, although multiple physicians claim almost no long COVID with early multiple drug regimens in over 20,000 patients. They

didn't randomize patients because they felt it was unethical.

Had ACTIV-6 run the trial with an appropriate dose of ivermectin for delta starting in late June or August, there is a reasonable chance ivermectin would have demonstrated statistical benefit for the delta patients and omicron patients which became dominant by December. With the higher dose of ivermectin, those patients randomized to ivermectin may have not suffered as much. Ivermectin might have shown significant benefit early, issued an EUA, and been in use all over the world today, preventing a lot of sickness and death. Instead, it will be a while before the high dose study is completed, analyzed, and reported.

My guess is it was NIH which insisted on maintaining the lower dose and the trialists who insisted on the increased dose in February. They need to be questioned under oath. Perhaps, after the midterms, a change in government could lead to COVID hearings.

In this author's opinion, ivermectin should have received an EUA a long time ago, Uttar Pradesh, India, 241 million people, started using ivermectin on August 6, 2020. By December 2020, their mortality rate was 0.26 per 100,000, 9% of the US. See Ivermectin for COVID attachment.

An Unlikely Nation Is Kicking This Pandemic. Guess Which. Then Why.

Recently, they have about 100 new cases and 1 death a day. Half of the districts have been declared COVID free.

Uttar Pradesh is ivermectin's best practice story

TrialSite was one of the few media chronicling the Uttar Pradesh situation especially in the intense delta surge where a pervasive public health response including pairs of health care teams armed with combination ivermectin kits for home use led to a dramatic turnaround for the better.

Why would anyone want to sabotage ivermectin?

An EUA for ivermectin would have possibly prevented the vaccines from securing EUA as there would have been an excellent FDA approved drug treatment available. It also would have made paxlovid unnecessary. Who stood to gain from preventing ivermectin from being used? DRUG COMPANIES!!! Who did all the dirty work to keep ivermectin from being used? NIH, FDA, CDC, the media, social media, and Bill Gates.

The FDA portrayed it as a horse dewormer, even though 3.7 billion doses have been safely given to humans. It got a Nobel Prize, and the WHO lists it as an essential medicine. Doctors still wanted to use it, so the FDA got pharmacies not to sell it and weaponized medical review boards to persecute those who ordered an FDA approved drug off-label.

Medscape, *MedPage Today* and their experts completely missed that ACTIV-6 is ongoing and tripled the cumulative dose of ivermectin in February 2022 to 0.6 mg/kg for 6 days. This is from clinicaltrials.gov

ACTIV-6: COVID-19 Study of Repurposed Medications

Most disturbing are the comments of Dr. Adharsh Bhimraj in *Medpage Today*, head of COVID recommendations for IDSA. He had appeared to have no knowledge of what the dosing should have been. He apparently had no knowledge that patients in ACTIV-6 COVID-OUT also were underdosed. He didn't mention that ACTIV-6 was ongoing with 3 times the cumulative dose of ivermectin since February. Is it believable that he didn't know? He went to medical school in India. Is it really possible for him to not know about Uttar Pradesh?

I emailed both Drs. Eric Topol and Jeremy Faust of *Medscape* and *MedPage Today* about the major errors in their articles and asked them to print the truth.

Ivermectin: Still on a Losing Streak as COVID-19 Treatment *MedPage Today*

Ivermectin for COVID-19: The final nail in the coffin? *Medscape*

What would make these two medical news sources present questionable, to outright fraudulent data? They will claim they didn't realize that ACTIV-6 was ongoing with a higher dose. It was just a mistake. Is there a reason they could not have looked at clinicaltrials.gov. or looked into the appropriate dosing of ivermectin? They could have asked the investigators. Is there someone with more expert knowledge than the FLCCC Alliance regarding ivermectin dosing? Why didn't they ask the FLCCC? Both news sources have printed nothing but negative things about ivermectin.

Both news sources also minimize evidence of significant vaccine toxicity. It sounds like more government propaganda. See the compendium of data above.

I think the real-world use of ivermectin in Uttar Pradesh crushing COVID in 241 million people is a lot better evidence of ivermectin's benefit than 31,500 patient remotely run randomized trials which severely underdosed the patients at the behest of the drug companies, NIH, FDA, and Bill Gates? ACTIV-6 was run by Duke and funded at least in part by NIH. Bill Gates donated $327 million to Duke and $30 million to University of Minnesota who ran COVID-OUT. He subsidized TOGETHER, and the study was run by Dr. Edward Mills who may have close ties to Gates and other possibly biased interests. Mills conducted some questionable activity, sharing pertinent information. Bill Gates is heavily invested in vaccines. He controls WHO with his money. He is well aware that WHO has been involved with population control in Africa by secretly having drug companies covalently bond HCG to tetanus vaccines.

This video is very disturbing Infertility: A Diabolical Agenda

How Bill Gates and partners used their clout to control the ...pandemic

No one can possibly think NIH or FDA wanted ivermectin to show benefit.

Why would JAMA not have checked to see what an appropriate dose of ivermectin should have been before publishing the results of ACTIV-6? Why did

NEJM publish TOGETHER and COVID-OUT and not consider that they both severely underdosed their patients? They were told about it in no uncertain terms after TOGETHER. COVID-OUT used about the same dose.

NEJM has been involved in other fraud including publishing that the vaccines are safe in pregnancy, when 82% of the women vaccinated in the first two trimesters in the trial they published had miscarriages. See attachment: Compendium of Data. COVID Injections in pregnant women lead to 8 times increase in spontaneous abortions and 3 times increase in stillbirths

The fact is that all 3 large randomized ivermectin trials severely underdosed ivermectin, all giving about the same dose. JAMA editor in chief, Dr. Kirsten Bibbins Domingo, and former editor in chief Dr. Phil Fontanarosa has my email alleging very obvious fraud. I asked that the article be revised to tell the truth, which is what I prefer, or be retracted. Let's see if they do anything. Director of Duke Health, Sarah Avery has my email above. I have emailed many at Duke about

with the large randomized ivermectin trials has been dishonest, and it has knowingly caused great harm to patients. Please watch this 13-minute video:

Ivermectin: The Truth

This is for those of you who want to take a deep dive, especially the infectious disease doctors who worship Dr. Fauci and religiously adhere to NIH, CDC, and FDA recommendations. They have caused immense

harm during the pandemic. If there is a Nuremberg II, they will be among the first to face questioning.

Dr. Pierre Kory: The Publication of Fraudulent Ivermectin Trials by the High .Impact Journals Part I

Dr. Pierre Kory: The publications of fraudulent ivermectin meta-analyses and editorials in high impact journals Part II

The data on the fraud with ivermectin in the large, randomized trials could not be more obvious. Ivermectin would have ended the pandemic long ago. Many of you used ivermectin and hydroxychloroquine despite the risks, but it is understandable that some could not risk their job. The ACP needed to act so that you didn't need to decide between doing the best for your patient and keeping your job. You should prevail on your leadership to fight for you. They need lawyers and some guts.

Here's more ivermectin data you probably haven't seen, including its superb efficacy for COVID prophylaxis and benefit in long COVID and vaccine induced injury.

Among 223,128 people in Itajai, Brazil, those who didn't use ivermectin 4 times a month for COVID prevention were twice as likely to get infected, 7 times more likely to die of COVID, and 12.5 times more likely to die overall than the 8,325 patients who reliably took ivermectin, even though those who reliably took it were older and had more risk factors. No patient who reliably took ivermectin reliably needed hospitalization for COVID.

Reliable use of ivermectin 4 times a month lowered COVID infections 50%, COVID admissions 100%, COVID death by 7 times and all cause death 12.5 times in a town of 220,000

Ivermectin for Long COVID and Vaccine Induced Illness

The FLCCC Alliance has found ivermectin to be their most beneficial drug for long COVID. Like paxlovid, it's a 3CL protease inhibitor and can kill the virus. It also decreases inflammation, seems to help with the scavenging of spike protein debris, and has a beneficial effect on the gut microbiome which COVID damages.

Struggling with long COVID, Brandon Sutter is taking ivermectin

Treating long COVID, not surprisingly, requires a lot of different therapies and trial and error. It's not one size fits all.

I-Recover Long COVID

I-RECOVER: Post-Vaccine Syndrome

With a population of 241 million, Uttar Pradesh, India started ivermectin widely 8/6/20. By December 2020, its mortality rate of 0.26 per 100,000 was 9% of the US. Recently, it has been averaging less than 100 new COVID cases daily in the last three months, and less than 20 a day in the last three weeks. The deaths average one a day in the last six weeks. More than half of its districts or provinces have been declared COVID-free with zero active cases.

Uttar Pradesh is ivermectin's best practice story

FLCCC Alliance: Ivermectin in COVID=19

Dr.Theresa Lawrie meta analysis shows a 62% decrease in mortality due to ivremectin

Ivermectin's three large randomized trials all underdosed ivermectin by at least 60%. All of the authors are guilty of fraud by underrating the patients and not admitting to it. Bill Gates and many others were involved in the fraud to prevent ivermectin from preventing an EUA for the vaccines and preventing Pfizer's massive profits from paxlovid.

There were four 1500 patient randomized trials of ivermectin for early COVID planned. Randomized trials were portrayed as the holy grail of medicine. Physicians and the public have no idea how easy it is to manipulate the results and how many fraudulent studies are published. Medical researchers are as dishonest as politicians. The NIH and FDA claimed that these trials were the only thing which could determine if ivermectin was effective.

Numerous people in the media were sent data that showed starting August 6, 2020, ivermectin had crushed COVID in the 241 million people of Uttar Pradesh India but this was kept silent. Had that been recognized, the vaccines would not have been needed. Had ivermectin been proven effective in the randomized trials, it would have prevented all of Pfizer's $24 billion in sales this year on paxlovid and crushed its vaccines sales. Pfizer, the media, and our government wouldn't let it happen.

PRINCIPLE in London stopped their trial using 0.3 mg/kg for 3 days on an empty stomach when I told

them their dose was way too low, and their data would be worthless and falsely show ivermectin ineffective. Five days later, they shut down their ivermectin arm.They claimed publicly that it was because they didn't have a reliable supply of ivermectin which was ridiculous.

TOGETHER from Canada was run by Bill Gates' chief trial designer, Dr. Edward Mills. Vaccine maven, Bill Gates, went to great lengths to hide its funding by the Bill and Melinda Gates Foundation and did his best to see that ivermectin showed no benefit. Read all about it. Gates also was the principal funder of Unitaid which got researcher, Dr. Andrew Hill to falsify his preprint on ivermectin's efficacy. His admission was video recorded by Dr. Tess Lawrie and appears in the movie, The Real Anthony Fauci.

TOGETHER, NIH's ACTIV-6, out of Duke, and COVID-OUT from the University of Minnesota basically all used the same dose of 0.4 mg/kg for 3 days on an empty stomach. The FLCCC Alliance recommended 0.6 mg/kg with food for 5 days for delta, which was the majority of the patients in ACTIV-6 and COVID-OUT. Delta had 1000 times the viral load as the Wuhan strain and was hard to treat.

TOGETHER had mostly gamma which was almost as bad as delta and needed a much higher dose than what TOGETHER gave. FLCCC was consulted when ACTIV-6 thought they would have almost all alpha in February 2021, but not when they actually had almost all delta in August 2021. I told ACTIV-6 of their underdosing in October 2021, but they didn't increase the dose, add a higher dose arm, or admit that they

randomized patients to placebo or a dose they knew didn't work. At that time, they still had to enroll 900 patients. As far as they knew they would all be delta, and they were fine with randomizing them to placebo or a dose they knew didn't work. In December omicron was the dominant variant, and the last 600 patients were omicron. Ivermectin didn't show great benefit for any of the variants at that dose.

None of the studies showed significant benefit. No one in mainstream medicine or the press even suggested the possibility that they had underdosed ivermectin. Major newspapers published the results. No one asked for a comment from FLCCC, the main ivermectin proponents and experts. None of the reporters looked at whether a higher dose should have been used as any investigative journalists would normally do.

The New England Journal of Medicine, allegedly the world's greatest journal, didn't seem to notice and published the TOGETHER and COVID-OUT studies, not noting the severe underdosing of ivermectin.

JAMA Network published the ACTIV-6 study. Neither the authors, IDSA's head of COVID recommendations, Dr. Adarsh Bhimraj nor Cornell internist, Dr. Matthew McCarthy, who had comments in MedPage today, noted that ACTIV-6 had tripled the ivermectin dosage to 0.6 mg/kg in February. I told them they had given patients 40% of the correct dose for delta.

JAMA: Time to recovery of outpatients randomized to ivermectin or placebo

Ivermectin: Still on a Losing Streak as COVID-19 Treatment

It is Hard Not to See Collusion and Fraud

The big elephant in the room is Bill Gates, who is heavily invested in vaccines. Ivermectin is much better than vaccines for prophylaxis and much better than paxlovid for treatment. He invested heavily in TOGETHER. It was run by his personal trial designer, Edward Mills, who announced when the data first came out that ivermectin showed "absolutely no benefit," except lowering admissions 9% and death 18%.

From an Interested Party

I would like to introduce the group to a body of work and growing dossier on the wicked practice of discrediting safe drugs being used in successfully early treatment and preventative treatment protocols for Covid19

The parent substack:
http://tribeqr.com/v/gatessubstack

ACTIV-6 was run by Duke and funded by NIH. Bill Gates is a close friend of Dr. Fauci. He donated $327 million to Duke. He donated $30 million to University of Minnesota who ran COVID-OUT.

Is the Bill and Melinda Gates Foundation a mechanism to hijack medical research

Bill Gates tried to hide it, but he subsidized the TOGETHER study, and the study was run by his personal trial designer, Dr. Edward Mills. Bill Gates' funding of TOGETHER

This also has links to a directory collecting evidence of the ties to the Bill and Melinda Gates Foundation. It shows its shareholdings and its grants, outing the bigger recipients and their participation in designed to fail trials.

A subsequent substack looks at the recent hit piece on Ivermectin.
When I delve into the author's affiliations with the Bill and Melinda Gates Foundation (BMGF), it uncovers what could be called a viper's nest of grant recipients.

Grants Identified so far were to these affiliates:

- Duke University $327,737,456.00 - Lead Author(s)
- University of Minnesota $30,106,045.00 Dr. Boulware
- Vanderbilt University $21,772,416.00
- Cornell University, parent University of Weill Cornell Medicine $252,673,940.00
- Johns Hopkins University $1,000,711,384.00
- University of Pittsburgh $62,084,198.00
- University of Colorado $36,651,234.00
- University of Florida $22,411,438.00

Here is the substack
http://tribeqr.com/v/gatesivermectin01

The War on Ivermectin. Dr. Pierre Kory's story of massive fraud to ensure drug company profit

Lawsuit against the FDA for its fraudulent characterization of ivermectin

References

Email Dr. Susanna Naggie 101821.pdf

Comments (3)

What do you think?

0/3000

Publish

C curmudgeon.gg

Nov. 8, 2022, 8:01 p.m.

Great article. The study was done for the benefit of continued EUA's and for no other purpose. You are quite right to cite Uttar Pradesh which achieved eradication in a state of 241 million people and in spite the difficulty of dealing with a large number of migrant workers. Requires no more proof for those who wish to see. Thanks for your work. Thanks TSN.

Reply

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g gjsterp

Nov. 12, 2022, 7:30 p.m.

Has No One thought to look at the Case Rate and Death Rate of Egypt, a country that was using IVM as a prophylaxis, a country with 1/3 the population of the US and a Very High Obesity Rate, and yet shows only 20,000+ deaths, and an infection rate of .48% compared to the US 28%?

Reply

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g gjsterp

Nov. 12, 2022, 7:46 p.m.

I have created three Spread Sheets on Covid Data.
Country, Population, Case Rate, Death Rate, with Percentages of Case Rate and Death Rate/Population.
In some Sheets I included the Median Age of the Country and obesity rates.
Most of Africa has an especially young population, with a median age of about 18 compared the the US 38.
Most of Africa escaped the ravages of Covid for three reasons: Low Median Age, low Obesity Rate and large Rural populations.

Even with that, the data I collected shows a significant reduction and death rate in the Countries in the APOC Program. Non-APOC countries show 3.78 times More Cases and 4.71 times more deaths, even though those countries have 419 Million Less people.
If you are interested in viewing my Spread Sheets, email me sterpka@gmail.com
I spent several days and many hours collecting the pertinent data. I started October 22, 2022.

Reply

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