



# “I Don’t Know How You Sleep at Night”


A nightmarish true story of how a researcher who could have saved hundreds of thousands of lives mysteriously decided not to.




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**“Life’s most persistent and urgent question is, ‘What are you doing for others?’”**

***~ Martin Luther King Jr.***

Answers to this question have changed the course of history.

- During World War II, Oskar Schindler's answer was to bribe Nazi officials with liquor and other luxury items to save his Jewish factory workers from deportation to Nazi work camps. He saved about 1,100 people—and depleted his entire fortune to do so.
- In the mid-twentieth century, agriculturist Norman Borlaug responded by saving billions of people from starvation through his development of a high-yield, disease-resistant wheat. He shared his discovery with Mexico, Pakistan, India, and throughout Asia and Africa—doubling food production and decreasing the rates of starvation.
- Harriet Tubman's answer is legendary. Tubman was an escaped slave who returned to Maryland on numerous perilous journeys to bring other slaves to freedom. She did so over and over again at great risk to her own life and freedom. She also served as a spy to the Union army during the Civil War.
- In the 1960s, James Harrison learned that his blood contained an unusual antibody combination that could be used to prevent a potentially fatal blood condition in babies. So Harrison's response was to donate blood once a week, every week, until 2018—for a total of 1,173 blood donations. His blood helped create 3 million doses of the Anti-D injection and saved 2.4 million babies.

These stories illuminate the very best of humanity.

But tragically, during this pandemic, the answer to, “*What are you doing for others?*” given by institutional sponsors of covid-19 scientific research—and the lead researcher himself—was: Nothing. They were doing nothing for others. Instead, they knowingly and callously mounted a deadly assault on humanity. And as a result, hundreds of thousands of people are dead—having perished unnecessarily.

## **Here's the wretched story.**

In late 2020, Dr. Andrew Hill, a researcher at the University of Liverpool, was leading a team of researchers studying the drug ivermectin for the prevention and treatment of Covid-19. Their work was funded by UNITAID—a global health agency hosted by the World Health Organization (WHO) and supported (in large part) by the Bill and Melinda Gates Foundation. Unitaids main donors are France, the United Kingdom, Norway, the Bill & Melinda Gates Foundation, Brazil, Spain, the Republic of Korea, Chile, and Japan.

Dr. Hill and the research team produced their meta-analysis of ivermectin in January, 2021. The paper considered eighteen studies on the thirty-five-year-old drug—which has been safely used since 1987 to eradicate parasitic pandemics in low- and middle-income countries. The study concluded that the use of ivermectin resulted in reduced inflammation and a more rapid elimination of the Sars-Cov-2 virus from the body. Six of the eighteen trials showed that the risk of death from covid-19 was 75 percent lower in patients who had moderate to severe disease.

This was absolutely tremendous news. Hundreds of thousands of lives were about to be saved from the ravages of covid-19. Said Dr. Hill at the time to the *Financial Times*, “The purpose of this report is to forewarn people that this is coming: get prepared, get supplies, get ready to approve [ivermectin]. We need to be ready.”

When Dr. Hill made that statement—to gear up for the worldwide distribution of ivermectin—nearly 15,000 people were dying across the world every single day. Dr. Hill continued, “Vaccination is central to the response to the epidemic. But [ivermectin] might help reduce infection rates by making people less infectious and it might reduce death rates by treating the viral infection.”

But just one month later, Dr. Hill’s original, positive study conclusions on ivermectin quite literally fell off the rails. And so did the fortunes of the thousands who had no idea then that they were stuck on the tracks with a freight train barreling towards them—unable to get out of harm’s way because help had been hijacked.



In late 2020, Dr. Andrew Hill, a researcher at the University of Liverpool, was leading a team of researchers studying the drug ivermectin for the prevention and treatment of covid-19. Why did he change his conclusions?

Dr. Tess Lawrie, a physician, independent WHO researcher, and Director of the Evidence-based Medicine Consultancy in Bath, England, had heard that Dr. Hill was about to change his conclusions about ivermectin's efficacy. So she called him on Zoom to find out why—and recorded the entire conversation.

During that Zoom call, Dr. Hill confessed to Dr. Lawrie that he was changing his study conclusions from positive to negative—because he was under pressure from his funding sponsors to do so.

Wait, what? His sponsors told him to change the study conclusions? NOT the data? What in the hell was going on?

Lawrie was furious.

We know that the studies considered in Hill's soon-to-be-revised ivermectin paper did not change. But now the paper was going to conclude that because most of those studies in the meta-analysis contained "low-certainty evidence," the positive results in the first iteration of the paper were now going to be characterized as being of "low certainty."

## **But that's not how it works, folks.**

According to Dr. Pierre Kory, President and Chief Medical Officer of the Front Line COVID-19 Critical Care Alliance, "People need to understand that WHO treatment recommendation guidelines routinely include low, moderate, and high bias. They use all data to formulate their recommendations."



Dr. Tess Lawrie, a physician, independent WHO researcher, and Director of the Evidence-based Medicine Consultancy in Bath, England, had heard that Dr. Hill was about to change his conclusions about ivermectin's efficacy. So she called him on Zoom to find out why—and recorded the entire conversation.

The following excerpts of Andrew Hill's conversation with Tess Lawrie, recently printed in media stories, are from Robert F. Kennedy's book *The Real Anthony Fauci: Bill Gates, Big Pharma, and the Global War on Democracy and Public Health (Children's Health Defense)*.

**Lawrie:** 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.

**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.

**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.

**Lawrie:** Lots of people are in sensitive positions; they're in hospital, in ICUs dying, and they need this medicine.

**Hill:** Well...

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

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

**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.

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

**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 and 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 on the Cochrane team is a volunteer. Nobody's being paid for this work.

**Hill:** I think fundamentally, we're reaching the [same] conclusion about the survival benefit. We're both finding a significant effect on survival. *(Author's note: Hill says IVM has a significant effect on survival? And he STILL bows to a murderous master?)*

**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?

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 have made an error and you need to correct it because you know, in your heart, that this treatment prevents death.

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

**Lawrie:** But, Andy—know 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 20 experts.

*When Dr. Hill tells Dr. Lawrie that the U.S. National Institutes of Health (NIH) will not be on board with a positive recommendation for ivermectin, Dr. Lawrie snaps back:*

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

**Hill:** That's not something I know about. *(Author's note: Really, Dr. Hill? I, for one, am buying it.)*

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

**Hill:** I don't think so. *(Author's note: I do.)*

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



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.

**Hill:** Okay. Yeah. I mean, it's, it's a difficult situation.

**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?

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

**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?

**Hill:** Well, I think that it goes to WHO and the NIH and the FDA and the European Medicines Agency (EMA). And they've got to decide when they think enough's enough. *(Author's note: What about the people who will die of covid-19 but can be saved by ivermectin, Dr. Hill? Do they get a say about when they think enough is enough?)*

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

**Hill:** Well, when yours comes out, which will be in the very near future...at the same time, there'll be other trials producing results, which will nail it with a bit of luck. And we'll be there. *(Author's note: "WE'LL be there? As in, you're in this to win it too with ivermectin? You're in this to keep your job and a healthy paycheck, punk. Watch out for traffic jams at the cemeteries on your way to work.)*

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

**Hill:** No, that's, that's not the view of the WHO and the FDA.

**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 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 [even] based on the randomized controlled trials, it is clear that ivermectin works. It prevents deaths and it prevents harms and it improves outcomes for people...

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. Okay. 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.

**Lawrie then asks again:** Would you tell me? I would like to know who pays you as a consultant through WHO?

**Hill:** It's Unitaid.

**Lawrie:** All right. 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?

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

**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?

**Hill:** Unitaid has a say in the conclusions of the paper. Yeah. (*Author's note: Does Unitaid do the scientific and medical research or did you?*)

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

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

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

**Hill:** Yeah.

**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?

**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...

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

**Hill:** Yeah...it's a very strong lobby...

**Lawrie:** Okay. Look, I think I can see kind of a dead end, because you seem to have a whole lot of excuses, but, um, you know, that to justify bad research practice. So I'm really, really sorry about this, Andy.

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 work's 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.

**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 as short amount of time as possible.

**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?

**Hill:** From my side. Okay...I think end of February, we will be there, six weeks. *(Author's note: Hey Hill, you said six weeks? 15K people dying daily? That's 630,000 people dead. So what about pushing for it...like...right now instead? That's hundreds of thousands fewer people dead. Do the math.)*

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

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

**Lawrie:** Fifteen thousand people a day times six 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.

**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... *(Author's note: "Everything you can" means searching your soul and conscience—both seemingly laying dormant—and acting to save these lives.)*

**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 any more, and I'm going to tell the truth." *(Author's note: So maybe, Dr. Hill, you did not have the authority to change Unitaid's conclusions. But you shouldn't have checked your spine at the door. You had veto power over the use of your name (which is the banner carrying your professional integrity) on that noxious paper, didn't you? Maybe you could have said something like, "Though I led the team that conducted this research,*

*I cannot allow my name to remain on a paper with conclusions I did not reach, words I did not write, and which will cause people to die if those words go unchallenged.” What do you think, Dr. Hill?)*

**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.

**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 trying to do something good. You have actually completely destroyed it.

**Hill:** Okay. Well, that’s where we’ll, I guess we’ll have to agree to differ. (*Author’s note: “Agree to differ?” People differ on what they like for dinner, their opinions on whether they like novocaine or gas at the dentist. But what they DON’T differ on is whether or not lives should be saved in a damn pandemic.*)

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

## **There’s one more thing you should know.**

One week prior to Dr. Andrew Hill’s pre-print posting of his revised paper, the University of Liverpool, where Hill works, received a \$40 million grant from Unitaid to study infectious diseases—Dr. Hill’s specialty.

Forty million reasons to silence the irrefutable evidence for ivermectin. Forty million reasons to let folks take their inevitable place on the train tracks with permanent adhesive on their shoes.

Hill’s “six-weeks” has now turned into nearly one year—a year during which Hill threw out most of the studies in the original paper, and proclaimed that ivermectin offers no mortality benefit. “There is no longer evidence for clinical benefits after removal of trials at risk of bias or medical fraud,” Hill wrote recently.

Killer words.

And that, dear reader, is why in late February, 2021, when the WHO received Dr. Hill’s paper with the sponsors’ conclusions written in, they decided *not* to recommend ivermectin for covid until long-term, randomized, placebo-controlled studies could be conducted.

And that is why nearly one million people have died since Dr. Lawrie’s conversation with Hill took place. These innocent people were doomed—stuck on the tracks, unable to get out of the way of the racing covid-19 freight train.

# Like Oskar Schindler, Harriet Tubman, Norman Bourlag, and James Harrison...

Unitaid, the Bill and Melinda Gates Foundation, the WHO, and Dr. Andrew Hill could have done what was best for humanity. They could have looked at the unassailable medical evidence for cheap, exceedingly safe, readily available ivermectin with benevolent, humane eyes. Doing so would have certainly altered the oceans of revenue that were forecast to come from the vaccines and the novel anti-viral therapies made by Big Pharma. (No anti-viral pill can match the high safety profile of ivermectin, or its extraordinary efficacy against covid-19.) But at the same time, it would have reshaped the fates of the thousands who will never take another breath; because though their lives could have been saved, money became monarch...and the sentence was passed.

## Epilogue

This is not over. Not by a long shot. The courts will have something to say about these murders that occurred (and are still occurring) throughout the world.

The BonSens citizens group in France commissioned an analysis of the text in Dr. Andrew Hill's preprint paper and the finding was that it was highly likely that there were two and possibly three "shadow authors" involved in manipulating the text, with the intent to undermine the positive evidence on IVM. This issue is now the subject of legal action in France.

Other jurisdictions are also readying their cases against Dr. Hill.

Certainly, justice will not bring back loved ones who were sacrificed for love—of money. But it might possibly save those just alighting on the tracks.

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A guest post by

**Joyce Kamen**

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Joyce Kamen is the VP of public information at the Frontline Covid19 Critical Care Alliance (flccc.net). She is an Emmy award-winning writer, publicist, journalist, columnist, and producer of documentary films.

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**Margaret Anna Alice** · Writes Margaret Anna Alice Through the... · Jan 14

I consider Dr. Tess Lawrie one of the greatest heroes on the side of truth, science, integrity, and freedom, which is why I featured her and this amazing exchange with Hill in the first entry in my "Profiles in Courage" series (<https://margaretannaalice.substack.com/p/profiles-in-courage-dr-tess-lawrie>).

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**Vicknaird** · Jan 14

When I read the full exchange between Drs Lawrie and Hill in RFK Jr's Fauci book, my jaw dropped. It's simply a matter of money and prestige, both of which Hill adeptly, but cowardly gauged were in jeopardy should he do the right thing. And so he is forever complicit in the deaths of untold thousands who would have benefited from ivermectin and early treatment. Unfortunately we seem to have an over abundance of Hill-types among us. That Dr Lawrie extracted a confession of research fraud in a recorded interview is astounding. She certainly could pursue a second career as a prosecutor.

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