Mr. Philip N. Cohen,

We kindly demand you to publish this response at https://socopen.org/,

1. We are deeply concerned by your decision to remove our work from your site. We consider it an indulgence in political innuendo rather than an examination of statistical evidence, and the management of a scientific debate as a Twitter confrontation and not as a scholarly dialogue.
2. Your decision to remove the paper is based on flawed arguments, a lack of understanding, and several false statements.
3. The main point you make is that the paper has methodological problems given that it was not an experiment in which treatment was distributed randomly. It was an observational study. You are correct here and we made that clear from the very beginning. What we did was an evaluation of a policy of ivermectin distribution, income support, and remote medical supervision; not a clinical trial of ivermectin. We evaluated, ex-post, the effects of that policy and its components. **In terms of the data available, our methodology using matching analysis is both transparent and rigorous.**
4. As an observational study, there is of course room for bias in estimation, both from observed and unobserved confounders. In terms of the first, we use sex, age, symptoms and comorbilities; however, the main concern was related to period differences among compared groups, and hospitalization rates among periods. We reported this in the paper and tried to correct it in some specifications of the model.
5. As for unobserved variables, it is a problem with all observational studies. This includes your own work (you have 138 studies in your Google Scholar site, out of the 30 most quoted, only one is based on a random distribution of treatment); the Socarxiv site, and really, most of what's been done in social sciences. All one can do is look at post-estimation tests, residual distributions, and acknowledge the limitations. All of which we did.
6. Interestingly, by far the strongest point you make is based on a Twitter thread by a scholar at the Mexican National Autonomous University, (UNAM): (https://twitter.com/OmarBelloMD/status/1393981979603914755). Had you read it more closely, you would've found that when the

author replicates our code, **the author achieves exactly the same results (so much for a "misleading" work), and when re-specifying our model 7 (which aims to correct for the periods differences), the author reaches very similar results.** That led the author to conclude that which is already discussed in points 4 and 5 above.

7. Thus, **you don't have any methodological support for the decision you've reached.**

8. What then is the motivation? It's very obvious that in the United States the simple mention of ivermectin triggers a political and media frenzy that's been heavily contaminated by tin-foil-hat-users and anti-vaxxers on one side, and the pharmaceutical lobby on the other. How is that related to the content of our work? It is not. **We find it extremely unethical, colonialist, and authoritarian that in the absence of a serious argument, you shut a work down based on political motivations due to the current divisions in your own country.**

9. What will you do, sir, with the 148 studies, 97 peer reviewed papers, 78 with results comparing treatment and control groups and in support of ivermectin use since ours was conducted? (We've enclosed a list of some of them at the end of this letter.) What will you do, sir, with the robust evidence on the absence of any side effects in the proper medical dosing of ivermectin? What will you do with the plea by Tasuku Honjo, the 2018 Medicine Nobel Prize winner, for use and proper scientific evaluation of ivermectin (https://www.youtube.com/watch?v=gssfZnt2g4I)? What will you do with all the clinical trials on the effects of ivermectin on COVID19 currently being performed at Oxford University, Duke University, and Kitasato University / Kowa Pharmaceuticals? (You can see their latest statement here: https://www.kowa.co.jp/news/2022/press220131.pdf)? **How do you defend your decision to just shut down evidence in an ongoing scientific conversation because you've found the topic inflammatory and uncomfortable?**

10. **As we did when we first uploaded the paper (https://drive.google.com/file/d/1RyDSuDHs66kd0T8OWXKGEyDz3h6-N0NJ/view), we share both our data https://drive.google.com/drive/folders/1caKZhG0bGTxhC5lUdlu2fOTB5tLjz9qr?usp=sharing and our code https://rpubs.com/Ivermectin-paper/862246 for anyone interested in replicating the findings. That is how evidence is grown, results are questioned, and knowledge is built. Not**

by dragging Twitter cancel culture into editorial and scholarly decisions.

11. As for the Mexico City health policy which you condemned as "unethical", as already mentioned, along with the medical kit, families received financial support, and remote phone medical monitoring (which, as shown in the paper, also had a separate negative impact on the odds of hospitalization). At the moment of implementation, evidence was being built on the use of ivermectin to treat covid19 with positive results from Peru and India (references below). We are in full agreement with Dr Honjo on this, having international positive results, being a low cost medicine and showing no secondary effects, supported the decision at the time. As soon as vaccines were available that became the main policy against covid19 in Mexico City, as of today, the equivalent of 102% of all individuals over 15 have received at least one dose, 96% two doses and 43% a booster shot. That places Mexico City as one of the most vaccinated cities in the world. As for the concluding scientific evidence on Ivermectin, just like you, we have to wait for the clinical trials being currently performed.

12. You should be ashamed and present your resignation to your post at SOCARXIV. Your behavior in this case has been both deeply unscientific and unethical, and contrary to the commitment for evidence building associated with your post.

Sincerely,
José Merino, Victor Hugo Borja, Oliva López, Jorge Alfredo Ochoa, Eduardo Clark & Lila Petersen.

Some references showing positive effects of Ivermectin on Covid19.

Ahmed et al., International Journal of Infectious Diseases, doi:10.1016/j.ijid.2020.11.191,
A five day course of ivermectin for the treatment of COVID-19 may reduce the duration of illness,

https://www.sciencedirect.com/science/article/pii/S1201971220325066

Bryant A, Lawrie TA, Dowswell T, Fordham EJ, Mitchell S, Hill SR, Tham TC. Ivermectin for Prevention and Treatment of COVID-19 Infection: A Systematic Review, Meta-analysis, and Trial Sequential Analysis to Inform Clinical Guidelines. Am J Ther. 2021 Jun 21;28(4):e434-e460. doi: 10.1097/MJT.0000000000001402. PMID: 34145166; PMCID: PMC8248252.

BUKHARI, Syed Karamat Hussain Shah, et al. Efficacy of ivermectin in COVID-19 patients with mild to moderate disease. Medrxiv, 2021

Chamie-Quintero, J. J., Hibberd, J., & Scheim, D. (2021). Sharp Reductions in COVID-19 Case Fatalities and Excess Deaths in Peru in Close Time Conjunction, State-By-State, with Ivermectin Treatments. State-By-State, with Ivermectin Treatments (January 12, 2021).

Caly, L., Druce, J. D., Catton, M. G., Jans, D. A., & Wagstaff, K. M. (2020). The FDA-approved drug ivermectin inhibits the replication of SARS-CoV-2 in vitro. Antiviral research, 178, 104787.

CHAHLA, Rossana Elena, et al. A randomized trial-intensive treatment based in ivermectin and iota-carrageenan as pre-exposure prophylaxis for COVID-19 in healthcare agents. Medrxiv, 2021.

Evaluation of Ivermectin as a Potential Treatment for Mild to Moderate COVID-19: A Double-Blind Randomized Placebo Controlled Trial in Eastern IndiaRoy, R., Pattadar, C., Raj, R., Agarwal, N., Biswas, B., Majhi, P. K., ... & Sarfaraz, A. (2021). Ivermectin as a potential treatment for mild to moderate COVID-19–a double blind randomized placebo-controlled

trial. MedRxiv.

Evaluation of Ivermectin as a Potential Treatment for Mild to Moderate COVID-19: A Double-Blind Randomized Placebo Controlled Trial in Eastern IndiaRoy, R., Pattadar, C., Raj, R., Agarwal, N., Biswas, B., Majhi, P. K., ... & Sarfaraz, A. (2021). Ivermectin as a potential treatment for mild to moderate COVID-19–a double blind randomized placebo-controlled trial. MedRxiv.

Guerrero, R., Bravo, L. E., Muñoz, E., Ardila, E. K. G., & Guerrero, E. (2020). COVID-19: The Ivermectin African Enigma. Colombia Médica, 51(4).

Hashim, H. A., Maulood, M. F., Rasheed, A. M., Fatak, D. F., Kabah, K. K., & Abdulamir, A. S. (2020). Controlled randomized clinical trial on using Ivermectin with Doxycycline for treating COVID-19 patients in Baghdad, Iraq. medRxiv.

Hill, A., Garratt, A., Levi, J., Falconer, J., Ellis, L., McCann, K., ... & Wentzel, H. (2021, November). Meta-analysis of randomized trials of ivermectin to treat SARS-CoV-2 infection. In Open forum infectious diseases (Vol. 8, No. 11, p. ofab358). US: Oxford University Press.

Khan, M. S. I., Khan, M. S. I., Debnath, C. R., Nath, P. N., Al Mahtab, M., Nabeka, H., ... & Akbar, S. M. F. (2020). Ivermectin treatment may improve the prognosis of patients with COVID-19. Archivos de bronconeumologia, 56(12), 828.

Kerr L, Cadegiani F A, Baldi F, et al. (January 15, 2022) Ivermectin Prophylaxis Used for COVID-19: A Citywide, Prospective, Observational Study of 223,128 Subjects Using Propensity Score Matching

Low, Z. Y., Yip, A. J. W., & Lal, S. K. (2022). Repositioning Ivermectin for Covid-19 treatment: Molecular mechanisms of action against SARS-CoV-2 replication. Biochimica et Biophysica Acta (BBA)-Molecular Basis of Disease, 1868(2), 166294.

Mohan, A., Tiwari, P., Suri, T. M., Mittal, S., Patel, A., Jain, A., ... & Guleria, R. (2021). Single-dose oral ivermectin in mild and moderate COVID-19 (RIVET-COV): a single-centre randomized, placebo-controlled trial. Journal of Infection and Chemotherapy, 27(12), 1743-1749.

OKUMUŞ, Nurullah, et al. Evaluation of the effectiveness and safety of adding ivermectin to treatment in severe COVID-19 patients. BMC infectious diseases, 2021, vol. 21, no 1, p. 1-11.

Singh A, Sheth PG, Dhaneria S, Gupta D. Efficacy and safety of ivermectin for COVID-19: A systematic review and meta-analysis. Asian Pac J Trop Med 2021;14:440-50

Lima-Morales, R., Méndez-Hernández, P., Flores, Y. N., Osorno-Romero, P., Sancho-Hernández, C. R., Cuecuecha-Rugerio, E. & Salmerón, J. (2021). Effectiveness of a multidrug therapy consisting of Ivermectin, Azithromycin, Montelukast, and

Acetylsalicylic acid to prevent hospitalization and death among ambulatory COVID-19 cases in Tlaxcala, Mexico. International journal of infectious diseases, 105, 598-605.

BIBER, Asaf, et al. Favorable outcome on viral load and culture viability using Ivermectin in early treatment of non-hospitalized patients with mild COVID-19–A double-blind, randomized placebo-controlled trial. MedRxiv, 2021.

BEHERA, Priyamadhaba, et al. Prophylactic Role of Ivermectin in Severe Acute Respiratory Syndrome Coronavirus 2 Infection Among Healthcare Workers. Cureus, 2021, vol. 13, no 8

Pott-Junior, H., Paoliello, M. M. B., Miguel, A. D. Q. C., da Cunha, A. F., de Melo Freire, C. C., Neves, F. F., ... & Chachá, S. G. F. (2021). Use of ivermectin in the treatment of Covid-19: a pilot trial. Toxicology reports, 8, 505-510.

Tanioka, H., Tanioka, S., & Kaga, K. (2021). Why COVID-19 is not so spread in Africa: How does Ivermectin affect it?. medRxiv.

Abbas et al., Indian Journal of Pharmaceutical Sciences, doi:10.36468/pharmaceutical-sciences.spl.416, The Effect of

Ivermectin on Reducing Viral Symptoms in Patients with Mild COVID-19, https://www.ijpsonline.com/abstrac..tients-with-mild-covid19-4455.html.

MORGENSTERN, Jose, et al. Ivermectin as a SARS-CoV-2 Pre-Exposure Prophylaxis Method in Healthcare Workers: A Propensity Score-Matched Retrospective Cohort Study. Cureus, 2021, vol. 13, no 8.

Hariyanto, T. I., Halim, D. A., Rosalind, J., Gunawan, C., & Kurniawan, A. (2021). Ivermectin and outcomes from Covid - 19 pneumonia: a systematic review and meta - analysis of randomized clinical trial studies. Reviews in Medical Virology, e2265.

MAYER, Marcos Alejandro, et al. Safety and efficacy of a MEURI Program for the use of high dose ivermectin in COVID-19 patients. 2021.