

January 22, 2022

TO:

RE: Critical flaw with the COVID vaccine theory and a paradigm shift away from vaccines. This information is:

1. GUARANTEED TO END THE COVID VACCINE
2. GUARANTEED TO END THE COVID VACCINE MANDATE
3. ALMOST GUARANTEED TO END THE COVID PANDEMIC
4. AND GUARANTEED TO SHOW THE SCIENCE BEHIND THE PANDEMIC TO BE FAULTY

Dear Dr. XXXX,

The Wuhan Eye Doctor tried to warn the Chinese officials and the world of this new virus. As expected from a totalitarian government with little desire for transparency, his efforts were squelched and he was disposed of. As an ophthalmologist from California that has tried to warn thousands of government officials regarding the fatal flaw in the Covid Vaccine theory, I initially believed that democracies were so much better than totalitarian governments, especially when it comes to science and truth. I was so disappointed. Of course I believe that democracies are better for the future of humanity. But, the human condition that allowed totalitarianism and monarchies to exist for so much of human history over the past few centuries, the mind-set that allows totalitarian governments to actually exist, that mind-set clearly exists in all democracies too. It is not a rational, fair or scientific mindset. Which should serve as a constant reminder that human rights and freedom are hard-earned and require abundant maintenance and constant dialogue to maintain, without which those taken for granted fundamental rights evaporate before we've even noticed.

#### **1. PEOPLE DID HEAL FROM COVID WHEN NO ONE IN THE U.S. HAD A COVID ANTIBODY**

Recently, information has surfaced that Dr. Fauci may have misled Congress regarding the involvement of the NIH and NIAID in the funding and involvement of these institutions in Wuhan's gain of function research. (See Congressional Representatives James Conner and Jim Jordan's January 11, 2022 letter to

Xavier Becerra, Secretary of the U.S. Department of Health and Human Services attached as Exhibit A.) If Dr. Fauci is indeed involved in a cover-up of this magnitude, then other aspects of how the COVID-19 pandemic has been addressed by government officials needs to be questioned as well.

For example: ***Why is no one asking how the majority of 20 million people in the U.S. who were infected with COVID actually recovered?***

Please remember. In the year 2020, not one person in the U.S. had a COVID antibody (unless they were infected with COVID, the only other way to acquire a COVID antibody is via vaccination). Since a COVID vaccine was not rolled out in the year 2020, **NO ONE in the US had a COVID antibody in the year 2020.** The ONLY way to have acquired a COVID antibody in the year 2020 was to actually be infected with COVID and wait about two to three weeks. The conclusion from these very dry but very certain facts is this. Of the 20 million people who came down with COVID in the year 2020, NOT ONE OF THOSE PATIENTS had a COVID antibody in their systems the first week to 10 days of their illness. YET, at least 90% healed (18 million patients) or were well on their way to recovery by a week or so.

The conclusion? Not a SINGLE person in the U.S. who was infected with COVID in the year 2020, NOT ONE OF THOSE PATIENTS had a single COVID antibody the first 10 days of their illness. NOT ONE OF THOSE PATIENTS that got better in a week to 10 days, NOT ONE OF THOSE PATIENTS was helped by a single COVID antibody. Again, that means of ALL the people in the US who recovered from COVID in a week to 10 days in the year 2020, NOT ONE PATIENT was assisted by a single COVID antibody. That is a HUGE number. Then, why is the whole medical and scientific community focused on the COVID antibody? When clearly, this COVID antibody wasn't even PRESENT for every person in the US who recovered from COVID in less than 10 days in the year 2020? And clearly, many recovered from COVID within a week and some had a very mild course and the COVID antibody WAS NOT RESPONSIBLE FOR A SINGLE RECOVERY IN PEOPLE WHO HEALED IN UNDER 10 DAYS. Then, if we knew what mechanisms the human body actually used to heal all these people in under 10 days, WITHOUT a COVID antibody, maybe we can facilitate those mechanisms? The correct answers only manifest when the correct questions are asked.

## **2. THE GARGANTUAN MEDICAL MISTAKE THAT IS THE COVID VACCINE**

The information below in ONE SENTENCE, outlines the single largest mistake in the history of modern medicine, and perhaps another possible cover-up by public health officials leading the charge on how to address this pandemic.

The COVID vaccine hypothesis is based on a neutralizing antibody that can bind the virus before it infects a lung cell.

**BUT BIZARRELY NO ONE HAS EVER PUBLISHED A PAPER SHOWING AN ACTIVE TRANSPORT MECHANISM TO MOVE ANTIBODY MOLECULES FROM THE BLOOD/LYMPH WHERE IT IS PRODUCED THROUGH THE LUNG BARRIER INTO THE LUNG WHERE THE ANTIBODY MUST BE IF IT IS TO NEUTRALIZE THE VIRUS BEFORE IT INFECTS LUNG CELLS.** This lung barrier can slow down water

molecules from entering the lung (comparison, if a water molecule is the size of a Diet Coke, the antibody molecule is the size of a mini-SUV). The Lung Barrier is called a barrier because ***IT IS A BARRIER***. The neutralizing IgG COVID antibody is approximately 145,000 Daltons in weight. A water molecule is 18 Daltons in weight. Why would the blood LUNG barrier have to allow a 145,000 Dalton COVID antibody to cross the lung barrier, when the lung barrier is capable of preventing the net influx of tiny water molecules into the lung air space? As an aside, the Blood BRAIN barrier limit for molecule size is typically under 500 Daltons in weight. Larger molecules than this have a very difficult time crossing the blood BRAIN barrier. But, the lung barrier would have to allow a 145,000 Dalton molecule to cross it when the brain barrier can stop a 500 Dalton molecule? This is not science. This is in the realm of science fiction.

Just google an image of an alveolus. There are 500 million alveoli in an average lung. Each alveolus has a capillary that wraps around it where the antibody is present (since antibodies are created in blood/lymph after a vaccine intramuscular injection). The alveolar wall IS the LUNG barrier. The cells lining the inside of the alveolus are the lung cells being infected with the COVID virus and the REASON why death occurs. As you can see, that is 500 million alveoli that will NOT let COVID antibodies into a single alveolus.

WITHOUT QUESTION, in **January of 2020, NO ONE in the U.S. had a COVID antibody**. Yet, 20 million people were infected with COVID during the year 2020 and they mostly HEALED/RECOVERED before the COVID antibody formed! Most people healed within a week. Antibodies take at least 10-14 days to form. In some COVID patients, COVID antibodies never even showed up! So, here we have TWO HUGE CLUES that the COVID antibody is NOT the reason the human race survived COVID. 1. The antibody was late to the party 2. When the antibody finally arrives, THE LUNG BARRIER DOESN'T LET IT IN! Can we stay with science? Science requires the cause of any effect to come BEFORE the effect. Then, since COVID patients RECOVERED or were well on their way to recovery BEFORE the antibody showed up, the antibody is not the CAUSE of the recovery of almost 18 million Americans. Are you following? This is the science, and for some reason the science has not been addressed.

### **3. HOW THE HUMAN BODY HANDLED COVID WHEN NO ONE HAD COVID ANTIBODIES**

Every one of us had a few friends that were infected with COVID in 2020 and lived. Then, how did they live? How is the scientific community not curious? When these survivors didn't have a SINGLE COVID antibody in their systems? ***Understanding how the people who actually survived COVID***, how they mechanistically step by step overcame billions of COVID viruses in the lungs in a week or so WITHOUT THE HELP OF ANTIBODIES, THAT KNOWLEDGE will help us prevent more death. Why? Because if we can facilitate what the human body did so apparently very well, heal us from COVID *without* the help of antibodies, we can then FACILITATE that amazing process of recovery.

It's so easy to see, if you just for a second let go of the vaccine belief. DR. FAUCI WAS WRONG ABOUT THE USEFULNESS OF ANTIBODIES FOR HIV AND HE'S WRONG AGAIN. ANTIBODIES HAVE VERY LITTLE TO DO WITH HOW OUR BODIES RECOVER FROM COVID. IF ANTIBODIES HELPED ANYONE HEAL IN THE YEAR

2020, IT WOULD HAVE NEEDED A **TIME MACHINE** AND A **TELEPORTER** BECAUSE THE ANTIBODY WASN'T THERE IN THE YEAR 2020 AND ONCE IT ARRIVES, IT CAN'T GET THROUGH THE LUNG BARRIER. The virus is going to inject its RNA into lung cells. Forget trying to force your body to make enough antibodies. **The virus is getting its RNA into our lung cells. That's where the battle begins.....The COVID Vaccine is the stuff of science fiction and it belongs on a book shelf not in the arms of billions of people. The antibody was the ultimate RED HERRING. Analogies are not my favorite way of explaining scientific processes, but when a forest fire burns down thousands of houses, you'll always find ash.... and sprinkling that ash on a home that has not burned down is about as idiotic as wanting to vaccinate all Americans.**

Okay, so once the virus RNA injects its viral RNA into our cells, don't you think our cells want to destroy the COVID RNA? Guess what? Ribonucleases are enzymes that are super good at destroying RNA. Aren't they an amazing candidate molecule for that job of destroying virus RNA? We produce an incredible amount of ribonuclease enzymes, so much that these ribonucleases molecules just ooze out of us, and we shed more Ribonuclease molecules than we do dandruff. **Every person on earth that healed from COVID or the FLU, ribonuclease molecules are the REASON they survived.** Everyone thinks it's the antibody. Ribonuclease enzymes get NO credit and the world doesn't know about the ribonuclease's role because Dr. Fauci stole their credit and gave it to ANTIBODIES, WHICH WERE LATE TO THE PARTY AND CAN'T SEEM TO GET IN WHEN THEY FINALLY ARRIVE.

#### **4. THE CURE, AKA, HOW WE CAN FACILITATE THE HUMAN BODY IN DOING WHAT IT IS ALREADY DOING QUITE WELL**

NOW, THE CURE. The viral RNA that made its way inside the cell is the enemy. Remember, viruses rely on HOST cells to grow and cannot replicate on their own. So, decreasing growth/protein synthesis in OUR HOST cells also results in decreased viral replication. So, how do we not help the viral RNA that has made it into our HOST cells? To not help it, you need to know what it wants to do. The viral RNA wants to become viral protein and replicate itself. Guess what happens within 8 hours of not eating? Almost every cell in your body realizes that it SHOULDN'T GROW SO FAST and your cells MAKE LESS PROTEIN INCLUDING VIRAL PROTEIN. Then, the severely underappreciated Ribonuclease molecules HAVE MORE TIME TO DESTROY THE VIRAL RNA BEFORE IT REPLICATES. I have a lot more evidence including biochemical pathways, but the best and simplest proof? 7 billion of us, when we were toddlers and came down with a cold or flu, GOT FUSSY AND DIDN'T EAT. Because fasting for a couple of days (drink water normally) after the onset of viral symptoms WILL END THE PANDEMIC. What people don't know right now is **THAT FOOD CAN KILL YOU** during the first few days after being infected with COVID and that fasting/reducing caloric intake for a couple of days once viral symptoms start will be much more useful than any vaccine or medicine, especially if you are older.

Don't you want to help save lives? Isn't that why you over-reached and even rationalized your COVID vaccine mandate? Now that the COVID vaccine is shown to be based on a completely fraudulent premise, don't you think you should push this information to help save lives?

If the FDA, NIH, CDC or any virologist/physician/researcher knew this information, why wouldn't they try to get the information out there like I've been trying to for over a year? Did you try to alert the world to this issue? It's that simple. *If you really knew that FOOD could kill you after the onset of viral symptoms, wouldn't you fast for a couple of days?* The virus replicates much less in your body when you're fasting, less of YOUR body's cells are infected, you produce less virus, you spread LESS virus to others, and the pandemic is over.

The cure to COVID? It is NOT Food. It is NOT a Drug. It is NOT Administered. So, the cure to COVID (and the flu) is the exact opposite of what the Food and Drug Administration (FDA) does. Easy enough to remember?

## 5. THEN WHY DO THE NUMBERS LOOK SO GOOD WITH THE COVID VACCINE?

Let's first acknowledge that the COVID vaccine got its FDA approval based on the faulty paradigm of a "neutralizing antibody" in the lung, which we now know has minimal science behind it. Now, if there is NO viable path for the gargantuan antibody through the lung barrier into the lung air space where the infections are taking place, why does the data look so impressive? This is the alternate theory for how the COVID vaccine is working, that I proposed to Dr. Fauci over a year ago including severe criticism of the FDA COVID vaccine clinical trial design.

In science, we strive to understand why and how things actually work. I stress this because I don't know how many doctors/researchers I have debated who, once they realize the nightmare issues I raise, explain to me in a million different ways why the mechanisms behind the efficacy of the COVID vaccine are NOT important (news to me). I didn't even know that this was an issue that needed to be addressed (the lack of curiosity), but it was by far the most common response among highly educated people. Science involves CURIOSITY, hypothesis-forming and discussion/debate. This "who cares, it works" attitude doesn't have a place in science and definitely not an option when this "vaccine science" is being applied to billions of people. I'm certain that the term "vaccine science" will be laughed at in the future; how soon depends on how smart the average scientist/researcher is.

Any mRNA vaccine review paper will discuss the main side effect of mRNA vaccines (or almost any vaccine) which is activation of the innate immune system (muscle-aches, chemokine/interferon generation). Interestingly enough, chemokines especially interferon are extremely well documented to be anti-viral AND anti-viral for a broad range of viruses, including COVID and influenza. It would seem that this should be controlled for, yes? In the FDA study, 20,000 patients were given the COVID vaccine and 20,000 were given a placebo of saline. Only 10 or so in the vaccine group were infected with COVID and about 200 in the placebo group were infected with COVID. The much better study, especially in light of the information I presented to Dr. Fauci, would have been to ADD the proper positive control of a FLU shot for 20,000 patients, rather than a control of saline for 20,000 patients. A positive control of a FLU shot for 20,000 patients, would NOT result in a COVID neutralizing antibody but WOULD produce innate immune system activation (interferons) and properly control for the main side effects of mRNA vaccines. If the FLU shot group and the COVID shot group had similarly good protective results against

COVID, well then it would be extremely difficult to argue that the good results for the COVID vaccine were due to the neutralizing antibody. But, it would further prove my counter-point that the main side effect of mRNA vaccines should have been properly controlled for. Imagine my frustration when I informed Dr. Fauci and Dr. Emily Erbelding of all this PRIOR to the FDA approval. The lack of open-mindedness at the highest levels of organized science is mind-boggling.

Look at how the “side-effect/muscle ache/interferon generation” theory plays out. The mRNA vaccines were given twice. Each time it was given, the body generated interferons/chemokines that are protective against viruses for a few weeks. Each time the mRNA was converted into COVID antigen, the innate immune system was again activated. FOUR times over a 5-month period, the body was tricked into activating the innate immune system by the COVID mRNA vaccines. Compare that to a flu shot which is given once a year and studied over a year period and the body only produced interferons ONCE over a YEAR study. You can see how these mRNA vaccine researchers inadvertently (or not) designed the study in a way to show maximum efficacy. Look at how even the tetanus shot supposedly was protective against COVID. Look how effective most of these COVID vaccines are EVEN when there are variants, with this alternate theory on why the COVID vaccine appears to “work”, any vaccine that causes activation of the innate immune system and produces interferons will show efficacy in the short term for almost any respiratory virus. My point is, if you look at the Wikipedia data for the Flu shot efficacy over the years, it varies from the teens all the way up to 96%. So, how is it that ALL these COVID and variant vaccines from all these different companies all perform well over 50% in all these studies over the past two years? Maybe because all these vaccines have a study time of less than 4 to 5 months and with vaccines that strongly induce the body to produce more interferon? Look at how efficacy drops off for ALL these vaccines over time, NOT because the antibody level is dropping off, but because the body isn't being tricked into producing INTERFERONS and because the effect of interferons is only weeks and not years (supposedly vaccines). Now, is it utterly clear that understanding WHY and HOW a medication or vaccine works is important?

So, can you all stop showing all the great data and explaining how much safer the COVID vaccine makes everyone AFTER I so carefully show you that your COVID vaccine's current HYPOTHESIS IS FATALLY FLAWED? If this doesn't make sense to you, let me explain in a different way. A wrong theory makes wrong predictions. Here's how poor the current clinical science around COVID is. Omicron is considered more contagious but less severe and less people die. Well, COVID came and swept across America and killed over 700,000 people. Now, the Omicron variant comes and sweeps across America. Less people die. Well, yeah. The population in America prior to COVID sweeping the country in 2020 and most of 2021 is very different from the current population which is different from the population two years ago by 700,000 deaths. The very vulnerable who would also have been highly likely to succumb to Omicron have already passed away to the tune of over 700,000 people, during the first COVID wave. Now, how is the population BEFORE any COVID outbreak the same as the population AFTER the first wave of COVID? It isn't. Any conclusion about Omicron's severity when compared to COVID is severely flawed because the population has had many of the most vulnerable to respiratory viruses already REMOVED (700,000 deaths)!

Don't even pretend that the Omicron variant causes less mortality. How is the population in the US the same before Omicron and after the onset of Omicron? 750,000 people died before Omicron, yes? A very vulnerable population that probably would have DIED from Omicron. Okay? Most of the conclusions about anything COVID these days are all based on an incorrect understanding of the virus and the changing population.

How did the vaccine help again? Remember, if some other complex argument is made for the COVID vaccine but you give up the neutralizing antibody in the lung theory, two conclusions can still be drawn. Receiving a COVID vaccine does not reduce risk of infection after a few weeks (since the first few weeks, interferon generation helps reduce infection), which means that a month after vaccination, a vaccinated or unvaccinated person is identical in that neither person has COVID antibodies in the lung alveoli which means that either person can be infected with COVID and spread COVID to others. Simple logic. Don't get confused with complex arguments that aren't rational.

When I informed Dr. Anthony Fauci and Dr. Emily Erbelding (Directors of NIH Infectious disease/allergy) of this gargantuan error, Dr. Erbelding's response to me, to summarize, was 1) our FDA Clinical Research Data for the COVID vaccine looks extremely impressive and 2) the neutralizing antibody crosses the blood lung barrier by a process called "transudation". My response to Dr. Erbelding was a 75-page letter that clearly explained WHY their data looked so good and the silliness of even using the word "transudation". The short-version, the COVID vaccine appears to work well in the short-term most likely merely because of the major side effect of vaccines, which is activation of the innate immune system (muscle-aches and interferon generation). Interferon was named because it interferes with viral growth, extremely well-documented with thousands of published papers. Simply, if the COVID vaccine was compared to the FLU vaccine in the FDA clinical trial, the FLU vaccine will NOT produce a COVID antibody, yet will create muscle-aches and interferon, and so you will have controlled for the MAJOR side effect of the COVID vaccine. But they didn't do this.

Dr. Emily Erbelding's attempt to rationalize the movement of COVID antibodies through the lung barrier into the lung barrier by a process called "transudation" is mere semantics. "Transudation" is defined as "crossing a barrier". So, I contend that the antibody has no path into the lung. She retorts that it crosses by a process called crossing a membrane. That's not a scientific response. There is no active transport mechanism described. Her quote for "transudation" was from a paper referenced by her, an author Wagner from 1985. It is NOT a response. Why a vaccine works is critical, is it not? Because if I am correct and the COVID vaccine is "working" because of its side effect of tricking the body into producing interferon (anti-viral in thousands of papers), then the effect will fade away over a few weeks from the last vaccine shot. That is CLEARLY THEN NOT A VACCINE. This is the way science works. There is ONLY one reality. If two facts contradict, both CANNOT be correct.

## **6. HAVE YOU HEARD OF A FALSE POSITIVE?**

Again, disturbing to me that I have to use analogies so much, but I'll follow it with a rigorous rational explanation.

**There are 20 million rat-infested houses in the year 2020. Each owner introduces a dozen cats into their houses and within a couple of weeks, all 20 million homes were rat-free and no rat-traps were used. Then, the following year (2021), 20 million different homes are again rat-infested and each owner again introduces a dozen cats into their respective houses. But, this time, these 20 million home owners ALSO add heavily advertised rat traps into one room in each of their homes. Within a couple of weeks, the second batch of 20 million homes were again rat-free.**

Now, just replace “rat” with “covid” and “rat trap” with “covid antibodies” and “cats” with “ribonucleases” and “homes” with “patients” and the analogy is a real life situation.

**There are 20 million COVID infected patients in the U.S. in the year 2020. Each patient activates his ribonucleases and within a couple of weeks, 19+ million patients have recovered, and no COVID antibodies were present. Then, the following year (2021), 20 million patients in the U.S. are again infected and each patient again activates their ribonucleases but this time, the patients had already underwent heavily advertised vaccinations and so have COVID antibodies in their systems and again, within a couple of weeks, 19+ million patients recovered within a couple of weeks.**

Certainly, the rat-traps were 0% responsible for the elimination of rat-infestation in all 20 million homes in 2020, since rat-traps weren’t used at all. It is very rational to conclude that the rat traps were responsible for 0% to 25% of the reason for the eradication of rats in the year 2021.

If you believe that the rat traps were more than 25% responsible for the elimination of rats in the second group of homes, then you fall under the classic thought mistake of a “false positive.” There were two potential factors for the good result in the second batch of homes. You assumed it was the second factor (rat traps). It was most likely the first factor (many hungry cats) and we have proof that the hungry cats can effect this 100% eradication from their performance in the year before. That’s the classic logical trap (for ratty scientists) of a “false positive”. It is very reasonable to think that the rat-traps were less than 25% responsible for the eradication of rats from homes in the year 2021 (or even 1%), given the information we have about how effectively cats eradicated rats from homes in prior year.

A gentle reminder, in the year 2020, 20 million Americans were infected with COVID (and these 20 million Americans had NO COVID antibodies in their systems) AND YET 99% HEALED within a couple of weeks. In the year 2021, what effect did the COVID antibodies really have? Don’t take the word of a rat for how useful the rat-traps were.

Conclusion is this, instead of focusing our attention on rat-traps that at best contributed an iffy amount to the eradication of rats, shouldn’t we focus our attention more on the cats and understand how to not get in the way of the cats which are doing such an amazing job?

## **7. THE SCIENCE BEHIND ALL VACCINES IS SHITTIER THAN YOU THOUGHT**

Oh you say, vaccines are some of the best examples of the triumphs of modern medicine. I’ll share a couple of theories.

The measles vaccine. My son was last vaccinated for measles when he was about 4 years of age. He’s in college now. What, COVID antibodies always need boosting but measles antibodies are made of



titanium? What are the chances my son has ANY measles antibodies left in his system now, 14 years after his last measles vaccination? How many measles antibodies do you think he had when he was 6 years of age? 1%? Did the measles antibodies protect him even a little 6 months after his last measles shot?

Here's a theory on why the incidence of measles plummeted in the U.S. over the last 40 years. A child develops red dots on his/her face. Visualization (being an EyeMD) of the red dots \* by teachers/mothers/other children. The child is then isolated for a week. There is nothing known to man to reduce the rate of viral spread more efficiently than isolation. Physical walls and placing the child miles away from other children is highly effective. Ah, so the extremely incredible combination of **VISUALIZATION AND ISOLATION** is my theory on why measles decreased over 40 years. There is TREMENDOUS science behind the usefulness of ISOLATION in preventing viral spread. No scientist disputes it. The current medical scientific theory? The measles vaccine's antibodies were protective and worked. Well, sorry but in science you can't just say it. You have to show it. The only way I know to scientifically disprove my theory is to take 5000 or so vaccine snobs, literally BLINDFOLD the whole family for 5 years to remove the extremely useful effect of visualization/isolation, and NOW let's see how useful visualization and isolation really are. Some idiot will take this statement and misquote me and say that I advocate blindfolding children for 5 years straight. That is just purely a dark heart. Obviously, designing a study to exclude the contribution of the extremely potent combination of visualization/isolation on the reduced incidence of measles in the US over the past 40 years, is extremely difficult to do and will probably never be done.

Do you see? Your science is a lot shittier than you are letting on. If there is TREMENDOUS science behind the benefit of ISOLATION (and there is), ALL THAT TREMENDOUS SCIENCE makes the vaccine science LESS TREMENDOUS and MORE shitty. Don't pretend me to me that the science of vaccines is very thorough and rigorous. Really, the vaccine scientists were so thrilled by the antibody binding to the pathogen in the lab test tube, that they literally started shitting their pants and lost their rational minds and really didn't seem to need any more proof. It's like discovering that your rat trap is capable of catching a rat and then concluding that the whole mansion has been eradicated of rats because of a few rat traps you laid out and not acknowledging the enormous contribution from the hungry cats that were also there.

It is quite possibly the single biggest example of a "false positive" in the history of medicine. The results were good (decreased measles incidence over 40 years in the U.S.) but the reason for the good result may NOT have been the vaccine at all, but VISUALIZATION AND ISOLATION. So, since NO ONE can argue that ISOLATION isn't effective for the prevention of viral spread, I'm going to claim at LEAST 75% of the total decrease in measles in the U.S. was from VISUALIZATION/ISOLATION. It might be 99% of the reason why measles decreased in the U.S. That leaves just a little bit for your vaccines. Not such amazing science, is it? So, your "vaccine science" – soon to be understood to be an oxymoron, is at least 75% and up to 99% LESS TREMENDOUS than you thought before you read this.

Just imagine for a second that COVID patients started to develop **blue spots** on their face as the virus propagated in their body and the numbers of COVID virus particles in their body started to really spike (when they are most contagious, blue spots show up on their face). Wouldn't it be infinitely easier to control the COVID pandemic? With the hypothetical blue spot clues, the COVID pandemic might have been over within a few months. Don't under-estimate the extremely useful effect of visualization for the control of measles. Ah, well, small-pox has the same red dot manifestations. Mumps. Rubella. Interesting? You see, you can't claim you are all science and the anti-vaxxers don't have any science on their side. You don't seem to have so much science on your side after all. It should be clear that I am thoroughly advocating science. It should also be clear that I am criticizing the vaccine scientists because they exercised very poor scientific reasoning. Then, it should also be clear that I have nothing complimentary to say to those who don't understand science and those not interested in correctly practicing science (the anti-vaxxers AND the vaccine scientists). Ironically, the anti-vaccine movement had a role in preventing vaccine scientists from discovering their own mistakes (huge) because no vaccine scientist wanted to be thought of as an "anti-vaxxer" so they limited their criticisms of other vaccine studies AND their own scientific work.

How about the first vaccine? Polio? I didn't even have to look up anything on-line. Just a few minutes reviewing what I know about polio. I'm not saying my theory is correct. I'm just offering up another theory. That IS how science works, after all. Here's my very educated guess for what made polio go away.

Once researchers/doctors realized that the mode of transmission for polio was fecal-oral, that meant an infected persons fecal matter has to go into your mouth. Well, it IS difficult keeping other people's fecal matter out of your mouth, but you have quite an incentive. If you are successful at keeping other people's shit out of your mouth (again, acknowledging it might be quite a difficult task for some, not me), then you won't be paralyzed and wheelchair bound like your 14-year old neighbor friend. So, you work hard at it. You wash your hands. Mothers demand disposable diapers. People clamor for more chlorine in public swimming pools. All restaurants put "wash your hands" signs all over every restroom. Companies make better sanitizing wipes. The virus isn't aerosolized so washing your hands is very effective. And polio went away. Agreed, I can't prove my theory, that understanding the mode of transmission freaked people out to the point that they were able to keep other people's shit out of their mouth and that dramatically reduced the spread of polio, reduced the numbers of infected patients, reduced the amount of infected shit spreading in the community, and ultimately eliminated polio in the U.S. But, you can't disprove it either. Which means the science behind even the polio vaccine is not nearly as rocket science as the average vaccine snob thinks it is.

Just imagine for a moment. COVID is spread by the fecal-oral route. I'm guessing the COVID parties may not have happened. Yeah, it would be knocked out by now. LOL. NO ONE WOULD THINK THE VACCINE ENDED IT. Yes, you can get the vaccine too, but you're not going to count on it, you'll make sure that other people's shit never lands in your mouth. And when you don't get COVID (our hypothetical example still, where COVID is in the shit), YOU will be so proud of not getting that infected shit in your mouth. You will NEVER thank the vaccine. You won't worry about getting any booster, no

matter what the chief rat says. Because you will know that your efforts at keeping other people's shit out of your mouth is what saved you from COVID.

## **8. IMMUNOLOGISTS AND PEDIATRICIANS (THE VACCINE PEOPLE) ARE REALLY SHITTY AT MATH (THIRD GRADE MATH)**

Let's do some third grade math. Which apparently not a single virologist and vaccine manufacturer researcher/scientist ever did on their vaccines/antibodies in over 50 years. Extremely sloppy science. Here goes. I have an inoculation dose of 100 COVID virus particles into my lung. As you know by now, I know antibodies can't neutralize a single virus because I know for a fact that there is no viable path into the lung for the antibody. But, just for the sake of this hypothetical, I will assume the best for the sloppy vaccine scientists who apparently need to do some remedial elementary school math. So, I will give them a 95% neutralizing rate for their phantom antibodies in the 500 million lung alveoli. That leaves me with 5 COVID virus particles that infect lung cells. The current literature states infected cells have between 1000 and 50,000 virus particles. I'll be nice and use the small number. That leaves me with a starting inoculation dose of a 100 virus particles that grew to 5000 virus particles in one cycle even with a 95% kill rate assumption for their phantom antibody. Now, that is super sloppy. That's a 50 times growth. Every school kid knows that a penny doubling (2x) every day for 40 days is much bigger money than a \$1 million. This virus growth rate is not 2x. It is 50x per cycle, even WITH a 95% antibody kill rate. That is astronomical. Now, once you're vaccinated, let's call the max concentration of antibodies you develop in a few weeks or so, a 100%. AND, I conceded a 95% kill rate for your antibody when you had a 100% concentration of antibodies (just for this math explanation). But at 3 months following vaccination, you're only at 70% antibodies. How can a 70% concentration of antibodies give you a 95% kill rate? And as I carefully explained above, a 95% kill rate for the phantom antibody still allows a 50x growth rate for the virus. You think you can do the math on rate of virus growth when you have only a 70% concentration of antibodies? To make it easier for you, let's assume that your antibody kill rate of viruses is at 70% when you have a 70% concentration of antibodies. For practice, do this math when you have 10% antibodies (what a human 4-month old infant has, less than 10% of antibodies that an adult has). Elementary school math, dear Watson.

The sloppy vaccine scientists apparently can't do basic math or don't want to. The vaccine industry science is super sloppy and the vaccine industry math is non-existent. Since in 2020, no one in the US had a single COVID antibody during the first 10 days of their COVID experience, I can redo all these numbers with a 0% neutralizing rate since the phantom antibody hadn't yet arrived. You see? The ridiculousness of the basic virology belief that antibodies are NECESSARY to prevent severe viral illness? Remember, in the year 2020, every infected COVID patient had zero antibodies to start with and only showed presence of antibodies after one or two weeks. Given the rate of viral growth without antibodies, let me do the math for you. A loading dose of 100 virus particles. NO KILL RATE since no one had COVID antibodies in 2020. Each infected cell has 1000 to 50,000 virus particles. So, using the smaller number, after one cycle there are 100,000 virus particles. After two cycles, there are 100 million virus particles. After three cycles, there are 100 billion virus particles. There are less than 5 billion lung cells in a typical human lung pair. So, in three cycles of replication, every lung cell has been infected

many times over again? And yet, 99% of us lived after being infected with COVID in the year 2020. If the human body didn't already have a lot of cats to eat up all the rats, how would any of us have survived COVID in the year 2020? Rat traps are the ultimate red herrings. If you don't like my starting point assumptions, make your own assumptions and repeat the math. BUT DO THE DAMN MATH.

With this kind of growth rate, we are one solid virus chunk after 5 or 6 cycles of replication. Antibodies are not related to how we recover from COVID. Have I made my point? Or do I have to spell out each little step? If we want to reclaim our world for our children, we have to follow science and math and not get stuck with old paradigms. The anti-vaxxers don't want their skin poked. Not sophisticated but an extremely useful instinct that has served all biological life on earth very well. Don't knock it. The boundary between self and non-self is sacred. And, it turns out, the scientists aren't much different. The scientists don't want the cell poked by the virus. The scientists laugh at the anti-vaxxers for not wanting to get their skin poked. These same scientists are certain that their antibodies PREVENT their cells from being poked by the virus. Sorry, it's happening. Remember in 2020, NO ONE in the U.S. had a single COVID antibody which meant that billions of each patients cells WERE poked by the virus and these infected cells, THEY DID NOT ALL DIE. That is where the battle really starts. If my assumptions are off, re-do the dumb third grade math with YOUR assumptions. It won't matter. It will still show that the antibodies aren't it.

## **9. LET'S LOOK AT THE**

**a. VIRUSES VACCINES "SEEM" TO WORK FOR AND**

**b. VIRUSES VACCINES ARE USELESS AGAINST—ANOTHER EXCUSE TO MAKE FUN OF THE SHITTY SCIENCE BEHIND VACCINES.**

Basically, there is ONE main theory for vaccines—a "neutralizing antibody" that binds the pathogen before it can replicate/do harm/etc. Okay, so vaccines/antibodies "seem" to work against these viruses, smallpox, polio, measles, mumps, rubella. I'm not going to list them all. But, they all have a common characteristic. Humans seem to be handle these viruses fairly well, EVEN without any medical intervention. Now, if you want to come up with some other complex shitty theory for how vaccines work, please do so. State your shitty complex hypothesis, do the testing, and I'll criticize your shitty work. But, acknowledge that you have to do it this way. Because THIS IS HOW SCIENCE PROGRESSES. You can't just claim that I don't know how vaccines work and that it works in some complex way that we don't understand yet, because guess what? THAT IS NOT HOW YOU GOT YOUR FDA APPROVAL. The hypothesis under which you got your FDA approval for your COVID vaccine is what I am arguing and scientifically debating right now. If you have some great complex shitty theory for how vaccines work, by all means, write it up and do a damn study. But, DO NOT TELL ME THAT YOUR NEW COMPLEX THEORY CAN JUSTIFY THE USE OF THE CURRENT COVID VACCINE WHICH GOT ITS FDA APPROVAL UNDER THE NEUTRALIZING ANTIBODY THEORY WHICH I SHOW IS FATALLY FLAWED.

Let's look at some of the viruses that vaccines/antibodies seem to be very ineffective against. HIV, hepatitis (all of them), all the encephalitis viruses. Common theme? The human body has a very hard

time handling these viruses, even with some of our best medical interventions, although therapeutics have changed some of that these days.

The point? When the recovery from a virus is over 99% without any intervention, ANY thing that anyone does seems to work (and then you take 700,000 very vulnerable to respiratory viruses out of the pool, since they died, and then amazingly any COVID vaccine seems to work temporarily against any strain of COVID, in this population minus the 700,000 that died, such poor critical analytical ability). The proliferation of various drugs/vitamins/herbs that supposedly help for COVID is an example of that. So, you see how great the numbers will look for the COVID vaccine when most respiratory viruses are handled by humans amazingly well. Then, with the COVID mRNA vaccines, you inadvertently trick the body into producing “interferons” which are an amazing medication that evolution produced for us that is effective against lots of viruses, and the good numbers look even better. So what. And, lol. Let’s not forget. In the year 2020, NO ONE in the U.S. had a COVID antibody and there was NO way to acquire a COVID antibody without having a moderate to severe case of COVID and waiting 10-14 days. BUT, that means the COVID virus was free to replicate and infect all the human cells it could in 20 million Americans, and YET many more than 99% survived. Let’s look at ONE human from these 20 million. The person is infected by a loading dose of 100 virus particles. Since there are NO antibodies, each infected cell produces between 1000 to 50,000 virus particles and using the low number, the loading dose of a 100 virus particles has now become 100,000. In the next cycle, the 100,000 has become 100,000,000. In the third virus replication cycle, the 100,000,000 has become 100 billion. And in the fourth virus replication cycle, the 100 billion has become a 100 trillion. There are only 500 million alveoli in the average human. Maybe 5 billion alveoli epithelial cells. But, we are already at 100 trillion in only 4 cycles. So, clearly the human cells have mechanisms to battle the COVID virus once the virus RNA is inside the cell. Doesn’t it seem that is where we have to focus? What the cats did for us and not what the rat traps supposedly did? Because even evolution didn’t worry about making antibodies faster than 10 days or so when the average human has peak virus levels at 3-4 days from infection. Evolution didn’t worry about making antibodies in a timely fashion for viruses because it’s a silly and almost useless battle. Walls with 2x4’s and skin I believe are very useful in the fight against viruses. Antibodies? LOL. Not so much. Antibodies evolved mainly to help us in the fight against bacteria. The time course for bacteria growth matches the time course for when our antibodies peak. Viruses peak at a much earlier time and evolution had billions of years to get it right and match up the antibody generation time in our bodies with virus symptoms peak time, if antibodies were necessary for our fight against viruses. But antibodies aren’t necessary in our fight against viruses and that’s why evolution didn’t rush to get antibodies made for us sooner than 10+ days.

So, the method of vaccines/antibodies in fighting viruses is simply this, the pathogen is blocked from entering cells. Well, if the virus is so weak that even if the virus enters the cells, the human cells mostly win the battle, then the vaccine will look good, yes? And, if the virus is so strong that when it enters cells, the human cells lose the battle and the virus makes the cell it’s home, that means the human usually loses AND interestingly enough, the vaccines NEVER work.

So, I made the point before that the vaccines were taking credit for what mother's/teacher's eyeballs were doing, identifying a child infected with measles (red dots) and isolating that child, preventing virus spread. Well, guess what? In this example, the vaccines/antibodies are taking credit for what the HUMAN CELLS DID, eliminating the virus from within their cells. Just like in life, when something good happens, everyone wants credit. All the paper-pushers, all the people who weren't even in favor of the project, so human of us. And why would this unique human mind ability of trying to take credit for something it didn't do, why would this NOT take place in the medical world with all viruses that are fairly easy for most humans to easily resolve?

Ah, HPV vaccines for young women? Well, I haven't looked into their research. I already know it's main issue. Women who actually get HPV are NOT very likely to report it and even their doctors aren't likely to report it. The jury is out on this one, but I would bet against it any day.

The point. When good things happen, everyone seems to take credit. I hate using analogies too. But, since the science of vaccines is not really properly done science and since it's so shitty, I'll use another analogy.

Let's imagine there are a 100 burglars that are going to break into houses (500 million houses in the US) but you don't know when and you don't know where. So, you need 500 million security guards. Now, let's pretend the burglars weigh a 100 times more than these itty bitsy guards. Now, you need 50 billion security guards. Now, imagine that each time a burglar breaks into a house, it comes out with a 1000 more burglars that are just as large. You begin to see how crazy ridiculous this becomes. Here's my more efficient solution. No need for security guards. Every home-owner is given guns. When the burglars break into a house, the owner shoots the burglars. Let's say the burglars easily die. Well, then the homeowners will easily win, with or without its itty bitsy security guards. Let's say the burglars can't be killed very easily when they break in, the security guards slink away because they knew they were useless (HIV). But, when the burglars die easily, the slimy itty bitsy security guards puff out their chest and try to take credit for the burglars that die easily when they are shot inside the house.

## **10. TRAIN THE BABIES, GIVE THEM SOMETHING TO REMEMBER (OR NOT)**

I can't get over how shoddy the vaccine science is, when I'm looking at the work of virologists and the vaccine industry. They are always talking about memory and training. Let me explain what memory is (having written a few software programs as a hobby). An event occurs. It is registered. The event occurs again. The organism takes a slightly different action based on the registered information that improves its ability to survive. That is memory and training. Now, look at a 4-month old human infant. The infant at 4-months makes much less than 10 percent of antibodies compared to an adult. The 4-month old infant is infected with COVID or the FLU. The infant shakes it off over a week or so. Without antibodies. Just remember, an adult whose COVID antibodies falls to 10%, everyone is in a panic and that adult needs super boosters. Didn't that 4-month old infant take the necessary action to improve its ability to survive? Doesn't that infant actually have the latest software updates from over 4 billion years of evolution? Then, doesn't that baby already have "memory" and "training"? Because it did exactly what it had to do to survive the virus didn't it? This is science. All those virus particles in that 4-

month old baby didn't just disappear. Those viruses disappeared because of what the baby did. What, a pediatrician took one stupid immunology class in medical school (and got a C) and now knows how to train that 4-month old human infant to get better in 5 days instead of 7 days, the next time that baby gets infected? Bull shit, if there ever was bull shit, this is it. Evolution is not so inefficient. Evolution does not produce this incredibly magnificent system that can resolve billions of COVID virus particles in the 4-month old infant in a matter of days all without antibodies and then when the infant turns two, this incredibly magnificent system without antibodies is shed and a completely different immune system that uses antibodies is now adopted by the two year old. It appears that the vaccine industry is built on the ultimate red herring. It appears that the vaccine industry built not just a house of cards, but a city of cards. Too many exceptions to the rule, is a clear indication that it's time for a new paradigm. Have you heard of "paradigm shifts"? The logic of the vaccine industry can be reduced to this, if I get a cut on my skin, I will develop a scar on my skin every time. So, if I add scars on my skin, I WON'T get cuts on my skin or if I do get cuts, they won't scar as much. Yeah, great logic. Yes, you found the "neutralizing antibody". Woo hoo!

## **11. HOW HUMANS MAKE MEDICATIONS AGAINST BACTERIA AND HOW EVOLUTION CREATES MEDICATIONS FOR US AGAINST BACTERIA**

Let's talk about antibodies in general a bit. Humans, we have never developed a medicine that works against a bacteria which same medication is also effective against a virus. Why would evolution be able to produce a medication for us, the antibody, that is effective against bacteria and ALSO effective against a virus? If this medication that evolution produces for us (the antibody) happens to attack our joints, we call it arthritis, *a side effect*. If this medication that evolution produces for us (the antibody) attacks our heart valve after a bacterial streptococcus throat infection, we call it rheumatic heart fever, but still only a *side effect*. If this medication that evolution produced for us (the antibody) attacks a virus pathogen that happens to be in our body, sorry, but it looks like it's merely .... *A side effect*. Just because evolution produced it for us, the antibody medication, it shouldn't have side effects? I just gave incredible examples of side effects of antibodies. Well, the most incredible example of all would of course be antibodies that form against virus pathogens.

And, it appears that, the whole huge vaccine industry was built upon this. . . . a *side effect* of a medication that evolution created for us to help us fight bacterial infections, the antibody. A most impressive side-effect, but, at the end of the day, MERELY a .... Side effect.

## **12. NOT MEDICAL IMMUNITY, HOW LEGAL IMMUNITY DISAPPEARS JUST LIKE THE BENEFIT OF ANTIBODIES FOR VIRUSES DISAPPEAR**

Now regarding responsibility/accountability and what legal immunity you perceive you may have against any lawsuits for all things COVID vaccine. The government may have granted immunity. But, I'm fairly sure that was given assuming "good faith". I'm not an attorney but I know how juries work. Remember the thalidomide disaster? Babies were born without arms and legs (phocomelia) when mother's used the medication. Okay, so the moment you as a political leader/physician/industry leader are aware of

this potential nightmarish side effect, are you still allowed to use the medication just because it is FDA approved? Clearly not, morally, ethically, or legally. During that window of time when you are aware of the side effect issue and before the FDA withdraws its approval, you still cannot use the medication as a physician.

Same point with the COVID vaccine. You did not know of the COVID vaccine's fatally flawed paradigm (antibody has no viable path into the lung to neutralize the COVID virus). Now that I have informed you of this issue, you are in that window of time (because the FDA WILL eventually revoke the COVID vaccine approval). Do you think that mothers of millions of children will be understanding of you? Knowing that you knew that the COVID vaccine had a terribly fatally flawed paradigm and you were informed of it by me, and YET you still wanted to continue the mandates? Ah, you see. Now, you're in a nightmare ethical dilemma. No dilemma really. The only right thing to do is to stop the vaccine until the scientists figure out their head from their asses. If you don't, anyone who receives the vaccine because of the mandate and because you didn't appropriately try your best to end the mandate by moving this up the medical/political/scientific leadership and follow through as enthusiastically as you pushed the vaccine, if those patients have side effects from the COVID vaccine, based on YOUR mandate and YOUR flawed COVID vaccine, then they will be able to sue you for damages because YOU did NOT act in good faith. What do you think a jury will decide? It is NOT my job to prove that the antibody has a path into the lung. IT IS YOUR JOB BECAUSE YOU ARE BEHIND THE VACCINE AND THE MANDATE. And you won't be able to prove it. Then, you will need to STOP the vaccine until you figure this shit out. This is how science works.

This letter clearly explains the fatal scientific flaw with the COVID vaccine. Now, you have accountability for receiving this information. This information has already been sent to hundreds of scientists, including many Chief Medical Officers of many large private companies and you may have been sent portions of this information by me in the recent past. Since this same letter is also being sent to the political/medical/pharmaceutical leadership, now that you have this letter, you are accountable for your actions following receipt of this letter. The world will all have this information in the very near future. You will NOT be able to say that you have not received this information. If there are parts that are not clear to you, you can always ask me or go to my website, [www.lungvirus.com](http://www.lungvirus.com). Or you can ask your scientist friend. But be wary of their replies. They will try to complicate the issue with complex language that doesn't really explain anything. Just remember, mothers all over the world will be very angry when they realize that the leadership was willing to continue to mandate vaccines for children even after the leadership were informed by me that the COVID antibody has no viable path into the lung where the primary COVID infections are occurring. Is it fair to mandate a vaccine when their fundamental paradigm is exposed to be fraudulent? Do you really believe a jury trial will continue to grant immunity for all things COVID vaccine when the industry was NOT acting in good faith?

This letter ALSO reveals the behavioral change that almost everyone on earth can implement very easily and this behavioral change will probably END the pandemic. So, it is your duty as part of the political/medical/scientific/pharmaceutical leadership to vet this information with your peers, with other scientists, and then to spread this information. If this information is widely known, the COVID



pandemic will be over, there will be less death, there will be less morbidity/mortality from the fatally flawed COVID vaccine, and we can resume our lives. So, any resistance from you in disseminating this information will only reveal later that YOU are more interested in your little message and your little agenda, and your little pride, and your little profits, than helping humanity. At the very least, the only rational conclusion that any reasonably intelligent open-minded person can conclude after reading this letter is that the COVID vaccine is poorly understood and not ready for mass consumption.

### **13. DESIRE, ABILITY AND DECEPTION.**

All biological organisms have a certain level of desire, a range of ability, and practice varying levels of deception. Political systems comprised of biological organisms also can be understood better when this is understood. Take for example the Chinese Communist Party (CCP), led by Xi Jinping. In any group, there will be people who want to control other people. Often, the leaders of any group can be understood to have high levels of desire, ability that doesn't match their desire levels and deception levels that make up for or much more their inadequate ability such that their desires can be met. Simply put, politicians and leaders are much more likely to be liars than the rest of us, and good at it, since their ability wasn't high, they practiced their "deception" from an early age and then learned that "deception" almost always looks more impressive than ability because by definition, "deception" is useful when it is very deceitful. Those with low desire will usually have ability/deception in correspondingly lower amounts. Those with high desire and high ability will not have practiced their deceptive abilities and generally will have a poor view of deceptive practices.

In groups of people, different governing systems will manifest and the leaders will often obviously want power and many times will be high on their deceptive ability. Sometimes the leaders are aware of the darkness of the human heart and realize that a system that corrects for these faults of humans will create a better civilization (democracies) and sometimes leaders grab power and make themselves a dictator for life (dumbshits). When power is concentrated at the leadership level, since often powerful leaders are full of deceptive ability, the leaders start to really believe that they are incredible, although their abilities have always been sub-par. There is less and less transparency. As there is less transparency, power becomes even more concentrated at the top. The powerful leader who is actually inept but very deceptive starts to believe that he is actually very capable. Look at Xi Jinping. He looks around at his empire and believes he is incredible, believes his people are actually better than people of other nations given how amazing he thinks he is, and believes he deserves more and more and believes it is his right to take more and more for himself and his countrymen. When there are any signs of trouble, he is so certain of his abilities and his amazing abilities, that he makes decisions and institutes them. Because power is concentrated at too high of a level, consultants are afraid of saying anything he doesn't want to hear. They agree with his conclusions from a rather incapable brain. Xi Jinping decides that Australia offended the CCP. He puts tariffs on their coal. It doesn't take an average person with ability to know that since China's energy demands are mostly met with coal and Australia is the main provider of coal to China, that a political move like putting tariffs on Australian imports to China would

only cause trouble to China. But, Xi, being a fairly capable man, but with much more deception and power than ability, can't think through all this. He's mostly busy trying to KEEP his power and his brain is all day long lying to people to try to maintain his power. Xi is not a trade expert, not an energy expert, not a social media expert, not a student of human nature, probably doesn't understand general chemistry, he's just a greedy bastard who got in over his head and is such a liar he thinks everyone else is a liar too, and then of course, the others become liars. This is where truth is useful. Ultimately, truth and transparency is more likely to foster a correct understanding of reality. Reality has a way of catching up to liars. Since power concentrated at the top without term limits increases the likelihood of deals behind closed doors, decisions made by incapable liars, and decisions made mainly considering the benefit of the powerful people, at some point, the deception catches up with the people in power and their city of cards start to collapse (in the CCP's case, the whole nation is built on lies), and the crumbling begins.

If you are a CCP member and you are given a company that tries to build sophisticated computer chips, your company has access to many government bank loans. Now, if you're the owner of this company, and there is little transparency, and you can control all the finances of the company with very little questions from the "yes" men below you, then you can find a way to remove much of your company's money into some Swiss bank account that no one knows about. And why wouldn't you do that. Seems like every company in China did that. If you were running the money presses for China, why wouldn't you just double print all the money? Seems like they did. Their money is worth shit and reality will crash down on them. The CCP does exist. There are many wrongs in the world that do exist. Children die of hunger. It happens. The CCP is wrong in that same way. It is wrong but exists. Most institutions that rely on deception (meaning not based on reality) end up being "wrong". Science is about transparency and fairness. Why? We try to find all the ways to get to the truth of the matter in science. Truth just means a more accurate reflection of reality. We cannot get to the truth when power is concentrated at the top for too long. Ultimately, reality will win out. That's why science usually wins out. Because science is a pursuit of a correct understanding of reality. Deception and lack of transparency are not qualities that improve our understanding of reality.

It is clear from the January 11, 2022, call for an investigation by our Congressional representatives into Dr. Fauci's role in funding gain of function research that 30+ years as the head of the NIH Infectious Disease division, Dr. Fauci, with all those billions of dollars granted to private/public companies annually, may not be acting with complete transparency. Too much power for too long at the top of the NIH Infectious disease division can easily result in an agency full of corruption and lies. Look at the vaccine industry. As impressive as all the ghost cities in China.

Basically, in the most democratic country on earth, we have within our NIH a serious problem with transparency which is having a detrimental impact on our health and our democracy. Transparency being a key, power concentrated at the top too long invariably leads to broken systems and ineffective, possibly deadly wrong science.

#### **14. SCIENCE FLOURISHES UNDER WHAT KIND OF ENVIRONMENT?**

Anything anti- COVID vaccine is “misinformation”? The censors at Twitter understand science? Someone at Twitter took a college chemistry class and passed? I doubt it. Science requires free speech no matter how hurtful it can be to some, honest debate among like-minded scientists in pursuit of truth and a willingness to keep an open mind even if you have to admit you were wrong. In science, we don't have to use the word “believe” so much and the more a scientist uses that word, the less sure that scientist is of what he “believes”.

Scientists don't like to “mandate” or use force on people against their will. If something is good for you, then you'll take it, you won't need to be forced to take it. And if you're so stupid you don't want what's good for you, then you should be left alone. If something is going to be mandated for the whole group because the thing is very good for the whole group, you better be 99.9% sure that it's truly good for the whole group.

With paradigm shifts, there are stages. The last stage is when most scientists acknowledge the new paradigm. I am certain that you were unaware of the hypothesis, mechanistic pathways and medical information here that shows how decreasing caloric intake during the first few days after the onset of respiratory viral infections, can drastically reduce the morbidity/mortality from COVID infections. Otherwise, you would have also, like me, been trying to desperately inform the world (including your patients and acquaintances) of this very simple behavioral change (reduce caloric intake after onset of respiratory viral symptoms) that can be adopted by practically anyone. Now that you are aware of this life-saving but very simple behavioral modification, isn't it your moral duty as a physician/medical leader/political leader to help spread this information?

The question here is, were you aware that, during the first few days after the onset of respiratory viral symptoms, were you aware that eating could drastically increase your risk of death? If you really were aware of this fact and the scientific hypothesis and information presented here that support this conclusion, wouldn't you have done something to inform the world of this information? Now that you have been informed, don't you have a moral duty to inform your patients and acquaintances of this very simple behavioral change that can be adopted by almost anyone that can drastically decrease the morbidity/mortality from COVID infections? The COVID vaccine needs a working hypothesis and further research since the current hypothesis is shown to be fatally flawed or inadequately tested. Given that the fundamental nature of how the COVID vaccine works has been called into question, it is my opinion that the current FDA approval should be revoked and once a new hypothesis for how the COVID vaccine works has been formulated, the COVID vaccine should be required to undergo a new clinical trial under the 'new' hypothesis and the new clinical trial results under the new hypothesis should be reviewed by the FDA prior to re-approval.

If you believe that the COVID vaccine hypothesis should be re-evaluated in light of this new information provided in this letter, please respond and let us know and we will put your name up on our website under the heading of doctors/medical leaders/political leaders who believe that in light of this new information provided in this letter, the COVID vaccine needs a working hypothesis and further

research before being FDA approved. If you do not believe this new paradigm provided here is correct, no further action on your part is necessary, but we will include your name under a list of people who have been provided this letter on our website

Regards,

Dr. Joseph Y. Lee  
[www.lungvirus.com](http://www.lungvirus.com)