



**Re: PR/ETHICAL nightmare for the New England Journal of Medicine,
GARGANTUAN COVID VACCINE PARADIGM FLAW**

To: Rubin, Eric <erubin@nejm.org>; aeshapir@uw.edu <aeshapir@uw.edu>
Cc: NEJM Editorial <editorial@nejm.org>; Comments NEJM <comments@nejm.org>; NEJM Group <nejmcust@mms.org>; lbaden@bwh.harvard.edu <lbaden@bwh.harvard.edu>
Sent: Wednesday, October 27, 2021, 09:11:35 PM PDT

Adrienne E. Shapiro, M.D., Ph.D
Fred Hutchinson Cancer Research Center,
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[Seattle, WA 98109](#).

New England Journal of Medicine

[860 Winter Street](#)

Waltham, MA

02451-1413

1-800-THE-NEJM (1-800-843-6356)

VIA: CERTIFIED MAIL, EMAIL

**Re: Nightmare PR issue for the NEW ENGLAND JOURNAL OF
MEDICINE,**

**Early Treatment for Covid-19 with SARS-CoV-2 Neutralizing
Antibody Sotrovimab, October 27, 2021.**

DOI: 10.1056/NEJMoa2107934

Date: October 27, 2021

Drs. Shapiro and Rubin,

Progress in science occurs when there is discussion/debate and the opposing parties agree to abide by the rules of logic and rational thought.

I have raised **extremely grave concerns** of national importance regarding your "neutralizing antibody" paradigm for respiratory viral illness and the best a Chief Editor of the NEJM can do is to brush it off with an excuse of editorial policy rules? Okay, I'll play your game, as you wish, when the fate of hundreds of thousands of U.S. citizens are on the line and children between 5-11 are

going to be forced to receive a flawed COVID vaccine. You don't think I can problem-solve your little road-block? This current article also suffers from a similar fatal flaw.

How does the very large antibody (approx. 145,000 Daltons) pass through the extremely formidable "blood lung barrier" (a.k.a. the alveolar wall) into the lung alveolar sac which is where the COVID virus is infecting lung epithelial cells? Dr. Rubin, if you aren't sure of your logic, you really should run this issue by some of your other fellow scientists, because later when it all comes to light, and it is discovered that I warned you, how do you think parents of children (you and I both know there will be some serious side effects in children) who have suffered will feel when they come to find out that I in fact raised these extremely grave concerns with you, and you tried to brush it off? Dr. Rubin, you do realize that others on your staff are also following this thread and will wonder if in fact you are trying to bury these concerns. And of course there are the famous bio-ethicists and AMA board members whom I have invited to view your response. And of course, we will see what all their bio-ethical training has taught them to do, when the medical/political leadership is WRONG. Will they also just sit on the side-lines? LOL. Just so curious. Now guess what? Most of you will realize that the COVID vaccine paradigm is flawed. If you don't correctly inform your patients of this issue, keeping super-relevant information like this from your patients, IS THAT NOW THE NEW MISINFORMATION?

This is the single largest mistake in the history of medicine. No one has vetted how the extremely large antibody molecule actually crosses the blood lung barrier from the blood/lymph where it is created or injected, into the lung alveolar sac? Again, a gentle reminder. The blood lung barrier is quite formidable and prevents the net influx of water molecules into the lung alveolus. This is not a single error. There are an average of 500 million alveoli in an average lung, and not a single alveoli has an active transport system that can move IgG antibodies from the blood, through the basically waterproof lung membrane, into the lung alveolus. Another gentle reminder, the blood BRAIN barrier typically only allows molecules less than 500 Daltons in weight, to diffuse across it. Don't be so racist towards the blood LUNG barrier.

Dr. Rubin, are you satisfied that my letter to the editor regarding this particular article by Dr. Shapiro is sufficiently timely for you to consider using your substantial scientific prowess? Okay, so where were we? Ah, you stating that there were thousands of articles referencing "bronchoalveolar lavage" and that those authors found antibodies in the lung. If I find gold on a table, am I not curious as to how it got there? If I see blood flowing in the arteries, isn't it rational and scientific to ask why it flows, to go back a step? Isn't science also about backing up to see where the prior dots are, and then attempting to connect them? You have no scientific curiosity as to HOW the antibodies made it into the lung alveolus and you don't care? If you think you win based on thousands of articles discussing "bronchoalveolar lavage", I win because I have tens of thousands of articles discussing "blood lung barrier". Now, back to science, logically, if it appears that the lung alveolar wall WON'T permit these gargantuan molecules to simply diffuse across in any significant amount, don't you have to re-assess exactly how much antibody you actually think you found in the lung alveoli? Since you and I both know that a single alveolus was never assessed for the amount of antibodies it contains?

Are you so fond of words in print, neatly edited, correct type/font, on brand new white paper, that you forget that if those words don't actually match reality, the words on the paper are almost as useless as that paper?

Put your ego aside. Put aside your group-think. Keep an open mind. Yes, that's the irony of asking someone to keep an open mind, the mind will often close more when such a request is made of it... BUT you're the Chief Editor of the NEJM. We aren't just talking about your mind. You have a heavy responsibility and the world's populations especially the scientific community actually think you ARE keeping an open mind. You do realize that the mob is fickle and that "cancel culture" can work in reverse.

Do we both agree that when there are too many exceptions to a paradigm, that the paradigm may need a shift? Here's an incredible inconsistency for you. My nephew is 23 years old and had his measles vaccine when he was 3, without boosters in 20 years. So, the measles antibody is permanent and doesn't need boosters, but the Covid antibody needs boosters every 4 months? Please.

Let me do the simplest math for you, using your numbers. A patient has an inoculation dose of a COVID virus of a 100 virus particles. I will for the sake of this argument only, concede a 95% neutralizing rate for your beloved antibody. That leaves 5 virus particles. Each infects a cell. The literature varies but infected cells are stated to contain between a 1000 to 50,000 virus particles. I'll be fair and use the low number. Even with a 95% kill rate for your antibody, we went from a 100 virus particles to 5,000 virus particles in ONE cycle. Lets say cancer grows by doubling, a factor of 2. The COVID virus grows by a factor of 50. The problem gets worse. When a person is vaccinated, they achieve a max concentration of antibodies in a month or so, which I will call 100%. In 3 months, we all know that the level of antibodies has diminished to less than 50% or so. Can a 70% antibody concentration provide a 95% kill rate of virus? Clearly not. And did I not carefully show that even at a 95% kill rate, viral growth is atomic, beyond explosive? Yet, we didn't all die. So, doesn't that hint at a completely different mechanism whereby the people that survived actually survived?

Have humans ever created a medication for a bacteria that is effective against a virus? No. Why would you think that a "medication" that evolution produced for us for bacteria, the antibody, would be effective against a virus? When the only trick up the sleeve of an antibody is just to bind to the pathogen? Why wouldn't a medication that evolution produced for us, the antibody, why wouldn't it also have side effects? It would. When an antibody is formed against our own tissues, cartilage, it's arthritis. When an antibody forms against a heart valve, rheumatic heart fever. When an antibody is formed against a virus, merely a side effect. An impressive side effect, but nevertheless. A side effect. Yes, isn't it possible that the "antibody" for viral infection treatment is the ultimate red herring?

We all know 6-month old human infants, barely produce antibodies, far less than 10% of adult levels of antibodies, and yet this 6-month old human infant handles the flu or COVID in a week or so. Do you really believe that evolution produces this incredibly amazing system WITHOUT antibodies, that allows 6-month old human infants to recover from respiratory viruses within a few days (never having been previously exposed, by the way) and THEN when the human infant reaches a year of age, evolution provides a second completely separate incredible system this time USING antibodies, to allow recovery from respiratory viruses? Is evolution that inefficient? If you think so, then you don't understand how evolutionary biology works. You want to train this infant to do better? Let me explain to you what "memory" and "training" is. An event occurs, it is registered, the event occurs again, and now a slightly different action is taken that increases the survival of the infant based on the registered event. You see? This human infant, has the latest updates from over 4 billion years of evolution. What, you aren't happy that this human infant was able to overcome COVID or the flu in a week or so (without significant antibodies, and NO COVID antibodies)? You think you can TRAIN this infant to handle COVID in 5 days instead of 7 days? So you'll stick it?

Your COVID vaccine paradigm is based on a neutralizing antibody in the lung. You don't have a single peer-reviewed paper to show an active transport process moving IgG antibodies from the blood, through the alveolar wall, into the lung alveolar sac where COVID is ravaging lung epithelial cells. Let's stop the vaccine mandate madness.

You will have blood on your hands for no reason, except that you refuse to be reasonable. I have had irrational ophthalmology colleagues imply that I was spreading some type of "misinformation".

Questions that hit at the foundation of how a vaccine works shouldn't be labelled "misinformation" in any kind of scientific discussion, should it? Of course, being proactive, I immediately contacted the California Medical Board and talked to the manager and sent her all the information I've been disseminating, and she was shocked of course and forwarded to the Board members. Emailed me back and there was NO talk of me having my license suspended.

Ah, polio you say. Here's a theory for you, since SCIENCE is about theories. My theory on what made polio go away. The moment researchers/physicians/scientists discovered that the mode of transmission for polio was fecal-oral, here's my theory for why polio went away. Oh, you mean if I keep other people's shxxxxt out of my mouth, then I won't get paralyzed? Damn. That's soooo hard. Not easy to dooooo, keeping other people's shxxxxt out of my mouth, but I'll do it! cuz I don't wanna get paralyzed. And then polio went away. Including of course, more chlorine in swimming pools, disposable diapers (hurray!), 99.999999 percent clorox wipes.... Who knows what effect the polio vaccine had? It could have been 0.0 percent or 10% or 100%. But, we don't have a controlled study, now do we?

Measles? Mumps? Here's another theory for you. Over the past 50 years, measles rates plummeted in the U.S. because guess what? Vision is extremely useful in identifying new "red spots" on the face of a child. And then, we can institute by far the most effective methodology to reduce viral spread, ISOLATION. That's my theory on why measles went away. VISION and ISOLATION. An EXTREMELY EFFECTIVE combination. The pharmaceutical industry theory? Their vaccines worked. Well, how will you exclude the extremely useful effect of amazing vision and incredible isolation in controlling measles spread? This is about the only research trial you can do, give or take the number of participants in the study. 1000 people are blindfolded at all times for 4 years, half are given the vaccine and half are given the placebo. Now, you have a much better scientific way of excluding the extremely good effect of vision and isolation on controlling the spread of measles, and vision/isolation may be responsible for 98% of the decline in measles in the US over 50 years. Where is my logic flawed? Paradigm shift? If you can't disprove my theory, you can't prove that the measles vaccination was responsible for the decline of measles. Who is saying I'm completely correct? What I am saying is, the science of vaccines seems kind of shxxxxxty and haphazard. What, once you find a "neutralizing antibody" that binds the pathogen in the test tube you're good? Nothing more necessary?

Ah, you say. The Covid vaccine delivered results in the FDA trial. Well, if the COVID vaccine produces a COVID antibody AND it produces the side effects of innate immune system activation including interferon generation, shouldn't you control for that? Compare the COVID vaccine to the FLU vaccine and guess what? You've controlled for the generation of cytokines and interferons (which are very anti-viral). Now if the FLU vaccine also works as well as the COVID vaccine, you know what that means? Since the COVID vaccine produces a neutralizing antibody that I clearly show doesn't have a viable path into the lung alveolus, the COVID vaccine is "working" because of interferon generation, which THEN MEANS IT'S A MEDICINE. NOT A VACCINE. Of course, all this was explained at length to Dr. Fauci and Dr. Emily Erbelding, who both basically shrugged it off, very unscientifically.

Another gentle reminder. As of January of 2020, no one in the U.S. had a COVID antibody. 20 million people were infected with COVID. 80% or more of these patients recovered in a week or so, WITHOUT COVID antibodies in their system! So, you see? A correct understanding of THOSE mechanisms that healed ALL those Americans, if you understand the mechanisms the human body actually used (and it wasn't antibodies) to heal ALL THOSE PEOPLE WITHOUT ANTIBODIES, if you understand those mechanisms, guess what? WE CAN HELP FACILITATE THE HUMAN BODY IN DOING WHAT IT IS ALREADY DOING AMAZINGLY WELL AND END THE PANDEMIC. Yes, I know. I am amazed that there isn't a single publication in the last two years that explains these mechanisms. What, all these people, they just "healed"? "Recovered"? "Self-limited disease"? As if any of those words are actually a "mechanism"? And I have even

tried to buy infomercial time on newspapers like the Orange County Register and PAY MY OWN PRIVATE MONEY to put out an infomercial, but guess what? The cancel culture has everyone so scared, they WON'T LET ME.

I do expect a reply since this IS science and extremely relevant questions on the most pressing medical issues of our time such as mine DESERVE a response. Please review your own journal's ethical guidelines. Eyes are watching.

A correct understanding of reality is what is most helpful. Isn't that what truth is? And isn't that what will set us free? The truth?

There is a behavioral change that can be adopted by 90% of the world's population within a week and the COVID pandemic will be over within a few weeks. I'm not saying there will be NO death. I'm saying that this simple behavioral change is many times more useful than the COVID vaccine in controlling the pandemic. Once the world's citizens know, there won't be hesitancy in implementing it, UNLIKE the COVID vaccine. If you knew, you would have already tried to tell everyone, would you not? Set up a zoom meeting with 4 or 5 of your top scientists and I will disclose it. But, you will resist it until you can see that the current paradigm is broken.

Disappointed in scientists who can't see the truth because of old paradigms and group think, not much different from our primitive ancestors. You do realize that "paradigm shifts occur in medicine one funeral at a time", like my mentor has told me many times this past year, because MDs and MD/PhDs like yourself are so resistant to change, in spite of almost overwhelming logic. Thousands of people have been given this information and it will soon develop a life of its own. Behave in a way where if you are in front of it, you won't have egg on your face. There is now proof that you have been given this information, and you will have to live with trying to figure out why you couldn't see the truth that was so plainly laid out for you. Yes, I know. No one wants the anti-vaxxers to be correct. But, don't we all agree science is progressive? Let's do the right thing for humanity. If I get killed over this by some crazy pro-covid vaxxer, my blood will also be on your hands.

/joseph lee/
electronic signature

Joseph Y. Lee, MD
University of Michigan Medical School (1994), Residency LLUMC, and Fellowship in Refractive Surgery, Doheny/USC.

On Tuesday, October 26, 2021, 09:35:21 AM PDT, Joe Lee

New England Journal of Medicine

[860 Winter Street](#)

Waltham, MA

02451-1413

1-800-THE-NEJM (1-800-843-6356)

VIA: CERTIFIED MAIL, EMAIL

Date: October 26, 2021

RE: PR nightmare for NEJM

Dr. Eric Rubin,

LOL. You're in science? Oops, it's the NEJM and clearly NOT science.

Maybe sarcasm will make you more careful in your comments to me. It is NOT a submission, my email is letting you know of the fatal flaw in one of your papers, and you're going to use your editorial guidelines to say my email doesn't exist?

You say there are several thousand published articles that measure antibody levels in bronchoalveolar lavage? Not so fast. Tell me the concentration of 1 gram of salt on a table. Exactly. The lung, may I gently remind an MD/PhD who may have forgotten basic general chemistry, is mostly air. Again, concentration of 1 gram of salt on a table? What, you're a PhD and you can't tell me? Maybe too much education? Ah, it's not cooking class. Just an analogy. Now, you understand? Or, do I need to spell it out even further, which I will do anyways?

It doesn't matter if there are several thousand idiotic papers that measure bronchoalveolar lavage fluid antibody levels. If I squirt 10 cc's of water on the table, don't I get a very different concentration versus if I squirt a 1000 cc's on the table? So, go back and look at those several thousand papers and see how precisely those antibody levels very often match serum concentration of antibody levels... yes, it IS so very easy to fudge data. Just squirt a little or more or a little less saline, or if you're a bit more ethical, squirt the same amount of saline, but just lavage out a little more or a little less... I'm sure you know this technique, so I'll stop.

And..... really? Just because you found antibodies in the lung, you're not at all curious as to how they got there? The Blood BRAIN barrier can stop molecules greater than 500 Daltons in size. The Blood LUNG barrier is a real thing with many more than several thousand published articles that describe the barrier effect (even slowing down water molecules). I love this, so we're battling not the science, but the number of papers versus the number of papers. Golly, I think I'm gonna win since I have many more papers referring to the Blood Lung Barrier than you have papers mentioning the Bronchoalveolar lavage antibodies. This is great! I love the new way science is being debated, it's not Science, it's the NEJM way of debating.

So, this matter is clearly NOT closed and will come back to haunt NEJM and now YOU. 500 million alveoli per lung, and EACH alveolus has an ALVEOLAR WALL that can stop the net influx of tiny molecules (18 Daltons, water molecules, do I have to splash your face with water for you to get this???) and not a single alveolar wall has an active transport mechanism to TRANSPORT these gargantuan antibodies (145,000 Daltons or so). If merely by simple diffusion, much less than 1% of serum concentration. Ah, full circle back to CONCENTRATION. Do I really need to connect EVERY dot for you? Then, really, what good is that PhD????

So, PhD's believe in teleportation as the most effective way to move antibodies across the blood lung barrier? Have you heard of the replication crisis in science? Maybe because of editors like you? Oops, just realized you're the CHIEF. LOL. Kind of like the High Priest of previous religions? Oh, that's PRIEST, not CHIEF. LOL.

Aw, but seriously. Is this the level of debate at the freaking highest levels of science? Where is the open-mindedness? And you're gonna blame my teasing and sarcasm as the reason why you closed your mind? My fault again?

Really seriously, grow a brain quickly or you'll find yourself cancelled by the cancel culture which I don't believe in, but apparently it's a real thing.

Now even more seriously, the public is being injured. My brother got the stupid COVID vaccine and nearly gave his life for it, in spite of everything I know and what I know is infinitely more than you right now. Just can't get the information out.

How is this. Do you know of a very simple lifestyle change that 95% of earthlings can adopt within a week that will end the pandemic? No? Not even with your PhD? And Chief status? Do you know of a behavioral change that can be easily adopted by 95% of earthlings that, at the start of their viral symptoms, if they adopt, it can drastically improve their survival chances? And end the pandemic? If you know, let's compare notes. Because....

Well, I do know. Just can't get it published anywhere. Can't even PAY a newspaper to get it in as an INFOMERCIAL. Why? Because of scientists like you who idly twirl your pencils as censorship and cancel culture runs amok.

Really, really, really. You are dead wrong on this issue of the antibody. Think carefully. January of 2020, not one American had a single COVID antibody in their bronchoalveolar fluid or in their serum. Yet, 20 million people in the U.S. were infected with COVID and 80% or so healed within a week. Antibodies take at least 7 to 10 days from fairly strong exposure to form. That is minimum 10 to 14 days after their symptoms began. So, you also need a time machine IF COVID antibodies were involved in the recovery of some 16 million patients who recovered in a week or so. NOW, you want a time machine too??? Because that's the only way the COVID antibody helped these 16 million Americans who recovered in the year 2020, without a SINGLE antibody in their system. Get it? Or is this toooo quick for a PhD Chief?

So, Chief of teleportation and time machines which are both necessary for your COVID antibody to have helped anyone last year, why are you the Chief of NEJM? Shouldn't you be CHIEF of some sci-fi journal? Have you heard of paradigm shifts in medicine? Well, it's gonna happen. You can either have a role in blocking one, which won't be successful, or you can help. Now, what will it be?

Okay. Enough fun. Just do the right thing. Remember, you can process all this information correctly even if I display a bit of attitude, because you can keep your emotions in check being a PhD. If you were of lesser academic ranking, I would go easier on you.

Am I really asking for that much? That you have a conversation with me in on it, with Dr. Baden, so we can quickly get to the bottom of this thing, and you know I've already been to the bottom and back many times. For the good of the world. DO THE RIGHT THING.

Joseph Y. Lee, MD (Damn wish I could put PhD, NOT).

p.s. I will be forwarding to science and nature chief editors,

On Tuesday, October 26, 2021, 08:38:24 AM PDT, Rubin, Eric <erubin@nejm.org> wrote:

Dear Dr. Lee,

Ms. Lewis is correct – our editorial policy is that letters referring to a research article are only considered for a limited time after publication so we will not consider your submission. In any case, there are many several thousand published studies that measure antibody levels in bronchoalveolar lavage fluid so, clearly, antibody can get into alveoli.

We consider this matter closed.

Eric

Eric J. Rubin, MD, PhD

Editor-in-Chief

From: Joe Lee

Date: Tuesday, October 26, 2021 at 11:23 AM

To: "NEJM, Comments" <comments@nejm.org>, NEJM Editorial <editorial@nejm.org>, Letter <letter@nejm.org>, "NEJM, Customer" <nejmcust@mms.org>, "M.D. Drazen" <jdrazen@nejm.org>

Cc: "brian.gormley@wsj.com" <brian.gormley@wsj.com>

Subject: Re: Matter of National Importance/ URGENT Re: COVID vaccine research design FATAL FLAW, Potential LAWSUIT

Dear Jennifer Lewis and Mr. Kevin Gervais,

This is NOT a letter to the editor submission. This is a letter specifically addressed to your editorial team and to Dr. Jeffrey Drazen.

I regret to inform YOU that this email was NOT addressed to you, Mrs. Jennifer Lewis, that this email was NOT addressed to you. It is Dr. Jeffrey Drazen's responsibility to respond to.

This is the most serious PR nightmare the New England Journal of Medicine has faced in its history, and possibly Dr. Jeffrey Drazen asked you to respond to me, attempting to avoid responsibility? If he did not make that request of you, I don't think it's appropriate for you to respond for him. You should ask your attorney if that is appropriate.

I am immediately requesting that you forward this email to the Editor in Chief. Don't let him wash his hands of this issue this simply. There are reasons we share information in science. This is highly unethical behavior on his part, if in fact he requested you to respond in this fashion.

This is a grave matter of national importance and aren't you working in science because you believe in science? Do the right thing, and forward to the Editor in Chief and don't let him off the hook. It is the moral and ethical duty (according to YOUR ethical code of conduct) for the editors to address the single largest mistake in one of your published papers, that also happens to directly affect every citizen in every nation in the world. And you think my email is merely an "inquiry"?

Please forward to them as requested. This will negatively affect the reputation of your journal. You are not the one to decide what the

journal should decide to do with this information.

There is no need for me to review guidelines for submitting a "Letter to the Editor". Does every lawsuit filed with the New England Journal of Medicine have guidelines set by the NEJM that have to be filed by plaintiff attorneys? Treat this like that. You see how I am spelling all this out, so I literally am forcing you to take correct action?

Have this forwarded to your editors as if it had been sent via an attorney.

I am explaining that this will negatively impact your Journal's reputation and the only thing you can think to do is to claim it's not timely? I am NOT requesting that your editors publish my letter. That is up to them. But, don't you think they should be alerted to this gargantuan error in one of their most watershed published papers?

Is this the way the New England Journal of Medicine will try to absolve themselves of this responsibility? I don't think this is within your pay-grade, to make this decision for the editors.

Regards,

Joseph Y. Lee, MD

On Tuesday, October 26, 2021, 06:03:51 AM PDT, Letter <letter@nejm.org> wrote:

Dear Dr. Lee,

Thank you for your inquiry. I regret to inform you that the editors are no longer considering new Letter to the Editor submissions regarding the 2/4/21 issue. Letters regarding a recent Journal article must be no longer than 175 words and must be received within three weeks of the print publication date of the article to which the letter refers. Further guidelines for submitting a Letter to the Editor can be found on our website: <http://www.nejm.org/page/author-center/letter-submission>

Thank you for your interest in the Journal.

Sincerely,

Jennifer Lewis

Editorial Coordinator

New England Journal of Medicine

From: Joe Lee

Sent: Tuesday, October 26, 2021 2:51 AM

To: NEJM, Comments <comments@nejm.org>; NEJM Editorial <editorial@nejm.org>; Letter <letter@nejm.org>; NEJM, Customer <nejmcust@mms.org>; Drazen, M.D., Jeff <jdrazen@nejm.org>

Cc: COVID19 Reporting <covid19reporting@od.nih.gov>; science_news@aaas.org; meliss.a.healy@latimes.com; brian.gormley@wsj.com

Subject: Matter of National Importance/ URGENT Re: COVID vaccine research design FATAL FLAW

New England Journal of Medicine

860 Winter Street

Waltham, MA

02451-1413

1-800-THE-NEJM (1-800-843-6356)

VIA: CERTIFIED MAIL, EMAIL

DATE: October 25, 2021

RE: CRITICAL FATAL FLAW IN YOUR PUBLICATION

TO: All Editorial Staff at New England Journal of Medicine and specifically Dr. Jeffrey Drazen,

This is a matter of national importance. A watershed publication in your journal regarding the COVID mRNA vaccine, mentioned in the forwarded email below, has a critical flaw.

The author of the paper was notified and has not responded.

In layman's terms, since we aren't going to beat around the bush about it, and since other's will also be reading this email, it is this simple.

If you believe the COVID vaccine "works" because of a "neutralizing antibody" that binds the COVID virus prior to the virus infecting lung epithelial cells, THIS SIMPLE QUESTION EXPOSES THE CRITICAL FLAW IN THE RESEARCH DESIGN AND THE COVID VACCINE PARADIGM.

HOW DID THE ANTIBODY THAT WAS MADE IN THE BLOOD/LYMPH, PASS THROUGH THE BLOOD LUNG BARRIER WHICH CAN STOP THE NET INFLUX OF WATER MOLECULES

INTO THE LUNG ALVEOLI? COVID IgG neutralizing antibodies are approximately 145,000 Daltons in weight. Water molecules are 18 Daltons in weight.

As a gentle reminder, the blood brain barrier that all physicians are aware of, has a size limit for molecules of less than 500 Daltons typically, for simple diffusion across it. Do you really believe that the lung barrier would have to let a 145,000 Dalton molecule just skip across it? What is the point of professionalism and perfect grammar when mistakes of this magnitude exist in your publication?

There is not a single peer reviewed paper on earth that describes an active transport process that can move this very large antibody across the blood lung barrier (a.k.a the alveolar wall). So, 500 million alveoli in the average lung and not a single alveolar wall has a transport system to move this antibody across, into the lung alveoli, where COVID is infecting lung epithelial cells. See how silly the COVID vaccine mandate is? If the neutralizing antibody isn't in the lung alveolus, pray tell, how does a vaccinated person have any less risk of being infected with COVID and transmitting COVID than an un-vaccinated person? And the need for a COVID vaccine mandate disappears. And all the protests are needless and all the Americans losing their jobs over their refusal to be vaccinated is over something that doesn't even exist? If you believe the neutralizing antibody is helping, what you believe it got into the lung via a teleporter? This is the real world and real people are suffering. This ISN'T science fiction.

This gargantuan mistake will reflect very poorly on this journal also. Clearly, corrective measures and informing your readership ASAP of this nightmare issue will limit the damage to this journal. What do I know, I am a mere ophthalmologist. Okay, here is some of what I know. In this year of informing scientist and scientist of this issue, and the blather that comes out of their mouths is unforgivably boring and irrational. The bottom line is that, isn't the public furious about these vaccine mandates? Can you imagine the public's fury when they find out that the medical/scientific/political leadership had NO idea how the neutralizing antibody even finds its way into the lung?

I have heard every kind of excuse from the leaders I have delivered this news to as to why it is not their responsibility. Epidemiologists, bio-ethicists, Chairs of Infectious disease, and on and on and on.

When will scientists act like scientists? Even at the top levels of science, there is no rationality? I didn't just write these few pages. I informed Dr. Anthony Fauci and Dr. Emily Erbelding over a year ago and followed up with a 74 page letter describing at length their fatal flaw.

No, it's no fun being wrong. And there is NO nice way to deliver this news. Later, when the world's scientists all agree what idiocy this was, this thing that is the COVID vaccine, then it will be easy for you all to acknowledge that also. But right now, you have this information. You have many scientists at your fingertips that you can talk to. And this email is also being sent to journalists that will later acknowledge that this information was delivered to you. Will you take the rational, scientific, morally correct action? The absolute minimum as a scientist is to conclude that since the COVID vaccine received FDA approval under the paradigm of a "neutralizing antibody", which I

clearly show to be broken, that the FDA approval should probably be revoked and more research performed to understand the vaccine better. Remember the thalidomide tragedy? This isn't unlike that. Patients across the U.S. are dying from the COVID vaccine.

I'm a private citizen. My duty extends this far with your journal. Your duty is to look into this very seriously now. Your journal has very little liability prior to today in this regard. But, now that you have received this information, your liability completely changes. As you well know.

Very disappointed in the inability of scientists to behave rationally when politically aligned. If you don't like my attitude, just deal with the highly relevant questions that I raise. I have already had my posting privileges revoked in my ophthalmology forums because, per the words of the moderator who suspended my membership, "It's not your science, it's your attitude". Yes, if my science points in a different direction from your science, it can sound offensive. And I've had it up to here with all the fake scientists who can't seem to do the rational thing. And yes, I have much more information than this. Because guess what, science is a correct understanding of reality and when you understand reality more accurately, then you can find clever ways to help. Remember this, science is NOT just about publications. Science starts with a hypothesis (I'm not saying I don't have data). Your neutralizing antibody hypothesis is in MAJOR trouble. I am open to discussion and I am happy to debate this Dr. Baden in a zoom call with anyone on your staff also. But, this is a matter of national urgency and the author of the paper and your journal have a serious moral and ethical duty to address my very startling and pressing concerns.

In science and in America, freedom of speech was always important because, guess what, you're not always right when you thought you were. Censoring? LOL. It will only delay the inevitable truth that WILL come out.

Regards,

/joseph lee/

electronic signature

Joseph Y. Lee, MD

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