Re: Vax required

To: David Glasser
Cc: Matthew Goren, Richard Foulkes, Christopher j Murphy, Mark Mannis, Craig Kliger, Rajesh Khanna MD, Roy Rubinfeld, James Abrams, Steven G. Safran, James D. Auran, Nadav Belfai, DALE PILKINTON, kera-net Sympa List <kera-net@ucdavis.edu>, Joseph Williams, Andrew Turnbull, Erbelding Emily (NIH/NIAID) [E] <emily.erbelding@nih.gov>

Dr. Glasser,

Thank you for you very collegial, polite email, something that Matt G (the fucking idiot only deserves an initial for his last name, anyone who speaks negatively about one of my family members is a little P.O.S.), Richard F, Roy R, and a few others can't seem to do.

In AMERICA, the AMERICA I grew up in, there was such a thing as FREE SPEECH. If you think that anything I'm spreading is misinformation, then... what about the party that is pushing covid vaccine mandates? Shouldn't they have a working paradigm for how their stupid covid vaccine works?????

This is the single largest mistake in the history of modern medicine.

There are only two questions that expose the bizarre nature of this medical mistake. Any layman can see the bizarre nature of the poor logic.

1. Do you believe the COVID vaccine "works" because of a neutralizing antibody in the lung alveolus that binds Covid viruses, preventing them from infecting lung alveolar epithelial cells?

2. Then, how did this very large 150,000 Dalton COVID IgG antibody (made in the blood/lymph) cross the blood lung barrier (aka the alveolar wall) into the lung alveolus? This lung alveolar wall can impede the net movement of WATER molecules that are only 18 Daltons in weight, from filling our lung alveoli.

Why would a molecule (the COVID IgG antibody) which is 8000 times larger than a water molecule be able to cross this alveolar wall? There is not a single peer reviewed paper on earth that describes an active transport mechanism that can move IgG antibodies from the capillary (we all agree that IgG antibodies are created in the blood/lymph), across the lung alveolar wall (which can impede the net influx of tiny water molecules), into the lung alveolar sac, where the infections are taking place. lol. yes, you've heard of the "emperor's new clothes"? This is the modern version of that, except a million times worse.

It's incredible. The gargantuan size of the mistake. As an aside, the blood BRAIN barrier typically has a size limit for molecules that can passively diffuse through it of no greater than 500 Daltons. But, do you really believe that the blood LUNG barrier must allow a 150,000 Dalton IgG molecule to simply diffuse across it?

Now, YOU BELIEVE I AM SPREADING MISINFORMATION?????? Then, is the COVID vaccine paradigm TOP SECRET???????? NONE OF THE EYE DOCS ON THIS FORUM KNOW WHAT THIS DAMN STUPID PARADIGM IS???????????? AND IF YOU DON'T KNOW, YOU DON'T THINK IT'S YOUR RIGHT TO KNOW???????? DUMB FUCK MATT G SAYS "WHO CARES, IT WORKS". ABOUT AS DUMB OF A FUCKING SCIENTIFIC POSITION AS I'VE EVER WITNESSED IN MY LIFE. JESUS. HOW IS WHAT I AM SPREADING MISINFORMATION???????????????? AND BECAUSE THE DUMBSHITS DON'T KNOW WHAT THE PARADIGM IS BEHIND THEIR DAMN STUPID COVID VACCINE, THEY HAVE TO CALL ME NAMES, BELITTLE ME, MAKE FUN OF MY HEAD SIZE, BULLY ME, MAKE FUN OF MY CHILDREN? FUCK THAT. LET'S SEE IF THE CALIFORNIA MEDICAL BOARD TRIES TO TAKE AWAY MY LICENSE. ANY JURY IN THE WORLD WILL WANT TO HAVE AN ANSWER TO THE TWO QUESTIONS I'M ASKING. DON'T TRY TO SCARE ME. THIS IS THE TACTIC

THAT WORKS IN NORTH KOREA AND EVERYONE IS WORRIED THAT ANY RUMOR THAT SPREADS ABOUT THEM NOT BEING LOYAL TO NORTH KOREA CAN RESULT IN DEATH. YOU THINK THAT FUCKING TACTIC WILL WORK WITH ME?????? FUCKING READ 1984.

I am DEBATING. If someone explains for me HOW THIS STUPID VERY LARGE IgG ANTIBODY MAKES ITS WAY ACROSS THE BLOOD LUNG BARRIER INTO THE LUNG ALVEOLAR SAC, DON'T YOU THINK I WOULD STOP ASKING THIS DAMN QUESTION??????????

So, in this great country where freedom of speech was so valued and protected, YOU WANT TO SCARE ME FROM ASKING QUESTIONS BY TELLING ME THAT ASKING QUESTIONS IS SPREADING MISINFORMATION AND THAT MY MEDICAL LICENSE MAY BE TAKEN AWAY?????

THEN SHOULD WE TAKE AWAY DR. FAUCI'S MEDICAL LICENSE SINCE HE ISN'T FOLLOWING THE SCIENCE AND SINCE HE IS SPREADING MISINFORMATION??????? I THINK DR. FAUCI SHOULD BE WORRIED THAT HE'S GONNA BE SENT TO PRISON FOR TEN LIFETIMES BASED ON IGNORING THIS SHIT.

Isn't this the most simple of questions????? Question number 1? and question number 2? SINCE WHEN IS ASKING QUESTIONS MISINFORMATION????????????? Yes, in North Korea. Yes, in CUBA. BUT IN AMERICA?????????? FUCK THAT.

IF ANYONE CAN ANSWER QUESTION NUMBER 2, BRING IT ON AND LET"S DEBATE THIS SHIT. DON'T TRY TO SCARE ME. I'M TRYING TO HELP THE DAMN PUBLIC. IF IN FACT I AM CORRECT AND THE NEUTRALIZING ANTIBODY CAN'T MAKE IT INTO THE LUNG ALVEOLUS, AND THERE ISN'T A SINGLE PEER REVIEWED PAPER ON EARTH SHOWING HOW THIS SHIT OCCURS, THEN MAYBE THE FUCKING COVID VACCINE BELONGS IN A FUCKING BASIC SCIENCE LAB OF SOME LOSER POST-DOC. MY DUMB SHIT RELATIVE GOT THE DAMN COVID VACCINE IN SPITE OF EVERYTHING I KNOW AND THE NEXT DAY HAD MASSIVE CHEST PAIN AND STILL WAITED HIS DUMB ASS BECAUSE HE THOUGHT IT WASN'T POSSIBLE THAT MY CONCERNS WEREN'T VETTED. THEN HAD ANOTHER MASSIVE MI. JUST ANSWER MY DAMN QUESTIONS. ARE WE REALLY IN SOME STUPID COMMUNIST COUNTRY WHERE I HAVE TO WORRY ABOUT BEING CANCELLED BECAUSE I'M TRYING TO PURSUE TRUTH AND HELP GET US OUT OF THIS STUPID SHIT PANDEMIC???????

JESUS. DID EVERYONE LOSE THEIR FUCKING MIND??????? JUST BECAUSE THE COUNTRY IS LED BY DUMB (FAUCI) AND DUMBER (BIDEN), THE REST OF YOU DON'T HAVE TO ACT SO DUMBEST.

What the hell is wrong with all you M.D.'s?????

YOU REALLY THINK YOU CAN SILENCE ME? THERE ARE QUITE A FEW REPORTERS AND JOURNALISTS WHO ARE INTERVIEWING ME THIS WEEK. I'VE ALREADY BEEN TAPED FOR A COUPLE OF HOURS. THIS SHIT WILL ALL COME OUT. I TALKED TO THE FDA MEDIA DIRECTOR FOR AN HOUR. HE WAS IN SHOCK. I SPOKE TO SEVERAL FDA ATTORNEYS. I DELIVERED THE MESSAGE TO THE FDA CHIEF SCIENTIST. EVERY ONE OF THEM IS FREAKING OUT. YOU THINK YOU'RE GONNA SILENCE ME? JUST ANSWER THE TWO QUESTIONS AND LET'S DEBATE THIS SHIT. BUT DON'T TRY TO SCARE ME BY THREATENING MY MEDICAL LICENSE. THE ONLY COMPLAINT I'VE HAD WITH THE CALIFORNIA MEDICAL BOARD IN 80,000 LASIK CASES WAS ONE COMPLAINT FROM A PATIENT I REFUSED TO DO LASIK FOR. GOOD LUCK WITH SCARING ME WITH THAT SHIT. I TRIED TO BE A DAMN FAIR AND ETHICAL SURGEON. NOT A SINGLE LAWSUIT SINCE I STARTED MY LASIK PRACTICE.

ONCE RON PAUL HEARS OF ALL MY CORRESPONDENCE WITH DR. ANTHONY FAUCI AND DR. EMILY ERBELDING, ALL THIS SHIT WILL HIT THE FAN AND WE WILL DO WHAT SCIENTISTS DO. THE PROPER CONTROLS.

AND TALK ABOUT HURTING PEOPLE????? MISINFORMATION IS WHAT HURTS PEOPLE. THE TRUTH IS WHAT SETS PEOPLE FREE. IN JANUARY OF 2020, NO ONE IN THE US HAD A COVID ANTIBODY. YET, 20 MILLION PEOPLE GOT INFECTED WITH COVID. AND AT LEAST 15 MILLION HEALED IN 7 DAYS. ANTIBODIES TAKE MUCH LONGER TO FORM. SO, IF WE KNOW HOW THESE 15 MILLION AMERICANS HEALED IN 7 DAYS, GUESS WHAT????? WE CAN FACILITATE THAT PROCESS AND END THE DAMN PANDEMIC. WHAT, NO ONE IS CURIOUS HOW THESE 15 MILLION PEOPLE HEALED?? YES, I KNOW.

I THOUGHT EYE DOCS WERE MORE RATIONAL AND INTELLIGENT. MY OPINION OF MATT G. A LITTLE DUMB FUCK. DID I WANT TO COME OUT LIKE THIS???? NO. I TRIED TO BE PROFESSIONAL AND POLITE. THE LITTLE DUMB FUCK JUST WOULDN'T SHUT HIS DUMB MOUTH.

IF YOU DON'T KNOW SHIT, SHUT THE FUCK UP. LET THE REST OF US DEBATE THIS SHIT. ME? I NEED COUNSELING??? ALL MY QUESTIONS ARE RATIONAL. THE FUCKING STUPID ATTITUDE OF "WHO CARES, IT WORKS", IS THE DUMBEST SHIT I'VE EVER HEARD.

JYL.

On Sat, Sep 18, 2021 at 2:17 PM David Glasser wrote:
Dear Dr. Lee:

I hope that you are not spreading vaccine misinformation to patients or the public. It is easy enough for educated physicians to ignore you, but a naive public is less well-equipped to see through your elaborate web of half-truths. This puts them at risk for COVID should they forego vaccination due to your statements. It may also may put your medical license at risk, so I implore you to be careful.

https://www.healthleadersmedia.com/clinical-care/physicians-face-disciplinary-action-coronavirus-vaccine-misinformation

David Glasser

On Sep 18, 2021, at 3:52 PM, Matthew Goren wrote:

You need to seek help. You are not well. Either that or your 6 year old son has hijacked your account. I'm replying because despite putting you on spam and imploring you to remove me from your cc list I'm still getting garbage from you. STOP. NOBODY HERE IS INTERESTED IN RECEIVING ANYTHING FROM YOU. GO AWAY.

Matthew B Goren, MD, FACS
Assistant Professor of Clinical Ophthalmology
Northwestern University Feinberg School of Medicine

8901 Golf Road Suite 201
Des Plaines, IL 60016
847-390-0758. FAX 847-390-7063

Two Prudential Plaza Suite 3175

Chicago, IL 60601

On Sep 18, 2021, at 2:39 PM, joseph lee wrote:

Richard,

Grow a brain. I've been suspended from Keranet over a month ago. From the point Mark Mannis suspended me, I have never posted to Keranet. I have never asked anyone to post an email from me to Keranet. Your email of September 13 to me was FAR from collegial. You claimed that I was arguing for a flat earth and made fun of my head size, not at ALL collegial. Don't pretend you're giving up your collegiality right now. I responded by replying all to your stupid email on September 16, knowing full well that I was suspended from Keranet and that my response to you WOULD NOT be uploaded to Keranet. I even stated in my very first sentence that "Maybe your head isn't big enough to have realized, my stuff only get's posted if you actually respond to it."

Then, Dr. Mannis asked me to remove him from the cc list (he hit "reply all") and my September 13 email response to you went up on Keranet. Do you think I can work some amazing technological magic to make my stuff just appear on Keranet? Look carefully. MY ORIGINAL SEPTEMBER 16 RESPONSE TO YOU IS NOT ON KERANET. My September 16 email response to you ONLY got put up on Keranet because DR. Mannis hit "reply all". Disturbing that your list can be accessed by "someone like this"? Who the hell do you think you are? Dr. Mannis, in a private email to me after I was suspended even told me that it wasn't my science that was the problem, but my "attitude". He had to censor me because of my "attitude". Yes, with having to deal with people like you, and others on this forum who make fun of me purely for asking questions, who wouldn't have their "attitude" affected?

Again, MY STUFF ONLY GETS ON KERANET IF ONE OF YOU REPLIES AND HAS THE KERANET LISTSERVE EMAIL ON YOUR CC LIST. Don't accuse me of technological espionage. I'm not that interested in talking to a bunch of people who get so out of sorts because I ask super pertinent questions. It's clear that logic doesn't prevail in your mind.

I'm not a believer in using sci fi in medicine. Your precious "neutralizing antibody" needs both a time machine (wasn't there when 18 million Americans recovered from COVID in the year 2020) and a teleporter (virtually impossible for this very large molecule to diffuse across the blood lung barrier, into the alveolus) to work, but your small mind is more willing to invoke those than give up long held beliefs. I thought "group think" was limited to religion. Clearly, group think is strong and thriving. Go ahead, make fun since your cronies have your back. enjoy it because you won't get the last laugh.

I replied because you think I'm some computer programming genius that can circumvent your stupid listserve. Just spelling it all out for the record so you don't come after me legally.

Laughable.

On Sat, Sep 18, 2021 at 10:29 AM Richard Foulkes wrote:
It is a little disturbing that our list can be accessed by someone like this. Dr Lee I suggest that you are circumventing our list serve. Please acknowledge that you are deleting ALL of our emails and that you will no longer pollute our useful tool with your "theoretical" off topic long and repetitive emails. I assumed you

came back at the tolerance of Dr Mannis and as this is not the case if you wish to be acknowledged by any of us you will delete us after informing us that this was completed.
I feel no need for colleagality myself as your condoning the idea that vaccination is of no utility has certainly cost vulnerable people their life.
Rick

On Fri, Sep 17, 2021 at 7:24 PM Christopher j Murphy wrote:

Me also please
CJ Murphy
From: <kera-net-request@ucdavis.edu> on behalf of Mark Mannis

Date: Thursday, September 16, 2021 at 8:30 AM

To: joseph lee, Richard Foulkes

Cc: Craig Kliger, Rajesh Khanna MD, Roy Rubinfeld, Matthew Goren, James Abrams, "Steven G. Safran", "James D. Auran", Nadav Belfair, DALE PILKINTON, kera-net Sympa List, Joseph Williams, Andrew Turnbull, "Erbelding Emily (NIH/NIAID) [E]" <emily.erbelding@nih.gov>

Subject: Re: Vax required

Dr Lee:

Please remove me from your cc list.

M Mannis

From: joseph lee
Date: Thursday, September 16, 2021 at 2:52 AM
To: Richard Foulkes
Cc: Craig Kliger, Rajesh Khanna MD, Roy Rubinfeld, Matthew Goren, James Abrams, "Steven G. Safran", "James D. Auran", Nadav Belfair, DALE PILKINTON, kera-net Sympa List, Joseph Williams, Andrew Turnbull, "Erbelding Emily (NIH/NIAID) [E]"
Subject: Re: Vax required
Richard F,

Maybe your head isn't big enough to have realized, my stuff only get's posted if you actually respond to it. I can only clutter if you keep responding. and Dr. Mannis per his email to me had no problems with my science, it was apparently my attitude. And no need to call me Professor, just M.D. behind my name (I actually had to scan the cc emails to make sure you weren't directing your name-calling to another Lee, and quite brave of you to make racist comments to an asian doc in this current political climate, but i can dish so no need to worry). But then, you're calling me Professor to make fun. Many more laughs ahead before the last laugh. And yes, If I ever do become a "professor", I'll give out pulmonary specialist certificates to anyone who passes my 15 point test on the alveolus (multiply by half a billion and you've got the lung), but why the sarcasm? says more about you than me. flat earth? let me lecture you a bit since you seem to think I'm a professor. In less than a year, your views will be compared to the "flat earth". That's what we mean by last laugh.

a theory is better when it incorporates more data. too many exceptions to the rule and pea brains who love to memorize the exceptions to show they're smarter start to infest an area of science. but it means

the paradigm is ripe for the picking and ... throwing away. So, let's look at your "vaccine/ neutralizing antibody" (N.A.) paradigm and i'll list out all the inconsistencies and many exceptions to blindly memorize.

1. With the NA paradigm, evolution had to create a "whole method to kill respiratory viruses WITHOUT antibodies" to assist infants under a year old who produce less than 10% antibodies that adults make, because we all know 6-month old infants get the flu or covid and by far mostly LIVE... and THEN, when this human infant becomes a terrible two infant, suddenly a whole different IMMUNE system that USES antibodies is adopted and the "whole method to kill respiratory viruses WITHOUT antibodies" is abandoned and the NEW immune system WITH ANTIBODIES comes into play, kind of like primary teeth before the permanent teeth emerge. Yep, makes a helluva lot of sense. Not to me. To pea brains. Great job Richard F, you made evolution look like the government, bloated and inefficient. did you pull the primary immune system out of your kids when they were little?

2. It doesn't look like the very very large size of the IgG antibody (150,000 Daltons, compared to a water molecule 18 Daltons and I keep mentioning the very small water molecule because apparently the blood lung barrier aka the alveolar wall is able to prevent a net influx of these tiny little water molecules from filling up our lung alveoli, so, then Professor Richard F, try to answer this with as much grey matter as you can muster, if in your view, size is not the limiting factor for molecules wanting to cross water impermeable membranes, please tell me what the scientific rules are for which molecules are allowed to cross the blood lung barrier and which ones are not allowed to cross? since you're the professor of molecular diffusion across impermeable membranes). Is there any question that the "neutralizing IgG antibody" is made in the blood/lymph and then has to CROSS the quite formidable blood lung barrier to find a COVID virus to neutralize BEFORE the COVID virus infects a LUNG ALVEOLAR EPITHELIAL CELL (which happens to be on the INSIDE of the blood lung barrier). So, this N.A. paradigm relies on teleportation of IgG molecules from the blood into the lung (or like Dr. Emily Erbelding likes to call it, transudation). Here's another fact for you to memorize... the blood brain barrier limit for molecule size is generally about 500 Daltons. So your N.A. paradigm doesn't only disregard the importance of size, it discriminates against the blood lung barrier and thinks the blood lung barrier is incompetent.

3. With limited math, I can majorly disrupt your N.A. paradigm. I don't even need algebra. take 100 virus particles as a hypothetical loading dose. I'll concede a 95% kill rate for your N.A. (neutralizing antibody). Now, I'm left with 5 virus particles. Each infects a lung alveolar epithelial cell on the INSIDE of the alveolus (we don't know how the N.A. got in there but by teleportation but professor R F wants the N.A. in the lung alveolus so for the sake of this paragraph, I concede that point for a second). The current science believes that each infected lung alveolar epithelial cell has 100,000 virus particles. We went to vegas with $100 and came out 8 hours later with $500,000. In vegas and in our bodies. can't you see how explosive this virus growth is even with a 95% kill rate for your neutralizing antibody? This is not a flat curve, flat earth richard. Richard, have you ever seen videos trying to explain the size of the universe? lol. and i'll keep laughing. and i'll have the last laugh. your sarcasm? based on word play. my sarcasm? based on reality. you were probably the dumb one that took the $1000 and not the penny that doubles every day for a month. well, we aren't talking about doubling a penny here. we are talking about a virus that grows by more than 100,000 each time it infects a host cell. jesus. will you understand this stuff? it's like super complicated math richard. Dr. Mannis specifically told me that I didn't get suspended from keranet because of my science, but because of my attitude. happy to continue to oblige. My conclusion, in three growth cycles, even with a 95% kill rate for your beloved neutralizing antibody, every lung alveolar epithelial cell could be infected and that's LUNG WHITE OUT in three cycles of growth for every person that got covid. EXCEPT we didn't all die did we?

4. 18 million exceptions to the rule, just in the U.S. for the "neutralizing antibody" theory. Look back to January of 2020. Not one person in the U.S. had a covid "neutralizing antibody". Yet, approximately 20 million people were infected with covid and at least 18 million healed within a week to 10 days. Covid antibodies showed up at the earliest 14 days from the beginning of symptoms. now, we aren't just invoking "teleportation", but also "time travel" because these antibodies had to go through a time machine back into time, heal the 18 million humans by day 7 to 10, and then travel back to the future. great. someone's been watching too many sci fi movies. yeah, "cause and effect" still means that the "cause" has to come first, which means that the "neutralizing antibody" could NOT have been the

"cause" for the recovery of 18 million Americans last year. So sad. another huge 18 million exceptions Richard has to memorize because his flat earth "neutralizing antibody" theory has got major time sequence issues for traditional logic and reasoning because richard, your beloved "neutralizing antibody" paradigm shitty theory needs both a transporter and a time machine to work. just like religion had to face the realities that science enlightened us with, immunology has some catching up to do, clearly.

5. the dark nature of humanity. there isn't a field of medicine that has its issues. some very dark. well, many of us are kept in check by knowing that the patient is going to come back and have words with us. we are after all human. spare the rod and screw the ethics. well, pediatricians. they don't have patients that can really talk back and deliver that nasty sound bite that rings in our heads for years. just saying.

6. improperly done research. it takes amazing powers to do research in the field of immunology and vaccines. why? because your powers of denial have to be incredible, super human level. double-blind? please. do one for me. just one. maybe include 1000 participants? just one. it's never been done. in the history of vaccine development for smallpox, measles, mumps, rubella, there has NOT been a single proper double-blind study. Before someone takes this sentence and tries to have my license revoked, let me explain myself. Here's my theory on why the incidence of measles went down in the US over the past 40 years. EYEBALLS work. Mothers, teachers, friends, anyone can see red dots on a kids face from a hundred feet away, and then the best method humans have ever developed to control virus spread is instituted, the child is quarantined. And then there's the current neutralizing antibody paradigm on why the incidence of measles went down in the US over the past 40 years, because the vaccine works. Try to design a research study disproving my theory. can't do it. without LITERALLY BLIND-FOLDING all participants in the study for at least a year. do you begin to see? it could VERY WELL have been the EYEBALLS of the mothers/teachers/humans that worked and NOT the vaccines. the eyeballs you're always fixing because they don't work, maybe those eyeballs worked. Just saying. OPEN YOUR EYES. yes, was on my bucket list to say that to a bunch of eye docs.

7. yes, i've been to anti-vaxxers. obviously they don't know what i'm saying. but neither do a lot of you. here's what the groups share in common. anti-vaxxers are often a bit less sophisticated and use a very old and honored instinct of not wanting to have the boundaries of the "self" violated. Very useful and very common and very ancient instinct. So common and strong that the scientists have the same instinct, but it just manifests in a slightly smaller way, actually much much smaller. Richard, size is nothing to you but it keeps popping up. anti-vaxxers go crazy when you try to poke their skin. scientists go raving lunatic mad when the cell membrane is poked. same difference. same instinct guides both ways of thinking. gotta give it up. didn't i show you the math? the virus is gonna inject its RNA into the cell.

8. humans create medications. but we've never created a medication that works well against a specific bacteria and also against a virus, unless it also kills the host cell or does something else very bad. so, don't you believe in evolution richard f? evolution also creates medications for us, and it has in the form of a "neutralizing antibody" that works well against bacteria. don't you just love "ifs"? what if, what if.... evolution had created a medication for us, the neutralizing antibody, for bacteria, but when a pathogen comes in, the b lymphocyte, not being particularly sentient, didn't quiz the pathogen as to whether it was a virus or a bacteria, but just always made the "neutralizing antibody" in spite of what pathogen it was, in spite of it not always having a big benefit, in spite of it maybe just being a ... "side effect"? yes, of course. why wouldn't a medication that evolution produced for us NOT have a single side effect. Could be that... the whole field of immunology/vaccine/a lot of pediatrics was built on a "side effect" of a medication the antibody, that evolution produced for us because it was effective against .... bacteria, but not viruses? lololol.

Yeah, you got under my skin. I don't really have time for this dumb stuff. i have to take down the covid vaccine worldwide. but, i gave my peers more respect for being objective and rational and less affected by "group think". sadly disappointed. "group think" prevails again. no question, I know a helluva lot more than I'm putting up here. but guess what, if you don't get the logic of even the basic stuff i'm presenting, pearls before pigs pointless i've heard.

richard f, you want to be careful where you're pointing your big fat flat earth theory finger at, you just might be looking into a mirror. grow a brain.

On Mon, Sep 13, 2021 at 12:56 PM Richard Foulkes wrote:
Craig thanks for your excellent article showing that the IgG in the BAL is high active and long lasting. As it is there it effectively can do what IgG does and more rapidly if one has taught the immune system the protein shape to react to. As IgM is not effective in novel SARS and Covid-19 the existence of high levels of IgG from vaccination prevents or reduces the viral load.
Professor Lee size argument only works if the BAL is free of IgG which it is not.
Of course as we see the non vaccinated delta filling ICU's, severely affecting children and as the safety profile of our current vaccines is miraculously high to suggest that the size conundrum that has no effect on BAL levels should justify rejection of vaccination is beyond stupefying.
You can argue for a flat earth, that carbon levels and human activity play no role in climate change, that the past election was stolen, and eventually your going to be in a reverberated chamber of inane chatter while innocent people are drawn into bad pseudoscience and taking actions that harm themselves and others.
Dr Lee if you care to find anti Vax chambers I am sure you will be welcomed.
Here you are done.
If you clutter this valuable keranet board again (and it is a credit to the patience of Dr Mannis) than you may now be able to brag that yet another group has closed their door to you.
Apparently your head was too large to pass though our membrane?
Best,
Rick
Richard Foulkes MD
168 Addison rd
Riverside, Il 60546

On Jul 26, 2021, at 1:56 AM, Joe Lee wrote:

Craig K,

Excellent points.

The question you are addressing is my concern that there is not an active transport mechanism to transport COVID "neutralizing antibodies" across the blood lung barrier into the lung alveolar sac, which is where the lung alveolar epithelial cells are being infected.

Let me summarize for the umpteenth time. Because you are the first person to address this in the same manner that Dr. Emily Erbelding (director of infectious disease at NIH) did in her reply to me in the fall of 2020.

If the main hypothesis for the mechanism of action for the COVID vaccine is as follows,
injection of vaccine intramuscularly
formation of "neutralizing COVID antibodies" in lymph/blood
presence of "neutralizing COVID antibodies" in the lung alveolar sac which can then "neutralize" COVID virus particles before the virus can infect lung alveolar epithelial cells

But, this means that the antibodies made in the lymph/blood have to then traverse the blood lung barrier which is essentially the alveolar wall. The antibodies from the capillary

side of the alveolus (outside the alveolar wall) have to then cross the alveolar wall (blood lung barrier) and then be present within the inside of the alveolus since the lung alveolar epithelial cells are on the inside of this alveolar wall.

I will quote Dr. Emily Erbelding's email response to me, from October 28, 2020,

"Investigators found evidence of reduced viral replication and an increase in antibodies to the antigen in the candidate vaccine in BAL fluid [1, 2, 3, 4] (antibodies from blood plasma cross the blood-air interface and enter the BAL fluid through a process called transudation; secretion from the airway tissues and the immune response localized in the lung also play a role [5]). "

(5) Wagner, D.K., Clements, M.L., Reimer, C.B., et. al. 1987. Analysis of immunoglobulin G antibody responses after administration of live and inactivated influenza A vaccine indicates that nasal wash immunoglobulin G is a transudate from serum. Journal of Clinical Microbiology; 25 (3): 559-562.

So, your reference is similar. Her reference is the primary one describing transudation.

Now, Dr. Erbelding states in response to my questions and concerns that, "antibodies from blood plasma cross the blood-air interface and enter the BAL fluid through a process called transudation". Webster's medical dictionary defines "transudation" as "a process of crossing membranes".

So, if we replace the definition of transudation in Dr. Erbelding's quote, "antibodies from blood plasma cross the blood-air interface and enter the BAL fluid through a process called 'crossing membranes' "..... That is very clearly NOT an explanation or a mechanism or a description of an active transport process. It's just a big word.

You can see that this is NOT a description of an active transport system across the blood-air interface, or the alveolar wall.

Even more relevant is the reference, that Dr. Erbelding cited, Wagner DK, from 1987, only 33 years ago. Wagner simply states that "transudation" occurs via simple diffusion and he even describes that the size of molecules increases the concentration gradient across membranes according to Fick's law of diffusion, but NO mention of an active transport system. Wagner also mentions that molecules that are over 100,000 Daltons would have less than 1% diffusion across this membrane and IgG antibodies are 150,000 Daltons. That certainly doesn't sound like a concentration of IgG antibodies sufficient to prevent infection.

Again, what is the basic hypothesis on which the COVID vaccine is based? Dr. Emily Erbelding seems to feel the need to defend the "neutralizing antibody" concept. But, transudation is not a description of an active transport process and based on Fick's law of diffusion, very large molecules such as IgG antibodies aren't likely to be able to cross in any

significant number. Wagner is fairly clear that he is NOT describing an active transport mechanism when he uses the word "transudation".

So, her response was not "who cares, it works", but more along the lines of "here is the way antibodies cross, via transudation, and still.... it works". But transudation is purely a simple diffusion process and the blood-air barrier is quite formidable. As a relevant point, the BLOOD BRAIN Barrier usually allows molecules that are LESS than 500 Daltons in size. So, why would the BLOOD LUNG Barrier easily allow a 150,000 Dalton molecule to cross in significant number? Even per Wagner who described "transudation", that amount is less than 1% for a molecule greater than 100,000 Daltons.

Again, as refractive surgeons, most of us are familiar with the benefits of maintaining Bowman's membrane (another basement membrane..... the blood air barrier is formed of TWO basement membranes that are fused) since after PRK, since we have lasered through bowman's membrane, epithelial growth factors can much more easily diffuse into the corneal stroma and activate growth of corneal stromal fibroblasts and cause haze. An intact bowman's membrane is very useful when surface abrasions occur since epithelial cells grow quickly and the growth factors are prevented from easily diffusing into the corneal stroma by bowman's membrane. Epithelial growth factors range but are around 6000 Daltons in molecular weight. Compare that to an IgG antibody that is 150,000 Daltons in molecular weight.

So, "transudation" is not an answer. And the article is only 33 years old.

AND, 20 million American were infected with COVID and the large majority healed in 10 days, well before COVID antibodies were detected in their blood.

Again, maybe antibodies aren't the mechanism whereby humans recover from respiratory viruses? And if the COVID mRNA vaccine "works" because of the activation of the innate immune system (e.g. interferons), then it ISN'T a VACCINE?

I get the need to defend the COVID vaccine because if it can prevent illness and death, it is hard to argue against it. BUT, if the "neutralizing antibody" isn't present in the alveolus in significant concentration, can it really "neutralize" the COVID virus and prevent infection? It should be fairly clear that I am not debating this just to poke fun or amuse myself or to merely anger participants. It seems to me, that a true understanding of the mechanisms the body uses to heal us from COVID is what will decrease mortality, not just rushing to throw antibodies at it.

The concept of "herd immunity" relies upon a "neutralizing antibody" in the lung alveolar sac. Without this, what is the hypothesis of infection prevention with the COVID vaccine? If one cannot prevent infection with the vaccine (aside from the short-lived protection provided by the generation of interferons), then there may be very little difference in rate of infection and rate of spread in the vaccinated versus unvaccinated populations, once the effect of interferon is controlled for. Then, if true, mandating vaccines is not necessary since prevention of infection relies upon the presence of substantial neutralizing antibodies

in the lung alveolar sac. If a person decides to die by drinking alcohol over 5 years, we don't stop them. If a person wants to engage in higher risk activities such as scuba-diving, we don't stop them. Any time the risk of death isn't very high, we let individuals decide what to do. The only real reason to mandate vaccines would be if the vaccines can prevent illness and prevent spread to others, which relies on a neutralizing antibody in the lung alveolus. Passage through the blood-air barrier, the blood lung barrier, the alveolar wall, is no easy feat.

Joseph Y. Lee, MD

On Sunday, July 25, 2021, 11:34:03 AM PDT, Craig Kliger wrote:

I do not purport to be an expert on lung physiology, and this discussion has become far too "non-collegial," but this publication -- which I believe is peer reviewed and is from the late 1980s -- seems to outline three mechanisms for the presence of igG in the lungs (https://www.mayoclinicproceedings.org/article/S0025-6196(12)64949-0/fulltext):

So I, for one, will trust the authors of this paper (and there are likely more recent demonstrations of this in textbooks and other papers) and our nationally-recognized infectious disease experts. (By the way, the same mechanisms would also account for the efficacy of the flu vaccine). the way).

Craig

Entry of IgG Into Airway Secretions.

At least three mechanisms may contribute to the concentration of IgG found in airway and alveolar space secretions: (1) transudation or diffusion from plasma across the blood-air interface, (2) local secretion from the airway mucosa and by intraluminal lymphocytes, and (3) differential accumulation in secretions, which may result from variable synthesis or catabolism of IgG subclasses.
29

Diffusion of plasma IgG into respiratory secretions of the normal, nonirritated, noninflamed lung probably occurs readily and is the major pathway for entry of this class of immunoglobulins. As reviewed in Table 2, the relative amounts of IgG and albumin are maintained in serum and in BAL fluid despite a considerable difference in molecular size of the respective proteins. The selective permeability of the capillary endothelial cell layer-interstitial space-alveolar type I cell epithelial layer (or, in aggregate, the alveolar-capillary interface) allows globular proteins of the IgG size and configuration to pass readily. Little is known about local transport mechanisms through these cell types (pinocytosis) or whether transport may occur at intercellular junctions. Moreover, what fractional percentage of the serum concentration of IgG is

cleared into the lungs is unknown. In animal experiments that have used homologous IgG,
[30]
,
[31]
the amount of circulating immunoglobulin that diffuses into the secretions of the lower respiratory tract is small but proportional to serum or plasma levels, a finding that suggests that a concentration gradient favors diffusion. Similarly, for two of the IgG subclass values in humans—IgG1 and IgG2—serum values correlated with respective BAL fluid values.
[28]

IgG can be directly added into respiratory secretions by its synthesis in plasma cells or lymphocytes located in the submucosa of the respiratory tree
[32]
and by intraluminal secretion, or release, by lymphocytes that have been characterized in BAL fluids of humans.
[33]
In one study of normal nonsmokers, 1,100 ± 477 IgG-releasing lymphocytes per 10
[6]
lymphocytes in BAL fluid were detected with use of a reverse hemolytic plaque assay.
[33]
A comparable number could be identified among peripheral blood lymphocytes. The actual volume of this immunoglobulin production and its contribution to the level in the BAL fluid are unknown. In certain interstitial lung diseases that are associated with elevated levels of IgG in BAL fluid and serum, however, the number of IgG-secreting lymphocytes is correspondingly increased.

Little is known about the half-life and metabolic turnover of IgG in the airway, as have been calculated for IgG and its subclasses in serum.
[5]
In dogs, the mean half-life of IgG in BAL fluid is 7 ½ days in contrast with a serum half-life of 9 days.
[31]
In humans, the half-life is about 21 days, although IgG3 is catabolized more quickly (Table 1). Because BAL values of IgG3 and IgG4 in humans are higher than anticipated from respective serum values, these subclasses may be produced in greater amounts locally or their clearance may be prolonged.

On Sun, Jul 25, 2021 at 5:10 AM Rajesh Khanna MD wrote:
Dear Joe from U of M
Are these news fake?

Are our colleagues handling ICU lying to us?

https://apple.news/AFww0H959TriLXwWQDybApw

If you believe that unvaccinated people are indeed being affected, would you support vaccination?

Curious Raj
From U of M
(P.S —-2 of our 16 employees revise back vax)

On Sun, Jul 25, 2021 at 3:51 AM Matthew Goren wrote:
You've been asked to stop by perhaps the most reasonable person I know— Dr Mannis. You continue to make the same post for what is probably now the 10th time. Clearly getting "banned" is your goal as you have even mentioned it by my count three times. I suggest you join an immunology Listserv who can no doubt answer your erudite questions better than than this pedestrian group of eye doctors. For what it's worth, it seems to me your letter of recommendation for Med school was effusive.
Matthew B Goren, MD, FACS
Assistant Professor of Clinical Ophthalmology
Northwestern University Feinberg School of Medicine

8901 Golf Road Suite 201
Des Plaines, IL 60016
847-390-0758. FAX 847-390-7063

Two Prudential Plaza Suite 3175
Chicago, IL 60601

On Jul 24, 2021, at 9:48 PM, Joe Lee wrote:

Dr. Mannis and Group,

As long as they want to keep name calling and casting aspersions on my character when I am purely asking scientific questions, I will defend my name and continue to ask fundamental questions.

In January of 2020, don't we ALL agree that no one in the U.S. had a COVID antibody?
In the year 2020, weren't about 20 million people in the US infected with COVID?
Isn't it true that COVID antibodies are only detectable after several weeks from infection or vaccine administration?
Isn't it true that by far the majority of these 20 million people recovered within 7 to 10 days?

Is no one here concerned/curious that an antibody molecule had nothing to do with the "healing" or "recovery" of almost 20 million people? Then, isn't it true if we understood what mechanisms the human body used to help "heal" these almost 20 million people, isn't it true if we have a better understanding of these mechanisms that we might actually be able to save more lives, have a better understanding of why those who died actually died? Isn't that what medicine is about? So, an antibody molecule clearly had

nothing to do with the healing of almost 20 million people in 2020 and NO ONE here has any interest in how these almost 20 million people healed? Isn't science about understanding how?

I am truly appalled at the lack of scientific interest. Not one of my questions have been answered, except to say "Who cares how it works, it works", or "it's complicated".

Is this the attitude you would expect of your fellows and residents?

Science is progressive. At the borders of knowledge, there is more hypothesizing than evidence.

I don't have all the answers. I definitely have a lot of questions. Since when was it acceptable in a scientific community to be belittled for asking fundamental questions, such as "what is the hypothesis for how the COVID vaccine works?" Are you certain you won't be embarrassed by your attitude later? Questions such as, "hmmmm, the COVID antibody is quite large and the blood lung barrier is quite formidable, what is the active transport mechanism whereby this very large antibody crosses into the alveolus to neutralize a virus?"

Are these questions so irritating as to have to resort to name-calling? Are Eye Docs so narrow in focus?

I'm sure many of you have had higher math. Let me try to open your minds with a little lower math.

I have an inoculation dose of 100 virus particles. For the sake of this argument, I will give you a 95% "neutralizing rate" for you beloved COVID antibody.

I am left with 5 virus particles. They each enter cells and make between 100 and 10,000 virus particles each. I now have 5000 virus particles. From 100 virus particles, and with a 95% kill/neutralizing rate, I now end up with 5000 virus particles in one cycle.

Let me further expand on this. There is a half life for IgG antibodies as for any other IgG antibody. It is about 5 weeks. In 15 weeks from my peak IgG antibody concentration, I have 25% of my max concentration of antibodies. With 100% concentration, I gave you a 95% kill rate. With a 25% concentration of COVID antibodies, what is the chance that I can achieve a 95% kill rate? Even at a 95% kill rate, the virus growth rate can be explosive.

Please google "replication crisis". It is a real issue. The COVID vaccine is possibly victim to this, but in a twisted version since it is very possible that it "works" for a different reason, which is termed in science a "false positive". I am not saying I am absolutely correct. But, it would be easy for the NIH or FDA to see if the COVID neutralizing antibody was the reason for the good clinical results (or if was the innate

immune system, which is by the way quite complex and activated but not specific) by adding a flu vaccine positive control to one of their studies.

Did I make a single statement or ask a single question that calls for name-calling and belittling?

I am only trying to make sense of the data. That's what scientists do, isn't it?

If you're not tired of hypotheticals, here is one more.

It is the year 2010. Of your 30 close friends, 2 or 3 will get the flu in this hypothetical year. They stay home usually and sweat it out. But, in this hypothetical year, I scare the living daylights out of them. That is 20 million Americans that get the flu and now half are freaked out. 10 million young flu patients go to 5000 ER's across the country. The ER is the hub of most hospitals and every service comes and goes. Each flu patient has now infected at least 4 other people, mostly elderly who are sick, the most vulnerable population to the flu. Now, there are 40 million elderly who are infected with the flu. 4 million sadly pass away. Yes, governor cuomo was incorrect for sending elderly back to nursing homes. Dr. Fauci may have committed a much graver mistake.

If we want to save lives, we have to admit and understand that the morbidity/mortality for most respiratory viruses is much higher with increasing age, dramatically at times. I am certain that in the next respiratory virus pandemic, we will separate out health institutions based on age, or something of the sort.

We are here to save lives. That's why we went into medicine. That's why I studied my butt off at U of M.

I'm not here to just irritate and annoy anyone. I'm a busy guy too. Paradigm shifts occur when there are too many exceptions to the rule. The exception of how human infants can easily survive respiratory viruses when they don't make antibodies should be eye opening. The exception of how almost 20 million Americans recovered from COVID in 2020 without a single antibody present should give anyone pause. But, why would it make you guys attack my character?

Joseph Y. Lee, MD

On Saturday, July 24, 2021, 5:18:53 PM PDT, Joseph Williams wrote:

👍👍👍Thanks for injecting sanity and a very appropriate real world example into controversy.

Joe

Joe Williams, MD, PhD
Cornea and Cataract
591 Lincoln St
Worcester, MA. 01605

From: kera-net-request@ucdavis.edu
Sent: Saturday, July 24, 2021 7:35:46 PM
To: Kera-Net Group
Subject: Re: Vax required

In 1796, Edward Jenner, a country doctor in England observed that milkmaids who had contracted cowpox did not contract smallpox, and postulated that the pus present in the cowpox vesicles protected people against smallpox. He didn't have the current scientific knowledge of virology or immunology. He didn't wait to know, but he turned his garden house into the world's first free vaccination clinic. The last reported case of smallpox was in 1977, and it was declared by WHO to be eradicated in 1980.

From: <kera-net-request@ucdavis.edu> on behalf of Joe Lee
Date: Saturday, July 24, 2021 at 5:03 PM
To: DrAsh
Cc: JR Singh, Andrew Turnbull, Rajesh Khanna MD, Kera-Net Group <kera-net@ucdavis.edu>, Matthew Goren, "Steven G. Safran"
Subject: Re: Vax required

Amin,

You are petulant. Let's see if you can follow along.

Do you believe the "neutralizing antibody" gets into the alveolus? If so How?

Simple enough for your mind?

Joseph Y. Lee, MD

On Saturday, July 24, 2021, 1:56:27 PM PDT, DrAsh wrote:

Dear Dr. Lee and Dr. Belfair,

Dr. Belfair, I was unable to find data to support your assertion that Covid deaths in Israel are equal between the vaccinated and unvaccinated. I found this article from April, yes, a bit old, but the assertion is different: https://www.google.com/amp/s/www.news-medical.net/amp/news/20210713/Israeli-study-of-breakthrough-infections-following-full-BNT-Pfizer-vaccination-4025-immunocompromised.aspx

Dr. Lee,

Petulant:

pet·u·lant
/ˈpeCHələnt/

adjective

1. (of a person or their manner) childishly sulky or bad-tempered.

Somehow it seems fitting. You keep saying and typing the same thing again and again. Somehow, I'm curious how your letter to Dr. Fauci didn't end up being 173 pages.

I wish you luck on your endeavors to win the Nobel prize on having saved the human race from COVID vaccine.

Please take your arguments to another forum.

Thank you,

Amin Ash,
Modesto, CA

Sent from my Eye Phone

On Jul 24, 2021, at 1:44 PM, Joe Lee wrote:

Amin,

You want to call me petulant? I'll call you not scientific.

I've asked over and over one simple question, that none of you want to answer.

What is the hypothesis for how the COVID vaccine helps? Some of you gave up on the "neutralizing antibody" being in the lung alveolus. The main cells being infected in the lung ARE the lung alveolar cells inside the alveolus. So, if the "neutralizing antibody" isn't present there because of the alveolar wall barrier, guess what? The risk of being infected in the lung alveolus and the risk of spreading COVID can't be much different in the vaccinated versus unvaccinated population. If this is true and the antibody can't get into the lung, it means that the risk of being infected with COVID and spreading COVID can't be much different whether one is vaccinated or not. Which means you should stop guilt tripping people who haven't got the vaccine. This is science. Stick to logical rational thought. It's not magic or religion where you can just shake your magic wand at something. SCIENTISTS like mechanisms and answers to HOW questions. Petulant? Grow up. (I won't even discuss the finer details of mRNA producing IFN cuz you can't seem to follow any complicated thought).

If your only argument is to state that the COVID vaccine is preventing serious illness, then any person has a right to not take it.

The truth can be a hard pill to swallow. Sorry, my questions don't fit your message. It's not misinformation. It's ironically "the science" and your stuck behind with your misinformation.

I've laid out my arguments so carefully for you to follow. January 2020, no one in the US had a covid antibody, which takes two to three weeks to form. 20 million people got covid and 19 million healed before antibodies were detected. No scientific curiosity? And I show how difficult it is for antibodies to get into the lung. Still no curiosity in how the human body healed all these people, without an antibody in sight and when the antibody get's made, it doesn't seem to have a path into the lung? It's not difficult logic to follow, is it?

Why get emotional and petulant and have Dr. Mannis censor my COVID posts? Aren't these very valid scientific questions? LOLOLOLOL.

Please learn to be a little more objective and scientific.

Joseph Y. Lee, MD

On Saturday, July 24, 2021, 10:47:29 AM PDT, Andrew Turnbull wrote:

Let's get back to Kera-net, instead of Kera-not!

On 24 Jul 2021, at 18:30, JR Singh wrote:

Meanwhile...this cat is worth $100 million:

https://www.nytimes.com/2021/07/24/technology/joseph-mercola-coronavirus-misinformation-online.html

Which begs the question...who's the idiot?

Are we sure it's not us? Are we REALLY sure?!

Now back to Saturday surgical planning for my Medicaid cataracts while contemplating the existential consequences of vaccination and wondering where I went wrong in life...

Sincerely
JR

PS: Someone should salute Dr. Khanna's valiant attempt to change the subject!

On Sat, Jul 24, 2021 at 12:47 PM DrAsh wrote:
Can we please stop this?

Dr. Lee, you bring up excellent points, but your petulant, unceasing, rambling responses are not scientific, interesting or ones that will change anyone's position. You are exactly the kind of partner I would avoid and the board member I would detest as there will never be sufficient information adequate for you to make a decision (other than no action). It is hard to refute that over 95% of COVID deaths in USA are from unvaccinated individuals. Analysis paralysis is what is at play.

There are many great people on this list and unnecessarily politicals are being drawn into a forum that has been a haven from such. Many great friends will become disheartened by such drama.

Dr. Mannis, I believe all that needed to be said about this topic has been said.

Sincerely,

Amin Ash
Modesto, CA
Sent from my Eye 👁 Phone

On Jul 24, 2021, at 9:30 AM, Rajesh Khanna MD wrote:

Can anyone answer how exactly crosslinking with riboflavin is working?
Can same results been obtained by epithelial debridement?

On Sat, Jul 24, 2021 at 8:32 AM Joe Lee wrote:
Steve S,

I get all the basics of how the immune system works. The opinions among very educated and intelligent docs here range from, don't care how it works, it works in a simple way, don't need to know the mechanism, etc, etc.

Can I say though, for the most part, even those who are upset at my "anti vax" comments have been fairly civil. A couple have asked the moderator to end this thread. But, compared to all the other sites I have been on and debated over the past 12 months (yes, over a year), the Eye Docs here have been by far the most civil and even the underhanded comments have been kept in check. I really do appreciate it. My kids are 18 and 19 and they received their typical vaccinations no different from any of you. My son also received his COVID vaccine because although they perceive me to be an "anti vaxxer", they are their own people and I respect that. (my comments don't quite appear...later will explain).

But, I'm impressed that the discourse has been by far the most civil. I've had pulmonologists tell me to stop talking about the blood lung barrier because it doesn't exist. I've had ER docs tell me that just like "antibiotics", "antibodies" don't have to be present to work. ;)
I've had many docs tell me that I'm some right wing something or other and report me multiple times so I've been banned from doximity and twitter. So, I appreciate the free speech on this forum. Let me say without reservation. The emperor's new clothes can occur on a worldwide stage. And yes, I've been doing this for over a year so there isn't an argument here that I haven't heard. So, it's clearly not a fair fight. I've taken this debate much further than has occurred here.

So, given your comments about the "priming a pump", let me direct this question to you.

A six month old human infant doesn't make antibodies. How does it fight off a covid or influenza infection? "train"? "Memory"?

This is what I think "training, memory, priming a pump" is. An event occurs. It is registered. The event occurs again. A slightly different action is undertaken by the host that increases it's chance of survival.

Look at what the six month old hypothetical covid infected human infant does. It survives. Usually recovers well within a week. It must have "taken a slightly different action" because it "registered the event". Remember, this infant does NOT make antibodies until at least 10 to 12 months. These infant's six month old cells knew what to do. I would argue that you don't need to "train" this infant. This infant's cells have "memory". This infant's cells is the latest version of cells from over 4 billion years of evolution. These infant's cells clearly knew what to do in the event of a respiratory virus infection which it had never encountered. But the infant's cells are almost an identical copy of it's mother's cells and up and up. Why are you so certain that this infant's cells need "priming" and "training"?

Again, In January of 2020, no one in the U.S. had a COVID antibody, yet in the year 2020, 20 million Americans were infected with COVID and by far the majority recovered within a week to 10 days. Antibodies take at least 2 to 3 weeks to be detected. So, almost 20 million Americans recovered from COVID WITHOUT an antibody in sight. Do you really still believe the "training" will help these almost 20 million who recovered, recovery even faster?

If you have a village of 100 citizens and covid hits all of them and 5 people die, the following year, if COVID hits all 95 remaining citizens, very likely that NO ONE will die. If you survived COVID the first time, why would you die the second time? clearly your cells knew what to do. And in this hypothetical situation, what do you think will happen if all 95 got COVID vaccines in between the first and second wave? It will appear that the vaccine is WORKING. Population before the first wave and population prime after the second wave are NOT the same.

It seems fairly straightforward that in these two situations, the whole group of people who got covid in 2020, and my hypothetical 6 month old infant, that antibodies weren't relevant in their healing. What is fascinating to me is, there is absolutely no curiosity on the mechanisms of how all these people healed without a single COVID antibody in sight? If you want to "prime" or "train", don't you have to know the mechanisms the body used to actually "heal" and "recover"? So, you can make this "healing" or "recovering" process faster and better?

You want to "prime", "train" by using antibodies. But, these two groups I discuss in the paragraph above, didn't need antibodies to recover. Are you sure you're priming and training? Please don't anyone in this group ever say again that I am "pro covid". Isn't a true and correct understanding of how the human body actually healed us (over 19 million in the year 2020) without a single antibody present, isn't the understanding of these mechanisms the human body used WITHOUT an antibody, useful in preventing further death from COVID? Keep your minds open. What if antibodies weren't at all relevant? What if it was the ultimate accidental red herring? Don't make fun of my

comments. Just put down in a paragraph how all these people healed without an antibody present. Truth is always more useful.

Joseph Y. Lee, MD

On Saturday, July 24, 2021, 5:16:29 AM PDT, Steven G. Safran wrote:

It seems to me that Joe Lee's questions about how the vaccine works are really about how the immune system works. The vaccine works in a simple way….it is an mRNA message given to your cells to produce a viral protein that your immune system then can recognize as non self and create an immune response to so that if you do get exposed to the virus the immune system "pump is already primed" so to speak and it is as if you have been previously exposed via a recent infection. Your body has both T cell and B cell immunity in place to mitigate the virus ability to bind to cells and replicate un fettered while you create immunity as you already have defenses up.

This is not complicated for anyone who has a rudimentary understanding of how we become sensitized and immune to antigens.

As far as the COVID vaccines go…..there have been 3.83 billion doses so far given world wide. This may be one of the most widely administered medical interventions in the history of the world. It's kind of mind boggling when people hold out on getting vaccinated commenting that "I don't know what's in it" or "I don't know how it works" , "It's experimental" "I don't trust it or the people behind it" and so on when they at the same they have already have received vaccines and medications and treatments they don't know the first thing bout without batting an eye. They are typing on computers that work via technology they don't understand the first thing about using the internet which is again….something they really can't understand beyond how to use it. The reason these vaccines received emergency approval was because there was a world wide emergency…..and in times of crisis you must change your parameters in the risk benefit ratio of responding to include the temporal nature of the event. I certainly understand that some folks were a bit cautious in the first few weeks to see how the initial roll out went but now after 3.83 billion shots it seems pretty ridiculous to worry about the risk from the vaccine relative to the risk from the virus. We are at war here and it's the whole world against a common enemy. There is no need for politics or polarization as we should all be on the same side trying to get through this crisis.

This concern about the vaccine some people have reminds me of a line I use with some skittish patients……I have patients who need a DSAEK or are CF from a dense cataract and they are referred to me for surgery. Some nervous folks seem to always be looking for an excuse not to have surgery and it is reflected in their line of questioning which is in some cases….almost paranoid in concerns about risks. My response to such folks is usually something like this….."It is as if you are stranded in the ocean floundering without a life preserver as you tread water and I come along in my boat to rescue you and you ask me…."is that thing safe? How long have you been piloting boats" Are you a real ships captain? Do you have a co captain? When was your last inspection?" My response is…."OK…..keep swimming. The nearest shore is 150 miles due North Watch out for the sharks."

Steve

On Jul 24, 2021, at 7:51 AM, Rajesh Khanna MD wrote:

How does cornea cross linking really work?
Has it been adopted worldwide?

On Thu, Jul 22, 2021 at 1:51 PM Matthew Goren wrote:
I believe I answered your question. Look at the data.
Matthew B Goren, MD, FACS
Assistant Professor of Clinical Ophthalmology
Northwestern University Feinberg School of Medicine

8901 Golf Road Suite 201
Des Plaines, IL 60016
847-390-0758. FAX 847-390-7063

Two Prudential Plaza Suite 3175
Chicago, IL 60601

On Jul 22, 2021, at 3:31 PM, Joe Lee wrote:

Matt,

What is "crazy" is that the most basic question about the COVID vaccine can't be answered.

It is a "neutralizing antibody" correct? Doesn't it have to be in the lung alveolus to bind to COVID virus particles BEFORE the virus infects a lung alveolar epithelial cell?

If this is the paradigm, then isn't it "crazy" that NO ONE seems to have checked to see if it actually got into the lung alveolus?

Why bring up crazy? Isn't science about asking questions? Have you heard of the "replication crisis" in science? About half of published data can't be replicated. Is it that "crazy" to think that maybe the COVID vaccine paradigm wasn't vetted well? (My kids are late teens and they got most of their vaccinations when they were children)

If in fact the "side effect" of the COVID vaccine (the production of interferons) is the reason why the COVID vaccine appeared to "work", and if that effect is short-lived, isn't it scientifically very valuable to know? Why is knowledge bad? Why is wanting to know how something works so "crazy"?

Joseph Y. Lee, MD

On Thursday, July 22, 2021, 1:22:40 PM PDT, Matthew Goren wrote:

Curious? Sure. But curiosity is one thing. Suggesting that the most effective and safest vaccine in the history of medicine (based on over 3.5 BILLION doses already given) be confined to the lab and not clinical use is crazy.
Matthew B Goren, MD, FACS
Assistant Professor of Clinical Ophthalmology
Northwestern University Feinberg School of Medicine

8901 Golf Road Suite 201

Des Plaines, IL 60016
847-390-0758. FAX 847-390-7063

Two Prudential Plaza Suite 3175
Chicago, IL 60601

On Jul 22, 2021, at 3:03 PM, Joe Lee wrote:

Because Matt, in science, we care how and why things work. That can make all the difference.

So, you are saying that you never care about the reasons a certain surgery works or doesn't work?

What if the COVID vaccine "works" because of the activation of the innate immune system and the human bodies generation of interferons in response to the mRNA vaccine?

Then, the effect is short-lived.

You really aren't curious?

Joseph Y. Lee, MD

On Thursday, July 22, 2021, 12:58:34 PM PDT, Matthew Goren wrote:

Who cares? It works.

Matt
Matthew B Goren, MD, FACS
Assistant Professor of Clinical Ophthalmology
Northwestern University Feinberg School of Medicine

8901 Golf Road Suite 201
Des Plaines, IL 60016
847-390-0758. FAX 847-390-7063

Two Prudential Plaza Suite 3175
Chicago, IL 60601

On Jul 22, 2021, at 2:52 PM, Joe Lee wrote:

Hi Matt and Group,

I wouldn't require patients to get a COVID vaccine until you can answer a simple basic question.

I found a potential fundamental flaw in the COVID vaccine paradigm. I've talked to hundreds of doctors and researchers and no one has been able to answer this one simple question. I've had ongoing discussions with Dr. Peter McDonnell (who was my fellowship director at USC in 1999) and we have probably chatted a dozen times about this issue and he is equally stumped and incredulous that such a simple question can't be answered.

Isn't the COVID vaccine based on a "neutralizing antibody" paradigm? Then, doesn't the COVID vaccine have to be present in the lung alveolus where the COVID virus is infecting lung alveolar epithelial cells?

Then, how does an IgG COVID antibody made in the lymph/blood then go from the capillary that surrounds the alveolus, past the blood lung barrier (or the alveolar wall, or aka the blood lung barrier) to get inside the alveolus where the infections are taking place? Remember, this blood lung barrier can impede the passage of WATER molecules that are 18 Daltons in size. IgG antibodies are 150,000 Daltons in size. 8000 times heavier than a water molecule. If this alveolar wall can prevent or slow down a water molecule from crossing, why would this significant barrier allow an IgG antibody molecule to willy nilly cross? As a side point, the blood BRAIN barrier prevents passage of molecules that are more than 500 Daltons in size. The blood LUNG barrier is truly a BARRIER.

I wrote a 73 page letter to Dr. Fauci and directors of NIH/FDA/CDC. Not one person has an answer. There is not a single peer reviewed published paper that I was able to find that shows how an IgG antibody molecule crosses the blood lung barrier.

This is potentially the single largest mistake in the history of modern medicine.

Every director I talk to seems like they want to "cover up" my concerns. "The science" seems to have taken a back seat to "politics".

So, I'm not saying I know. What I am saying is that since the current theory for how a COVID vaccine works is a "neutralizing antibody" and since no one seems to know how that very large "neutralizing antibody" finds its way past the blood lung barrier into the lung alveolus, then the COVID vaccine belongs in the basic science lab, NOT in the arms of 7 billion people.

Joseph Y. Lee, MD

On Thursday, July 22, 2021, 9:40:29 AM PDT, Matthew Goren wrote:

I'm considering requiring patients to be vaccinated in order to see me. This would of course exclude patients with active acute issues to avoid abandonment issues. Seems to me there have to be consequences for peoples decisions to put others at risk. Wondering if anyone has done this.

Matt

Matthew B Goren, MD, FACS
Assistant Professor of Clinical Ophthalmology
Northwestern University Feinberg School of Medicine

8901 Golf Road Suite 201
Des Plaines, IL 60016
847-390-0758. FAX 847-390-7063