For Retail Pharmacies

COVID Vaccine Irrefutably Linked to CLOT Formation

The LEE STRING THEORY (more fact than theory)

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1.1 Introduction

To whom it may concern,

In this letter, I show convincingly that,

1. The COVID vaccine could never have worked via a neutralizing antibody in the lung.

2. The main effect of the COVID vaccine booster is to create long strands of antibodies which leads to clots.

3. The cure for COVID, the FLU, and every strain of both viruses is a two or three day water-fast.

If you read the supporting scientific rationale for each of these points and disagree (the summary is less than 15 pages), as a scientist, you need to put your counter-argumenst in writing. There is no other option for a rational scientist. If you don't have a rational scientific rebuttal to these three extremely important points, then you have no option but to immediately halt the sale of both vaccines.

There is no information on earth that better explains the rationale for immediately halting the COVID and FLU vaccines than the paper trail I have created. This is a civil rights movement for children. Vaccines are mandated for children and the scientists behind the mandates refuse to answer the simplest and most fundamental scientific questions. Is there any science that should be more thoroughly vetted than the science we use to mandate injections into children, when those injections may kill children without providing any benefit? If you also refuse to answer these basic questions, your organization is helping cover-up the most massive medical fraud and children are dying because of it. I am a well-established LASIK surgeon in Los Angeles and in over 60,000 eye surgeries since my fellowship at USC/Doheny (1999), I have not had a single LASIK claim, lawsuit, or settlement. For me to call pediatricians "baby-killers" is not something I do lightly. If I am putting my life on the line in the defense of children (fighting a $100 billion vaccine industry), the least your organizations can do is provide a written response to the most fundamental questions regarding the COVID mRNA vaccine and if you can't answer these fundamental questions, you have no option but to immediately halt the sales of COVID and FLU vaccines.

This letter is directed to all retail pharmacies and all manufacturers of the COVID vaccines, including CVS, Walgreens, Rite-Aid, Walmart, Ralphs, Pfizer, Moderna, Johnson and Johnson, and their Chief Medical/Legal/Technology Officers. This letter is also directed to all those who had any influence in regards to COVID and the vaccine, over the past three years. Basically, if you received this letter, you are hereby officially put on notice. Some of you were put on notice from me on some of the major flaws of the COVID vaccine as far back as October 2020. Accountability for this information will be upheld by the courts for years to come.

Vaccine science represented the best of modern medicine, or so the vaccine scientists kept repeating. Pediatricians became pediatricians because they supposedly loved children. There were many Nobel Prize winners from the field. Vaccine science supposedly eradicated smallpox from the world. Vaccines were a shining beacon of light and what physicians always pointed to, when asked what medicine has done for us. But vaccine science had a very dark and very big secret. The caring scientist in the white lab coat and safety glasses carefully pipetting into test tubes, it was all just a veneer to mask what was a most dangerous organization, an organization that destroyed more children's lives than the Boy Scouts of America and the Catholic Church combined.

Many pediatricians' offices will be closing when this information is widespread. They will face countless lawsuits from millions of alleged victims who span many generations. Scientists all over the world will want to understand what happened, what took place, how it could take place, and how we can prevent a disaster like this from happening again (in broad daylight). An American institution's dirty laundry will be exposed. This will be history's largest case of unethical medical research and experimentation (under the guise of "practicing medicine") and it predominantly affected children, larger than the experiments by the Nazis, larger than the Tuskegee syphilis experiment. The American people will want to know who knew what, when did they know it, and how research this flawed could be used to justify injecting poison into billions of patients, mostly children. It is time to stand up for the largest minority group on earth without a voice. The vaccine industry has committed and is continuing to commit the most crimes against children in all of history.

In the era of modern medicine and modern science, vaccine science proponents used the cover of legitimate science to perpetrate the single largest crime against humanity, the vaccine shot. Keep reading and you will be stunned at the less than 3rd grade level of science that is being published. You will be shocked to read how very little science went into the COVID mRNA vaccine. You will be stunned to realize that every administered booster COVID mRNA vaccine can easily kill. This is a civil rights movement for children. There is an incredible darkness in the vaccine science world, adult scientists are mandating vaccines without concern for the safety of children and they did all this under the guise of "it's good for the group." Sounds a lot like the Woke Democrat leadership of today, doesn't it? "There is a lot of crazy on the LEFT," (Bill Maher, 2023) and Bill Maher has no idea how crazy the LEFT actually is.

Accountability for some, like world famous bioethicist Arthur Caplan will come in the form of the demise of his "precious" but useless field of bioethics. He will be a shining example of how

leaders of their respective fields can bring down their whole field, just by being an idiot. There is only ONE thing you really need to know about "bioethics." From the song, "leave us kids alone." You don't need a PhD in this stuff. Just, leave the damn kids alone. The ONLY people on earth who get to lay a finger on children, their parents. You really thought MASS MANDATES were the answer? Leave the kids alone, and if you can't get that right, do any of the subtleties of whether you can save one 300 lb. adult person or ten innocent adult people on a hypothetical trolley matter? No. If you *can* leave the kids alone, I'll give you a three letter designation, any three you want, in an official mass ceremony, which will mean infinitely more than a DAMN DUMB PhD in bioethics. They seem to always get the hypothetical correct but are such ultimate losers when it comes to real life. Every bioethicist on earth who lived through COVID and didn't fight the mandates failed the real test. Every red-blooded American who was disgusted with mandates passed the real test with flying colors. So much for the usefulness of a PhD in bioethics. We aren't living in a hypothetical bioethicists. This is real life and you are all amazing at hypotheticals but failed miserably the only time it really mattered.

The world did not have to endure this pandemic for this long. Once you read this extensive and detailed letter, you will realize that the current Democrat leadership could not have been more wrong about how they managed the COVID pandemic. The pandemic could have been snuffed out by the early 2021, if Dr. Anthony Fauci had only been an average scientist. The paper trail I have created over the past three years started in October of 2020, and every scientist who was put on notice by me but failed to raise the alarm that the COVID mRNA vaccine had a grave flaw, will be accountable for their silence. If man does not hold them responsible, God will. If God does not hold them accountable, karma will. I have seen every possible psychological tactic when I present this information to the vaccine die-hards. From pretending that they are "so over it" to "it is much more complex than you understand" without being able to put their complex understanding into words to "I do not have time to read your two pages." What was incredibly frustrating for me was that intelligent people would rather that they never heard this truth from me than to have to explain to their friends and family that they were dead wrong when they supported the COVID vaccine.

The COVID and FLU vaccine hypotheses have a fundamental scientific fatal flaw you are most likely unaware of (not true of the manufacturers, who were informed of this by me long ago). It will be apparent to everyone who reads this letter that continued distribution of the COVID vaccine is not much different than pointing a gun with a 1000 chambers and one bullet at a person and pulling the trigger. Future scientists will go over every detail of this 3-year paper trail that I have created and wonder how the medical leadership could have been so irrational but uniformly consistent in their desire to cover up this massive mistake and protect "BIG PHARMA." Every scientist/physician/journalist in a leadership position that received my information but decided not to do the right thing will have to answer questions from healthcare journalists and reporters.

I had 50,000 followers on Twitter within a few months of being active on Twitter. Almost 50,000 Tweets in that short period. When I had only 100 followers, I wrote a thread on how Dr. Fauci covered up the single biggest mistake in the history of and two weeks after I started using

Twitter actively, I had 10,000 followers in a single day. However, Twitter decided to cancel me forever too. It will become clear that Elon Musk is not genuinely interested in free speech, knows nothing about the biological sciences, and that Neuralink has less than a 0.1% chance of working the way he has described it.

I have asked several pharmacists at the various retail pharmacies how they understand the COVID vaccine works. Their replies have been relatively simple. The vaccine produces protective neutralizing antibodies that bind the virus pathogen before the virus can infect lung cells. That is the hypothesis under which the COVID vaccine received its EUA in the FDA clinical trials. Unfortunately, that hypothesis is fatally flawed. The NIH, CDC, and FDA were all warned of this nightmare mistake.

Their actions comprised the ***single biggest COVER-UP in the history of modern medicine.*** If the neutralizing antibody is to neutralize a COVID virus before the virus can infect a lung cell, the COVID antibody must be in the lung air space where the infections are occurring. However, a formidable barrier between the blood/lymph (where the antibodies form) and the lung air space (where the infections occur) exists, the blood-lung barrier.

This blood lung barrier can stop water molecules that are only 18 Daltons in weight. The COVID antibody is a gargantuan 145,000 Daltons and has no viable path into the lung air space through the lung barrier. This vaccine hypothesis of a neutralizing antibody in the lung is the single biggest mistake in the history of medicine. For comparison, if a water molecule is the size of a baseball, the COVID antibody is the size of a small car. There is NO viable path through the lung barrier into the lung air space which is where the COVID virus is infecting lung alveolar epithelial cells.

The points in the Summary (less than 15 pages) should be more than sufficient information to help any well-trained pharmacist realize that the COVID vaccine has enough bizarre issues so that, even if you don't agree with my conclusions, the COVID vaccine should be immediately halted until all these issues are thoroughly vetted. Nevertheless, each subsection is expanded upon in this lengthy letter to provide irrefutable logic and science to end sales of the COVID vaccine for now and forever.

A reasonable scientist does not even have to agree with my conclusions. Any credible scientist will conclude that I raise such startling concerns that the **only** appropriate next scientific step is to wait for all these issues to be vetted and debated properly and rigorously by scientific and medical leaders within the field. What did anthony fauci do when presented with a 73 page letter detailing the insurmountable fatal flaw with the COVID vaccine? He supported a campaign against "misinformation" and was part of the biggest cover-up in the history of modern medicine.

I was incredibly angry at the President of the California Medical Board and berated her viciously on Twitter. I explained to her that once I had a voice, I would do everything in my power to have her removed from her position (she's an attorney, not a physician and knows nothing

about medicine). The Chief Legal Counsel at the California Medical Board emailed me and tried to be contrite in tone and explained to me that I could talk about the COVID vaccine as much as I wanted to, to the public, so long as it wasn't my LASIK patients, and that they would NOT take away my medical license for that activity. I emailed back and cussed nonstop in my letter and explained to him that I had been nonstop talking about the fatal flaw with the COVID vaccine hypothesis since early 2020 and that I would NOT STOP talking about the flaw with the vaccine. I had sent much information to the California Medical Board early in the pandemic. I explained to the attorney that the California Medical Board was part of the "misinformation," not ME. I explained without mincing words that if I inform the California Medical Board of the biggest flaw with the COVID vaccine hypothesis and the Medical Board does NOT inform all their constituent physicians, then the California Medical Board is helping propagate "misinformation" and not helping physicians provide proper "informed consent" to their prospective vaccine patients. Yes, I cussed in my letter. I never got a response from that email. I did have my California Medical License just renewed a couple of months ago. Governor Newsom was also included in much of that correspondence. Good luck to him if he runs for POTUS because I will expose him for the dummy that he is.

Dr. Richard Pan (pediatrician) was instrumental in pushing through the vaccine mandates in California. His staff received my information at least twice and also twice by telephone with me explaining in detail the COVID vaccine issues. He has blood on his hands.

RFK Jr. also received my information. Children's health defense? I reached his attorney who gave me 5 minutes. I then emailed his attorney a lot of information. His attorney must have emailed RFK Jr. all my information because that evening, RFK Jr. forwarded my information to his group of 10 or so physicians and scientists. RFK Jr. was impressed enough with my info to forward to his docs that night. That was one of my happiest moments during the COVID pandemic. But it didn't go well. Robert Moron Malone did not respond while the less famous "scientists" tried to grill me on my info but asked utterly irrelevant questions. Dr. Peter McCullough(who I nicknamed McChicken later on Twitter) never responded either. I suspect those two were also involved in Senator Ron Johnson not moving forward with my information. Senator Johnson's staff loved my information and we had several phone calls but everything came to a screeching halt after the staff talked to "their" doctors who I later gathered to be Malone and McCullough. On Twitter, I was writing a thread explaining RFK Jr.'s accountability for not using the best science on earth to take down the COVID vaccine and my Twitter account was suspended for life. To pretend to be the defender of children but not to use the best science on earth to end the COVID vaccine, it's as if RFK Jr. doesn't really care about children but being a politician, apparently other things come before the defense of innocent children. In my mind, he's a bastard.

Dr. Francis Collins was my genetics professor when I was in medical school (U. of Michigan, Ann Arbor) and he was head of the NIH during the COVID pandemic. I reached out to him and talked at length to his executive secretary who was so shocked at my information (we had quite a long chat) that she gave me his second email, the one not listed. I pleaded with him to "do the right thing" since he was such a strong Christian (I knew all this, having a Christian

background and having followed his life since he was my genetics professor). His reputation will be ruined by his refusal to do the right thing when it really mattered. It seemed he was putting dollars over peoples' lives. Is that what a Christian with strong faith does? Oh, maybe he didn't have much faith. Or maybe he didn't care at all about the Lord. "Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me." So, having NO idea how the COVID mRNA vaccine provides benefit but can clearly cause harm, Dr. Collins was willing to inject snake oil into Jesus and into millions of children. Dr. Collins was one of the ones pounding a million nails into the hands of our Creator. Not much of a follower of Christ. More like a Judas. When you betray children, the least of us, you have betrayed your Creator.

WooHoolensky. The CDC will be shut down by either President or Vice-President Vivek Ramaswamy and I will give him the best paper trail on earth (my correspondence with the CDC) that justifies the shut-down of this organization. WooHoo will have to live her life with everyone around her calling her WooHoo. What other punishment the general public deems she deserves, we will have to wait and see. THAT idiot is who was supposedly helping us out of the pandemic?

I had a one-sided debate with Sam Harris, the self-proclaimed most excellent debater, and for three days, I rationally explained his sheer stupidity in defending and supporting the COVID vaccine mandates. Then, he self-exiled himself from Twitter. It could just be a coincidence. But, he'll know that if he wants to mouth off again in an area that isn't his, he'll have to take the hit to his reputation when he is absolutely wrong. Yes, I am also mouthing off in an area that isn't my specialty. But, I'm certain that my microbiology, physiology and pharmacology sub-sections on my board exam were infinitely better than anthony fauci's scores. And no, I'm not even a pulmonologist. But, I tried to reach a few pulmonologists during the pandemic, to have them help me spread my information. They were uniformly condescending and belligerent to the point of behaving like a spoiled brat. We often joke in ophthalmology that our field is easy because when we learn one eye, we know the other eye and so our work is twice as easy as the average surgeon. Well, when you're a pulmonologist, you learn one alveolus well, multiply by 300 million, and you know the lungs. Throw in a trachea and some bronchi, bronchioles and you're a specialist of the lung. When all this is said and done, I'm going to put out a 100 question test on the alveolus. If you pass, you're an "alveolus expert" which is the same as being a "lung expert" and I'll be giving out certificates.

There are many others, like Dr. Pete Hotez, who had me banned from LinkedIn for life after I challenged him a few dozen times to a debate to get to the "truth." I explained, we have exactly opposite views on the COVID mRNA vaccine. One of us is right and one of us is wrong. Let's debate this issue live. Are vaccine scientists really that afraid of a debate on THEIR vaccines with an EYE SURGEON? When he reads what I discovered, the exact mechanism behind how booster vaccines cause clots and can block capillaries in toddlers, resulting in personality changes, his wife will be exceedingly angry with him because his daughter did develop autism and she got all her shots.

You will all have to get over my language and my use of words like “dumb.” Truth bites. Always remember that the essence of intelligence is the ability to compare well. My sarcastic words? Compare that to the actions of pediatricians, injecting booster vaccines that can kill when they can’t explain how the training can last longer than the half-life of an IgG antibody, four to six weeks.

Once you have received this information, you are officially put on notice. Suppose you continue to provide COVID and FLU vaccines at your retail outlets, in spite of receiving this information from me. In that case, there will undoubtedly be lawsuits, and this extensive letter and your actions following receipt of this letter will be part of the legal evidence in future class action lawsuits. I trust you understand how the court system works and that receiving a letter such as this without an appropriate scientific response contributes to the “appearance of wrong-doing” and your legal liability for future actions.

1.2 The Nightmare Problem with the COVID Vaccine Hypothesis and how it "works".

This fundamental fatal flaw with the COVID vaccine hypothesis is the single biggest mistake in the history of modern medicine. I can easily explain this issue to a layperson in a single paragraph. The lungs are an air pocket inside our body which is mostly water. If our lungs were not capable of keeping tiny water molecules that only weigh 18 Daltons out of our lung air space, we would have already drowned in our fluids. The lungs are surrounded by a waterproof jacket (a.k.a. blood-lung barrier). The lung cells infected by the COVID virus are inside this lung barrier. After a patient is vaccinated, neutralizing antibodies form in the blood and lymph (on the outside of this blood-lung barrier) and must cross this lung barrier to neutralize the COVID virus and protect the lung cells.

Every pharmacist is aware of the blood-BRAIN-barrier. For comparison, the typical molecule size limit that can pass through the blood-BRAIN-barrier is approximately 500 Daltons. The blood-LUNG-barrier is what helps keep our lung air space DRY and this barrier can clearly impede the passage of water molecules that are only 18 Daltons in size. Does anyone really believe the massive COVID antibody (145,000 Daltons or 145 KDaltons) can pass through this blood-LUNG-barrier? Ah, again it comes up, the essence of intelligence is the ability to creatively compare.

The COVID IgG antibody molecule is a massive 145,000 Daltons in weight. If a water molecule is the size of a baseball, the COVID IgG antibody is the size of a small car. No SINGLE peer-reviewed publication on earth describes an active transport mechanism that can ferry these gargantuan COVID antibody molecules across the lung barrier into the lung air space. Are you beginning to see the scope of this nightmare issue? Your COVID vaccine (prodrug) induces the formation of a neutralizing antibody (drug) that cannot access the lung alveolar epithelial cells that it supposedly protects.

Every pharmacist knows the lung alveolar epithelial cells being infected by COVID are on the INSIDE of this blood-LUNG-barrier and the COVID antibodies are formed OUTSIDE this blood-LUNG-barrier. Quite a pickle you very left Dum DEM leaders are in. Now, being embarrassed because the LEFT happens to be so wrong, do you ignore all this information (to save your pride) and keep vaccinating children and potentially killing them or do you just do the right thing? Ah, the problem with the use of force and mandates. You're basically not just doubling down, but maybe ten times down, and you're so far committed to your atrocious acts that admitting you're wrong in the face of incontrovertible facts isn't possible? That's why the VERY LEFT DUMB DEM LEADERSHIP are at their philosophical END.

I have talked to MANY pharmacists at your retail pharmacies, and they are uniformly SHOCKED at the information I provide to them. I will continue to speak to as many pharmacists as I can

reach in California and explain this issue while I videotape those conversations. Once informed, they will become part of the medico-legal nightmare if your retail pharmacies continue dispensing COVID and FLU vaccines. I understand from one of those pharmacists (at a local CVS) that even an amoxicillin suspension for children cannot be given to patients without mixing with water because there is a lawsuit based on that TINY little issue. This issue? More than a billion times larger.

I am sure all of you are very well aware of the enormous opioid settlement with the DOJ for incorrectly monitoring dispensing of narcotics. That was a $10 billion settlement last year for pain medications that work very well; maybe narcotics work too well. You have an infinitely more significant issue with the COVID and FLU vaccines. Vaccines that cannot provide ANY benefit via a neutralizing antibody inside the lung barrier, which IS where the COVID virus is infecting lung alveolar epithelial cells.

In the opioid settlement, the medications **were FDA** approved. In this COVID vaccine issue, the vaccine is ALSO FDA-approved. Please do NOT fall under the mistaken thought that FDA approval should be interpreted as ZERO responsibility for retailers dispensing this vaccine, especially when you are a PHARMACEUTICAL retailer and have thousands of pharmacists who can EASILY see the gargantuan mistake that I point out.

If not ONE pharmacist in your collective organizations can explain HOW the COVID antibody passes through this highly tight, essentially waterproof blood-lung barrier to access the lung tissues infected by COVID, then is not what you are selling SNAKE OIL? Is not the very essence of every drug you sell the scientific understanding that the drug molecule interacts with another molecule? Suppose I am correct and the COVID antibody has no viable path to access the lung air space through the tight lung barrier to neutralize the COVID virus in the lung. How can the COVID antibody prevent or reduce the severity of a lung infection by the COVID virus?

In this document, I show the exact scientific reasons why the COVID vaccine hypothesis is fatally flawed (e.g. the COVID antibody has no viable path through the tight lung barrier into the lung air space), the exact biochemical pathways and the science to show that the cure for COVID and every variant is fasting (viruses don't grow on their own, they grow within OUR cells and when we are fasting, our cell growth dramatically slows, also slowing down viral growth), and that the main effect of the COVID mRNA vaccine is to produce long chains of antibodies and that this meshwork causes clots following booster vaccines.

My descriptions are detailed, down to the molecular level, unlike the vaccine industry that likes to use broad words like "training." I further disclose over half a dozen separate arguments to show why the COVID mRNA vaccine should be immediately halted, and each argument is incredibly sufficient to stand on its own (e.g. the half-life of an IgG antibody is 4 to 6 weeks so once you have reached a sufficient or therapeutic level of antibody in your blood, in about a month, you're down to half which is NOT therapeutic). This letter is written in a way that plenty of people who aren't in the field of immunology can understand the main points.

If there is rudeness in the tone or you feel the way I express myself isn't professional, please remember that the essence of intelligence is the ability to compare well. Compare my rude words to adult scientists to vaccinologists actions (e.g. injection of snake oil into children). My rude words are infinitely better than the silence of good men. Don't judge this letter based on the rudeness of my words, but judge based on the quality of my science. I will unequivocally state that no single person was responsible for more suffering and death since World War 2, than Dr. anthony fauci.

1.3 What Really Healed Us Heal From COVID?

My story began in January of 2020 when I realized that antibodies could NOT be relevant in ANY way to how we healed from respiratory viruses. The single largest medical experiment in history occurred in the year 2020. Twenty million Americans were infected with COVID, and we can safely assume that 99.99% of those first-time-infected Americans did NOT have a COVID antibody in their system on Day 1 or Day 7 of their COVID infection, YET 99% of those 20 million healed within a week or two of their infection.

In the most incredible lack of proper scientific questioning, how is it that NOT ONE scientist questions OR explains with MECHANISMS (which IS what medical science is about, detail at the molecular level) how we healed from COVID in the year 2020 when there were NO COVID antibodies in anyone who had not had a prior COVID infection? There are only TWO ways to develop COVID antibodies, via a vaccine that did NOT exist in 2020 or via a natural infection and waiting a couple of weeks, with neutralizing antibodies peaking in the blood at around a month. But, by far, most healed in a week to 10 days **without COVID** antibodies.

I am a surgeon. If I have a brand new assistant, they're not very helpful during surgery. If I have an assistant working with me for years, they are very helpful – because they know my goals. The human body healed 95% of 20 million people from COVID, and most recovered within a week to 10 days in the year 2020; whatever mechanism the human body used, it clearly did NOT use a COVID antibody which didn't even exist in the blood of these patients in any significant numbers until at least three weeks from infection.

The ONLY way to help me to do good surgery is for the assistant to know what I am doing, what my goals are, and what my next steps will be. If the assistant doesn't know that and keeps handing me a scalpel when I don't need a scalpel, the new assistant is NOT HELPING ME. The ONLY WAY to help the human body do what it did so amazingly well in healing at least 10 million people (under the age of 50) in 2020 with a 99.9% success rate, is to KNOW how the human body actually healed these people from COVID and one thing we can be absolutely certain of, the human body did NOT USE A COVID ANTIBODY to heal a SINGLE PERSON in 2020. If you don't know the exact mechanism the human body used to heal us with such a fantastic healing rate, you are in NO POSITION to pretend you can help the human body. And remember, whatever this mystery mechanism is that the human body used to help us overcome COVID, this mystery mechanism did NOT stop working in 2021, 2022, and onwards.

If you do not know what mechanisms the human body uses during the first week of any person's COVID infection, how can you help the human body? By making the human body make MORE COVID antibodies? Which the human body clearly DID NOT USE to help us recover from COVID in the year 2020. And this incredible mechanism that no scientist can seem to elucidate, do you think this mechanism that saved us from COVID STOPPED working in the year

2021 or 2022 or any time after 2020? Of course not. It kept working. And once you know what that mechanism is, you can facilitate it. ***That is the ONLY real way you can help the human body, first understanding WHAT the human body actually did to heal us from COVID and we can be absolutely certain of one thing, the human body did NOT use a COVID antibody to help heal a single person from COVID in the year 2020 if that person healed within two weeks and if that was the first COVID experience for that person.***

Once you understand that in the year 2020, anyone infected with COVID for the first time, the COVID virus had a free for all and infected as MANY lung cells as it wanted, and YET more than 95% of us survived. HOW? On Twitter, I had a $1 million bet that the Ribonuclease enzyme destroyed MORE COVID viral RNA within human lung cells (by a million times!) than the COVID antibody did in the year 2020. Not a SINGLE taker.

The belief that the COVID antibody was somehow instrumental in helping us overcome COVID is the ***single largest red herring*** in the history of medicine. The Ribonuclease enzyme is the unsung hero. NOT THE COVID ANTIBODY, which was NOT even present in the first week of anyone's COVID experience in the year 2020. The COVID antibody was late to the game and when it finally arrived, can't even cross the lung barrier to access the lung area infected by the virus. Dr. anthony fauci wasn't following the science, he was following science fiction.

Once you acknowledge that in the year 2020, the COVID virus was able to freely infect lung cells (without the presence of neutralizing antibodies to impede the virus's ability to infect lung cells) and that once this COVID mRNA was injected into human lung cells, it IS the enemy, then the following conclusion MUST BE that this COVID mRNA within lung cells MUST be destroyed. As a scientist, since we know that over 95% of us survived, you must conclude that this COVID viral mRNA within lung cells WAS destroyed, and the only question remaining is, "What destroyed the COVID viral mRNA within lung cells?"

I propose Ribonuclease enzymes are the ONLY mechanism whereby human lung cells destroy viral mRNA within those lung cells IF the lung cells were NOT themselves destroyed. The scientific community has proposed NO other alternate hypothesis for HOW these COVID viral mRNA strands within lung cells were destroyed. ***THERE IS CURRENTLY NO OTHER HYPOTHESIS FOR HOW WE DESTROYED COVID VIRAL mRNA WITHIN INFECTED LUNG CELLS.*** Not one peer-reviewed paper even attempted a mechanism of action to eliminate the COVID mRNA-infected lung cells aside from the silly thought that every infected lung cell must be destroyed by white blood cells. ***Then, my hypothesis STANDS and IS THE CURRENT SCIENCE until challenged.*** And please keep in mind that the COVID antibody didn't exist in any significant numbers (for at least the first two weeks) in a single person infected with COVID for the first time in 2020.

One of my many discoveries was that FASTING further activates Ribonuclease (RNase) enzymes which are present in ALL our lung cells at ALL times. So, once a person is infected with COVID, the next few days, eating FOOD MAY KILL THE PERSON. FASTING is the CURE for COVID.
Yet, how come I can't get this life-saving information out? Because of the ridiculous "campaign against misinformation." In fact, the COVID vaccine hypothesis IS THE MISINFORMATION, and

the BIDEN administration is propagating this "misinformation," while they censor the truth. The California Medical Board received all my information over two years ago and one of their board members at the time, Dr. Harold Krauss emailed me back and did NOT call my information "misinformation" but wanted to help me. I have practically cussed out the President of the California Medical Board over the past year on Twitter and two months ago had no issues with my California medical license renewal.

Before the very unscientific Newsom passed his idiotic Bill 2098 into law, I faxed a 20 page letter to his office asking which of my dozens of very scientific questions would be "illegal" once his stupid bill passed. If he does enter the POTUS race, he will have to face a million questions on why he ignored my information, which destroys the COVID vaccine hypothesis and shows the sheer stupidity of censorship in science. He is antithetical to the principles of freedom of speech that is so central to what it means to be an American. He doesn't have to be a scientist to understand the value of freedom of speech; he is that un-American. Every Democrat candidate that enters the Presidential race will have to face the role that the current Democrat leadership played throughout this COVID pandemic.

Yes, the Democrats are at their philosophical end because, at the end of the day, results matter. They could not have been more wrong. Of course, if they hadn't engaged in censorship with such a heavy hand, this information could have come out much sooner and they wouldn't have nearly the accountability. But, as an organization, when you are so certain that you're correct, to the point of taking away people's livelihood for refusing an injection of a foreign, poorly tested, vaccine, the "mission statement" of your organization needs to be completely re-worked. But, why should the American people give your organization another chance? Sorry, your organization screwed up too big; I outline the philosophical flaws of your Democrat party and show that all the actions of your very left leadership were almost inevitable, because your party can no longer see subtle differences. I say over and over again that the essence of intelligence is the ability to compare well and your Democrat leaders refuse to see differences, in the name of "fairness." This is the real-life conclusion to your flawed worldview.

Stepping back to look at the forest, please remember. Every elementary student on Earth knows that viruses do **not** grow independently. Viruses grow within OUR human cells. Our human cells are **not** constantly growing at a fast rate. Sometimes, our cells grow more slowly. When we aren't eating, our remarkable human cells KNOW to grow much less quickly. Then our cells replicate the virus much less rapidly too.

The quickest natural way to let all our human cells know to slow down their growth and thereby slow down viral replication? Fasting. During our evolution, tens of thousands of years ago, we did **not** always have timely three meals a day. There were many times when we went without sustenance for days to weeks at a time. Yet, we did not all die. Because our cells know how to drastically slow down their growth when food is scarce and we aren't eating well. The more we can divert available calories to movement (as opposed to using available calories for cell growth), the higher chance we have to find food. And how our body manages cell growth currently reflects our evolutionary history.

Drastically slowing down protein production slows down the growth of a cell. The simplest, most fundamental way of slowing down protein production (thereby slowing down cell growth) is by eliminating human mRNA within our cells, the template for protein production, since 70% of the dry weight of a human cell is protein. Ribonuclease enzymes are highly efficient at destroying any mRNA, not just human mRNA. RNA is like paper; even if the information printed on paper is different, paper shredders can **still** shred paper. In just that way, just because viral mRNA has different information encoded in it does **not** mean that our ribonuclease enzymes can't destroy viral mRNA. Viral mRNA is STILL an mRNA strand, and our ribonuclease enzymes can STILL destroy the viral mRNA. When we use RNase enzymes to destroy our human mRNA within cells during times of low caloric intake, those activated RNase enzymes are more than capable of also destroying viral mRNA within our lung cells.

My proof? 99.999% (I might have to add more significant digits) of human toddlers in the past hundred thousand years (at least 50 billion toddlers), when they come down with a respiratory viral infection, these toddlers become fussy, and drastically reduce their food intake. Yes, it is a retrospective study. But it is more informative than any peer-reviewed COVID paper published in the past four years. Every parent knows this to be true. Evolution has already found the "cure" for respiratory viral illnesses: drastically reducing caloric intake for a few days. The mechanisms our cells use to slow down cell growth (mRNA destruction) is the exact mechanism that our lung cells use to control respiratory virus replication within our lung cells.

This is by far the single biggest retrospective clinical trial in history. I claim it since no one else seems to see its importance. Better than any peer-reviewed published paper on COVID in the past few years. Peer-reviewed publications are clearly not the only way to get to the truth, especially when the conflicts of interest are massive and most humans, including most scientists, are still quite irrational (e.g. anthony fauci). The toddlers, when sick, don't crave sour candy and start sucking on lemons for vitamin C. Tell me again that vitamin C is important to prevent colds. Show me the mechanism. You can't. Show me the data. You can't. Our infants don't bask in the sun like lizards to increase their blood levels of vitamin D. In light of this stark fact, are you STILL sure vitamin D is important in our fight against COVID? What do these sick toddlers do? They uniformly drastically reduce their food intake. Yes, in the first few days of a respiratory viral illness, giving children Pedialyte with glucose is a HUGE mistake, pediatricians. Do I have to do your job for you? Water fasting for two to three days after the onset of a respiratory viral infection IS the cure for every respiratory viral infection.

Everyone on Earth thinks the COVID antibody is critical for our recovery from COVID. This was one of the biggest misconceptions in the history of Earth. The COVID antibody did not destroy a SINGLE COVID viral mRNA strand within our lung cells in the year 2020. NOT ONE COVID viral mRNA strand in our human lung cells was destroyed by the COVID antibody in the year 2020. Our RNases destroyed more than one sextillion (1 followed by 23 zeros) COVID viral mRNA strands within our lung cells in the year 2020, and NOT one scientist on Earth explained this. This is the single biggest mistake in the history of medicine and science. For all my work on this issue and the only person who seems to be pointing out that the COVID antibody molecule was

a fraud and that the true hero is the RNase enzyme, I am taking the liberty of renaming it the LEE Ribonuclease (RNase).

How am I so confident that the COVID antibody didn't destroy a SINGLE COVID viral mRNA strand within lung cells in 2020?

Follow the logic:

1) The COVID antibody barely existed in the year 2020. To have helped anyone with COVID in 2020, the COVID antibody would have needed a time machine. Ah, you're getting science fiction confused with science. You don't get to invoke a "time machine" because your precious COVID antibody wasn't around in time to have helped anyone in 2020.

2) The COVID antibody has no viable path through the tight lung barrier into the lung area infected by COVID. Yes, the COVID antibody wasn't present for the most part in 2020, until most of us recovered from COVID. When the COVID antibody finally arrives late, it needs a "teleporter" to cross the very tight blood lung barrier to gain access to the lung air space. And these scientists spouting THIS level of science fiction want to shut up anyone who is critical of the COVID vaccine? "Vaccines for Dummies". That is the only kind of vaccines that will exist in the future, for dummies. The John Oliver level dummy should get the COVID vaccine every year for the rest of his life. And the flu vaccine. And every variant of those two. And the measles, mumps and rubella too. Dummies. The dumbest. Upset at my language? Well, you did try to shut me up for three years. You want ME to stay professional? But, you don't have to? You can silence me and you can inject snake oil into children without any understanding of your COVID mRNA vaccine and you consider that to be professional? You'll have to put up with my language and I am infinitely more professional than your pro vaccine side has ever been.

3) The COVID antibody does NOT enter lung cells.

4) The COVID antibody, even if it somehow magically makes itself appear out of nowhere in the year 2020 and magically passes through the very tight lung barrier to enter the lung air space and magically enters lung alveolar epithelial cells (antibodies don't typically enter cells) and even if the COVID antibody binds COVID viral mRNA (the COVID antibody binds spike antigen, NOT viral mRNA), the COVID antibody touching COVID viral mRNA within lung cells would NOT cause the viral mRNA to disintegrate. The COVID antibody was the single biggest red herring in the history of humanity from the time we became aware and could think. If you follow science, scientists refer to that as a "false positive."

I informed my mentor (the Director of Ophthalmology at Johns Hopkins, Chief Editor of Ophthalmology Times for a couple of decades, there isn't an ophthalmologist on Earth who doesn't know who he is) on or about May of 2020. He was stunned and believed I would win a

Nobel Prize for this discovery one day. I tell you this only so you are aware of how serious this issue is and how easily I can convince academics that there is a major flaw with the current vaccine paradigm. I'm not into "status" more than the next guy, if anything I'm less into showing off the "trappings of success." But I do have to explain who I am a bit in order for the readers to take me seriously.

I am a Lasik surgeon and went to a top ten medical school (Univ. of Michigan) and scored 97 percentile on my Part 1 board exam and have performed 70,000+ eye surgeries in the past 26 years without a single Lasik lawsuit since I completed my refractive surgery fellowship under Dr. Peter McDonnell. Over the past three years, we have had many conversations about COVID and my findings. He is equally aghast at the lack of scientific open-mindedness from the medical leadership. He half-jokingly told me in one of our many conversations that "they" might want to put me in prison soon and that he would have to fly out from Baltimore to bail me out. This is the state of modern medicine?

If your position is that many papers show the COVID vaccine to be "safe and effective," you absolutely need to review the 73 pages I sent to Dr. Fauci in February 2021, https://lungvirus.com/letters-to-share. Is a gun with 999 empty chambers and ONE bullet, is it "safe and effective" to point that gun at an infant? Or anyone else for that matter? If there is no benefit, and there is ONLY risk, then how is it different from pointing a gun with a thousand chambers and only one bullet, pointing this gun at someone and pulling the trigger? For any medicine on earth that has risk but NO BENEFIT, it is impossible to call that medicine "safe".

But, the COVID mRNA vaccine appeared to work in their FDA clinical trial. How? Well, as I so clearly show, the vaccine can't "work" because of a "neutralizing antibody" in the lung. Then shouldn't any rational scientist look for ANOTHER reason as to why the data looks good? Here's my alternate hypothesis for why the COVID vaccine "appeared" to work. Any review paper on COVID mRNA vaccines will describe that the main side effect of the mRNA vaccines is chemokine stimulation and production by the body. That is why patients develop muscle aches. If, in fact, the COVID vaccine tricks the body into making Interferon and Interferon is KNOWN to be anti-viral (tens of thousands of peer reviewed published papers), the short protective effect of the COVID vaccine in all their many COVID vaccine studies can be wholly attributed to the SIDE EFFECT of the COVID mRNA vaccine. Then, it truly is NOT a vaccine, and the short-lived beneficial effect of the COVID mRNA vaccine is PURELY due to the SIDE effect of the vaccine. Then, it is a PRO-DRUG type medicine, and in the history of medicine, we are not in the habit of giving a medicine when the patient does NOT have the illness. The Risk/Benefit analysis is **never** favorable when providing a medication to a patient who does not have the disease that the medicine supposedly targets. Because if the benefit is zero, dividing by zero leads to an infinitely large risk/benefit ratio. But you DO have qualified pharmacists, physicians, and scientists who understand this.

Did your pharmacists NEVER wonder why the FLU vaccine was supposedly helpful against COVID too? When the COVID mRNA vaccine has to be constantly updated for different strains

of COVID? But the FLU vaccine which creates an antibody completely unrelated to the COVID antibody, yet the FLU vaccine supposedly also provides some protection against COVID? Because both vaccines when administered gives the patient muscle-aches because BOTH vaccines function as adjuvants and trick the human body into producing many chemokines, including INTERFERON which IS anti-viral in tens of thousands of peer-reviewed papers. You have the ultimate false positive on your hands because your industry is incapable of designing the most basic experiment with the most basic controls. A paper came out showing even the tetanus vaccine was helpful against COVID. You have two hugely un-related vaccines that supposedly ALSO help to reduce the severity of COVID and those were HUGE clues that the COVID antibody was NOT the reason the COVID mRNA vaccine was helpful. The only commonality between the COVID mRNA vaccine, the FLU vaccine, and the tetanus vaccine is the adjuvant effect of inducing chemokine formation by the body in response to the foreign material.

How is it possible that this colossal error was not realized before and that no other physician called out this problem? Because the COVID vaccine was modeled after the FLU vaccine, and the FLU vaccine had a "built-in" excuse for why it didn't work so well some years, "Oh, the virus strain changed on us." Ah, so then no one "looked" for another reason why the FLU vaccine (some years) had such miserable efficacy data. The FLU vaccine has all the faults and problems I am describing for the COVID vaccine (the neutralizing antibody has no path through the lung barrier into the lung area infected by the virus). Scientists never rigorously assessed why the FLU vaccine had such dismal efficacy rates some years *because* the FLU vaccine scientists had a built-in excuse, "Oh, the virus strain changed on us this year." But that was NOT the reason the FLU vaccine was ineffective for some years. The FLU vaccine had the identical insurmountable fatal flaw as the COVID vaccine. The neutralizing antibody is a gargantuan molecule and never enters the lung air space in sufficient numbers to affect the outcome of the viral infection.

Both vaccines "appeared" to work based on their side-effect of chemokine induction by the human body. That is what you would call a "pro-drug," and not even truly a pro-drug but more just an adjuvant. This isn't even going into the potential fraud in the clinical trials. This is assuming the researchers were ethical and properly reported the emerging data.

I am confident that CVS, Walgreens, and Rite-Aid have competent science and legal teams that can review the information I am sharing with you. I have already informed Pfizer, Moderna, and Johnson and Johnson; they have had basic information regarding the size issue for almost two years (the antibody has no viable path into the lung air space, through the lung barrier), and they do not seem to want to do the right thing. There will be **many** lawsuits over this issue. I have the most extensive paper trail on Earth that describes this gargantuan mistake, and I have receipts to show all my efforts to reach the directors of the NIH, CDC, FDA, and the manufacturers of the COVID vaccine. I even retained an attorney just to send out those letters for me. I have reached out to countless other influential physicians and scientists, most too afraid to help support an "anti-vax" position.

The cure for COVID is not a Food, is not a Drug, and is not Administered. Maybe that is why the F.D.A refused to review my application for a clinical trial for fasting, even after several back and forth emails with me? Their last email to me was that my proposal for a clinical trial comparing fasting versus no-fasting for a couple of days after the onset of COVID, was NOT reviewable. Because that clinical trial, if they approved it, would have shown the tremendous benefit of fasting? Because that study, if they approved it, would show the sheer stupidity of the antibody model to fight the COVID virus? Because the cure for COVID is not FOOD, not a DRUG, and not ADMINISTERED? Does that mean the cure for COVID (fasting) is not under the jurisdiction of the FDA? LOL. Maybe I should recommend to Vivek Ramaswamy that the FDA should also be on his list of government organization abbreviations that need to be dismantled? The FDA Commissioner received a lot of my information almost two years ago. Their Chief Legal Counsel received my emails and I have email replies from them also. They will not be able to avoid accountability.

1.4 The Next Steps for Every Organization receiving this Information

In this situation, the retail pharmacies only have culpability based on their actions **from this point forward**. From my knowledge, you were unaware of this issue with the COVID antibody having no viable path through the lung barrier into the air space. Well, now you are informed. It will be hard for any of the four pharmacies to later claim they weren't aware of this because not only am I sending all this information by certified mail, email, and fax, I am also sending copies to the DOJ attorneys who were involved in the opioid settlement and also sending copies to many health journalists/reporters who covered the opioid settlement. I will also send this document to every state medical board and the top 50 US Medical school deans. I will also send this document to every contact person I have reached out to over the past three years.

Every single one of your pharmacists can explain to me without hesitation EXACTLY how Amoxicillin prevents bacterial growth, down to the EXACT mechanism. They can explain how the COVID vaccine works also, but when I explain the blood-lung-barrier issue? They are **uniformly** stumped. It is the SINGLE biggest mistake in the history of medicine. Because in science, if you are informed your hypothesis is broken, but it appears that your "medicine" still seems to "work," you most likely have a massive "false positive" on your hands.

Now that you are informed of this massive issue, not informing prospective patients who receive the COVID and FLU vaccines at your centers will constitute a lack of proper informed consent and all the medico-legal ramifications that ensue from covering up this information.

The organizations involved in producing/distributing the COVID vaccine have been provided legal immunity by the government in what is known as the PREP ACT. However, there is a MAJOR exception to the legal immunity provided. If an organization is involved in "willful misconduct," that "willful misconduct" voids the "legal immunity" provided by the PREP ACT. What do you think the jury will conclude?

Once I inform all RETAIL PHARMACIES that the COVID vaccine provides NO benefit via the hypothesis under which the EUA was granted (a neutralizing antibody in the lung) yet continues to dispense the COVID vaccine? Will the jury deem this to be "willful misconduct"? It is hard to imagine any jury of average Americans who would not collectively be aghast at the magnitude of the wrong perpetrated against the American people if the organizations, having been INFORMED of this gargantuan error with the vaccines, CONTINUE to dispense the COVID and FLU vaccines.

Your teams should include proper documentation of your next steps after reviewing this information. You should NOT rely on some scientist merely saying that it is NOT the responsibility of the retail pharmacies to determine "safe and effective" but that if the FDA deemed it to be, that is the extent of your responsibility. That route will **still** leave your organization at risk of massive class action lawsuits. ANY pharmacist understands the blood-

brain-barrier issue. This is a blood-lung-barrier issue. ANY pharmacist understands that a medication, drug, or molecule to be "effective" MUST be present in the target organ being treated. The fact that this is such a glaringly SIMPLE mistake which any pharmacist can easily understand, increases the responsibility of the retail pharmacies.

The manufacturers of your COVID vaccine have been informed by me of this fatal flaw with their hypothesis. Any discussion you have with the manufacturers should be recorded, with both sides acknowledging that a recording is taking place (or letters can be written), but you aren't going to want to hold private conversations with the manufacturers without leaving some kind of evidence. The manufacturers will probably want to protect their interests which are NOT aligned with your interests now, since the manufacturers were already put on notice by me and refused to do the right thing.

If the retail pharmacies are looking out for themselves, secret discussions with the manufacturers will only have the "appearance of evil." Forward the manufacturers my basic questions in written form. Have the manufacturers reply in writing, with signatures, so the responsible person can be held to account. Your stockholders will look for any mishandling of this issue, since, if you don't do the right thing, your stock price may plummet later when all this comes to light, so it is in your best interests to act as if you are one of the good guys and that everything you do from this point forward is being closely watched by those who can actually punish your Company in court if you screw up. Do what you tell your children to do, "do the right thing."

Your actions should include notification to the SEC that you have received information that can drastically affect your organization's stock price. Of course, I will also provide the SEC copies of this letter. When the public discovers that you were INFORMED of this fundamental but very GARGANTUAN scientific flaw with the COVID vaccine, don't you think it will hurt your BRANDING if you don't take proper corrective action NOW? Do you **really** want to take responsibility for all the nightmare issues stemming from inappropriate actions to the information I am forwarding you?

I informed Dr. Anthony Fauci in October of 2020. His response via Dr. Emily Erbelding was far from appropriate. I responded to his very non-open-minded response with a 73-page letter in FEB 2021, with a U.S. Copyright to PROVE date (Registration Number TXu002243916 / 2021-02-03). That data is included on my website, www.lungvirus.com.

I am confident that at least one retail pharmacy will do the right thing. The retail pharmacy that does **not** do the right thing will probably suffer severe negative consequences to its branding. The retail pharmacies that DO the right thing, all their actions and correspondence will be opened later in a court of law and will be compared to the retail pharmacy that has no interest in protecting their consumers and when THAT further comes to light, the retail pharmacies that aren't interested in protecting the health of their consumers will probably take a further hit to their stock price. As you can see, I am being exceptionally thorough so we can all help protect

the lives of innocent people everywhere from a vaccine that can kill but can't provide any benefit via a neutralizing antibody in the lung air space.

That is just my guess, but a pretty good one. Please call me and keep me updated and informed of your actions. If you are convinced by someone that this is a non-issue, you should have that person in your organization provide a written scientific rebuttal. Without a signature, **you** will be the one responsible. If you do not respond to my letter, I will continue to fax and email and send letters via mail. Once this information reaches the public, all this will come to light. So, it is in your best interest to behave correctly and to **not** sweep this issue under the rug.

If BIG PHARMA has vaccinated 5 billion people with a vaccine that has NO BENEFIT via the neutralizing antibody in the lung, and I have previously informed them of the fatal flaw with the COVID vaccine hypothesis, and 1 in 1000 had severe side effects, and the jury concludes that once informed by me, that they were engaged in "willful misconduct," don't you think it could drop their stock price by more than half?

As I explained to the Commissioner and Chief Legal Counsel of the FDA, what mother would ever let some damn pediatrician vaccinate her child if the mother knew that not a single scientist at the FDA can explain how the gargantuan COVID antibody molecule crosses the very tight lung barrier, to enter the lung air space, which IS where the COVID virus is decimating lung alveolar epithelial cells?

Always keep in mind, the PREP ACT gave organizations "legal immunity" for the COVID vaccine but with a HUGE exception, serious side effects for the patient and "willful misconduct" on the part of the Company. Not responding correctly to my most scientific and most serious questions regarding the flaw with the COVID vaccine hypothesis, I believe, will be deemed to be "willful misconduct" by any thinking jury of the injured person's peers. I believe that ignoring all this information that is disclosed here and continuing to sell your COVID and FLU vaccines in spite of receiving this information will be deemed to be "willful misconduct" and that will negate the "legal immunity" you believe you currently have.

All the content on my website, www.lungvirus.com and my substack, https://josephyleemd.substack.com are incorporated herein by reference.

2 Nightmare Flaw with the COVID Vaccine Hypothesis

2.1 Vaccine Hypothesis Flaw – No path into the Lung

This fundamental flaw with the COVID vaccine hypothesis is one of the biggest mistakes in the history of modern medicine. It can easily be explained to a layperson in a single paragraph. The lungs are basically an air pocket inside our body. Our body is mostly water. If our lungs could not keep tiny water molecules that only weigh 18 Daltons out of our lung air space, we would have already drowned in our own fluids.

The lungs are surrounded by an essentially waterproof jacket (a.k.a. blood-lung barrier). The lung cells being infected by the COVID virus are on the inside of this lung barrier. The neutralizing antibody formed in response to the COVID vaccine is formed in the blood and lymph and must cross this lung barrier to neutralize the COVID virus and protect the lung cells.

The problem? The COVID IgG antibody molecule is a massive 145,000 Daltons in weight. If a water molecule is the size of a baseball, the COVID IgG antibody is the size of a small car. No SINGLE peer-reviewed publication on earth describes an active transport mechanism that can ferry these gargantuan COVID antibody molecules across the lung barrier into the lung air space. Are you beginning to see the scope of this nightmare issue? Your COVID vaccine (prodrug) induces the formation of a neutralizing antibody (drug) that can't access the lung alveolar epithelial cells that it supposedly protects.

When I first discovered this flaw, I could not believe the size of this error either. I reviewed it over and over, with the same conclusion. The COVID antibody had no path into the lung air space. I finally had the courage to call my mentor, Dr. Peter McDonnell, who trained me during my fellowship in refractive surgery at USC/Doheny Eye Institute in 1998. He is currently the Director of Ophthalmology at Johns Hopkins. I reached out to him on or about May of 2020. He was startled and quite taken aback at the information but was impressed enough with my findings to tell me that he thought I would a Nobel Prize for this discovery. Not that I'm concerned about such status symbols. We did keep in touch every couple of months or so for the past three years. Of course, going against the scientific establishment and BIG PHARMA is not emotionally easy; without his constant encouragement, I doubt I would still be fighting this incredible fight.

At one point, my mentor told me, "Joe, I think they're going to try to put you in prison (half-jokingly), and if they do, I'll fly out from Baltimore and bail you out because your daughter needs her dad". That brought tears to my eyes then. It gave me hope that there were still many good people and gave me the courage to press on. He also told me many times during our frequent conversations that his mentor had told him, "Paradigm shifts in medicine occur one

funeral at a time .” When I first discovered these issues, I was reasonably sure that my 73-page letter to the Directors of the NIH, including Dr. Anthony Fauci, would END the COVID vaccine roll-out. Fast-forward more than three years, and I am **still** trying to get this life-saving information out to the general public. Yes, fasting for 2 to 3 days IS the CURE for COVID, every strain of COVID, every strain of influenza, every rhinovirus, and every respiratory RNA virus. If an 85-year-old patient knew that FOOD CAN KILL YOU the next 2 to 3 days after the start of respiratory viral symptoms, would anyone at that age really take a chance and eat a hearty steak dinner?

There will be MANY clinical trials comparing “fasting” versus “no-fasting” after the onset of respiratory viral symptoms. EVERY future clinical trial that studies this will have to be cut short because it will be unethical to withhold this life-saving CURE FOR COVID (caloric restriction for 2 to 3 days) from the control arm of the clinical trial. But this is how flawed the peer-reviewed clinical paper system is. Over 90% of all peer-reviewed papers regarding the COVID vaccine are severely flawed. What proof do I have? 99% of toddlers under five years of age, from the past 200 years (over 50 billion toddlers) when infected with a respiratory virus, these toddlers uniformly become fussy and drastically cut down on their food intake. Because evolution has time on its hands and almost always gets it right. The cure for respiratory viruses? **Decreasing or eliminating caloric intake for 2 to 3 days from the start of respiratory symptoms is the cure for COVID and the FLU and for any respiratory virus (and will probably help against many other viruses).**

It has been three years since my first efforts to get all this life-saving information out, and even with Elon Musk purchasing Twitter to make Twitter a bastion of free speech supposedly, I was **still** permanently suspended from Twitter a few months ago, after reaching over 50,000 followers in a few months of tweeting over 300 Tweets daily. On or about October 15, 2022, my first Twitter thread went viral; 10,000 people followed my @leelasik account in one day. Censorship should have no place in science.

I reported this issue in a letter to Dr. Anthony Fauci and Dr. Francis Collins in October 2020. Dr. Fauci forwarded the letter to Dr. Emily Erbelding, the Director of Infectious Disease at the NIH, and she responded a few weeks later with this two-page email, Appendix 2.

I was very disappointed in her lack of scientific response to my letter, exposing the single biggest mistake in the history of medicine. Likewise, my mentor was also very disappointed in the lack of open-mindedness in their reply to me. I responded in February 2021 with a 73-page letter, “Potential Flaw with the COVID vaccine hypothesis.” I also put a U.S. Copyright on the 73-page document (Appendix 1) because I was beginning to doubt that Dr. Anthony Fauci would do the right thing.

The anti-vax camp almost uniformly assumes that the SIDE EFFECTS and RISKS of the vaccines do not justify their use. The simple argument I am making is that there is NO BENEFIT of the vaccine via their hypothesis of a neutralizing antibody if the neutralizing antibody can’t enter the lung air space affected by the COVID virus. This single argument should have easily put an

end to the COVID vaccine. I have developed many more arguments, and many of these scientific arguments are also capable of single-handedly ending all vaccines against viruses.

I show in many ways that the COVID vaccine provides little to no benefit via a neutralizing antibody in the lung air space. Most of these arguments are sufficient to END the COVID vaccine SINGLE-HANDEDLY. I have shown convincingly that the COVID antibody was NOT present in 20 million Americans (in the year 2020) when these 20 million Americans were infected for the first time with COVID. I also show convincingly that the COVID antibody has no path through the lung barrier into the lung air space, where the COVID virus infects lung cells. Those two arguments alone should have ended the COVID vaccine LONG ago. This was delivered to Dr. Anthony Fauci and many NIH, CDC, and FDA directors in a 73-page detailed scientific document, along with phone calls, emails, and certified letters sent via attorneys. My paper trail with Dr. Anthony Fauci started in October 2020. My first reply from an NIH Director was a few weeks following that. There will be accountability.

The "blood-lung-barrier" issue for the COVID vaccine is insurmountable. The COVID vaccine produces a gargantuan antibody molecule that has no viable path through the lung barrier, into the lung air space, where the COVID virus infects lung alveolar epithelial cells. We are speaking science, not magic. If you want to show the benefits of a COVID neutralizing antibody in the lung, it MUST have a path into the lung. Amazingly, this incredible, fatal flaw with the COVID vaccine hypothesis of a neutralizing antibody is not the only fatal flaw with the neutralizing antibody hypothesis. The lung barrier issue is documented extensively in the summary and in the 73-page attached letter that was sent to Dr. Anthony Fauci long ago.

I have documented on Twitter and Substack (https://josephyleemd.substack.com) many other scientific arguments to show the LACK OF BENEFIT of the COVID vaccine, and almost every argument below can also stand on its own to END the COVID vaccine. Yes, the CDC, NIH and FDA directors look increasingly incapable, do they not?

In my mind, I am putting my life at risk because BIG PHARMA may lose billions of dollars if my information becomes wide-spread. But, I am single-handedly doing the work of the FDA, the work of trying to protect the American public from the sheer stupidity that is the COVID vaccine. If I end up suspiciously dead, I hope law enforcement looks at those who have the most to gain from my untimely death.

I know exactly what I have done, the seriousness of my discoveries, and how many people will benefit from the knowledge that is included here. Do the right thing. If you don't and later the general public discovers your role in this fiasco, it's not likely that you will keep your jobs and your children will ask you, "dad, why couldn't you just do the right thing?"

2.2 The MAIN EFFECT of the COVID Vaccine Booster is to Cause Clots

Every single antibody molecule formed in response to the first vaccine can combine with the spike antigen formed in response to the booster vaccine, and then every single one of those immune complexes is fully capable of activating platelets. This is not a "side effect". This IS the main effect of every antibody formed from your vaccines.

If people started noticing a connection between a new pain medication, let's make up one, drug X, and blood clots, and then if scientists discover that platelets are actually activated by X, don't you think X would be taken off the market until further research has been performed?

Clearly, there are many cases of sudden death and clot formation that are probably linked to the COVID vaccine. What will it take for this incredibly unbelievably poorly studied COVID mRNA vaccine to be taken off the market? What do the "defenders" of the COVID mRNA vaccine say when such an association is discovered? "It hasn't been studied, and so we don't know." Why don't they do the exact same thing they would do if the hypothetical X caused clots and they discovered that X activates platelets to cause clots? Is there any further study that is necessary before the hypothetical X is taken off the market? No. And the same goes for the COVID mRNA vaccine.

The COVID mRNA vaccine is unquestionably associated with an increase in blood clots. Didn't Lebron James' son have heart issues, and wasn't he thoroughly vaccinated? If he ever gets all this information that shows how the COVID mRNA vaccine can cause clots/strokes/heart attacks, don't you think he will be furious? There is an absolute association between the COVID mRNA vaccines and clots. I will show below the hypothesis that connects this "clot shot" with "clots." Actually, I will show that the "main effect" of the COVID mRNA vaccine/booster is to induce clot formation with facts and logic, using facts from well-established science, that will be virtually impossible to argue against.

When a patient is given the COVID vaccine, COVID IgG antibodies form. Every one of these COVID IgG antibodies can bind to platelets. Every IgG antibody has an FC region. Every platelet has many FC receptors. Every COVID antibody/COVID antigen immune complex can bind to a potentially clot-causing platelet. THAT IS THE CONNECTION between the COVID vaccine and blood clots. Is there more science that is needed to STOP the COVID vaccine before this issue is thoroughly vetted? No, but the pro-vaccine crowd made the vaccine political and mandated the vaccine, and many brave people lost their livelihood for refusing to get the vaccine. Now the pro-vaccine scientists have seemingly lost every bit of rationality. It becomes more and more challenging to change one's position the more you are emotionally committed to that position. To take the position that the vaccine should be mandated and people should lose their jobs if they don't take the vaccine, is a very emotionally committed (extremely low IQ) stand.

Now, look at the fallout from that position. I create an identical situation with a hypothetical medication, and every physician on Earth knows that the public should be protected from "X" since the connection between "X" and clots, the finding that X binds to platelets, that single fact is sufficient to show a plausible probable link between X and clot formation. Didn't I just describe that exact connection between the COVID mRNA vaccine and clot formation? And NOT just ONE isolated finding but that EVERY COVID antibody ever produced can bind a COVID spike antigen forming an immune complex, and that every one of those immune complexes can activate any human platelet.

As if all the paragraphs and sections I wrote showing the "LACK OF BENEFIT" of the COVID vaccine isn't enough, here is an authentic connection between the COVID vaccine and blood clot formation. Google it. Platelets DO have FC receptors. IgG antibodies DO have FC regions. Human platelets express Fc γreceptor IIa (FcγRIIa), the low-affinity receptor for the constant fragment (Fc) of IgG that is also found on white blood cells such as neutrophils and macrophages. Fcγ receptor activation generally requires antibodies that have bound the antigen, such as when the COVID IgG antibody binds the spike protein antigen (antibody + antigen = immune complex). Without question, platelets express a LOT of FC receptors. FC receptors can cause activation of platelets when an immune complex binds to a platelet FC receptor. The COVID antibody and bound spike antigen is an immune complex, and activated platelets result in blood clots. This is not just a "side effect" of the COVID mRNA vaccine booster. This is the "main effect" of the COVID mRNA booster vaccine.

Well, what about all the other "antibodies" that are in our blood against various pathogens? Please, let's not pretend that every antibody is the same just because so many antibodies exist. Let me explain with facts that are universally known. In the early 19th century, in America, the number ONE killer of children under the age of 20 was a condition known as Rheumatic fever. That fact took us DECADES to figure out. And now the whole fields of immunology and pediatrics have conveniently forgotten that very hard-earned information, and in the 21st century, the fastest and most dramatic rise of a "new" category of death for children under 20, probably the COVID mRNA vaccine. Repeated strep throat infections caused rheumatic fever. The streptococcus bacteria resulted in strep antibodies, which sometimes cross-reacted with the mitral valve. One antibody wreaked havoc on humanity early in the 19th century. ONE ANTIBODY, the STREP ANTIBODY. There are few examples better than this to show that you need to understand your medical history to avoid repeating it.

Now, I have thus far convincingly shown that clots can form with the presence of COVID IgG antibody combined with the presence of spike antigen and platelets in the blood.
I have convincingly shown that a single antibody was the number one killer of children (e.g., the strep antibody causing rheumatic fever) in a different century. I will now connect these dots and more to show that until this issue is thoroughly studied, all vaccines and boosters should be immediately halted.

If we go back to late 2020 and remember that we all heard the COVID mRNA vaccine distribution was a nightmare because it had to be transported frozen (sub-zero conditions).

I doubt more than a handful of people on Earth know why. The reason is not that mRNA degrades spontaneously without a reason. The vaccine mRNA is labile *because* RNase (ribonuclease) enzymes are ubiquitous. This enzyme is highly unusual in that it can withstand scorching temperatures. Autoclaving typically does not destroy all RNase functions. Incredibly, RNase can even withstand most sterilization procedures. Scientists who work with mRNA are very aware of the term "RNase-free zones". Yet, anywhere there are humans, you will find RNase molecules. RNase can be found on your skin, hair, floor, and even in COVID vaccine vials. Every cell on Earth that uses DNA prizes its RNase enzymes and would not exist without these RNase enzymes. Yes, Pfizer and Moderna could not have gotten it more wrong – to the mRNA vaccine manufacturers, the RNase enzyme is merely a contaminant that gives them nightmare headaches during manufacturing, processing, packaging, and distributing the COVID mRNA vaccine. Truly, the RNase enzyme is the unsung hero and the reason humanity so easily survived the COVID virus. But to BIG PHARMA? It is a contaminant that they cannot get rid of. The reality is that the LEE RNase is the unsung hero of the COVID pandemic. Yes, BIG PHARMA is THIS wrong about reality.

If you remember, the required shipping temperature of the COVID mRNA vaccine was initially much colder; over time, the stringent requirements were relaxed, and shipping occurred at sub-zero but still much warmer temperatures. The reason for the sub-zero shipping temperature was that cold temperatures drastically curtailed the activity of the RNase enzyme. But as the shipping temperature was relaxed to a less cold environment, the manufacturers probably added MORE mRNA samples per vial since more RNase activity destroys more mRNA vaccine. Here is the catch. It is virtually IMPOSSIBLE to determine whether the RNase enzyme "contaminant" is present or absent in a vaccine vial. Once you run tests to determine whether RNase enzyme is present, you ruin the sample vaccine vial, and it cannot then be used on a patient. So, for any particular vaccine vial, it is virtually impossible to assess the presence or absence of contamination economically. Remember, the manufacturers probably added more mRNA samples as the stringent temperature rules were relaxed. I think I have conclusively shown that the manufacturers had NO idea how much mRNA vaccine they were delivering to the patient since they had NO way of knowing which vaccine vials were contaminated with RNase (which would mean a lower mRNA quantity that is provided) and which vials were NOT contaminated with RNase (in which case there would be MUCH more mRNA vaccine delivered to the patient).

There are more areas in the delivery of this mRNA vaccine that add to the variability of the actual quantity of mRNA vaccine delivered. For example, during thawing, the presence of RNase contamination will drastically reduce the mRNA being injected into a patient. A thaw time for the vaccine of one minute would deliver a hugely different quantity of mRNA vaccine than a 3-minute thaw if the vial was contaminated with RNase enzyme. In many studies of RNase, one consistent fact that shows up in peer-reviewed papers is the impressive speed and efficiency of RNase in destroying mRNA. I have conclusively shown that the manufacturers of this mRNA vaccine had NO idea exactly how much mRNA vaccine they delivered to any single patient. But it could easily be 1000 fold different. As an example, one vial might end up having 10,000 units of the mRNA vaccine, and another vial might only have 10 units of the mRNA vaccine.

Let's break it down in micro-steps so no one questions this considerable range of vaccine mRNA quantity that will ultimately result in an even greater range in the amount of COVID antibodies produced. Let's assume 10,000 units of mRNA in the vial before shipping. The presence or absence of RNase can result in either 9,000 versus 10,000 units of mRNA delivered to the doctor's office. The variability of thaw time can result in 5,000 versus 9,000 units delivered to the patient. Once in the patient, 1,000 units versus 4,000 units may enter cells. The production of the spike antigen protein may be from 500 units versus 3,500 units worth of mRNA. The expression of the spike antigen (spike antigen leaving the cell to enter the bloodstream) could range from 300 units to 3,300 units worth of mRNA. The duration of protein production from this synthetic mRNA could vary from 30 units to 3,300 units worth of mRNA. See how easily I turn a 10% variability in each phase of the COVID vaccine mRNA delivery, from actual physical delivery all the way to spike antigen expression, when total variability combined easily ranges over 1000%, from low to high. In my example, the range from low to high is over a 1000%. The reality is that no one knows how much vaccine mRNA was delivered to any given patient and how much actual neutralizing antibody is made from the exact same quantity of mRNA actually put into the vaccine vial.

Ah, and by the way, this is also the reason why mRNA technology will never work for any medication. If I need ten units of insulin in ten minutes, and you deliver 200 units of insulin to me either in a day or three days via your mRNA technology injected into me, and you ALSO induce your "side effect" of activating my immune system with your mRNA (any mRNA acts like a powerful adjuvant) while trying to deliver to me my ten units of insulin that I want, well didn't you just fail incredibly miserably? Yes, if you can't deliver the medication I need at the right dosage (at least within 30% plus/minus what I need, so 7 to 13 units of insulin), then I can't really take your mRNA medicine for my insulin needs, correct? And any valuable medicine I need, I usually need the correct dosage and at the correct time, yes? But, your mRNA medicine, whatever it is, will never be able to meet those basic drug delivery goals correct? So, if you're delivering a "medicine" via this mRNA technology, but the actual amount of "medicine" that my body made in response to your mRNA medicine, if that amount of medicine varies from 10 units to 1000 units and the delivery of the medicine ranges from days to weeks without being able to pinpoint exactly when it is delivered, is it really a "medicine?" LOL. Sounds like a fancy expensive to produce "vitamin" to me. A "vitamin" that can induce "auto-immune" disorders every time it's given. Good job dumb mRNA technology companies.

Yes, there is a point to all this discussion and establishing the facts above. I will use the story of one of my relatives as an example. He received the first mRNA vaccine. A couple of months later, he received the second mRNA vaccine. A week or so after, he had a big heart attack and almost died. The first mRNA vaccine resulted in COVID IgG antibodies that peaked right around the time he received his second vaccine. When he received the second vaccine and the spike antigen filled his blood, this time around, he HAD COVID IgG neutralizing antibodies, and they bound to the spike antigen that formed in his body in response to his second vaccine dose. For the first vaccine, he did **not** have COVID-neutralizing antibodies when the first vaccine resulted in the formation of spike antigens in his body. For the SECOND vaccine, he DID have neutralizing

antibodies from the FIRST vaccine. When the SECOND vaccine-induced spike antigen formed, they were neutralized by the FIRST vaccine-induced neutralizing antibodies.

Now, he has the antibody-spike antigen immune complex (IC) in his blood. Those immune complexes now activate platelets via the platelets FC receptors. Clots form. Why would some people develop more clots and larger significant clots? If my relative happened to have no RNase contamination in their first vaccine vial or their second vaccine vial, then he would have had a very LARGE amount of mRNA vaccine delivered for his FIRST vaccine and would have formed a LOT of IgG antibodies after his FIRST vaccine. Following his SECOND vaccine, he would form a LOT of spike antigen in his body. Now, he has MANY MORE immune complexes (compared to average) that can activate MANY MORE platelets resulting in MORE and LARGER CLOTS.

Yes, I studied very hard in medical school. I scored 97 percentile on my Part 1 Board exam. During my first year at the University of Michigan medical school, I scored a 100% on my biochemistry final. Yes, I had memorized many pathways and could draw out every molecule of the Krebs cycle from memory. Even if I am NOT an immunologist, in science, I am allowed to ask hard questions about their vaccines that expose the sheer idiocy of this COVID vaccine (and most other vaccines against viruses). Because, the high priests of human child sacrifice will never give up their heinous practice unless forced to.

Without question, clots that form in blood typically affect the venous side more since the lung acts as a filter to catch most clots before the clots reach the heart. That is not to say that platelets, COVID antibodies, and spike antigen aren't present in the small capillaries of the lung on the side of the pulmonary artery and that clots **could** form even on the arterial blood flow side of the lung, thus affecting the coronary blood vessels and the brain. There is more time and slower flow on the venous side of the circulatory system, but that does not exclude possible clot formation on the arterial side. A clot on the venous side will be filtered by the lung. But that does not exclude the possibility of a clot forming on the arterial side, starting from the tiny capillaries (arterial side) in the lung.

Our circulatory system is just like any other fluid-filled looped pump and pipe system, prone to wear and tear. When one increases the viscosity of the fluid being pumped, there is subtle wear and tear on all parts of the system, but the one area with the most accelerated damage is the pump, particularly the valves in the pump. This is no different from our cardiovascular system. Thickened blood will result in the most damage to the pump, our heart. Any researcher knows that if you add albumin to water, the viscosity of water will increase. An albumin molecule is about 50,000 Daltons in weight. An IgG antibody is 145,000 Daltons (or 145 kDalton) in weight. An IgM molecule is a gigantic 725,000 Daltons in weight and will dramatically increase the viscosity of blood, given sufficient concentration. When a patient receives an unknown amount of mRNA vaccine, if the amount of spike antigen produced is several-fold higher than the average patient, then much more IgM antibodies will initially form, followed by IgG antibody formation. The amount of IgM produced in a given patient can be up

to 10 times higher than the average patient. When a booster is given, there is even more IgM produced.

The resulting thickened blood will cause increased wear and tear on the endothelial lining of the pump (our heart), and the resulting damage can lead to myocarditis/endocarditis. This inflammation can prevent the synchronous contraction of the heart muscle. Thickened blood from too high a concentration of antibodies can result in an increased workload on the heart. Just when the heart needs MORE blood flow through the coronary vessels, the increase in viscosity of the blood REDUCES coronary blood flow. If cardiac muscle does not receive sufficient blood flow, it can become electrically unstable, leading to cardiac arrhythmias such as ventricular fibrillation. Damage to the endothelial lining of the heart ventricles and valves from the thickened sludge of blood flowing through the heart can also lead to arrhythmias. Arrhythmias following myocarditis is a well-known phenomenon and extensively documented in the literature.

Now, more wrinkles on clotting. I interviewed an OB surgeon from Michigan who had an extensive list of vaccine side effect issues (dramatically life-altering) from the COVID vaccine. She had an elevated Factor 8 level. A low Factor 8 level increases the likelihood of a prolonged bleeding time following injuries. An elevated Factor 8 level increases the likelihood of clot formation. 8% of the general public is considered to have an elevated Factor 8 level. Combine a patient with an elevated Factor 8 level with an unknown amount of mRNA vaccine in the first vaccine and booster vaccine. One can easily see how this might create a hypercoagulability syndrome-type situation with all the concomitant sequelae.

Here is yet another wrinkle on clotting. Clots on the venous side are filtered by the lung. That isn't without consequences. Pulmonary embolisms are diagnosed when very large embolisms are found. It is typically a difficult diagnosis to make, and a 5-10% decrease in functional lung capacity from many microemboli (clots that are on the move in the blood) is not going to be easily diagnosed. But, now the thicker sludge-like blood carries LESS oxygen, and moving the same amount of blood with LESS oxygen takes MORE energy for the heart, and so there is now a vicious cycle of more damage to the heart, less efficiency of heart contractions, more work for the heart as a pump, more required blood flow through the coronary arteries, less blood flow with less oxygen through the coronary arteries, still possible many micro-clots in the coronary artery to capillary range with even less blood delivered to the heart. Talk about a vicious bad cycle. Oh, and all for what? For a mere one month of a theoretical therapeutic level of IgG COVID spike neutralizing antibody, this gargantuan antibody that does NOT even have a viable path into the lung area infected by COVID? Ah. You're beginning to realize the sheer stupidity of aging leaders who have been in the same leadership position for several decades.

There is yet another wrinkle in this ridiculous mRNA vaccine causing side effects. It is impossible to tell the total amount of IgM antibodies produced by the mRNA vaccine when measuring only the amount of COVID spike antigen binding IgM in plasma. This same logic applies to the COVID IgG spike binding antibody. You could be grossly underestimating the total amount of antibodies produced in response to the COVID mRNA vaccine because you ONLY looked for the

COVID neutralizing antibody made to the top of the spike antigen. When a person has a COVID infection, antibodies form to the top of the spike antigen, and those are the antibodies we try to detect and quantify. When a person is given a COVID spike antigen that is not attached to a virus, either in that free form or via mRNA (which codes for free COVID spike antigen), that COVID spike antigen has a three-dimensional shape. In a natural infection, the bottom and sides of the spike antigen do not present antibody-forming B-lymphocytes. However, with a vaccine, free spike antigen is delivered to the blood/lymph. Now, you will form antibodies against the side of the spike antigen AND the bottom of the spike antigen. Suppose you haven't looked for these, and there is zero evidence that a single vaccine researcher ever looked for these additional but very different antibodies. In that case, you are severely UNDERESTIMATING the total amount of antibodies that have been formed, and remember that each generated antibody/antigen immune complex can activate PLATELETS causing a CLOT.

Of course, if a researcher ONLY looks for the antibody to the top of the spike antigen, how would they ever find the at least two other antibodies, which are unquestionably formed? Remember, ONE antibody, the STREP antibody, wreaked havoc on children's lives early in the 19th century and was the number one killer of children under 20 at the time. We have with this COVID mRNA vaccine an absolute MINIMUM of THREE antibodies that are unquestionably formed, but only ONE antibody has been studied. And the ONE antibody they DID study, they can't even understand how a one-month therapeutic value can provide benefit when they don't even know how the antibody crosses the lung barrier to access the area of the lung infected by COVID.

Do you begin to see that passively trusting that all these immunologists would have found major errors, that that belief is highly unfair to those prospective patients you will inject with your extremely poorly studied COVID and FLU vaccines? Although these extra two antibodies have NO ROLE in a COVID infection since free spike antigen does not circulate in the blood from a natural COVID infection, the additional antibodies DO contribute to side effects and clots. If you don't know what you're looking for, you may never find it, even if it is clearly there. The researchers believe that they produced a max of X units of antibody from the COVID mRNA vaccine, but the real amount of antibodies that they produced is at an ABSOLUTE MINIMUM 200% greater than that number since two other very distinct antibodies that they never looked for were also produced.

Since antibodies combined with antigen (e.g., an immune complex) can activate platelets and cause clots, and since the concentration of antibody that you THINK was formed is only 30% of the actual amount of antibody formed, without a careful analysis of this issue, re-assessing clot risk with the CORRECT amount of antibody formed, THIS ONE FACT alone is more than enough to call for an IMMEDIATE HALT to the COVID mRNA vaccines, and all other vaccines.

This "effect" of booster COVID mRNA vaccines is NOT a "side effect" of the vaccine. It is the "main effect" of the booster COVID mRNA vaccine to activate platelets and white blood cells. By the time COVID antibodies have reached their peak concentration level in the blood after the booster vaccine (let's say that time is 2 months following the booster), each antibody that

has formed can combine with a spike antigen produced in response to the booster vaccine forming an "immune complex". Every "immune complex" formed after a booster COVID mRNA vaccine can activate a white blood cell or platelet in the blood. Two months following this peak antibody level, the antibody level in the blood has dropped to 25%. By the third month from peak antibody levels, the antibody level has dropped to 12%. That means that unless you were exposed to COVID in those three months, 88% of antibodies disappeared from your blood having NEVER touched a live COVID virus. But, those 88% antibodies all DID bind to COVID spike antigen in your blood/lymph (formed in response to the booster vaccine) and that resulting "immune complex" was highly likely to activate either a white blood cell or a platelet in the blood. So, what is the "main effect" of the booster COVID mRNA vaccine? To activate a white blood cell or platelet (causing at the minimum a micro-clot). So, the booster COVID mRNA vaccine will cause formations of "immune complexes" which are MUCH MORE likely to cause a micro-clot than to neutralize a COVID virus. Again, this is the "MAIN EFFECT" of the COVID mRNA vaccine by sheer number.

I discuss some possible hypothesis about how the COVID mRNA vaccine can cause cancer. Yes, that is a very good hypothesis and in science, unless you can rule-out my hypothesis with good clinical research, you cannot merely dismiss the hypothesis. But, agreed, that it IS a hypothesis. These facts that I bring up that the booster COVID mRNA vaccines "main effect" is to activate white blood cells and platelets? These facts are NOT merely a hypothesis. These are cold, hard facts and what I did is connect these absolute facts (dots) to point out the truth.

Irrefutable fact number 1. When a booster COVID mRNA vaccine is given within 4 months of the first COVID mRNA vaccine, the patient will have COVID antibodies in their blood at the exact time the booster COVID mRNA vaccine is being administered.

Irrefutable fact number 2. Within weeks of being given the booster COVID mRNA vaccine, COVID spike antigen will be present in the blood/lymph of the patient, ALONG WITH COVID antibodies that formed in response to the first COVID mRNA vaccine.

Irrefutable fact number 3. Within weeks of being given the booster COVID mRNA vaccine, COVID spike antigen in the blood/lymph and COVID antibodies in the blood/lymph will combine to form "immune complexes".

Irrefutable fact number 4. Once "immune complexes" form in the blood from the combining of COVID spike antigen and COVID neutralizing antibody, these "immune complexes" can unquestionably activate white blood cells and platelets (resulting in micro-clots at the absolute minimum). There are thousands of peer-reviewed papers showing that any "immune complex" can activate platelets.

Irrefutable fact number 5. Every antibody that forms from a COVID mRNA vaccine is much more likely to form an immune complex that can activate platelets. This is much more likely than the likelihood of a COVID antibody binding to a real COVID virus in the blood or lung.

Irrefutable fact number 6. I am using YOUR science on the COVID mRNA vaccine that shows you unquestionably produce COVID spike antigen and COVID antibodies. I am using YOUR science that says that your COVID antibodies unquestionably bind to your spike antigen forming an "immune complex". I am using established science that NO ONE IS QUESTIONING, that "immune complexes" activate platelets. Google it. You will find thousands of peer-reviewed articles that show "immune complexes" of any kind can unquestionably activate platelets. If you find me repeating my points, well, the pro-vaccine side published tens of thousands of papers over the past three years, repeating the same broken science that the COVID antibody is useful against COVID infections in the lung, when the COVID antibody has no path into the lung. So, excuse me for repeating the truth. But, I've said it in so many ways now, if you didn't happen to see the light with one telling, I've told it again and again.

The wrinkles won't stop. Clearly, a sign that the current aging paradigm of trying to "train" the body to better fight infections with vaccines that produce antibodies is outdated and should be relegated to the junk pile of dumb technologies such as rain dancing and human child sacrifice. The early Stanford data showed that a month after COVID infections, some patients had a lot of COVID antibodies, some had moderate amounts of antibodies, some had minimal antibody form, and some patients had no antibodies that formed. If antibodies were so useful, one would have expected those with the HIGHEST titers of antibodies to have had the mildest clinical course. It was precisely the opposite, and that was a HUGE clue. Those with the mildest clinical course had no antibodies form. Yes, the COVID virus infects lung cells inside the blood-lung barrier. And yes, this barrier can STOP water molecules AND can STOP COVID IgG antibody molecules of 145,000 Daltons and 10 nm in length. So how does this lung barrier which can stop COVID antibodies that are 10 nm long, allow COVID virus particles that are 100 nm in diameter to pass through the lung barrier and into the bloodstream? When an area of infection is too severe, resident alveolar macrophages begin to release severely destructive tissue-destroying enzymes that can also destroy the lung barrier. Water rushes into the alveolar space, the virus leaks into the bloodstream, and that area of the lung on chest X-ray looks white from the excess fluid that has filled the dark air spaces in the lung. Yes, COVID antibodies can clearly enter the fluid-filled lung alveoli then. But what use are silly little antibodies that amount to dart arrows when huge macrophages over 10,000 nm in diameter release destructive hellfire into the area? You don't call in the boy scouts to the front lines of the raging battle after you've sent in the Apache helicopters to rain hellfire on an area. If the boy scouts happen to be there, they are of no help by this time. COVID antibodies have the same silliness. No use by this time.

Now the wrinkle. In a real-life COVID infection case, in an average case, the amount of COVID virus that seeps through these ravaged lung barrier areas where the infection is severe and causes lung alveolar epithelial cell death (causing a breach of the lung barrier), the actual amount of COVID virus was probably not too high. The immune complex of COVID antibody/spike antigen in the blood is the cause of clots and problems, and the first illness with COVID probably won't leave as many sequelae since there isn't COVID antibody and COVID spike antigen immune complexes that can activate platelets. The COVID antibodies are barely present during the first ten days of a COVID infection. A second COVID infection a few months

after a first COVID infection would have all the necessary ingredients, COVID virus in the blood, which provides the spike antigen, the COVID antibody in the blood, and platelets in the blood.

But the COVID virus with attached COVID antibody is a much heavier entity than just the spike antigen and the COVID antibody. The COVID virus covered by COVID antibodies in the blood would then have to be near a platelet with FC receptors, and this attraction between the FC region of the COVID antibody/virus complex and the FC receptor of the platelet that connection would be much more easily broken in the turbulent bloodstream and unlikely actually to activate many platelets.

Ah, now, really, really, the wrinkle. The COVID-free spike antigen in the blood from a vaccine is an entirely different story. The free spike antigen + COVID antibody immune complex is MUCH more lightweight. This FC region of this immune complex would have at least a 300 times better chance of staying attached to the FC receptor of the platelets and activating them based on the weight of one spike antigen attached to a COVID antibody versus the weight of a whole COVID virus particle attached to a COVID antibody.

With the COVID vaccine-induced free spike antigen, you have created a set of disorders (from activating platelets) that would be infinitely less likely with a natural COVID infection, all in the name of TRAINING YOUR BODY TO BETTER FIGHT OFF THE INFECTION. Wow, science this shitty? Well, when you censor and shut up the opposing view, what dumbass can't look brilliant? Upset with my language? I've heard that if you don't let people speak freely, they scream obscenities. So, if there is slightly rude language in this document, you'll have to forgive me because my information has been heavily suppressed for three years. I was cancelled on almost every social media platform I used to spread this information. But compare my rude words to your actions vaccinating six-month old infants and pregnant women with a COVID mRNA vaccine that doesn't have a viable hypothesis. Agreed that my rude words pale in comparison to the evil of injecting a COVID mRNA vaccine into a baby when the antibody has no path into the lung and therefore the vaccine provides "NO BENEFIT" but DOES deliver lots of clots? More censorship, anyone?

Let's circle back to the athlete who suddenly drops dead or suffers cardiovascular complications. The athlete is very aware of his abilities and how fast he usually runs. After this athlete is given at least two COVID vaccines, he now has thicker blood that takes more energy for his heart to pump. For the same amount of blood pumped, the heart needs MORE oxygen since the blood is more viscous and requires more work to move the same amount of distance. The coronary arteries can't deliver the usual amount of blood/oxygen to the cardiac muscle cells since the blood is thicker and flow through a smaller diameter vessel is more compromised with thicker blood. But, the athlete pushes himself to the point that his heart can't keep up in this new situation. A person can exert himself to the point of causing ischemia and heart muscle damage. The same exercise routine that would typically have been no problem for this athlete is now impossible to perform without causing heart damage. A professional athlete is very aware of how hard he can push his body. But that knowledge is incorrect and his blood is significantly thicker right now so he can easily push himself too hard in this new situation,

without realizing it. Suppose part of the heart becomes relatively ischemic. That can interfere with the electrical conduction system of the heart, which allows for synchronous contraction, and arrhythmias, such as ventricular fibrillation, can manifest. There is your sudden death.

Now, circling all the way back to the early 19th century when severe or recurrent strep throat caused rheumatic fever. Please remember that back then, rheumatic fever was the number 1 cause of death for children under the age of 20. The current theory on how strep throat causes rheumatic fever is that a severe strep throat infection results in the production of antibodies against the streptococcus bacteria, and this strep antibody, in some cases, cross-reacted with the heart mitral valve and damages the valve resulting in aortic regurgitation and associated symptomatology. I have a slightly different view on why the heart valves were more likely to be damaged from a severe or recurrent strep throat infection.

Now circling all the way back to childhood vaccines in relation to the immune complex formation causing micro-clots theory. A child who has never had a vaccine develops measles. Over the course of several weeks, measles antibodies begin to build up in the blood. By two months from the onset of the first measles infection, the measles antibody has peaked. For the first infection with measles, this child did **not** have measles antibodies. Suppose the child is exposed again to measles and develops measles again 2 to 4 months from his first measles infection. For the SECOND measles infection, the child has existing measles antibodies, and those antibodies can combine with the measles antigen and form immune complexes that are very capable of activating platelets and forming clots.

But in real life, before vaccines, it was highly unusual for a person to have a viral illness such as the FLU or measles and then, 2 to 4 months after his FIRST viral illness, to then be infected again with the SAME FLU or measles virus. Even if I had the FLU and recovered, if I came down with another cold in 3 months, it is improbable that it would be the exact strain of respiratory virus I had for the FIRST infection. For every 30 viral illnesses I am infected with, maybe ONE time out of the 30 viral infections, I have the exact same viral infection with the same viral strain 2 to 4 months after the first viral infection. Only moderate to severe respiratory viral infections will result in significant virus particles reaching the blood. Most people only remember a moderate to severe FLU infection once every 3 or 4 years.

If the average person has 20 moderate to severe respiratory viral infections in a lifetime and in 2 of the 20 viral infections they are the exact same virus, then the chance of having the exact same moderate to severe respiratory viral infection 3 to 4 months apart is probably much less than 1% in a lifetime, since every 4 years the patient has a 1 in 20 chance of his viral infections and there are hundreds of strains of the FLU that the patient can actually be infected with. That means that at most, 1 out of 10 people may have the exact same respiratory viral infection 4 months apart ONCE in their life. Statisticians will review and calculate over and over again the risks of this occurrence. I picked these numbers from what I generally know, but I am sure that it is improbable that more than 1 in 5 people will have the exact same moderate to severe respiratory viral infection four months apart, just ONCE in their life.

In this unfortunate situation of having these two exact same respiratory viral infections four months apart, I have antibodies to X virus *and* X virus antigen in my blood simultaneously. They form immune complexes, which then activate platelets and form clots, and I can clearly develop more sequelae from this unfortunate sequence of events. That is an approximately 3% chance of being infected with the FLU 1.1 viral strain and then three months later, AGAIN, being infected with the exact FLU 1.1 viral strain and the resulting immune complex formation followed by platelet activation. The chance of this rare event of having two identical respiratory viral illnesses, each at least of moderate severity, within four months of each other, was a rare event 80 years ago. Prior to vaccines, you had an approximately 0.25% chance of this rare sequential infection with an identical infection event (the first infection without antibodies, the second infection with antibodies plus antigen, producing immune complexes and platelet activation) occurring once in a whole lifetime.

And even IF you had this extremely rare situation of being infected with two identical viruses four months apart, the chances of those immune complexes activating platelets depended on the weight of those "immune complexes." If an x-virus happens to be 100 nanometers in diameter and an x-antibody is stuck to an antigen on this x-virus, the weight of this x-virus will easily be 500 times the weight of an x-antibody molecule (145,000 Daltons). This x-antibody, when binding the x-antigen stuck on the x-virus, is an immune complex. But can this antibody hold the x-virus and a platelet together (platelets are much larger than viruses)? Probably not. Imagine one person trying to hold a boat that has 200 people on it with one hand and a boat with 2000 people on it with his other hand. Those are ballpark numbers, but they make the point that naturally occurring viral infections (as opposed to the "training" from an artificial vaccine), even if the identical same virus infects the patient four months apart, are much less likely to produce immune complexes that can activate platelets and cause clots.

What is the problem with childhood vaccines? Almost EVERY childhood vaccine is boosted two to three months after the first vaccine. Looking at the measles vaccine, before the child's FIRST measles vaccine, the child has NO measles antibodies in his blood. Following the FIRST measles vaccine, the child develops measles antibodies which peak at 2 to 3 months following the FIRST measles vaccine. When the child receives the SECOND measles vaccine at three months following the FIRST measles vaccine, immediately after receiving the SECOND vaccine shot (comprised of measles antigen), since the child DOES have measles antibodies in the blood from the FIRST vaccine and the SECOND vaccine provides the measles antigen, immune complexes (measles antibody binding to measles antigen) began to form. Every IgG immune complex can bind to FC receptors on platelets and then activate platelets, resulting in clots.

There are tens of thousands of peer-reviewed papers, review articles, and textbooks confirming that any IgG immune complex will bind FC receptors on platelets, leading to platelet activation. What is the problem with childhood vaccines? You have created a situation where a child has at least 20 of these "rare events causing clots" before the child is four years old. This "rare event" should occur only once in several lifetimes without vaccines. The vaccine industry inadvertently created 20 of these rare events in a single child before the age of four.

If this rare event occurs after the age of 20, the seriousness of the clotting is more limited. Suppose this "rare event" occurs at the age of 2. Here is the reasoning to show how the same area of brain damage in a child's brain has a much more relative impact than the same amount of brain damage in a 20-year-old brain. In both the child and the adult, capillary size is the same, and a micro-clot in a capillary of a child will cause a similar amount of brain damage as in an adult. But a 5 mm area of brain necrosis in a child's amygdala is proportionally much larger than a 5 mm area of necrosis in an adult brain. A 5 mm infarct in a child's amygdala may be 20% of the amygdala, but in an adult, a 5 mm infarct may only be 5% of the adult amygdala. So, in a child, the same actual area of brain necrosis/infarct will be much larger percentage-wise. For the child, the actual area affected by a micro-clot in a capillary in the brain may be the same small size as in a 20-year-old, but proportionally, the toddler is much more affected. This is the LINK between VACCINES and AUTISM.

Every child that has been conscientiously taken to their pediatrician for their regular visits up to the age of 4 will have at least 20 of these "rare events." Each time immune complexes are formed in such quantity, there is a clear risk of mini-strokes, not to mention the risk of forming clots in all the other organs. Are vaccines really for "training"? Doesn't it appear the vaccines aren't a "drill" but that the vaccines are wreaking havoc in the body? What is the risk of micro-clots forming from two identical vaccines given three months apart? Probably 100%. Then, is it appropriate to call it a "risk"? Isn't it then, the "main effect?"

Let's imagine a two-year child received three shots, each of them a combo, for a total of 8 vaccine shots in one day. Three months later, the child is given the exact same three combo shots for a total of 8 vaccine shots. For every vaccine shot, this child HAS antibodies for that virus from the FIRST vaccine shot three months ago. Now, the 8 vaccine shots this child is given three months after the first shot, each vaccine shot is comprised of the surface antigen for that particular virus. Each viral antigen can now be bound by its corresponding antibody that was produced from the FIRST vaccine shot. Although the 8 shots are all different viruses, the immune complexes that form have identical FC regions for all 8 antibodies and every immune complex that forms can activate a platelet. This two-year-old child has now had a total of 8 "rare events," each of which is guaranteed to produce at least micro-clots and all within three months.

On Twitter, I called pediatricians baby killers if they supported the HEP B vaccine for newborns and the COVID vaccine for infants but could not show 1) how a newborn infant receives "benefit" from a HEP B vaccine if the parents don't have HEP B and if the parents aren't going to have sex outside their marriage with a person who DOES have HEP B and 2) how a six-month old infant receives "benefit" from a COVID vaccine that produces an antibody molecule that is a 145,000 Daltons but the antibody has no viable path through the lung barrier into the lung air space which IS where the COVID virus is infecting lung alveolar epithelial cells.

Now, I will add that any pediatrician that gives ANY two identical vaccines to a child within four months of the first vaccine, that pediatrician is hurting that child and putting that child at risk of DEATH and ischemic damage from a clot, and for what benefit? Generating a therapeutic level

(of whichever IgG antibody they want to create) for about one month? I say about one month because once a therapeutic concentration of IgG antibody is present in the blood from a vaccine, since the half-life of IgG antibodies is about a month, one month following the therapeutic concentration of antibody, the antibody concentration is now at only 50%.

Until the manufacturers know that they can deliver a consistent amount of mRNA vaccine, then even THIS single issue (of clots formed via immune complexes) should completely STOP all vaccines. Until the physician or institution that is delivering the COVID or FLU vaccines is CERTAIN that the prospective patient does NOT have an elevated Factor 8 level, given all this information, it seems that an mRNA vaccine with zero RNase contamination and a subsequent dose of mRNA vaccine at about the time the COVID IgG antibody level peaks from the first dose of mRNA vaccine, one could literally KILL a patient with a shot of mRNA vaccine. With a vaccine shot in the arm, you may be putting a bullet in the heart.

Yes, this will be part of the record for future litigation against large retail pharmacies such as Walmart, CVS, Walgreens, and Rite-Aid. Your organizations are all officially being put on notice.

I show you complete scientific mechanisms and connect your vaccine to clots with irrefutable science. You have no hypothesis connecting your vaccine to "good effects," so you use generic words like "training," and you have little idea what "training" even means. Whereas, I have excellent science and an incredible hypothesis that every one of the antibodies you produce can bind to the spike antigen that you trick the body into making during the booster vaccine and that this "immune complex" is guaranteed to activate platelets and can result in clots.

I will summarize this again because a clot formation after a booster COVID mRNA vaccine is given (if within five months of the first COVDI mRNA vaccine) is guaranteed to cause clots. It is actually the ***main effect*** of the COVID mRNA vaccine booster to cause clots. These are irrefutable facts.

1. Any antibody that is bound to an antigen is an "immune complex."

2. Any immune complex activates platelets via platelet FC receptors.

3. Platelets have abundantly expressed FC receptors.

4. Immune complexes in the blood will cause clots if there are sufficient platelets.

5. When a patient first receives a COVID vaccine without a prior history of COVID, the patient does NOT have COVID antibodies in their blood. Within a month of the vaccine, the patient will have a lot of COVID antibodies in the blood.

6. When a patient receives their booster COVID vaccine, the patient has a lot of COVID antibodies in the blood. The booster vaccine creates spike antigen, which then binds to

these COVID antibodies, forming immune complexes, and every immune complex can activate a platelet.

7. RNase contamination in COVID mRNA vaccine vials is why the vaccine was delivered at subzero temperatures.

8. There is no known way to determine if a vaccine vial is RNase contamination-free. If a vial has zero RNase contamination, the patient that receives that vial may receive up to 10 times the mRNA vaccine compared to a patient that gets a vial contaminated with RNase. The exact numbers have yet to be determined. RNase is ubiquitous. It is everywhere. It covers your skin, it is in the dust, and it is often inside mRNA vaccine vials. Autoclaving usually causes coagulation of proteins and enzymes rarely work after heating; RNase enzymes are highly unusual in that in spite of autoclaving/sterilizing techniques, many functional RNase enzyme molecules are still present.

9. I have clearly established that a patient may have up to 3 times the concentration of immune complexes compared to the average.

10. It gets worse. When given free COVID spike antigen, antibodies will form to the top, sides, and bottom of the spike antigen. But, only the COVID antibody that attaches to the top of the COVID spike antigen is ever looked for. Without question, antibodies will form to the side of the spike antigen, and to the bottom of the spike antigen. I clearly show that some patients can have up to 9 times the concentration of immune complexes compared to the average. Any immune complex activates platelets. There are hundreds of peer-reviewed papers supporting this fact.

11. The scientists who assessed the safety of the COVID mRNA vaccine did NOT consider the range of mRNA vaccine delivered due to the presence/absence of RNase contamination within vaccine vials. The scientists who assessed the safety of the COVID mRNA vaccine did NOT consider the at least two other antibodies formed to the side and bottom of the COVID spike antigen. The scientists underestimated the true amount of immune complexes that can potentially be formed, and on the high side, the number could be nine times higher than the average. Immune complexes activate platelets and activated platelets form clots.

12. Open your eyes. The COVID mRNA vaccine is called a “clot shot” by many people on Twitter. I connect the exact dots to show how the COVID mRNA vaccine caused clots in patients. Everyone knew the J&J vaccine could cause clots, but they couldn’t see how the mRNA vaccine could.

13. I show that “clots” after the mRNA vaccine aren’t a rare and idiosyncratic reaction to the vaccine. Clots after mRNA vaccine boosters are guaranteed and a natural consequence of forming immune complexes (platelet activators) from a booster vaccine providing spike antigen and the first vaccine providing neutralizing antibodies. ***Every single***

antibody molecule formed from the first vaccine can combine with the spike antigen formed from the booster vaccine, and then every single one of those immune complexes is fully capable of activating platelets. This is not a "side effect". This IS the main effect of every antibody formed from the first vaccine. If they are able to call the COVID antibody neutralizing a COVID virus particle the "main effect," when it occurs much less often than the "immune complex" activating a platelet, then I should clearly be able to call this activation of platelets by antibodies and antigen formed from vaccines, the "main effect." The neutralizing antibody formed from the first vaccine is infinitely more likely to combine with a spike antigen from a booster vaccine and then go on to activate a platelet than this neutralizing antibody's "stated purpose" of crossing the lung barrier and neutralizing a COVID virus particle before the virus infects a lung cell. So, the "main effect" of the vaccine and booster IS to activate platelets. I would bet the ratio of neutralizing antibodies that bind to spike antigen and then activate platelets *versus* neutralizing antibodies binding to real COVID viruses is probably much greater than a 1 million to 1. Then, clot formation after a COVID mRNA vaccine booster isn't a "side effect". It is then the **main effect**.

14. Open your eyes, vaccine supporters. You are involved in a modern-day version of human child sacrifice. All your peer-reviewed studies that support you, and from all these published papers, not one author understands that their precious COVID antibody has no path through the lung barrier into the lung air space. You don't like the tone of my letter? Your side used mandates, force, threats of being fired, and a massive campaign against "misinformation". When I call your side dark, I mean it. Your side thinks it is "intellectually superior," and they haven't even done the simplest math on their paradigm. Will the "good intentions" of the pro-vaccine scientists spare them the guilt and consequences of their actions? Sorry, no. If you're involved in human child sacrifice, and you thought you were helping children, but you couldn't examine the vaccine issue personally because if you were to conclude the vaccines weren't based on sound science, it would mean that you would make less money and so that's why you didn't scrutinize the issue, what good are your "good intentions"? Should we forgive the priests of human child sacrifice because they had "good intentions"? No, and we shouldn't forgive a single pediatrician for their involvement in this modern form of human-child sacrifice. The line between a pre-mediated murder and an accidental killing starts to blur when the accidental killing could have been easily prevented with open dialogue and debate which your vaccine-side shut down with your censorship and "campaign against misinformation." When your side read the book "1984," did your side not understand it?

15. If a child is sick and no one knows what to do, but one pediatrician is adamant that he knows exactly what is wrong with the sick child and he is certain that injecting snake venom into the child's veins will cure the child. Still, he doesn't just state his opinion; he forces the parents to stand down. He ties the sick child and injects the snake venom into the child. Does his "certainty" absolve him of all guilt in his actions? Suppose he **only** tried to persuade the parents, who listened, agreed, and administered the snake

venom themselves. Doesn't the pediatrician have much less liability? But he forced the issue, and now he has much more responsibility. Ultimately, if you force an issue or mandate a vaccine, it doesn't matter how much you state that you had "good intentions." If later you turn out to be completely incorrect, you are entirely at fault and have much more accountability. Reality matters. And using mandates and threats of being fired to force your will on others, that matters too and we won't forget what you did.

16. The reaction of the scientific and medical community to the information I brought exposing the fraud that is the COVID vaccine hypothesis is exceptionally disgusting. Suppose I use YOUR logic and use YOUR facts and show the huge flaws in YOUR hypothesis. Yet, YOU refuse to rebut the argument and merely explain how it is more complex than I can understand. In that case, that is the definition of the use of "authority" to back YOUR sloppy science. And it really isn't science; it is YOUR superstition. It is YOUR modern-day version of human child sacrifice. And EVERY pediatrician who learns of this nightmare issue with the COVID vaccine and yet vaccinates children with it is part of this CULT and is then a baby-killer in EVERY way that the high priest of human child sacrifice was just another baby-killer. When you hurt children for your pleasure and financial gain to the point of sometimes killing them, what shall we call you, and what should society do to you? The term "baby killer" is more than appropriate for you.

2.3 The LEE String Theory that is more Fact than Theory, Again CLOTS

What was the point of the booster COVID mRNA vaccine given within two months of the first vaccine? Wasn't the goal to increase the amount of COVID neutralizing antibodies? It's hard to imagine another goal than that, but please correct me if I am mistaken. Let's assume that was their goal in administering a second COVID mRNA vaccine with a few months of the first vaccine, the "booster" vaccine. Let me explain how the "booster" vaccine given within a few months of the first vaccine actually drastically decreased the amount of COVID antibody in the blood for at least a few weeks and simultaneously dramatically increased the risk of CLOTS and tissue damage downstream from the CLOTS.

Almost every section that I wrote is single-handedly perfectly sufficient to have any ethical scientist call for an immediate halt to the COVID mRNA vaccine. Each section shows the lack of foresight and the utter inconsistency in thought within the vaccine industry. This section is sufficient to make the general public again realize that the dumb ones aren't the anti-vaxxers. This section should be sufficient to not just end the COVID and FLU vaccines but every vaccine booster on earth that uses an antigen smaller in size than the IgG antibody (probably more but this covers enough). The vaccine scientists have the most incredible lack of logic in their thought processes. We have to stop being impressed with scientists that speak well but have a bird-brain. Parrots can tell incredible jokes with a literal tiny bird brain. There are humans that have well-developed speech which is not exceptionally well correlated with rational thought. This section only uses well-established facts that are impossible to refute.

In medicine, as in every other area of life, we must absolutely set more rigorous and stringent safety standards for anything that is mandated. It is one thing to make a product and try to convince the public to buy it. It is quite another to be told you must have this "clot shot" injected into you and your children, and to refuse means you lose your job or you can't go to school. As you can see from my voluminous writing, the vaccine industry really has such shoddy science that finding inconsistencies to point out is akin to shooting fish in a barrel. Vaccine science is basically an oxymoron. There is almost no science worthy of publication behind vaccine science.

Because almost every COVID antibody produced as a result of the first COVID mRNA vaccine can BIND to a spike antigen produced in response to the booster COVID mRNA vaccine and so what you have done is to eliminate almost all the COVID antibodies produced from the first COVID mRNA vaccine by giving the booster vaccine within months of the first vaccine. Tell me again? What your goal was in giving the booster COVID mRNA vaccine within a few months of the first vaccine? The vaccine scientists should have the title of "scientists" stripped from their titles. Isn't it true that every COVID antibody formed in response to the first vaccine can bind two spike antigens created in response to the booster vaccine? Isn't it true that once a COVID antibody binds two spike antigens, it can't bind any more spike antigens and that these immune complexes will be cleared by the liver and spleen?

So, to be persistent, how did your booster COVID vaccine help you in your goal of increasing COVID antibodies in the blood? You just cleared out almost every COVID antibody you formed in response to the first COVID mRNA vaccine did you not? The irrationality of vaccine scientists is on full display for the world to see. To believe something is true when your belief doesn't reflect reality is possible and doesn't make you a bad person. To believe something is true so ardently that you force your belief onto others is evil. To believe something is so true that you not only force your belief onto others but make fun of those who don't believe you, is capable for the progeny of a parrot and a dictator, or the definition of what an ass is, or I'm describing idiot John Oliver. John Oliver should be cancelled. We all know that having a British accent doesn't make a parrot into a sentient human. John Oliver's humor only works if he's actually correct and since he is not, inoculate him with that virus that takes away the British accent and he's just another bird-brain pretending to be a comedian.

These immune complexes that have formed in response to the booster COVID mRNA vaccine (COVID antibody from the first vaccine combined with spike antigen produced in response to the booster vaccine) must be removed and if not removed quickly enough, these immune complexes can result in pathology such as glomerulonephritis and vasculitis and clots. Isn't it ironic? The booster vaccine was given with the goal of INCREASING COVID antibodies but in fact what really happens is that almost all the COVID antibodies formed from the first COVID vaccine are removed from the blood in the form of an immune complex (if you believe what they say, that the COVID neutralizing antibody binds to the spike antigen, again using THEIR science and THEIR logic, dumb vaccine scientists), either in a safe manner (erythrocyte binding and removal in the liver/spleen) or in a pathologic manner (immune complex trapped in the kidneys causing glomerulonephritis or trapped in vessel walls causing vasculitis or trapped within blood vessels as clots). The "booster COVID vaccine" was supposed to "train" you? Or are you just spinning your wheels because you have no idea what the hell you're doing? When you have a bird brain, vaccine scientists, less is more. The less you do, the better for the group.

We can all agree that a COVID antibody can only bind to two spike antigen molecules. Once a COVID antibody molecule has bound two free spike antigen molecules, there is no further utility for this immune complex and it can provide no further BENEFIT to the patient. Whether the immune complex is safely removed or becomes trapped within tissues causing more damage depends on many factors. There is a bizarre twist that the vaccine manufacturer's did not anticipate, among the many other factors that they didn't adequately address, the stars lined up exactly in the wrong way for the vaccine scientists, and they will have to learn yet again that "SPEED KILLS." In their rush to bring this COVID mRNA vaccine to market, they only focused on the theoretical benefit and didn't consider any of the issues that I raise in this document. If someone asks you to get into a race car and ride with them and you know they're going to go 200+ mph, and if you then crash and are injured, then that is on you. You have absorbed a lot of the responsibility. But, if the race car driver forces you to get in the car by telling you that you will no longer have a mechanic job with him if you don't get in the car, and if the car crashes and you're both severely injured, there is much more accountability for the race car driver. This is the exact situation that we were in over the past three years.

Here is the bizarre twist. As I described in the previous section, having free spike antigen (as opposed to the antigen being attached to a virus particle) allows formation of antibodies to both the top of the spike antigen and the bottom of the spike antigen, at the absolute minimum. When a COVID virus presents the spike antigen to B-lymphocytes, only the TOP of the spike antigen is presented for later antibody production. But, for a free spike antigen not attached to a virus particle, all sides of the spike antigen molecule can produce corresponding antibodies. It is impossible for a vaccine scientist to argue this point and say otherwise.

Following the first COVID mRNA vaccination, a patient formed COVID antibodies to both the TOP and the BOTTOM of the COVID free spike antigen. Many more distinct antibodies may have formed, but we only need these two and the spike antigen to produce strings.

Following the second COVID mRNA vaccine, we are absolutely certain of three facts.

1) COVID antibodies to the top of the spike antigen are present.
2) COVID antibodies to the bottom of the spike antigen are present.
3) Free spike antigen is present. What a tangled web (of antibodies) we weave once we begin to deceive (the liar that pretended he was a good scientist for 38 years, fauci).

It cannot be refuted. Following a booster COVID mRNA vaccine given within a few months of the first COVID mRNA vaccine, there will be present in the blood at the same time COVID antibodies to the top of the spike antigen, COVID antibodies to the bottom of the spike antigen, and spike antigen. ***No vaccine scientist on earth can dispute these three points.***

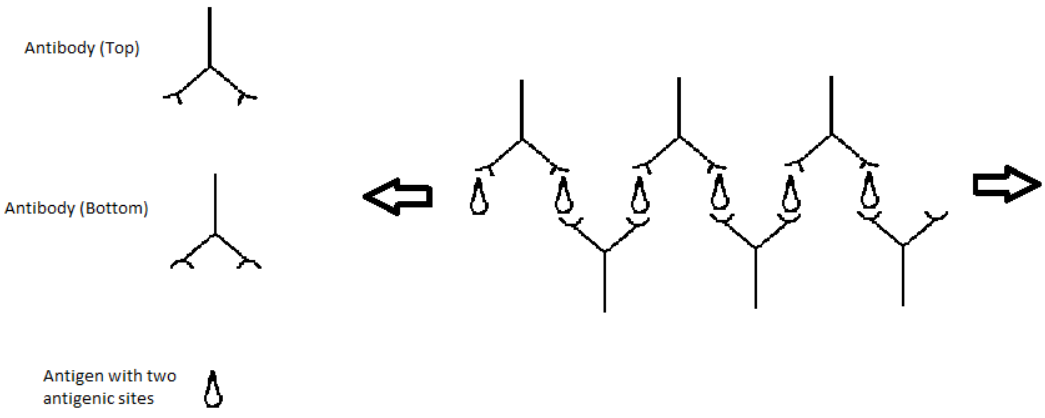

FIG. 1

Referring to FIG. 1, the booster vaccine results in the body producing spike antigen that is now present in the blood/lymph. One arm of an IgG (Top) binds to the top of the spike antigen (1). One arm of an IgG (Bottom) binds to the bottom of the same spike antigen (1). The second arm of an IgG (Bottom) binds to another spike antigen (2). One arm of a second IgG (Top) binds to the same spike antigen (2). The second arm of the second IgG (Top) binds to a third spike antigen (3). And the pattern can continue indefinitely, producing thick strands of antibody/antigen complexes. There can be many separate "strings" of alternating IgG (Top) and IgG (Bottom) antibodies. Can you see how this meshwork of strings is the basis for long gelatinous, clots?

To describe it more precisely, there are at least 4 distinct antibodies in the blood of a patient who has received a COVID mRNA vaccine two months prior to receiving his second "booster" COVID mRNA vaccine. There are IgM (Top) antibodies that bind to the top of the spike antigen. There are IgM (Bottom) antibodies that bind to the bottom of the spike antigen. There are IgG (Top) antibodies that bind to the top of the spike antigen. There are IgG (Bottom) antibodies that bind to the bottom of the spike antigen.

Now, you can see how an IgM (Top) molecule (comprised of 5 IgG with their antigen binding sites facing outwards), once the spike antigen covers all ten of its antigen binding sites, an IgM (Bottom) can attach to the bottom of those spike antigens? Combine this with the "strings" of IgG (Top and Bottom) and you can imagine the meshwork that is the beginnings of clots, including activation of platelets stuck in this meshwork (with FC regions of all these antibodies activating the FC receptors of these platelets trapped in a meshwork of antibodies) and further activation of the coagulation cascade by several mechanisms including activated platelets.

There can be infinite variations of the resulting meshwork patterns and size that can emerge from strings of antibodies formed from the mix of IgG antibodies and IgM antibodies and the spike antigen that act as glue connecting 1) antibodies both IgG and IgM to the top of the spike antigen and 2) antibodies both IgG and IgM to the bottom/side of the spike antigen. The strands of antibodies can be of variable length and some strands may form into balls not that different from balls of string. It is not inconceivable that some of these "balls" of antibodies grow large enough to block blood vessels, with all the downstream damage from blocked blood flow.

Lattice structures formed from immune complexes (antibodies binding to their respective antigen) are a well-known phenomenon and have been extensively studied. Lattice structure formation is affected by many factors. With the COVID spike antigen, we have an extremely unusual situation that dramatically increases the size and length of these structures. With a natural COVID viral infection, antibodies are only formed to the top of the spike antigen. However, free spike antigen generated following the COVID mRNA vaccine results in the production of at least two distinct antibodies, to the top and bottom of the spike antigen. This creates a bizarre situation following administration of the booster COVID mRNA vaccine. There are antibodies now present to the top of the spike antigen and to the bottom (or stalk portion) of the spike antigen.

This opens the possibility for a never-ending weave of lattice structures or strings, until the respective antibodies and spike antigen becomes unavailable due to the formation of extensive lattice structures (and strings of variable length) which create extended clots. The chances of a COVID antibody molecule formed in response to the first COVID vaccine binding a natural COVID virus is at least a million times less than the chances of that same COVID antibody molecule combining with a spike antigen and being found within a meshwork of antibodies. That is why I call this the "Lee string theory that is more fact than theory." This is why the resulting meshwork of antibodies is the "MAIN EFFECT" of the booster COVID mRNA vaccine. If a side effect of the COVID mRNA vaccine occurred as infrequently as the chance of their COVID antibody binding a COVID virus in the lung, the vaccine scientists would not even list it as a "side effect." Again, this is exactly why I state that this string formation of antibodies IS THE MAIN EFFECT of the COVID mRNA vaccine.

It is well known that immune complex clearance is affected by the size of the lattice structure. Because of the unusual situation with the free spike antigen resulting in production of at least two different antibodies, immune complexes can criss-cross and form alternating connections with other immune complexes, in ways that would be extremely unlikely if only antibodies to the top of the spike antigen are present. The larger the meshwork of antibodies with spike antigen as the glue connecting the various antibodies, the more unlikely that the normal clearance mechanism can be effective.

Suppose a patient is deficient in certain complement factors. In that case, the normal process of removing "immune complexes" from the blood is markedly diminished, and the build-up of pathologic immune complexes will lead to glomerulonephritis and vasculitis throughout the body. Since the booster COVID mRNA vaccine produces "immune complexes," giving the booster without knowing whether a patient has adequate complement factors will put the patient at a significantly higher risk for tissue damage, especially given the extended meshwork of antibodies that will inevitably form. Giving the COVID booster mRNA vaccine to a patient with deficient complement factors can result in a build-up of pathologic immune complexes, which can further cause glomerulonephritis (including the risk of kidney failure) and vasculitis. The presence of vasculitis in the coronary vessels can lead to heart attacks.

Similar to how pine needles and leaves can clog gutters and prevent water flow, strings of antibodies, platelets, white blood cells, red blood cells, and coagulation activation can create blockage of blood vessels all over the body. All you have to do is imagine how your shower drain can be blocked by strands of hair and gunk.

Let's look at the damage from a HEP B infection. An infected liver cell does not typically show damage. Hepatitis B virus (HBV) is considered to be a noncytopathic virus, and cell damage observed during an acute HBV infection is thought to be mediated by the host's immune response. Details on exactly how this occurs has not been explained.

I have a hypothesis on how tissue damage occurs during a HEP B infection. It is well known that during a HEP B infection, much more HEP B surface antigen (HBsAg) is generated than live virus particles. The HBsAg molecule has a weight of approximately 24 kDalton. HBsAg is produced in such large quantities by infected cells that the clinical course can be followed by measuring HBsAg in the blood. The immune system responds by producing antibodies to HBsAg. Antibodies will not be formed just to one antigenic site, but various antibodies to the three-dimensional HBsAg molecule will be formed. I will use two distinct antibodies, an antibody that forms to one side of the HBsAg (I will designate that antibody as the Top antibody) and an antibody that forms to an antigenic site approximately on the other side of the HBsAg molecule (I will designate this one as the Bottom antibody).

The ongoing HEP B infection results in the infected cells constantly producing copious amounts of HBsAg that is now present in the blood/lymph. One arm of an IgG (Top) antibody binds to a first HBsAg molecule. One arm of an IgG (Bottom) binds to the bottom of that first HBsAg molecule. The second arm of the first IgG (Bottom) binds to a second HBsAg molecule. One arm of a second IgG (Top) binds to the second HBsAg molecule. The second arm of the second IgG (Top) binds to a third HBsAg molecule. And the pattern can continue indefinitely, producing strands of antibody/antigen complexes. There can be many separate "strings" of alternating IgG (Top) and IgG (Bottom) antibodies. The HBsAg created by infected liver cells and pumped into the blood is the basis of much of the pathology and tissue damage from a HEP B infection. The creation of multiple distinct antibodies to different antigenic sites on the HBsAg allows the HBsAg molecule to act as a link or glue connecting the different antibodies and resulting in the formation of variable length strands/meshwork in the blood. These strands can then become very large and produce an infinite variety of strands that can even branch out or clump together.

Typically, the acute phase of Hepatitis B is not considered to produce much damage. Consistent with my hypothesis, there must be significant antibody formation to the abundantly produced HBsAg in order for tissue damage to become clinically apparent. Once the multiple but distinct antibodies to the HBsAg are in the blood and the liver cells continue to make HBsAg, then you have the necessary components for the meshwork to form in the blood. Platelets are then easily trapped in this meshwork of immune complexes and each immune complex has an FC region that can activate FC receptors on platelets further activating the coagulation cascade and now fibrin is added to the meshwork of immune complexes, resulting in a thrombus or clot. The highest incidence of clots will be in the liver (where the highest concentration of "glue" or HBsAg is produced) and downstream from every clotted blood vessel, there will be necrosis and clinical signs of tissue damage.

The pathology resulting from viral infections will have to be re-examined in the light of this hypothesis of a viral antigen having multiple antigenic sites and resulting in the production of at least two distinct antibodies to the same antigen molecule.

In light of this new hypothesis which is more fact than theory, the HEP B vaccine must be immediately halted worldwide. Every vaccine that provides an antigen with multiple antigenic

sites must be immediately halted worldwide because every booster vaccine that provides an antigen with multiple antigenic sites can result in a large meshwork of antibodies with the antigen acting as glue between the various antibodies and the meshwork of antibodies can activate platelets trapped in the meshwork, activating the coagulation cascade and resulting in clots with tissue death downstream from the clots.

The patient with active HEP B undergoes damage via the distinct antibodies to the same antigen (which has more than one antigenic site) and the presence of HBsAg. When two distinct antibodies to HBsAg and the HBsAg molecule are present in the blood (minimum three components), strands form, a meshwork forms, platelets are trapped and activated by the immune complexes, a clot is formed and tissue damage ensues.

The mass of the antigen with multiple antigenic sites is important in determining how effective it works as "glue." An antigen that is the weight of a 100 nm in diameter virus particle is unlikely to be as effective at creating strands of immune complexes. The ideal size of an antigen that can effectively work as this "glue" for different antibodies would be an antigen molecule small enough so that each arm of the antibody can bind to a separate antigen molecule.

Notice that when a HEP B vaccine is given, distinct antibodies form to the HBsAg and you have the exact components necessary to cause clots and tissue damage when the booster HEP B vaccine is given. When the first HEP B vaccine is given, antibodies are not present in the blood. When the booster HEP B vaccine is given within a few months of the first HEP B vaccine, the at least two distinct antibodies to the same HBsAG molecule are present in the blood and now you have provided the HBsAg (in the booster vaccine) and you have the minimum three components necessary to form clots and cause tissue damage. By giving the two HEP B vaccines within a few months of each other, you are causing the exact tissue damage created by a real HEP B infection, just not concentrated in the liver.

Every vaccine that provides an antigen with more than one antigenic site (almost every vaccine) creates this identical situation when a booster is given within a few months of the first vaccine. All vaccines should be immediately stopped worldwide until this is completely vetted.

There will be many more important medical discoveries from this hypothesis but in the interests of quickly preventing more patient suffering/death, I am releasing this information now.

2.4 Half of Your COVID Antibodies Disappear Every Month

Every pharmacist on earth is aware that for a medication to be effective, the drug must achieve a therapeutic level in the target biological tissues. Even if we pretend that the COVID antibody has no issue with the lung barrier (an insurmountable problem for the pro-vaccine scientist), the half-life problem of the COVID antibody is another insurmountable nightmare scientific issue for the COVID vaccine.

Every drug or medication, or neutralizing antibody must be able to maintain a therapeutic level to be of benefit. IgG antibodies have a half-life of approximately four to six weeks. This is extremely well documented in the scientific literature. If a patient receives a COVID vaccine booster and in six weeks from the booster shot has reached the max serum concentration, one month from that max serum concentration of IgG, the serum level has decreased by half. And in 2 months from peak concentration, the serum concentration of the COVID IgG antibody is at 25%. It is hard for any scientist to argue that half of a therapeutic concentration is still "therapeutic."

My son received his last measles vaccine when he was about four. He is now 20. How did this measles vaccine at the age of four help him **not** be infected with measles when he was five years old? At age 6? At age 7? What about four months after his measles vaccine? Didn't his measles antibody level drop to 25%? How is that therapeutic? Even without the lung barrier issue, the half-life issue with the COVID antibody is enough to show the sheer irrationality of vaccine science. Even assuming the COVID IgG antibody DOES have a path through the very tight lung barrier into the lung air space, the half-life issue of the IgG antibody makes the COVID vaccine sheer idiocy.

The CDC recommended that patients receive a COVID booster a year after their first vaccine. But at month 12, you only had 0.4% of your max COVID antibody concentration. Did you have sufficient protection at month 11?

At month 11, you had 0.8% of your max COVID antibody concentration. Was that level of antibody protective?

At month 10, you had 1.5% of your max COVID antibody concentration.
Protective?

At month 9, you had 3% of your max COVID antibody concentration. Are you sure that's helpful?

At month 8, you had 6% of your max COVID antibody concentration. Let's use math and science to vet this COVID vaccine. 6% does **not** seem helpful does it?

At month 7, 12%.

At month 6, 24%.

At month 5, 48%.

At month 3 or 4 from your first vaccine, you had your peak level of a 100% COVID antibody in your bloodstream. The math is for illustrative purposes. Isn't this extremely illustrative of the lack of science behind the COVID vaccine and ALL vaccines? Even without the nightmarishly huge barrier of the real-life "blood-lung-barrier," you have a therapeutic level of COVID antibody for a few weeks? What made these scientists decide that the COVID vaccine needed to be boosted at a year? Low COVID antibody levels? But then that argument would dictate that the patient should have been "boosted" ONE MONTH after peak antibody concentration, not at 12 months.

So is a 50% COVID antibody concentration a therapeutic level sufficient to prevent severe illness? If you boosted the COVID antibody at a year, for much of the year, you had much less than a therapeutic level of COVID antibody in your blood. Pure silliness. Looking at the WHOLE year after a COVID vaccine, there were only TWO months when you had a COVID antibody level that was close to "therapeutic." I say "therapeutic" because this assumes that the body actually used the COVID antibody in any helpful way to limit disease and that the COVID antibody can cross the lung barrier, which it cannot.

2.5 Antibodies are like Antibiotics, Useless in our fight against Viruses.

A common logical fallacy is to believe that any small amount of good is "good." This is the conclusion of many poor thinkers. Many political ideologies are based on this fallacy. A simple illustration will show the error of this logic. This is also critically relevant to understanding vaccines because when researchers discovered antibodies against a pathogen, they jumped to conclude that IF an antibody against a pathogen was present in the blood, that the antibody MUST be "good" and beneficial. There is NO scientific proof that a neutralizing antibody is helpful against a virus.

A straightforward example is as follows. I can dig a tiny little garden with a spoon and grow ten ears of corn per year and then donate those ten ears of corn to charity. But I can also make $500,000 profit in a year as an eye surgeon and donate $500,000 to charity. Isn't it very clear from this example that a little bit of "good" is "bad" in many situations? The essence of intelligence is the ability to compare well. When some idiot says, "every life is sacred," that person has lost the ability to compare the sacredness of a six-month old's life versus an 85 year old's life. The toddler's life is infinitely more sacred. Just another example of the left-leaning DEM leadership's inability to compare well (which is what makes them dumb).

A patient is infected with HIV. The patient develops antibodies against HIV. Did the HIV antibodies provide a little bit of "good"? No. A patient is infected with COVID. The patient develops antibodies against the COVID virus. Did the COVID antibodies provide a little bit of "good"? A tiny amount of "good". A COVID antibody that binds a COVID virus is a tiny bit of "good". But it is NOT fair for the COVID antibody to take credit for all the "benefit" provided by RNase enzymes. Then, you must assess the "good" or "benefit" of the COVID vaccine using ONLY the "benefit" provided by the antibody (close to zero). Then the RISK/Benefit analysis of the COVID vaccine changes tremendously because the overall "benefit" provided by the COVID vaccine is MUCH smaller than the benefit provided by the RNase enzyme. The COVID vaccine's current Risk/Benefit analysis INCLUDES the tremendous "benefit" provided by RNase enzymes. Risk/(Benefit from RNases + Benefit from COVID antibodies) is how the risk/benefit analysis of the COVID vaccine was shown to have an acceptable risk/benefit ratio. But, truly, it should have been analyzed using ONLY the benefit provided by the COVID antibody –Risk/(Benefit from COVID antibodies).

To illustrate the "benefit" provided by the RNase enzyme, let's look again at the year 2020. The RNase enzyme destroyed one sextillion (a one followed by 23 zeros) COVID viral mRNA strands within human lung cells in 2020. The COVID antibody destroyed ZERO COVID viral mRNA strands within human lung cells in 2020. Isn't that a stark difference in "benefit"?

It isn't easy to assess what percentage the RNase enzyme contributed versus the benefit provided by the COVID antibody. One way to illustrate the relative importance of each

molecule is to "pretend" that the COVID antibody didn't exist in a COVID patient and compare it to a hypothetical COVID patient with no RNase enzymes.

The first hypothetical is a COVID patient with NO COVID antibodies. I will use a 6-month-old human infant with NO history of COVID or any other viral illness. The infant is infected with COVID. There are NO COVID antibodies to prevent COVID from infecting as many lung cells as it wants to. 99.9% of the infant's lung cells know exactly what to do, and within a week, billions of COVID viruses have been wiped out, and the infant has recovered. Fair example, correct? So, the pediatrician wants to "train" this capable 6-month-old infant with the COVID vaccine. This supposedly "amazing" training by the COVID vaccine is practically all GONE in a year, and the infant has to be trained again? Why? Without "training" of ANY kind, the 6-month-old infant handily took care of the virus within a week. The sheer stupidity of the pediatricians who believe in vaccinating 6-month-old infants is almost beyond belief. The infant easily overcame the virus in a week with NO TRAINING. Does the pediatrician insist that the infant underperformed? The infant should wipe out billions of viruses and recover from COVID in 4 days instead of 7 days? What does the pediatrician want out of this six- month-old baby? Didn't the baby do just fine?

The second hypothetical is a patient with NO RNase enzymes (no method to destroy the viral mRNA once the viral mRNA is injected into the cell) but plenty of COVID antibodies (we will say 90% of max antibody concentration but NO method to destroy the COVID viral RNA strands once a cell is infected). We will assume that this antibody level is sufficient to prevent 90% of virus particles from infecting lung cells. Let's assume an inoculation dose of 300 virus particles and a turnaround cycle time of viral cell infection, viral replication, and viral release by the cell to be 24 hours. The antibodies neutralize 270 virus particles. Thirty virus particles escape the neutralizing antibodies and infect cells. Each infected cell can produce up to 50,000 virions. But let's assume a much smaller number of 10,000 virions that are released per infected cell. Now 300,000 virus particles are floating around after ONE cycle (24 hours).

The COVID antibodies neutralize 90% of those 300,000, and only 30,000 virus particles can infect lung cells in the second cycle. Those 30,000 infected lung cells now become 300 million virus particles (since each infected cell produces 10,000 virus particles) that are released. This is only the 3rd cycle, and we are 72 hours into the infection. The COVID antibodies neutralize 90% of those 300 million virus particles, so 30 million virus particles escape the neutralizing antibodies and infect 30 million lung cells. Each infected cell creates 10,000 virus particles. Now we have 300 billion virus particles released, and the COVID antibodies neutralize 90% of those again, and we have 30 billion virus particles that are free to infect lung cells. We are only 96 hours from inoculation time. The patient only has 300 million lung cells. Game over. The patient has passed away. This hypothetical doesn't even consider that the COVID antibody has no path through the lung barrier. Yet, the math unequivocally shows the sheer stupidity of the belief that COVID antibodies provide any functional "benefit" against the virus relative to the RNase enzymes. The point is, no matter how you adjust these assumed numbers (the cycle time of 24 hours and the 10,000 virus particles released per infected cell), the virus will win.

Isn't it clear from a comparison of these two examples? Preventing infection of lung cells by virus particles is **not** the way we overcome viruses. Neutralizing antibodies have almost NO role in how we recover from viruses. And please remember that the half-life of the antibody is 4-6 weeks. So, even if you had sufficient antibodies to PREVENT 99.9% of viruses from infecting lung cells in a mere two weeks from that date when you had adequate antibodies, you will only have enough antibodies to prevent 80% of viruses from infecting lung cells (since the half-life of COVID IgG antibodies is about four to six weeks). You can repeat the hypothetical using 80% as the number of viruses that can be neutralized per cell infection cycle.

The "amazing" training that you have from a COVID vaccine has all but disappeared by a year, and you need to be "re-trained" at month 12. But what level of "training" do you have at month 11? 2%. What about at month 10? Oh, you still have 4% of this "amazing training" remaining. What about at month two from your max antibody level? Oh, the "amazing training" has already dropped in HALF, per the inconvenient half-life truth of COVID IgG antibodies. So, considering the full one year's time from the point of vaccination, you have a "therapeutic" concentration of COVID antibodies for less than a total duration of one month.

There is NO science to back up the belief that the COVID vaccine-induced "neutralizing antibodies" provide even a LITTLE bit of "good". The peer-reviewed papers on COVID were written by authors oblivious to the HUGE benefit provided by RNase enzymes. This is startling because in 2020, for 20 million Americans infected with COVID for the first time, 95%+ healed or were well on their way to recovery within ten days of their initial infection with NO COVID antibodies in their blood. NOT one paper in the past three years describes how the COVID viral RNA within our lung cells was destroyed. Clearly, once the COVID virus injects its' viral mRNA into our lung cells, that viral mRNA inside our lung cells IS the enemy and WAS destroyed if we healed from COVID.

This hypothetical can be played out with the numbers and the inoculation dose changed. It will become apparent that because of the explosive growth rate of viruses, preventing cells from being injected with viral mRNA is an impossible feat and a highly inefficient way (impossible) of preventing organism death. Evolution typically finds the MOST efficient way to survive. Completely destroying viral mRNA within lung cells is an INFINITELY more efficient way of fighting viruses than an individualized neutralizing antibody that PREVENTS cell infection 90% of the time.

Then why do we have antibodies? Antibodies evolved to fight extracellular pathogens such as bacteria and yeast. The B-lymphocyte does **not** try to determine if a pathogen that enters the blood is a bacteria or a virus. The B-lymphocyte merely pumps out antibodies against both; against bacteria, very useful but not useful against viruses, merely a ***side-effect***. Humans, our smartest, have never been able to make a medication that treats bacteria and that is *also* effective against viruses. Evolution created the antibody for us for extracellular pathogens, and it is so clearly effective against bacteria in the blood, but this antibody isn't also effective against viruses. The two, bacteria and viruses, are utterly different enemies and require completely different approaches to defeat. We don't call police officers for our termite

problem. Evolving a system that "trains" every B-lymphocyte to learn how to discern the difference between bacteria and virus pathogens is highly inefficient and virtually impossible. We can barely assess the difference between viruses and bacteria using a state of the art laboratory. How can a single non-sentient B-lymphocyte assess the difference between a virus pathogen and a bacteria pathogen in a matter of minutes? If B-lymphocytes produce antibodies against a virus pathogen, it is merely a "side effect" that is evolutionarily acceptable because the BENEFIT of antibodies against bacteria pathogens in the blood is so important. Accepting that B-lymphocytes sometimes produce antibodies against viral pathogens and that these antibodies aren't helpful is the truth.

Suppose the vaccinologists actually have a theory for how a vaccine is helpful against viruses, aside from a "neutralizing antibody" concept, no matter how complex the new idea is. In that case, the complex theory MUST be written down so scientists can discuss it and debate it. Merely saying that "it is complex and you don't understand it" is **not** a scientific or rational attitude. To quote the reams of peer-reviewed papers that show the BENEFIT of antibodies against viruses is NOT SCIENCE. Science is about connecting the dots between cause and effect. Without a hypothesis, merely attempting to show the benefit of antibodies against viruses with the tens of thousands of papers that offer positive data is NOT SCIENCE. Science is about connecting a "cause" and the resulting "effect" with a hypothesis. Rain dancers had tremendous "data" to show that their "cause" of rain dancing resulted in the "effect" of rain. After a pompous and ceremonious rain dance, it never ceased to rain. Of course, sometimes it didn't rain for months after the dance. But it always rained. The rain dancers had tremendous data, the best data on Earth and that does not make is science. How can you beat a 100% rain outcome? But, they had no hypothesis to connect the supposed "cause" (the rain dancing) to the "effect" (rain).

The vaccine scientists have NO hypothesis to show how a neutralizing antibody is beneficial against viruses. The vaccine scientists DO show they can catch a mouse in a mouse trap. But when the farmhouse has a hundred cats that are always eating mice, the **main** reason there are no mice in the farmhouse is certainly the hundred cats eating thousands of mice and not the one mouse trap. That is what the current vaccinologists have, a tiny itsy bitsy little bit of good. They have caught a mouse in a mouse trap. They show that the COVID antibody from our blood binds the COVID antigen in a test tube. It is not significant (or, who cares). With science this poor, the COVID vaccine was given billions of times, even to pregnant women and infant children, even after I alerted Dr. Anthony Fauci to this grave error in 73 pages, with US copyrights filed, back in February of 2021.

Humanity will repeatedly learn that powerful people want to assert their authority and force their will on others because they "think" they are absolutely correct. Once a person has publicly supported the COVID vaccine mandates and supported the censorship against "misinformation," what are the chances that they can publicly reverse their position? Almost zero. When you are so certain you are correct, and you are so sure that torturing this pitiful carnal body to make the individual recant so that you can save their soul for all eternity by destroying their physical body, maybe you should take a step back from that overly inflated

confidence and realize that you just might be wrong. It isn't wise to force your will on others. Because once you go down that path of forcing your will on others to the point of penetrating their skin and sewing their mouth shut, you won't ever be able to reverse your public position, **even** if you are wrong. And the vaccinologists could not be more wrong about the usefulness of vaccines against viruses.

I have thoroughly demonstrated that;

1. The COVID antibody didn't even exist in the year 2020 until a couple of weeks after infection (when most had already recovered),

2. That the COVID antibody can't even enter the lung area infected by COVID because of the lung barrier, which is tight enough even to prevent the passage of most water molecules that are 8000 times lighter than the COVID antibody and

3. That the COVID antibody, from the point of highest concentration, has a therapeutic concentration in the blood for less than a month and that even when the antibodies can neutralize 90% of viruses, the explosive growth rate of viruses makes the presence of those antibodies pointless.

2.6 How Many Other Chemokines are formed in a Pregnant Patient with the COVID Vaccine?

I should never have to be in a position to write this section. No one on earth should ever have to explain how injecting a new substance into a pregnant mother is unethical. This is how crazy the current Biden administration was in their "campaign against misinformation." They had the fake bravado to state that their COVID mRNA vaccine was SO safe that it was even FDA-approved for ***pregnant mothers***.

I will not be the first or the last to criticize the FDA for its role in allowing this abomination to occur. I hope the new presidential Republican candidate, Vivek Ramaswamy, wins the presidential election and takes the same approach to the FDA as he has committed to doing to the FBI (he wants to abolish the FBI organization). If Mr. Ramaswamy does decide to eliminate the FDA, my paper trail with the FDA during the past almost three years will be extremely useful.

I have contacted many FDA directors over the past few years regarding the fatal flaw with the COVID vaccine. I have called up many of their directors and explained this issue to as many people at the FDA as would listen to me. I have emailed Dr. Robert Cailiff and his Chief legal counsel many times. I have email responses from them.

In summary, I told them if you don't have a single scientist at the FDA who can explain how the COVID antibody (it is a gargantuan molecule) crosses the lung barrier (that can stop tiny water molecules and this COVID antibody has no viable path into the lung air space, which is where the COVID virus is infecting our lung alveolar epithelial cells), shouldn't you have a warning label on the COVID vaccine that states precisely that? What mother would EVER allow their child to be vaccinated if the mother knew that the COVID antibody generated in response to the vaccine had NO viable path into the lung?

I'll suggest a warning label statement for them. I have recommended many similar ones in past correspondence with them. "We, the FDA, have NO idea how the COVID antibody enters the lung air space, but we still believe that you should vaccinate your infant children and pregnant women because we, the FDA, want to tow the political party line more than we want to help you protect your loved ones."

Here is my very cynical but extremely rational and scientific reasoning as to why the FDA clinical trials that show the COVID mRNA vaccine to be safe and effective for pregnant women is sheer lunacy, and the FDA's approval of this shows how inept the organization has become.

I even called the FDA Media Director and had a 20-minute phone conversation explaining much of this. I told him the FDA has no fault before they are made aware of the COVID vaccine flaw. However, once I inform you that the antibody has no path into the lung, and if you STILL don't

want to alert the general public to this nightmare flaw, well, now, you DO have responsibility. You **will** have egg on your face. I told him I want the public to be able to trust the FDA, but if the public has to find out from ME slowly, is it because the FDA doesn't care about the safety of the people?

Once you read my explanation, you will realize the sheer stupidity of attempting to silence the opposing view in science and medicine. Of course, the Biden administration could not prevent me from calling and sending certified letters and emails. I did all that and left a paper trail sufficient to end the careers of many at the NIH, CDC, and FDA, those who got my damning information and yet refused to do the right thing. I will never disagree that I am, if nothing else, a very prolific and angry scientist/surgeon. I had posted over 45,000 Tweets in under five months, since October 2022, before being suspended either for exposing the stupidity behind the Neuralink premise or for exposing that Robert F. Kennedy Jr. (is he really defending children?) had all my information and didn't want to use it to stop the COVID mRNA vaccine. Who knows what goes on in the minds of the dumb, woke Twitter censors? Ah, one thing is for sure: I bring the science to show how dumb the COVID mRNA vaccine was, and they don't like how I expose their dumbness.

The thread below, I wrote on Twitter and published it on my Substack. I wrote this thread while speaking on a Twitter Space with Dr. James Thorpe, a physician (Obstetrician) against the COVID mRNA vaccines. This thread was one of my more popular threads. The first thread that went viral for me is the one I wrote in October 2022, explaining how Dr. Anthony Fauci was involved in the most extensive cover-up in the history of medicine. I gained 10,000 followers on the first day of writing that thread. I wrote many important threads explaining the COVID vaccine, the pandemic, and the cure for COVID; I also wrote many threads explaining how stupid the Twitter censors were and how their actions worsened the pandemic because information like mine couldn't come out. Is that an acceptable reason to be permanently banned by Twitter in the spring of 2023? Only after six months of being active on Twitter? My belief about social media companies is that they should **not** have nearly the control they do have right now on how to determine who is spewing hate speech and who should be censored. They tend to get it wrong a lot.

A growing embryo is a highly delicate situation. In an adult, an infection in a finger only damages the finger. In a growing fetus, disease or injury to ONE fetal cell has repercussions to ALL future cells emanating from THAT fetal cell; it could become a WHOLE arm.

The quieter the environment during the embryo's growth during the first trimester, the SAFER and LESS risk of abnormalities. This quiet environment is so critical during the early phases of development (since every fetal cell creates a DOWNSTREAM lineage of cells that are all DIFFERENT) that it is pervasive for pregnant women to very commonly have severe nausea/vomiting in the first half of pregnancy.

It is better for the fetus if the mother eats a minimal amount and only simple foods (crackers/rice), even if this may mean weight loss for the pregnant mother. A fetus at seven

months weighs between two to four lbs. It is infinitely safer for the fetus if the mother eats bland food, and very little at that, than to eat well and diverse food.
The more SIMPLE the components in the pregnant mother's BLOOD during pregnancy, the SAFER for the developing embryo. That IS the reason that morning sickness is almost always present during pregnancy.

Evolution almost **always** gets it right. Those pregnant women who ATE WELL and ATE DIVERSE foods during the first half of pregnancy were LESS likely to deliver a healthy infant. Any behavioral instinct that is present consistently in more than 50% of the population, you can bet, most likely has a very good evolutionary reason. If the instinct is present in more than 75% of people, you aren't looking hard enough if you can't find a reason for the behavioral instinct—because a basis for the morning sickness during pregnancy exists. Nausea in 70% to 80% of pregnant women is a behavioral instinct that exists because the expectant mother losing some weight is an infinitely better option than exposing the growing fetus to many different molecules (some potentially hazardous, even if those molecules like interferon are made by the mother) in the blood.

Have you noticed that you can smell the COFFEE you drink in your urine? Aromatic compounds from COFFEE make it into the pregnant mother's blood, which is why you can SMELL it. That is how IMPORTANT it is for the expectant mother's blood to be AS FREE from unusual molecules as possible. EVEN DIFFERENT molecules from FOOD can be a problem. Now, if you give a pregnant mother a VACCINE during her first two trimesters, the number of molecules that are formed in response to the VACCINE is an EXTREMELY long list. All these molecules in the mother's blood can enter the circulatory system of the embryo/fetus.

The body produces HUNDREDS of cytokines and chemokines in response to mRNA vaccines because any mRNA is a very strong adjuvant. Almost every review paper on mRNA vaccines states this fact. All these cytokines/chemokines are in the mother's blood; many are smaller molecules that can enter the fetus's blood. Were every one of these individual chemokines studied for safety during pregnancy? No? Why not? Ah, because your FDA scientists aren't really that bright? Have your FDA scientists heard of a "prodrug"? Lol. Your COVID mRNA vaccine is acting like a PRODRUG. Shouldn't you be required to study all the many cytokines produced in the mother's blood in response to your mRNA vaccine before you can claim it is "safe and effective" during pregnancy?

We WILL stop the STUPIDITY that is the vaccination of PREGNANT WOMEN with ANY vaccine. PREGNANT women and children were our SACRED COWS. And the CDC, NIH, and FDA Directors that NEVER SPOKE OUT AGAINST these vaccines for pregnant women will ALL BE HELD TO ACCOUNT. This issue will NEVER BE STUDIED because it will be virtually impossible to propose a reasonable hypothesis that shows any benefit of an antibody against a virus where that small benefit outweighs the risk of every antibody/antigen immune complex being more than capable of activating platelets and forming clots even in a full grown adult. The risks to the developing fetus are many-fold more significant. We will NEVER find out the exact cytokine and

chemokine that caused all these issues in pregnant women because we will NEVER again vaccinate pregnant women.

Every stupid study that TRIES to study a specific chemokine and its effect on a pregnant woman and her fetus should be REJECTED because it is NOT ETHICAL. NEVER AGAIN will we perform a clinical trial on pregnant women for something this retarded. NOTHING TO BE STUDIED. Do you begin to see how crazy the FDA leadership acted? Despite my warnings to them?

Just a reminder that a physician in a white coat doesn't mean that everything they spout is full of wisdom. Let me give you an example. There isn't a pediatrician in the US who hasn't touted at least half a dozen times to their patients throughout their career the benefits of breast milk because of maternal antibodies passed on to the infant. That statement is about the most idiotic selling point for breast milk. Yes, undoubtedly, maternal antibodies are present in breast milk. Without question, these maternal antibodies are proteins. When these maternal antibodies enter the infant's digestive tract, without question, stomach acid, trypsin, and chymotrypsin chomp away at the maternal antibodies and break these gargantuan antibodies into small peptides and amino acids that enter the infant's bloodstream. Describe the hypothesis for how these breast milk maternal antibodies "help" the infant when chopped up into tiny pieces.

Lol. These are the "physicians" you trusted to vaccinate your children when every booster vaccine ever given to any child on earth puts that child at risk of strokes from the inevitable clots that form from every booster vaccine given within five months of the first vaccine.

2.7 The 3rd Grade Math Problem with all vaccines

This is the Democrat scenario.

I don't like to use analogies but when the analogy fits this good, might as well. Imagine a hypothetical scenario. There are 300 burglars that *will* break into homes, but you just don't know which of the 300 million homes in America the burglars will break into. So, you need 300 million security guards, one for each house. Now, imagine that the burglars weigh 33 times more than the security guards (and the security guards don't have guns). The tally of security guards you need is now 33 per home multiplied by 300 million homes and we now need 10 billion security guards. Now, imagine that every time this super large burglar actually breaks into a home, the security guards don't follow the burglar into the home. These security guards don't have guns and don't ever go into homes. Every time the burglar actually breaks in, he makes up to 50,000 copies of himself within a couple of days and at least a 1000 copies make it out and are free to break into other homes. Now, imagine that 10 burglars that just emerged from a home decide to break into the neighbor's house. So, really, you need 330 security guards per home and not just 33 now. Because ANY single burglar that actually breaks into a home can easily come out with a 1000 copies of itself and you can imagine how 10 burglars might join forces to break into a neighbor's home. So, we now require 100 billion security guards and there will be homes that have 50 burglars that join forces to break into some homes (that would mean you need 5 trillion security guards). Now, imagine that of the 5 trillion security guards (with no guns), each took an oath to never go into a single home, regardless of whether the home is broken into or not. It gets worse, imagine that in two weeks, 1.5 trillion security guards all quit. Every month, half the security guards quit. You have to look for 2.5 trillion security guards every month and rehire 2.5 trillion security guards every month.

The Key: burglars=virus particles, security guards=antibodies, houses=cells

Here's the Republican scenario.

Imagine that there are 300 burglars of the same size as the first and 300 million homes that need defending but there are zero security guards. There are four family members in each home and each family member has a very efficient machine gun. When a burglar actually breaks into a home, the family members all shoot the burglar. Some families are not paying attention and the burglar clones himself but now the neighbors are more alert and ready to shoot down any burglar that actually breaks in so the burglar can't clone himself.

Sound familiar? The Democrats and their antibody security guards are reflected in the first scenario. The RNase enzymes are like the Republican guns in the second scenario. Which is more efficient? Arming each home is infinitely more efficient than hiring dozens of security guards that don't have guns. Evolution almost always finds the more efficient solution. You

can bet your money that the efficient solution is the one evolution already found and the efficient solution is the correct reflection of reality.

The organism using the second more efficient strategy (guns) would have easily survived over the organism using the first inefficient strategy (security guards). Over time, a solution that is dozens of times more efficient than an alternate solution always wins out. If two solutions are very similar in efficiency, both solutions may exist in a population. But, when the disparity in efficiency is many-fold, it is unlikely that the less efficient solution remains.

Of course, the third possibility is that an organism that uses BOTH strategies exists. Let's examine that situation. The organism uses security guards AND guns in every cell. Well, as time goes by and this hybrid organism undergoes mutations, if a mutation occurs in the security guard-producing gene, since the hybrid organism also has the gun-producing gene, the mutation to the guard-producing gene is irrelevant to the hybrid organism's ability to survive viral invasions. Suppose a mutation occurs in this hybrid organism in the gun-producing gene. In that case, the organism may win one battle against the virus. Still, eventually, the security guards are overwhelmed, and the hybrid organism with the mutation in the gun-producing gene dies.

Now, when you compare an organism that ONLY has the gun-producing gene to an organism that has BOTH the gun-producing gene AND the security-guard gene, the organism with ONLY the gun-producing gene has more resources available because it hasn't wasted its resources developing this massive security guard army that is essentially not any more useful than ONLY having the gun-producing gene. So, over time, the organism with ONLY the gun-producing gene has a substantial evolutionary advantage over the organism with BOTH genes.

This is how you play out the comparison of different strategies using evolutionary biology and game theory to imagine which approach is likely the one that reflects the actual situation. It's a simple methodology and incredibly useful in understanding how our human body works. RNase enzymes are the "gun" inside cells (homes), and antibodies are the "security guards." The system that uses "guns" to destroy the enemy once the enemy has entered the cell is infinitely more efficient and effective than the "security guards" that almost exclusively stays OUTSIDE the cell.

Ah, but is a "gun-producing" gene available? RNA can code for wildly different proteins, but any RNA strand still looks like almost any other RNA strand, whether it is a strand of our human mRNA, COVID mRNA, or even COVID vaccine mRNA. The reason why the vaccine had to be shipped at sub-zero temperatures? Because RNase can destroy ANY mRNA, whether human mRNA, viral mRNA, and including vaccine mRNA. Annoyingly for the COVID vaccine mRNA manufacturers, this RNase enzyme incredibly still retains function when autoclaved, unlike almost any other enzyme. The RNase enzyme is ubiquitous. This enzyme is INSIDE our cells, OUTSIDE our cells, on our skin, and in the dust, you can't get away from it. Researchers who work with mRNA understand this and even have "RNase-free zones," but those zones aren't

truly RNase-free. Just less RNase. A moment a human walks into that zone, that human is shedding millions of copies of RNase enzyme everywhere.

Just like a paper shredder can destroy sheets of paper, and the plans printed on the paper (toys versus machines) don't affect the ability of the paper shredder to shred the paper, RNase can destroy ANY mRNA, even if the proteins that are encoded in the mRNA are entirely different. So, yes, we have the guns to fight the burglars inside our homes. The actual battle in our fight against viruses begins once the virus inserts viral mRNA into our cells.

The Democrats have a bizarre inconsistency in their every approach to the COVID pandemic. They want everyone vaccinated (poking the skin, the boundary between non-self and self), but they don't want a single lung cell to be poked by the virus. Their understanding of reality is completely skewed. The virus will infect as many lung cells as it wants to. And NO child should have their skin poked for a COVID vaccine when children are at such low risk for severe issues with COVID. The lung cells will be poked by the virus, and you can never prevent it. Your antibodies will never prevent that from happening. But on the organism level, no human should have their skin poked with a needle for a vaccine irrelevant to how we heal from the virus.

The RNA world is believed to have come first, and THEN the DNA world. When we were that primordial cell, before we were multi-cellular, much before we were multi-organ, way back then, if we couldn't handle RNA viruses, then RNA viruses would have prevented the DNA cell from being productive. The DNA cell could not have evolved into the multi-organ organisms we are today. The supposedly amazing antibody defense could not have developed before we were at the multi-organ level in our evolution because red blood cells probably evolved before lymphocytes, which are more complex than red blood cells. If the DNA cell didn't have an excellent method to deal with the RNA virus, it would have been easily corrupted by RNA viruses, and those early DNA cells would be busy still making clones of RNA viruses.

RNA viruses would have constantly infected our ancestral DNA cells, and we would never have had time to evolve into the incredibly close-minded beings we are today. But, the DNA cell had an extremely efficient way to handle the RNA virus. That method of overcoming the RNA virus did NOT involve this ancestral DNA cell gathering its DNA cell friends together and hunting down RNA viruses wherever they were. The method of handling the RNA virus had to have been inside the cell membrane of the DNA cell because there wasn't even a cardiovascular system that could pump antibodies into the area.

The DNA cell had to handle the RNA virus by itself, and it never went looking for the RNA virus enemy. But once the RNA virus enemy was inside the boundaries of our ancestral DNA cell, that is when our ancestral DNA cell disposed of the RNA virus enemy. This primordial DNA cell used RNase enzymes to DESTROY viral mRNA. Every DNA cell on earth, even to this day, uses RNase enzymes within its' cell membranes to control its growth and to destroy invading viral mRNA.

If 1% of DNA cells could not fight off RNA viruses, then we would never have evolved into this multi-organ sentient organism we are today because long before these ancestral DNA cells could become multi-cellular, RNA viruses would have overcome these primordial DNA cells. Without question, our immune cells that create complex antibodies evolved much after we had already evolved into a multi-cellular state.

In a most fortuitous set of circumstances, for the evolving DNA cell to have a survival advantage, it needed to master two hugely different events. The first type of event we needed to be able to control is the ability to survive when resources run dry. The second type of event we needed to handle exceptionally well was the ability to survive an RNA virus onslaught. Incredibly, the RNase enzyme solution killed two birds simultaneously.

When resources were limited, there was no point in using up limited resources to grow the cell. It would be much wiser to use the limited resources to provide energy to the cell rather than to produce more DNA cells. In times of famine, destroying the template for protein production via RNase enzymes that destroy mRNA was an incredible advantage to a cell that could control its growth during times of famine. Incredibly, the same method the cell used to reduce its growth rate, RNase enzyme activation, was also the almost perfect counter to RNA viruses. Every cell with DNA as its genetic material uses RNase enzymes to reduce cell growth rates in both the plant and animal kingdoms. Every species in the plant kingdom that uses DNA as the cells' genetic material also uses RNase enzymes to control both cell growth AND to defeat RNA virus infections.

To believe that our cells can't individually handle RNA viruses (our first arch-enemy as a DNA cell) is to not understand evolutionary biology. RNA viruses are such an ancient enemy that it is a situation that every DNA cell on earth "knows" how to handle without ANY training. A three-month-old infant with a mom who hasn't had any viral infections for several years before being pregnant, having never been infected with any virus, can be infected by COVID and wipe out billions of virus particles from its body within a week.

Every lung cell in this three-month-old infant, each cell having never seen a COVID virus before, knows precisely what to do once the virus infects the cell. What "training" do you think needs to occur? And your "amazing" training with the COVID vaccine all wears off in a year, and you need to be "re-trained". But a 70-year-old in 2020, who hasn't had any viral respiratory infections for the previous ten years, can be infected with COVID and shake it off in a week, like a bad cold. This 70-year-old's lung cells haven't had any form of "training" against COVID for the past 70 years, and YET his 70-year-old lung cells know exactly what to do to defeat the virus. But, YOUR amazing COVID vaccine training ONLY lasts a year, and you must have a booster vaccine (be re-trained)? Compare that to this 70-year-old's lung cells that haven't been trained against COVID for the last 70 years and can STILL be infected with COVID for the first time and deal with it just fine. LOL. Please. Vaccine scientists. Just give up already. Or put up some good science.

The paradigm shift will happen. Dummies and the modern high priests of human child sacrifice will only delay the inevitable. The stupid superstitious belief that an antibody is useful in our fight against viruses is a paradigm that has lasted ridiculously long, given how idiotic their science is. But like all false science (rain dancing, human child sacrifice), they relied on good results and plentiful data (from the good results). Rain after a drought is a good result. The building not falling after a child is buried under its foundation is a good result.

The reason why I have to keep bringing up politics is because each political side has an overarching view and philosophy on life and those views are reflected in their decisions and laws they pass which affect all of us. Both sides agree that healthy children make for a healthy group and we all want the group to be strong and competent. At one end of the spectrum is to believe that supporting every weak sub-group is good for the group. The other end of the spectrum is to believe a healthy group is comprised of strong, competent, and healthy individuals and never provide assistance to the weak. The truth is somewhere in the middle, but understanding how leaders on both sides are trying to convince the group that their method of helping the group is the truth is useful in spotting the flaws in their logic and if they are leaning to one end of the spectrum too much.

A hypothetical example at the extreme far left is a baby that is born without arms and legs for a genetic reason. The system supports the child, educates the child, and when an adult, society helps the child get married to another individual with the same condition. Society provides all the ancillary health-related support systems and all financial aid. Follow this couple down 10 generations and now the financial support required is infinitely greater since there are a lot more with this genetic condition.

A hypothetical example at the extreme right is a society that doesn't tolerate any type of weakness, no welfare, no social support for any family even if there is an accidental death of the main provider, etc.

The current Democrat leadership has swung this pendulum a bit too far to the left. Mutilation of our children's reproductive organs does not lead to a health and strong group in the future. But their worldview has permeated even their science. They believe that individual lung cells are mostly incompetent and need "training" by scientists who are certain that they can help "train" these incompetent and weak lung cells and that these lung cells can't handle a basic respiratory RNA virus, that we have evolved with since the beginning of time; most scientists believe the RNA world came first in our evolution and then the first primordial DNA cell emerged. If these first DNA cells weren't capable of very efficiently dealing with RNA viruses, these first DNA cells could not have evolved to the multi-organ systems comprised of trillions of DNA cells.

The first multi-cellular organism (let's say it has a million cells) was always being exposed to RNA viruses. If even only 10% of cells were incapable of handling RNA viruses, the one million-cell organism would die and this one million cell organism would never be able to evolve to the trillion cell organism we are now. Remember, back then, there were no antibodies. Each cell

had to be able to handle the RNA virus on its own. A multi-cellular organism is a very different entity

Described below is an excellent method of determining what percentage of COVID infected lung cells die. There will be many people who play with the assumptions I made, adjust those assumptions, use different values for fluid flow rates, and every time they redo this analysis, it will become apparent that much less than 1% of infant lung cells infected by COVID end up undergoing cell death and lysis. I came up with this on the spot and wrote it down in half an hour. This isn't the third grade math. A six-month old human infant in 2020 can be infected with COVID and a billion lung alveolar epithelial cells are exposed to the COVID virus. Clearly, not all the cells are infected by the virus. But at least a few million lung alveolar epithelial cells are infected with COVID. Within a week, with NO COVID antibodies in its system, the human infant wipes out billions of viruses and easily overcomes the infection. If 1% of this babies lung cells die during the infection, white blood cells would release tissue destroying enzymes and the lung air space would be completely filled with fluid within 24 hours.

The blood lung barrier IS comprised primarily of these lung alveolar epithelial cells and cell lysis would allow fluid to fill that alveolus (let's assume three lung cells per alveolus) and within a minute of cell death. A gap that large in the blood lung barrier (a gap the size of a dead and lysed lung cell) would allow that particular alveolus to fill with fluid in seconds. If you assume 1% of these lung cells died, a dead lung cell easily releases 10,000 virus particles since up to 50,000 virus particles can be produced in ONE lung cell. A 100 lung alveolar cells is approximately 30 alveoli. Within these 30 alveoli, one lung cell is fully infected, dies and once the cell undergoes lysis, fluid fills that alveoli within seconds and then 10,000 virus particles are released (that's a conservative number) and the 29 surrounding alveoli are all also infected and more importantly, fluid overflows from one alveolus and fills up the surrounding alveoli until all 30 alveoli are fluid filled within minutes. That same scenario plays out in the 300 million alveoli in the lungs. Do you see how if even only 1% of infected lung cells can't handle the COVID virus and end up dying and lysing, then our lungs would fill up with fluid and we would die every time we are infected?

Can you see that since this human baby didn't have his lungs filled with fluid because so many lung cells died from COVID and filled with fluid, that more than 9,999 out of 10,000 lung cells can handle the virus sufficiently well so that less than one in 10,000 actually die??? If a lung cell can handle the COVID virus and not die and not undergo lysis, didn't the lung cell do fine? What do you think you are accomplishing by trying to "train" these lung cells that are completely capable of handling the virus and not dying? Are you really trying to find that ONE lung cell in 10,000 that can't handle the virus and train that ONE lung cell? But you keep moving the goal posts and the vaccine industry wants to say "training" isn't just antibodies but some other complex mechanism. Well, what is that complex training? Because you have no idea of how this infant wiped out billions of viruses within a week and you think you can "train" this infant? If 9,999 out of 10,000 lung cells actually overcome the infection, and each of the 9,999 lung cells did exactly what was necessary to not be killed by the virus, are you certain that these lung cells need your "training"? You are certain that this 6-month old infant needs your

"training" but you have no idea the mechanisms each of 9,999 lung cells used to defeat the COVID virus that injected its viral mRNA into these cells. Why are you qualified to "train" this infant's lung cells when you don't know how 99.9% of this infant's lung cells handily overcame the COVID viral mRNA within the infected cells? And if 9,999 out of 10,000 lung cells KNEW what to do to overcome the viral mRNA and not die (followed by lysis), why are you so confident that these lung cells need your dumb "training"? You think these 99.9% lung cells that easily survived the viral mRNA within their cells, you think that 9,999 out of 10,000 lung cells happened to defeat the enemy viral mRNA by chance? You do realize that that is statistically impossible? Dummies. My job here? To let these large retail pharmacy chains realize just how DUMB the vaccine industry really is (and how shitty their science has been to date).

Now, your "training" vaccine IS given in the muscles of the arm. What evidence do you have that these lung cells are "trained" by this shot in the arm? You measured what? Oh, only antibodies. Why do you keep insisting that you've trained the lung? It's clear you didn't. What you think you have trained are white blood cells then? You think you need to "train" white blood cells? To do what? To interview the one billion lung cells within the 300 million alveoli that is our lung and interview each of these 1 billion lung cells every day? Because an infected lung cell can go from having only one COVID viral mRNA strand within it to 50,000 copies within a 24 hour time span. Did you train these white blood cells to destroy lung cells if they have 500 virus copies within it? Or 10,000? You wouldn't train a WBC to kill a lung cell if there was only ONE virus copy in it, would you? You didn't program in the "maximum allowed" viral load per lung cell? How does the white blood cell gather all this information about the exact state of how many virus particles are within a lung cell? These are basic science questions that your industry refuses to answer.

Clearly, you would need these "trained" white blood cells to interview all one billion lung cells every 24 hours, since an infected lung cell can go from having only ONE COVID viral mRNA strand within it to 50,000 copies in a day. Is this white blood cell being trained to "inspect and destroy if viral copies within lung cells greater than maximum allowed" what you think is happening? You dummies can't even put down in writing what you think the "training" is. But, you think you have accomplished the "training". The audacity of dumb men. And then your incredible "training" is all gone in a year and you have to be re-trained? Because the white blood cell forgets the "maximum allowed" number? Dummies. The sheer stupidity of vaccine scientists.

Have you vaccine pseudoscientist dummies never learned what the start of "science" is? A hypothesis. Telling me that, "it's more complicated than you understand" is NOT science. There is nothing wrong with my understanding of your industry. Your vaccine industry is using the cover of science to kill children and make a profit. Why don't you try writing down your "complex hypothesis" for how you think your vaccines effect their "training?" You will realize you can't. So, your whole industry relies on the sheer volume of dumb "peer-reviewed" published data. Just data. No different from the abundant data that "rain dancers" had. They also had abundant data. It always DID rain after a rain dance. Of course, you don't use

scientists who don't provide the data you need. They publish "good results" but they have NO HYPOTHESIS. Your industry takes credit for what the human body did. The human body healed people from COVID in SPITE of your dumb vaccines and then your industry took credit when your vaccines provided NO BENEFIT but only got in the way of the human body trying to heal us from COVID. Rain dancers at least didn't kill children. The high priests of human child sacrifice did. The vaccine industry is the modern version of human child sacrifice. Dr. Anthony Fauci is the high priest of modern baby killers. And quite dumb. What I discovered? Difficult for the average person to do. But to understand what I discovered? Infinitely easier than to discover it. Dr. Fauci either refuses to understand it because of greed, ego, evilness or sheer stupidity, or a combination of all those dark traits. Let the world know from this day forward. Dr. Fauci is the high priest of modern day baby killers.

Now, the third grade math problem. Since vaccine scientists are so dumb they might not understand the higher 6th grade math hypotheticals I described above.

Example #1. Number of Virus particles created

90	Neutralizing antibody virus neutralization rate in percentage
24	Infection/replication cycle turnaround time in hours
200	# of virus released by an infected cell that infects other cells
600	Inoculation dose, actual number of virus particles

Number of virus particles after		time in hours
1 cycle	12,000	24
2 cycles	240,000	48
3 cycles	4,800,000	72
4 cycles	96,000,000	96
5 cycles	1,920,000,000	120
6 cycles	38,400,000,000	144
7 cycles	768,000,000,000	168
8 cycles	15,360,000,000,000	192

Let's look at Example 1. 300 virus particles enter the body. 90% are neutralized. 60 virus particles infect lung cells. Each infected lung cell produces 200 virus particles that can infect other cells. So, 60 multiplied by 200 is 12,000. In 5 days, there are 2 billion virus particles in the lung. In 8 days, there are 15 trillion virus particles in the lung. That is 15,000 virus particles for each of 1 billion lung alveolar epithelial cells.

In this example (#1), I chose a 90% neutralization rate because truly, antibodies have a half-life of 4 to 6 weeks. So, once you're at your therapeutic concentration of antibody, in a month, you have only 50% antibodies. But, I'll use a very conservative and safe number of 90%, to be more than fair to the dumb vaccine scientists. I chose 200 as the number of virus particles released by an infected cell. An infected cell can produce up to 50,000 virus particles in a couple of days, so choosing 200 is an extremely conservative number. Ah, and this is assuming that there isn't any method of destroying the viral mRNA within lung cells. AND I assumed that there isn't a lung barrier that prevents your antibodies from entering the lung.

Because of the half-life of an IgG antibody, you do realize that following a vaccine, you achieve your peak concentration at around two to three months. Let's say at three months. One month after that, your antibody level has dropped to half. At month 11, when they advise a booster vaccine, your COVID antibody level is only a few percent. You see I chose a very high value, 90%, for the percentage of viruses that you can neutralize with your antibody. You see how it doesn't make a difference? And you DO agree that 50% antibody level compared to your peak level isn't likely to be able to stop 90% of viruses? Ah, the DEM argument that every bit of good is good. Not true. Often to get the true picture of what is really going on in complex situations, if you do thought experiments and eliminate the variables one by one, a clearer picture will emerge. In this thought experiment #1, I am pretending that ONLY the neutralizing antibody blocking viruses from entering cells is functional but that there is no mechanism within the cell to fight the virus. What the thought experiment shows is that neutralizing antibodies are practically useless in our fight against the COVID virus. In just a week, you have generated one trillion virus particles. And this is assuming that the COVID antibody has no barrier to entering the lung and assuming that you can neutralize 90% of the viruses created at each cycle. But as I so carefully explained before, even at your peak COVID antibody concentration in your blood, very few COVID antibodies are going to be able to cross the lung barrier and enter the lung. And once month from your peak antibody concentration, it has dropped in half and half the antibodies will only be able to neutralize 50% of viruses.

In example #2, the more accurate neutralization rate is shown. Since clearly antibodies have a half-life, a month after your peak antibody concentration (typically around 3 months after vaccination) your antibody level has dropped to half and those antibodies will be lucky if they can neutralize 50% of virus particles. In 5 days, you are at 6 billion virus particles.

Experiment #2
Number of Virus particles created

50	Neutralizing antibody virus neutralization rate in percentage
24	Infection/replication cycle turnaround time in hours
200	# of virus released by an infected cell that infects other cells
600	Inoculation dose, actual number of virus particles

Number of virus particles after		time in hours
1 cycle	60,000	24
2 cycles	6,000,000	48
3 cycles	600,000,000	72
4 cycles	60,000,000,000	96
5 cycles	6,000,000,000,000	120
6 cycles	600,000,000,000,000	144
7 cycles	60,000,000,000,000,000	168
8 cycles	6,000,000,000,000,000,000	192

In 8 days, you have 6 million pockets of viruses and each pocket of viruses have a billion viruses. Essentially, you are one solid virus particle. Again, I am not even considering that the antibody has no path through the lung barrier, in this example also.

Example #3 is showing what would happen if there was no method within the cell to handle the virus but since a lung barrier exists and we will show what happens if your antibodies can only block 1% of viruses. At day 5, you have 182 trillion virus particles.

Example #3
Number of Virus particles created

1	Neutralizing antibody virus neutralization rate in percentage
24	Infection/replication cycle turnaround time in hours
200	# of virus released by an infected cell that infects other cells
600	Inoculation dose, actual number of virus particles

Number of virus particles after		time in hours
1 cycle	118,800	24
2 cycles	23,522,400	48
3 cycles	4,657,435,200	72
4 cycles	922,172,169,600	96
5 cycles	182,590,089,580,800	120
6 cycles	36,152,837,736,998,400	144
7 cycles	7,158,261,871,925,680,000	168
8 cycles	1,417,335,850,641,290,000,000	192

Now, let's do a thought experiment showing zero antibodies but a competent mechanism within cells to handle viruses. Oh, we don't have to do a THOUGHT experiment. We DID this experiment in 2020. 20 million Americans were infected with COVID and more than 99% of patients under the age of 50, healed in a week to ten days. They had maybe ten thousand virus particles in their system at day 7. Many had zero virus particles at day 7. With NO COVID antibodies.

Can you see the truth? With no COVID antibodies, more than 99% of us (under 50) easily destroyed practically every COVID virus within our bodies. With NO RNases, and only antibodies to block viruses from entering cells, we have trillions of virus particles in our body at day 7. Under 10 years of age, the recovery rate from COVID is even higher than 99%. At six months of age, the recovery rate from COVID is incredibly good.

I showed what might happen if COVID antibodies were 90% effective at neutralizing COVID viruses and what might happen if COVID antibodies didn't exist. I'll show what happens when there are NO COVID antibodies and only a compromised RNase response.

With NO COVID antibodies and compromised RNase enzymes, the risk of death was more than 10%. The exact numbers will be better studied in the future. Elderly have a unique situation and their RNase enzymes are compromised and less active because of an important difference.

RNase enzymes are ubiquitous within all cells on earth that use DNA as their genetic material. If RNase enzymes within a cell are always active, it would be impossible for the cell to grow since the RNase would destroy our mRNA. But, the RNase enzyme has a very important inhibitor. It is extremely well-established science that the RNase inhibitor has oxidizable sulfhydryl groups and when the inhibitor is oxidized, the inhibitor changes conformation and releases the RNase enzyme, which can then proceed to do its thing and destroy mRNA, including OUR mRNA, including viral mRNA. Inhibition of this RNase enzyme is so important that 1% of all the protein within a cell is comprised of just THIS RNase inhibitor. We have billions of proteins within the cytoplasm of cells. But, this RNase inhibitor makes up 1% of all proteins within cells, by weight. The reason why elderly have less functional RNase during a respiratory viral infection is the build-up of defunct proteins within a cell during the life of that cell. One of my most important discoveries was connecting two separate facts. Fasting increases reactive oxygen species. Oxidized RNase inhibitor releases the RNase, which is then free to destroy mRNA. So, fasting results in oxidation of the RNase inhibitor and then the RNase is active.

For the elderly, there is more build-up of defunct soluble proteins within the cytoplasm of lung cells and these defunct proteins have oxidizable groups that can absorb some of the reactive oxygen species (from fasting) and so less reactive oxygen species are available to oxidize the RNase inhibitor. Then, less RNase is activated, and the initial response to fighting the virus is delayed.

As you can see from my three examples, the early response to any viral infection is beyond critical, because of the exponential rate of growth of the virus. Everyone knows that a penny doubling every day is worth more than a million in 40 days.

A penny doubling every day in 5 days is worth 16 cents. A COVID virus with neutralizing antibodies being able to kill 90% of viruses with the virus producing at least 200 virus particles that then infect other cells and 90% of those 200 being inactivated by the antibody, without a lung barrier issue, starting with an inoculation dose of only 600 virus particles (some droplets contain tens of thousands of virus particles), at day 5 is worth 2 billion virus particles.

This is the 3rd grade math and being able to understand this math requires a little more than a third grade brain. Let me decipher this in a way that shows that in science, “a little bit of good can be BAD.” Even with a neutralizing antibody that can neutralize 90% of virus particles from infecting lung cells, but with NO way of destroying the viral mRNA once inside the cell, within 5 days one can easily have 2 billion virus particles in the lung and one more day of replication, you’re at 40 billion virus particles in the lung and you’re practically dead within a couple of days. Do you see? The human body must have a very efficient method of handling the virus once the virus ENTERS OUR CELLS or we would all have been dead even with Dr. Fauci’s “amazing training.” Do you see? Ten tons of bricks falling on your head from a 100 feet up in the air will kill you. Oh, you can bring that down with your antibody that neutralizes viruses magically in the lung when the antibody doesn’t even have a viable path into the lung. You’ve reduced the theoretical amount of bricks falling on my head to 5 tons of bricks. Oh, you’re

going to argue, no, we can neutralize 90% of the viruses, so the analogy should be correct. Okay, so it's one ton of bricks falling on my head from 100 feet. I'm still dead, am I not?

My mentor thought it would be an incredible study to use mice that have antibody genes knocked out and see how they do. I actually have that study but in humans and there were 10 million patients in my study and their antibody genes haven't been knocked out, but I am certain that these 10 million in my study had NO COVID antibodies (or at most 1%) for the first 10 days since their COVID infection.

Under the age of 50, with zero COVID antibodies in your blood, in 2020, at least 10 million people under 50, 99.9% of infected (less than 50 years of age) Americans resolved their infection within a week to 10 days and by day 14, zero COVID virus particles are in their system. Remember, this is with NO COVID ANTIBODIES present in their blood. My hypothesis is that activated RNase enzymes within lung cells destroyed 99.999% of COVID virus mRNA within our lung cells (or any of our DNA cells that are also infected). This retrospective study is infinitely better than any knock out study of mice, isn't it? And it's free. This is the best clinical trial on COVID in the past 4 years. It's essentially proof that the COVID antibody isn't necessary and that "training" by a natural infection or by a COVID vaccine isn't necessary. But, more than just showing that the COVID antibody isn't necessary for our recovery from COVID, this study shows that the COVID antibody is IRRELEVANT to how we heal from COVID.

Yes, from our humble origins from the first primordial DNA cell that came out of that ooze, we were able to handle RNA viruses with RNase-like enzymes. Or we would never have evolved into anything remotely multi-cellular. But, we did. And, just like every other DNA cell on earth including bacteria, we use RNase enzymes as a master switch to reduce our growth rate in times of caloric deprivation (which was common and sometimes quite extended during our evolutionary history) and the mechanism whereby we reduce our growth by destroying our mRNA, that mechanism (RNase activation) is also the ***only*** hypothesis for how COVID viral mRNA within our lung cells is destroyed. No other scientist has proposed another mechanism for how this COVID viral mRNA within our lung cells is destroyed.

Do you see? How I used no other math than multiplication, adding and subtracting. Do you see? At the end of the day, it doesn't matter how smart you sounded or how smart you thought you were. Or how dumb you thought the anti-vaxxers were. The vaccine scientists were all wrong. The anti-vaxxers were correct. On an issue that can be clearly explained only using 3rd grade math. The vaccinologists didn't even assess their technology using 3rd grade math. The anti-vaxxers weren't the dummies. The vaccine scientists were the dummies. Truly dummies.

"Every little bit of good is good". No. Let me explain. I can use a spoon and hand dig a small 5 foot plot of land and grow corn and then later, donate that corn to charity. That is a little bit of good. But, during that same time, I can write books, perform surgery, and generate a $1 million and donate that to charity. Do you see? It is indisputable that in science, sometimes "a little bit of good" is wrong and bad and inefficient and even evil. Like when your left-leaning Dems (the

crazies) are SO sure that every life is sacred (idiot Cuomo) that you no longer have the brain to understand that a 5 year old's life is infinitely more sacred than an 85 year old's life, that the Dems want a six month old infant vaccinated to help protect this world so the 85 year old can go out and play, even though there isn't any BENEFIT to the six month old. See why I have to state repeatedly? That "the essence of intelligence is the ability to compare well." The left-leaning Dems got to the point where they believe we are all equal and we should not compare. The lack of wanting to deal with the inconsistencies that manifest when you DO compare well made the left-leaning Dems "crazy", to quote Bill Maher.

Just like the Dems' mask mandates. You have a raging fire inside your body. You're creating billions of smoke particles. You're trying to catch every little smoke particle because if only 300 smoke particles enters your grandmother, she could die. So you use this mask that has pores that are 300 nanometers in diameter and the smoke particles are 100 nanometers in diameter. Oh, the mask also has gaps on the side between your face and the mask that are 10,000 nanometers wide, seems relevant. But, you believe that "every little bit of good is good". Dumb Dems. Why don't you just put out the fire? Always leaning towards the symptom, the superficiality, the words, the pretense, the appearance of good, never getting at the root of the problem, utter lack of consistency in most issues they preach, truly the philosophical end for the left-leaning Dems. That is where the left-leaning Dems are right now.

Don't the examples show unequivocally that an early effective response is critical to how we survive the COVID virus? The rate of growth is far beyond exponential. The first few days are critical. Oh, in 2020, when 20 million Americans were infected with COVID, your precious COVID antibody didn't really show up in force until about 2 months from exposure? Hahahaha. But you Dems made sure the world knew what you were doing, mandating that everybody has sufficient COVID antibodies. You gave all the credit to the COVID antibody. The whole world knows about the COVID antibody, yet if it helped a single person in the year 2020, the COVID antibody would have needed a time machine, since the COVID antibody was NOT there when we healed.

Compare to the LEE Republican RNase, almost fully activated within a day or two of fasting and worked its' butt off silently to destroy 99.99% of the COVID viral mRNA destroyed in every mammal and human since the beginning of time. If evolution thought that antibodies against viruses were even the least bit useful, don't you think evolution would have made sure that antibodies would be ready on day two or three of the infection, not out in full force at a month? The very unscientific vaccine scientists built, not a house, but a whole city, on a foundation of sand, on a side effect (antibodies forming against viruses in our blood) of a medication (the antibody) that evolution evolved for us for extracellular pathogens.

The true battle begins when the COVID virus injects its' viral mRNA into our lung cells. The essential strategy to defeat this enemy is to destroy it (RNase), not to assist it accidentally (decrease cell growth), and to let all friendly cells know how to fight it (interferon made by our infected cells, this interferon is a chemical messenger that goes and tells other cells to NOT GROW so fast). We used this basic strategy to fight off viruses (destroy the viral mRNA with

RNase and slow down cell growth) since the beginning of time, since we were single celled DNA organisms and as life evolved and we became multi-organ, we built systems on TOP of those fundamental strategies such as interferon, resulting in phosphorylation of the initiation factor that then is unable to initiate translation of the mRNA into protein.

2.8 The Potential Cancer Causing Problem

This one will be short. The mRNA technology may be compared to a MONKEY throwing a WRENCH into a finely tuned WARP DRIVE or a hypothesis for how the COVID mRNA vaccine may cause CANCER. Yes, I'm referring to the vaccine scientists as monkeys.

Please remember. This is a hypothesis, which is how science begins.

Let's imagine that the COVID mRNA vaccine is injected into a patient--we don't have to imagine really, it was injected, what 10 billion times?

The mRNA is synthetic. It is also made of N1-Methylpseudouridine which INCREASES translation. Basically, this N1-Methylpseudouridine incorporation into mRNA and this alteration increases the amount of protein translation from this synthetic mRNA.

Now, this COVID synthetic mRNA is injected into a patient. The LNP happens to enter a MACROPHAGE. The MACROPHAGE over time DEGRADES the synthetic mRNA. Now, this N1-Methylpseudouridine is available as a building block for human mRNA and can be incorporated into OTHER normal mRNA that the macrophage makes. Let's say a bunch of this N1-M is incorporated into an mRNA for a GROWTH factor. This macrophage now has a synthetic mRNA for a GROWTH factor that has INCORPORATED synthetic N1-M's into it so MORE GROWTH FACTOR PROTEIN IS MADE.

The surrounding cells grow SO FAST that now this poor MACROPHAGE doesn't have enough BLOOD SUPPLY and feels hungry and naturally the response is to produce MORE ENDOTHELIAL CELL GROWTH FACTOR to provide BLOOD VESSELS FOR OXYGEN. The MACROPHAGE is STARVED for oxygen and nutrients and has synthetic mRNA for producing GROWTH factors like MAD and keeps pumping out MORE AND MORE GROWTH FACTORS. Remember that mRNA is unusual in that it is like PAPER and can be recycled very efficiently. The 4 subunits of mRNA are degraded and RE-used OVER and OVER again in this MACROPHAGE. So, EACH time mRNA for growth factors are made, LOTS MORE GROWTH FACTORS are produced.

As this "TUMOR" grows, there is ongoing lack of oxygen and nutrients to the center of this haphazard bizarre growth and the macrophage at the center of this bizarre growth continues receive signaling that tells this macrophage to pump out more growth factors and soon, this becomes a self-sustaining nightmare mess that some people would refer to as cancer.

Let's say this NIGHTMARE started with a clump of a 1000 macrophages. Then, as this MASS breaks up, any small CLUMP that breaks off and spreads, if it has a MACROPHAGE in that clump, there will STILL be an inadequate oxygen flow to that MACROPHAGE

This is what is known in "cancer" terminology as a METASTASIS. What I call "CLUMPS" with a macrophage at the center that has this SYNTHETIC mRNA that the macrophage DOES NOT POOP OUT but CONTINUES to recycle. A 1000 clumps? That continue to SPREAD and grow?

Surgeons will just GIVE UP not knowing that when they remove a 1000 metastasis the process will stop. Yeah right. What surgeon will EVER try to remove a 1000 growing clumps? What insurance will EVER pay for THAT? It IS a hypothesis. It's just ONE. I can imagine MANY MANY MORE. So, no. You can NOT tell me that this synthetic mRNA is SAFE.

My certainty for this hypothesis actually matching reality is not high. But, cancer IS a serious issue and I can't come up with a hypothesis THIS good for say, penicillin or Tylenol. But, my hypothesis for how platelets are activated after a booster COVID mRNA vaccine? It is rock solid and any scientist on earth who is a proponent of the COVID mRNA vaccine would NOT want to debate me on that issue in front of a national audience.

This is the way hypotheses work. The more dots you have that connect you from the supposed "cause" to the supposed "effect," the higher the chance that your view of reality may not be correct. Let's say there are 8 dots between the "cause" and the "effect." The chances of any individual "dot" actually being correct is typically small and not higher than 10%. Then, when you have a series of "dots" and when each only have a 10% chance of occurring, then at the end of your series of 8 "dots", the chances of your hypothesis connecting the supposed "cause" to the "effect" is very low. A thing "can" happen. That doesn't mean that it "will" happen.

Now, look at my hypothesis for micro-clots after a booster COVID mRNA vaccine that is given within five months of the first COVID mRNA vaccine.

Dot 1. The first COVID mRNA vaccine results in COVID neutralizing antibodies in the blood. Isn't that 99% true for any million patients that receive the COVID vaccine?

Dot 2. If a second COVID mRNA vaccine given to the same patient within 5 months of the first COVID mRNA vaccine, there will be COVID spike antigen formed and you will be able to detect COVID spike antigen in the blood of that patient. Isn't this also 99% true?

Dot 3. Now, looking at the COVID antibody present in the patient when the patient forms COVID spike antigen from the second COVID mRNA vaccine, won't that COVID antibody in the blood of the patient bind to the COVID spike antigen formed after the second COVID mRNA vaccine? And isn't that spike antigen/COVID antibody complex called an "immune complex?" That is at least a 99% true fact.

Dot 4. "Immune complexes" are well known to activate white blood cells and platelets. That IS an absolutely true fact and so well-established that this fact is present in high school biology textbooks. Again, at least a 99% true fact.

Dot 5. Activated platelets form clots. The more platelets that are activated, the larger the clots that will form. Again, at least a 99% true fact.

Dot 6. A clot formed in a blood vessel will cause at least some cell death downstream from that blocked blood vessel. Again, at least a 99% true fact.

So, my "hypothesis" connecting a second COVID mRNA booster vaccine (that is given with 5 months of the first vaccine) to clot formation within the body and resulting damage from the clot is not just an ordinary "hypothesis".

It is as certain as my hypothesis for finding a needle in a haystack. Vibrate the whole haystack and the denser needle with a low kinetic friction value will eventually drop to the bottom of the haystack and I have an infinitely better chance of finding that needle than the average person who has no hypothesis and randomly searches the whole haystack. I will search less than 0.01% of the area that the average person without a hypothesis searches, and I will have an infinitely better chance of finding the needle.

Not all hypotheses are conspiracy theories. A good hypothesis is the way you discover truth. When I have a hypothesis THIS good to show that risk is almost guaranteed and when your hypothesis for benefit is so broken you can't even show how your COVID antibody enters the very area of the lung being infected by COVID, you have no choice but to STOP THE CLOT INDUCING VACCINE.

2.9 Examples of How the Most Used Vaccines Have Poor Science Behind Them

Here is an alternate theory for how we eliminated polio. It is this simple. Researchers/scientists discover the MODE OF TRANSMISSION for the polio virus was FECAL-ORAL. That means an infected person with polio, that infected person, has to have a bowel movement, and then that fecal matter has to come into my mouth, and I have to swallow it for me to be infected with the polio virus.

Let's pretend that I am a 14-year-old boy at the time of polio in the US. My neighbor buddy is paralyzed from the neck down from polio; I am scared. Before the pathogen's discovery and the discovery that the mode of polio transmission was fecal-oral, no one had ANY idea what caused polio or how one became infected. There was much fear from NOT KNOWING how a patient came down with the illness and ended up paralyzed. But, once the general public understood the MODE OF TRANSMISSION for the poliovirus, the enemy could be addressed correctly. You knew where to focus your energy. You now knew what to avoid.

I'm scared to death because I don't want to end up like that, and holy cow! It's in the shit! My mouth is CLOSED. My fingers don't touch ANYTHING that might have feces on them. I'm washing my hands all day, talking like I'm mumbling because I don't want to open my mouth. I'm sure I will do what it takes NOT to EAT ANYONE ELSE'S SHIT, NO MATTER WHAT. Now, some people might find that hard to do. But look at the reward for being able to keep other people's feces out of your mouth; you will not become paralyzed from the neck down.

And then, once the researchers figured out the mode of transmission, more chlorine was added to public swimming pools (because every kid is wiping their butt in the water), and more wipes—disposable diapers. Every restaurant restroom in the US has multiple "wash your hands" signs, which we STILL have to this day. Is it a surprise that we beat polio? So, was it the polio vaccine that was instrumental in the eradication of polio? Or, was it improved public sanitation, better personal hygiene, more washing of hands, keeping our drinking water separate from our dirty water? We will **never** know why polio went away, will we? But you can't give the polio vaccine ALL the credit, can you? See, in science, if I come up with another valid alternate hypothesis for what made polio go away, then as a scientist, you can NOT give the polio vaccine 100% credit until you DISPROVE the very valid alternate hypothesis.

The belief that the human body is “trained” from a viral infection was a foundational belief for the vaccine industry. One of the anecdotal observations that led to this belief that individuals are “trained” by a viral infection was that children were infected with measles but adults were not as likely to be infected with measles. Well, that was a huge jump to come to that conclusion.

Maybe children who had measles weren't going to be invited to a "measles party" over 50 years ago, when mothers hosted those parties? Doesn't that simple fact explain a lot? And without doubt, a young person's skin cells are growing much more quickly than an adult's skin cells. Maybe fast growing skin cells are more likely to quickly replicate the virus mRNA and end up dead and lysed? And if that child's young fast growing skin cells are infected with the measles virus and blister and die, please tell me how that young dead skin cell that blistered and died then "trained" the surrounding skin cells that either were NEVER infected or these surrounding skin cells *were* infected and easily HANDLED the measles virus. You see how science is about explaining *details*? But you see when I dive into the details, there are many more mundane possible explanations for why you don't often see a child with a repeat measles infection? But, I've even talked to mothers whose child had measles twice, so even THAT is not an open and shut hard fact. I would bet that even if a child is exposed to measles, that fasting for two to three days will dramatically reduce the child's symptomatology.

A decrease in the incidence of measles is a good result. Ah, but there was at least ONE other HUGE reason why the incidence of measles decreased. We stopped having measles parties 50 years ago and decided to "isolate" children with red dots on their faces. Hmmmm. Yes, isolation is incredible, and there is nothing known to science that is more effective at preventing viral spread from person to person than isolating the infected person for a week.

Smallpox? How did Edward Jenner do the study showing that a patient with a cowpox infection was less likely to be infected with smallpox? Or how did scientists determine that a patient who had recovered from smallpox wouldn't be infected with smallpox again? The vaccine science is incredibly fast and loose. Have you ever SEEN a smallpox patient, with large blisters that cover their face and body? Yes, it would scare you away and you wouldn't want to be within a 1000 feet of that smallpox patient. Can you imagine then, if you had actually had smallpox and personally suffered all those lesions on your body and face? If you had, and you see or hear of a patient with smallpox, you would probably stay 10,000 feet or more away from that infected patient. Smallpox is not nearly as infectious as COVID. To be infected with smallpox, you must have prolonged face to face contact with the infected person; do you really believe that any person on earth is stupid enough to risk a repeat exposure of that length of time when they had personally been through the nightmare of a smallpox infection? LOL. And please show me any study on earth where a patient with a prior smallpox infection and all those residual scars, volunteers to have an inoculation of smallpox with a 10 minute face to face time with a smallpox patient who has advanced lesions on their face. Ah, there isn't one. Ah, then it isn't science to believe that a smallpox patient is actually "trained" and won't be infected again. There are many other possible explanations; what is for certain is that this idea of "training" that is so fundamental to your vaccine science, is very poorly studied. The lack of an apparent second smallpox infection can be as simple as, what if a certain population of skin cells are vulnerable to cowpox and smallpox viruses, so when a cowpox infection causes blistering and lysis of the vulnerable skin cells, very few vulnerable skin cells are available for the smallpox virus to infect and kill?

If you still want to believe that a patient previously infected with smallpox is "trained" against the smallpox virus, you must provide some detail and formulate a viable hypothesis (other than just spouting that "training" occurred) and you must exclude other viable hypotheses. That is, if you want to do science. If you just want to start a vaccine cult, don't mind my very scientific approach to trying to understand the "training" that is so fundamental to your vaccine science but that apparently was so very poorly studied.

Yes, the vaccine industry, the pediatricians, and the immunologists took credit for the decrease in measles over the past 50 years in the US, and they thought their measles vaccine deserved all credit. Here is how **easy** it is to debunk this myth scientifically. Here's an ALTERNATE and much superior hypothesis for what caused the decrease in measles in the US over the past 50 years. Johnny, you have red dots on your face. No school for you today, mister, says Johnny's mum. That is what I call the visualization of red dots followed by isolation. My hypothesis incorporates ISOLATION. Johnny is 5 miles from school with brick walls in between measles-infected Johnny and his 4th-grade school buddies. This hypothesis for the decrease in measles IS an extremely VALID hypothesis since it DOES incorporate ISOLATION. Is there ANY scientist on earth that believes ANY SINGLE FACTOR is more effective than ISOLATION in preventing viral spread? Isolation is by FAR the most crucial factor in preventing viral spread. Then this hypothesis of "visualization of red dots followed by isolation" should receive at **least** 80% credit for the decrease in measles. We go from "Johnny has red dots; let's have a measles party!" to "Johnny, you've got red dots on your face; no school for you!" Wouldn't just this change in PRACTICE drastically reduce the incidence of measles in the U.S.? Isn't ISOLATION the most effective means known to man to reduce the chances of viral spread? The vaccine industry has tens of thousands of peer-reviewed papers backing their contention that it was their vaccine that decreased the incidence of measles in the US over the past 50 years. I have "isolation" and the ability to know which child to isolate based on the red dots on their face.

In science, when I propose a hypothesis THIS STRONG, incorporating the BEST known technique to scientists to prevent viral spread (isolation), then evil men who want to take credit for a good result (decrease in measles in the US over the past 50 years) with a vaccine can NOT simply take credit until they PROVE that ISOLATION had nothing to do with the excellent result of much fewer measles cases. In science, when I propose an alternate hypothesis THIS STRONG (visualization followed by ISOLATION), then if the irrational vaccine crowd wants to take credit, they MUST do a controlled experiment comparing the benefits of ISOLATION versus VACCINATION. This IS science, and just "claiming" credit does not mean you get to have it.

So, the vaccine industry can NEVER take scientific credit for the decrease in measles in the US over the past 50 years. Because it would be impossible to design a study comparing my hypothesis of visualization/isolation to their hypothesis that the measles vaccine is the reason for the decrease in measles. How can you ethically "blindfold" a child for several years? Oh, and you would also have to blindfold anyone the child came in contact with. Try to design a clinical trial comparing the two hypotheses. It would be impossible because of ethical considerations.

That does NOT mean that because it can't be studied, the measles vaccine can take credit for the decrease in measles over the past 50 years.

VISUALIZING infected patients and ISOLATING those measles patients deserves more than 90% credit for the decrease in measles and MAYBE 100% credit. But for absolute certainty, the measles vaccine credit is IFFY at best now, and the measles vaccine should NEVER be mandated. Make sense? Yes, because this is a purely rational explanation. Interesting how well science works when sharing information is allowed, and you aren't allowed to SHUT UP and CENSOR the opposing view?

How can anyone do a controlled study comparing the hypothesis, "VISUALIZATION OF RED DOTS followed by ISOLATION" versus the "measles vaccine", to study which hypothesis connected the real cause for the decrease in measles? Take the study arm of 1000 patients and literally BLIND FOLD their parents AND the patients for a few years and the control arm of 1000 patients who are vaccinated and compare their rates of measles infections. See? No researcher can **ever** ethically perform such a study. Then, the measles vaccine can NEVER scientifically take credit for the decrease in the incidence of measles in the US; despite all their studies, every study had the same flaw in that they did NOT BLIND FOLD the parents to CONTROL for the immense benefit of ISOLATING CHILDREN with red dots on their faces, which SO CLEARLY decreases the spread of measles within a community.

Interesting? Most vaccines that "supposedly work" are against viruses that give us an EXCELLENT indication of their presence by red dots on the face (smallpox, HUGE red dots, measles, mumps, rubella) and that we heal from relatively well. Again, any time there is a GOOD RESULT (rain after a drought, a well-built building that does not fall), men who had NOTHING to do with the GOOD RESULT (healing from measles, less spread of measles because we isolate those children) try to take credit. Tale as old as time. Some person (with an inflated ego who isn't very capable but a good liar) will always try to take credit when they don't deserve it. Modern medicine isn't immune to this bastardly tendency.

Do vaccines work against the more serious viruses? Like encephalitis causing EEE, WEE, and VEE viruses? No. Against HIV? No. Oh, the vaccines "work" against all the EASY viruses that are rarely fatal and that we heal from relatively easily? Like measles and the flu? Yes. And mostly viruses that give us an excellent indication of their presence so they can be ISOLATED (measles has much less incidence than the flu because the flu doesn't provide red dots). See a pattern? I'll spell it out for those who can't see the pattern. The human body healed us from COVID. The COVID antibody resulting from an infection or the vaccine healed NO ONE. The COVID antibody was the single biggest RED HERRING in the history of the world. Yes, there was a good result. Yes, lots of people healed from COVID. No, it had NOTHING to do with the COVID vaccine or the COVID antibody.

A paradigm shift occurs when a sub-group of scientists do science in a haphazard way that continues to promulgate certain errors but because the scientists involved in their work do generate a livelihood selling those errors, they look the other way and ignore their errors.

When the errors accumulate over time and end up maiming and killing too many people, outsider scientists venture to re-examine the premises of the error-prone scientists and since the outsider scientist is less likely to generate income selling those errors, the outsider can approach the problems more objectively and are more likely to be able to see these errors that have spread like a virus within the insider scientist community.

3 What Really Healed Us From COVID in the Year 2020?

3.1 The COVID Antibody Con Job

Half the world believes the COVID antibody is critical in our fight against COVID. This is simply the SINGLE biggest CON JOB in the history of the world. And included in the duped are most of the world's physicians.

Let me walk you through it. Remember, it was the MOST successful CON JOB in earth's history, so it is essential to pay attention. The most intelligent people on earth were duped, and it wasn't for lack of thinking about it, as everyone has had time to read up on COVID.

Let's playback and go to any time before January 2021, *before* the COVID vaccine was available. We are FAIRLY sure that 99.99% of the US population did NOT have a COVID-19 antibody before their FIRST exposure to COVID-19. Because to have this COVID antibody in your blood, you must have had an infection and waited at least ten days. The other way to develop COVID antibodies is to be vaccinated, but COVID vaccinations didn't exist before January 2021. So, are we all clear that EVERYONE in the US who got infected with COVID before January of 2021 had NO COVID antibody in their blood *before* their first COVID infection?

The COVID antibody was absent in the first week of a COVID infection for anyone infected before January 2021. The COVID antibody was NOT EVEN PRESENT in the year 2020.

Now, **just** that fact alone should make people raise their eyebrows. If the COVID antibody helped ANYONE who was infected for the first time before the vaccine roll-out, IT WOULD HAVE NEEDED A TIME MACHINE. So, estimates vary, but let's say 20 million people in the US got COVID in the year 2020. But by far, most healed within ten days **without COVID antibodies**. IF the COVID antibody helped a SINGLE person before January 2021 for their FIRST COVID infection, the COVID antibody would have needed a TIME MACHINE.

If you need a time machine to deliver the COVID antibody to the population in 2020, that is science fiction, correct? Otherwise, you can't explain how the COVID antibody helped a SINGLE person infected for the first time with COVID before January 2021 (the beginning of the COVID vaccine roll-out). So, the COVID antibody was LATE to the party. It wasn't even PRESENT when we healed from COVID in 2020. Why does it get so much credit? So 99% of people who

recovered from a first COVID infection before January 2021, we are confident that the COVID antibody played NO ROLE. Then, whatever this mysterious mechanism was that the human body used to help us defeat the COVID virus, that actually HELPED us heal from COVID before January 2021 (before the vaccine roll-out), why would that mechanism (and that mechanism did NOT involve COVID antibodies) NOT work to help us in 2021 and 2022 and on into the future? It **would** and it did continue to help us.

Let's summarize these points about the COVID antibody:

a) The COVID antibody was NOT present in the first week of a person's FIRST COVID experience before January 2021.

b) The COVID antibody can't access the lung air space since it must pass through the blood-lung-barrier. Invoking a "teleporter" as a mechanism for how the gargantuan COVID antibody passes through the lung barrier is the stuff of science fiction. There isn't a single peer-reviewed published paper ON EARTH that describes an active transport system that can ferry these huge 145,000 Dalton molecules from the blood/lymph where they are created, across the lung barrier, into the lung air space, which IS where the COVID virus is infecting lung alveolar epithelial cells.

c) The COVID antibody doesn't enter into lung cells, and the COVID virus injected its RNA into as many lung cells as it wanted to in 2020 since there were no COVID antibodies in anyone.

d) Even if the COVID antibody was somehow present in the year 2020 and in some miraculous way entered the lung air space, the COVID antibody does NOT enter lung cells, and EVEN if the COVID antibody somehow made it into the lung cells, the COVID antibody does NOT destroy COVID viral mRNA strands inside the lung.

e) Once you realize the points above, you must conclude that something OTHER than the COVID antibody saved humanity from COVID in 2020 and that THAT molecule must somehow DESTROY the COVID mRNA that was injected into lung cells. Since we know humanity survived COVID in 2020, why is NO ONE bringing attention to the ONE MOLECULE that actually did all the work of destroying the COVID viral mRNA within lung cells?

Everyone on earth is aware of the COVID antibody. It had NOTHING to do with how humanity dealt with the COVID virus before January 2021. The COVID antibody was NOT present in ANYONE who was infected with COVID for the first time before January 2021 (in their first week of illness). When the COVID antibody finally arrived late, it had NO viable path through the lung barrier into the lung air space where the COVID virus was infecting lung alveolar epithelial cells. Yet, over 5 billion COVID vaccines were administered. **The COVID vaccine hypothesis is the single biggest mistake in the history of medicine and science.**

3.2 The Real Hero That Saved Humanity From the COVID virus was the LEE RNase Enzyme

I am at a loss for words (not really), having been officially fighting this COVID-19 vaccine since September 2020. I can't believe it is this difficult for scientists to accept that their vaccine hypothesis of a neutralizing antibody in the lung air space is fatally flawed.

Let's go back in our mind's eye **to January 2020**. Twenty million Americans were infected with COVID-19 in 2020, and not one person had COVID-19 antibodies (of more than 1% by concentration) in the first ten days of their COVID-19 infection. Because to have COVID antibodies of at least 10% (relative to the mean concentration of COVID antibodies present two months after infection or the maximum concentration present two months after a vaccine), a person had to have had a COVID infection and wait at least two weeks or have had a COVID vaccine which didn't exist in the year 2020.

This is the single biggest research clinical trial in the history of medicine. Twenty million Americans were infected with COVID-19, and not one had more than 1% COVID-19 antibodies in their blood for the first two weeks of their infection. Not one patient had COVID-trained T-lymphocytes. Not one American had naturally-acquired immunity from COVID-19 or vaccine-acquired immunity from the COVID-19 vaccine. Not one patient had any training against COVID.

And yet, over 95% of us healed within ten days or were well on our way to recover by day ten, with no significant COVID-19 antibodies in our blood. Now, if over 95% of us can heal without COVID-19 antibodies and trained T-lymphocytes, has any scientist explained the actual mechanism of action whereby we were cured? In detail, how did the human body heal us? Is it sufficient to say, "he healed" or "he recovered" or "it was a self-limited disease"? Those are not scientific explanations, are they? It IS the 21st century, and this IS modern medicine.

Because if we KNOW what mechanism healed over 95% of us in 2020, we can facilitate that mechanism, and we can probably easily bump up the percentage that recovered from COVID from 95% to 99.9%! Isn't that a possibility? Please remember again. I had no COVID antibodies in me in the spring of 2020. Sometime in the spring of 2020, I was infected with COVID. And there were no COVID antibodies to block a single COVID virus. The COVID virus had a heyday and infected as many lung cells as it wanted to since there were no COVID-19 antibodies anywhere to thwart it. Yet, I easily got over it, and after a week, I knew I would not die.

The virus injected its viral mRNA into many of my lung cells. What do you think my lung cells should do with this viral mRNA? Yes, destroy it. That is what you should typically do to the enemy. Now, we are trying to explain exactly what mechanisms the human body used to heal us from COVID-19 in 2020. Do you know what can destroy viral mRNA inside lung cells? I propose that Ribonuclease (RNase) enzymes destroy the viral mRNA. RNase enzymes are

amazingly efficient at destroying RNA, our RNA, viral RNA, and even stupid COVID vaccine RNA. Everyone remembers that the vaccine distribution logistics were highly complicated because the vaccine had to be shipped at sub-zero temperatures. Oh, no one knows why it had to be frozen. Every researcher who works with RNA knows, however. RNase enzymes are ubiquitous. These enzyme molecules are in our cells, outside our cells, on our skin, and hair; everywhere there are DNA cells, you will find RNase molecules. And they incredibly retain their function even after heat sterilization. If the vaccine vial is completely sterilized of RNase, the liquid that the mRNA vaccine is in can still contain RNase.

It is virtually impossible to have zero RNase contamination in a vaccine vial and know that fact. Once you attempt to confirm whether a vaccine vial is contaminated with RNase or not, the attempt to confirm ruins the vaccine sample, and you can no longer administer that vaccine to a patient. Yes, some vials will have no RNase. Some vials will have a lot.

I contend that the RNase destroyed viral mRNA within our lung cells, and there is no other theory for how COVID-19 viral mRNA within our lung cells is actually destroyed other than my proposal. **When a wrong paradigm meets reality, this is the weirdness that ensues.** How is it possible that no vaccine scientist, immunologist, or infectious disease expert even attempts to explain how we healed from COVID-19? Not the elderly who died. How did COVID patients recover? How did infants recover? What were the mechanisms? Not one scientist even wants to venture a guess. Isn't this a major gap in our understanding of the most significant infectious disease to affect humanity thus far?

I am a Lasik surgeon. I have performed tens of thousands of eye surgeries. I remember once performing Lasik on 25 patients in a single day while seeing all my postop patients and consults on a Thursday before a long weekend. At my peak efficiency, I could start a Lasik case at 2:00 p.m. and complete the surgery, see a few postop patients, and start my next Lasik case at 2:20 p.m. Without seeing other patients, I could do four bilateral Lasik surgeries in an hour, including turn-around time, using only one surgery room, with steady movement and no rushing. Could I have done that with a brand new assistant? Of course, the answer is no. But if my surgery tech had worked with me for years and had assisted me on thousands of cases, then they would know what my goals were, what my next steps were, and what I needed next, and without question, they were very helpful. Because they knew what my goals were and what I needed to do next. If my assistant is brand new, they are not much help because they can't anticipate my next move and the surgical instrument I need.

The ONLY way to assist me well is to KNOW exactly what my goals are and what my next steps will be. Otherwise, my assistant isn't very helpful, correct? The ONLY way to assist the human body in doing what it did SO well in the year 2020 to save at least 19 million Americans from COVID (without any COVID antibodies, by the way) is to KNOW exactly what the human body actually DID do to heal us from COVID; the exact mechanisms of action that were used by the human body to fight off COVID. Have you ever heard a scientist explain how the human body healed us from COVID? Not one scientist on Earth even thinks the question needs to be asked.

To assist the human body in what it did so amazingly well in healing 90% plus of 20 million Americans who got infected with COVID in 2020, you must know what it did. You can't be of any assistance to the human body if you don't know what the goals of the human body were in helping us heal from COVID in 2020. One thing we know for sure is that the human body did NOT need the assistance of a single COVID-19 antibody molecule in the year 2020 while the human body busily saved at least 19 million Americans from COVID-19.

Is the point clear? If you don't understand the mechanism of action whereby the human body healed more than 90% of 20 million Americans in the year 2020 (without a COVID antibody, by the way), then you can't help the human body. Again, if you don't know what the human body did to heal us from COVID, your chances of being helpful to the human body are close to zero percent.

Again, no one knows what the human body did (in detail) to save us from COVID-19 in 2020. But the human body saved at least 90% of 20 million Americans who got COVID in 2020. Does ANYONE still think the human body used a non-existent COVID antibody (in the year 2020) to save a single American? So, even if we don't know what the human body did, we are 99.999% certain that the human body did NOT use a non-existent COVID antibody to aid us in any way. So, do you think the human body will appreciate you when you busily force the human body to make billions of COVID antibodies that the human body won't actually use to heal us from COVID? Ah, you're going to force it down the throat of the human body even if the human body doesn't want to use it. Nice going there, Dr. stupid Anthony Fauci. Dr. Fauci, you're a little man, and my best diagnosis is that you've got the ego consistent with a Napoleon complex but not nearly the intelligence of an average scientist.

I KNOW what the human body did and how it did it to heal us from COVID-19. Just like my experienced assistant makes my Lasik surgery much easier, if I KNOW in detail what the human body did to help more than 90% of 20 million Americans heal from COVID, I can definitely HELP the human body do it even BETTER. That is the ***only*** way I can be of any assistance to the human body. To know exactly what mechanisms the human body uses to heal us from COVID-19. Once I know that, I can work around that and assist the human body because I know HOW to help it since I KNOW what the GOALS of the human body are.

We are all 100% clear that over 95% of us survived COVID (most rather easily) in 2020, meaning over 19 million Americans overcame COVID without a single COVID-19 antibody in our systems. We should all be clear now that the ONLY way to assist the human body is to KNOW what it did. Let me explain what the human body did in detail down to the molecular level. I also know exactly how to ASSIST the human body in doing what it did so incredibly well.

I discovered the general principles of this issue in January 2020. Here is how I approached the problem of COVID back then. I told myself that when I come down with a cold, there are times when I feel a very scratchy throat, and many times, by day three, I'm over it, and I know that I'm on my way to recovery. But three days is never enough time for any antibody to have made any difference in how I recovered. Now, if I actually "feel" the sore throat, scratchiness in the

back of my throat, that means at least 10,000 mucous cells had to be infected; otherwise, I wouldn't "feel" it. Then, that also meant that a rhinovirus was able to infect one of my cells. That the viral mRNA within my cell replicated, that the virus was able to LEAVE the cell and infect other cells. This process, replication/re-infection, I asked myself why would it ever stop? If the rhinovirus can infect a cell and replicate, why wouldn't it be able to continue that forever? But, it does stop. That made me realize SOMETHING had changed that prevented the virus from infecting new cells, or once new cells were infected, something different was going on. And many times, I recover before 3 to 4 days. It made me realize I have to KNOW what the human body is doing, but I knew for SURE that the human body didn't use antibodies. How did I know that? Because I realized that something in the cells had changed even on day 3 or 4 of my illnesses and plenty of times when that was sufficient. And antibodies never develop in 3 or 4 days.

So, I pretended to be one of my cells. If a rhinovirus (common cold virus) infects my cell and inserts its viral mRNA into it, what should I do with the viral mRNA within my cell? I told myself I should destroy that viral mRNA within my cell since it IS the enemy. I should NEVER HELP the enemy, so I have to know its goals, so I don't accidentally help it. I should let ALL THE OTHER FRIENDLY CELLS NEAR ME know how to fight this rhinovirus.

I was on the phone with one of my eye doctor friends when I quickly asked those questions to myself. As soon as I got back home, I got on the internet and looked up those three questions. Incredibly, I found the answers within ten minutes. First, I looked up how to destroy viral mRNA. I looked up what destroys mRNA. RNase enzymes. There wasn't even another suggestion. I was incredulous. But it made sense. Why wouldn't OUR RNase enzymes be able to destroy viral mRNA? It's the same strand, just different information encoded on the viral mRNA.

Then, I knew I wasn't supposed to "help" the enemy. That was the second of the three principles: first, destroy the enemy; second, don't help the enemy. So, now I knew the enemy was viral mRNA; I generally knew that mRNA was a template for protein production. Don't help the "enemy" in this situation to me meant, get rid of the "building blocks" the mRNA enemy needs to build proteins. All mRNA wants to become protein. So, this viral mRNA also intends to become a protein. To "not help the enemy," I have to decrease protein translation from mRNA. Decreasing protein production in a cell will also decrease viral replication within a cell.
So, I realized cells can't grow easily if you deprive cells of amino acids and glucose to power the system. Not growing protein was a very useful strategy to fight the virus.

Lastly, according to the three principles of fighting the enemy, you must let the other cells (friendlies) know how to fight the enemy virus. Again, I searched the internet. So, the way to fight the enemy is to destroy it once it comes into a cell (RNase) and not assist it by decreasing protein production. I googled something and found that infected cells produce much interferon. Incredibly, interferon tells all these other "friendly" cells how to fight the virus by not growing protein. One of the main actions of interferon is to cause phosphorylation of the

alpha-2 initiation factor, essential for the early start process of protein translation from any mRNA. A phosphorylated initiation factor prevents translation from the start. There it was. The general principles of how we stave off respiratory viral infections. In less than an hour of research. In January 2020. For me, at the time, that was conclusive evidence that antibodies weren't relevant but that RNase enzymes were special and key and that a decrease in caloric intake would be important.

Back to "Why can't the cycle of replication/infection occur forever"? What changed to prevent a rhinovirus from establishing a foothold and replicating after the first few cycles of infecting/replication and re-infecting? Once interferon is made by the cells infected in the first few waves of infection, the interferon goes around and warns all the other cells to do lots of things to decrease protein production within the warned cells. So, a cell "warned" by interferon is not the same as the cells first infected by the rhinovirus. The initiation factor necessary for protein translation from the viral mRNA has been inactivated by phosphorylation in response to the chemical signaling from interferon interacting with this cell's surface receptors.

That is what changed because, without a change, the rhinovirus should easily be able to continue to infect cells, replicate, and infect new cells. But, the cells after the first wave of infections have been warned by interferon, and these cells now have an anti-protein growth environment that prevents the rhinovirus from replicating. Interferon not only "warns" the friendly cells but starts a cascade of changes that decrease protein production within the cell, and since the viral mRNA relies upon the human cell's protein-making machinery, shutting down this protein-making machinery literally slows or stops viral mRNA replication because, without the translation of the viral mRNA into viral protein parts, viral replication can not occur.

At this point, I was fairly sure that COVID antibodies had little to do with how we "heal" from COVID. If I was correct, it would be easy to find inconsistencies with the current "antibodies are useful against viruses" paradigm. Because my view of reality is quite simple, there is only one reality; if two facts contradict, they are not both correct. Both facts can be wrong, but both can't be correct. A COVID antibody that didn't exist for all practical purposes in 2020; a COVID antibody that can't enter the lung air space through the lung barrier. Aren't these extremely stark facts that show the contradictions in believing that the COVID antibody had anything to do with our recovery from COVID? The COVID antibody wasn't even PRESENT in 2020. If the COVID antibody helped a SINGLE person who recovered from COVID in 2020 (assuming the patient recovered within two weeks), the COVID antibody would have needed a TIME machine, ah, but that's invoking science fiction, isn't it? And when the COVID antibody finally showed up (and very late, mind you), the gargantuan antibody had no path into the lung air space through the lung barrier.

The inconsistencies within the vaccine paradigm started to snowball in my mind. Every day, it became more apparent that this belief (that an antibody was useful against a virus) could not be confirmed. An antibody that was late to the game, and when it finally arrives, the antibody can't enter the lung? That is the molecule modern science believes was the hero of the COVID pandemic.

The RNase and interferon molecules did all the work, and the COVID antibody gets all the credit? Humans, and a great example is Dr. fauci, haven't changed much from 10,000 years ago. Still full of irrational ideas and thoughts and can't see the truth even when the truth (the correct view of reality) is explained carefully in 73 pages, so even a high school student can understand it. I sent Dr. anthony fauci a two-page summary exposing the ridiculousness of believing that a COVID antibody (that had no path into the lung through the lung barrier) could have been so crucial in our recovery from COVID.

That was in October 2020. The email was forwarded to Dr. Emily Erbelding, who responded to me with an email. She tried to dismiss my discoveries and attempted to justify the ability of the COVID antibody to cross the lung barrier with a 35-year-old article by Wagner. Wagner himself stated that large molecules of 100,000 Daltons would cross less than 1% of the time. The COVID antibody is a massive 145,000 Daltons. For reference, the blood BRAIN barrier usually limits the passage of molecules greater than 500 Daltons. I replied to Dr. Erbelding's email with a 73-page document (February 2021) that covered every aspect of this colossal mistake. I also filed a US copyright on that document. That didn't stop Dr. fauci. But there isn't a document on Earth that has a better chance of putting fauci in prison for life than that document. My personal nickname for him is “fxxing fauci.” One of the most appropriate nicknames I ever came up with.

Do you see how the Democrat leadership has lost its way and is the "anti-science" party now? When their publicly made statements are made to support their political positions, but the science behind their views utterly contradicts each other, they are at their philosophical end. Throughout the pandemic, their actions were utterly wrong every step of the way. The left-leaning Dem leadership left its Dem base a long time ago. They own crazy.

Left-leaning Dems think that the mask barrier WILL STOP a virus particle 100 nm in diameter when the mask barrier has gaps at the sides that are 10,000 nm wide, and the pore size of the mask barrier is 300 nm in diameter. But, the Dems think that the lung barrier WILL ALLOW a COVID antibody molecule that is 145,000 Daltons to pass through when the lung barrier can stop water molecules that are only 18 Daltons in weight. Isn't that a completely confused understanding of barriers? Didn't they get it exactly wrong in both situations? Can't they see the contradiction in believing that the cheap (made in China) mask barrier is extremely competent, but our God-given lung barrier is a piece of crap and not good at being a barrier? Again, the ego of man.

If only Dr. anthony fauci had been spared such kind words when he was a student, and he was always told how it didn't matter if he made poor grades. If only one teacher had told him, no, you don't get an A for attendance and always sitting in the front row and kissing my ass. You get an A if you do well on your test; if you study hard and don't get an A, maybe you shouldn't dream of becoming the NIH director of infectious disease for 38 years. No, I haven't personally checked Dr. fauci's grades, but I'm certain that his grades were mediocre. Yes, my opinion will matter one day. Dr. fauci is a POS, and that is not an abbreviation for point of service.

Left-leaning Democrat leaders believe that every child on Earth should be forcibly poked with a man-made vaccine that was in testing for less than a year; Dems don't believe that a single COVID virus should poke a single lung cell; they believe it's better to force mass vaccinations on school children and poke the skin of every child. Dems think that their mass poking of people's skin and invading other's privacy with the vaccine will create antibodies that will stop every lung cell from being poked by the virus, but the half-life of the antibody is only 4-6 weeks. Isn't that an utterly contradictory understanding of who needs help? Dems believe that they are going to help the "weak."

The lung cells aren't weak but quite capable of handling themselves and overcoming COVID, especially young lung cells. But the Dems will FORCE their "help" on the young because they WANT the lung cells to be weak and NEED help. If they can't find a weak group, they'll find a group and call them weak, which is what they did with lung cells. The left-leaning Democrat leadership is constantly look for weak members to help. Yes, at the beginning, that was a good thing. They empowered women. They helped support blacks. Then, they supported gays and lesbians. I'm not complaining. There were fewer and fewer "weak" groups that needed their help. So, they strongly supported the weak "trans" group, even to the point of letting the "trans" beat up real college women in sports. The Dems have ONE fundamental strategy: support the "weak," and we will get their votes. The Dems have run out of "weak" groups long ago, and now their support of "weak" groups like "trans" has created this "woke" movement that is hammering the stocks of Bud Lite and Target. The Dems wanted to help "weak" groups badly, now they create false "weak" groups and insist that all the lung cells are "weak" and need their vaccine help.

The Republican RNase did all the hard work in saving humanity from COVID in 2020. The RNase did not stop working in 2021 and 2022. The average person has never hasn't even heard of the RNase. The Democrat COVID antibody took all the credit but did nothing. Something flipped, and the Dems became all about supporting the "weak," but only with words and not the true “weak”, but the newly minted “weak”. Simple proof that calling a man a woman doesn’t make a man a woman? The trans who beat all the women in swimming. What happened Dems? Weren’t you supposed to back the “weak”? This essentially summarizes the current state of politics. And why do I bring up politics while exposing the single biggest medical mistake in history? Ultimately, politics is about leadership, and the essence of leadership is how to make sure the "group" continues to do well. When "weak" groups like women and blacks are strongly supported, it only helps the group. When you strongly support "minority groups" incapable of reproduction, it does not truly help the "group" in the long run.

The Dems have run out of "minority groups" to support, and now they are trying to support "minority groups" such as Trans that do not help humanity in the long run. Do strong individuals make for a strong "group?" Or do trans individuals who have a much more difficult time reproducing make for a strong group? Any individual that looks like a human being I have to give the respect that I owe any human being. But that's different from who I have to choose to strongly support in this life, a biological male who wants to have children and financially support them and raise them to be productive citizens of society versus a trans male who has

had his reproductive organs removed. I would strongly support the biological male who wants to have children and support them. That IS my freedom, is it not? That IS what is good for humanity, is it not? Do I believe Trans people should be mistreated and beaten as in the past? Of course not. But do I think they wasted our time discussing their social and biological issues these past few years? Yes, I do.

I am not saying that civilization should have no sympathy for the weak. I am saying that when a civilized society puts infants at risk of death with a vaccine to help make the world a safer place for the 80 year olds (your definition of the weak), then the breakdown of your LEFT philosophy (hey, it's good for the group) becomes apparent. The inconvenient comparisons lead to the inconvenient truth; the left have run out of ideas. But the LEFT is so full of inconvenient inconsistencies that it's not possible for me not to want to make fun of them.

If you don't correctly understand how evolutionary biology applies in this discussion, you will arrive at the wrong conclusions. But, Trans think calling something a different name changes that thing. It does not. A species is a group of individuals comprised of males and females that reproduce with each other and want to socialize with each other and yet still compete with each other. So, by definition, an individual of the LION species, this male lion individual, should want to mate with another female lion and desire another female lion. If all male lions desired to copulate with giraffes, the lion species would soon not exist. A lion is programmed to like lions. The programming to like an individual of the same species is critical. But within the species, to genetically program a male lion to only want to copulate with a female lion and not a male lion is a much more subtle issue, which makes genetically programming that instinct much more difficult, especially once awareness/intelligence entered into the picture.

Culture and socialization, external environmental factors, also help to train the male human to want to copulate with female humans. Can you make a young, healthy, typical male into a gay male just by his experience in early childhood and adolescence? Yes, that can be done. But should we? No, because if you have your eye on the long game, that would not help the human race reproduce, and for humans to exist in the future, we need to reproduce (I actually have to spell it out for these left-leaning Dems). So, leaders who promote children transitioning are not a good thing. Isn't it clear that the left-leaning Dem leadership is at their philosophical end?

They have glorified the "weak" for so long that they can let a bumbling fool, Joe Biden (the ultimate in weak-mindedness), become president. And a vice-president who can only muster up a low-calorie, weak, word-salad, a situation so crazy that only a CRAZY can't see it. They can let Trans encourage normal children to believe they are also Trans and mutilate their reproductive organs. The Dem leadership is willing to sacrifice children as young as six months old with the COVID vaccine to help the "group." Is it clear now that "helping" some weak categories is actually hurting the group? If you want to be a bleeding heart liberal, that's fine. But just be a bleeding heart liberal for *everyone*, including all the future people who will live ten generations down from us; you will realize that strong individuals make for a strong group, and every generation in the future benefits from that.

The left-leaning, practically senile Dem leadership was so confident that censorship was not just okay but GOOD. Of course, they changed the wording and called it "the campaign against misinformation," but let's be honest, it's harder to come up with a more clear-cut example of government-backed severe censorship in US history. They were so stupid that they openly boasted that they were going to "shut down the misinformation." That's what happens when you think merely "naming" something different fundamentally changes that thing. You can rename censorship a million ways, but you are censoring if you don't allow free speech. You can call a man who has removed his reproductive organs a woman, but it doesn't make it so. Words are important, and I don't disagree, but actions are infinitely more important, and the truth (reality) isn't changed by how you decide to rename things.

I have tried to get this information out for the past three years, so excuse my rhetoric. That's what happens if the senile Dem leadership takes away my free speech: I start yelling and cussing. But, if the Democrat leadership hadn't been so vigorous with their campaign against "misinformation," it would not have been nearly as difficult for me to get this info out. I wanted to spend $50,000 of my own money to advertise this info in the Orange County Register, and even THAT conservative newspaper was afraid to put my "infomercial" out, most likely because of the possible legal repercussions, and the Biden administration created that environment of fear.

To summarize the points so far. The COVID virus had its way in 2020 since there were no COVID-19 antibodies to stop it, yet the human body amazingly saved at least 95% of us. The REAL molecule that was instrumental in saving every person on Earth who survived COVID was the RNase enzyme. No other scientist has any other hypothesis on how the COVID viral mRNA inside our lung cells is actually destroyed. That is my hypothesis, and it stands until someone has a better theory. No other scientist even thought to come up with a hypothesis on how the COVID viral mRNA inside our lung cells was destroyed. The ONLY way to truly help the human body heal from COVID is to know exactly what the human body did and what mechanisms it used. We are confident that the human body did not use a COVID antibody to help a single person heal from COVID in 2020. You can facilitate that process once you know what the human body did to help us recover from COVID. And if that mechanism the human body used healed over 95% of us reasonably easily, if you facilitate that mechanism, maybe we can increase the healing rate to 99.9%, even in older adults. Here we go.

The cure for COVID is amazingly simple. In layman's terms, every fifth grader knows that viruses do NOT grow independently. They grow within OUR cells. If OUR cells are growing slower during FASTING, then our cells grow the virus LESS fast. Then, fewer of OUR cells are infected with the virus, we are less sick, we cough out fewer virus particles, our loved ones (those around us) are less sick, and yes, you guessed it. The pandemic is OVER.

For some bizarre reason, the world's scientists believe that the COVID antibody is critical in how our bodies deal with the COVID virus. But, everyone alive during this pandemic KNOWS that in the year 2020, NO ONE had a COVID antibody to speak of when they were infected with COVID for the first time if they weren't vaccinated (no one in the year 2020 was vaccinated for COVID-

19). Over 95% of the U.S. population recovered from COVID in 2020 within ten days (at DAY 10, the COVID antibody was barely showing up). So, this COVID antibody molecule, which was LATE TO THE PARTY, somehow got all the credit for saving humanity in 2020? Isn't this JUST like humans? One person does ALL the work, and someone ELSE wants to take ALL the credit? Yeah, apparently, molecules play the same game.

In scientific terms, when one is fasting, reactive oxygen species within a cell increase. Think of a wood stove with much fuel inside; then, there is less oxygen. Less fuel (less glucose during fasting), then more oxygen species. That results in the oxidation of many sulfhydryl groups on the Ribonuclease enzyme Inhibitor. Oxidation of this Inhibitor (very well-established science) causes it to RELEASE this PIT BULL, the Ribonuclease enzyme (RNase), and then this GOD-given RNase enzyme proceeds to DESTROY ALL mRNA it can find, INCLUDING COVID viral RNA (nice?), INCLUDING OUR mRNA (but we have DNA and can make more RNA), INCLUDING (and this is the ironic part) COVID Vaccine mRNA within vaccine vials, which is why they had to be in a DEEP FREEZE during transport. My particular discovery was connecting fasting to destruction of viral mRNA and connecting the exact biochemical reactions during fasting (increased reactive oxygen species) to viral mRNA destruction (via oxidation of the RNase inhibitor, thus activating RNase, which is then free to destroy mRNA, including viral mRNA). Decreasing caloric intake for 2 to 4 days IS the cure for any strain of COVID, any strain of the FLU, and every other respiratory virus known to man.

Yes, when you are infected with COVID, FOOD CAN KILL YOU for the next several days. Of course, if you have diabetes, fast under doctor's orders (the doctor who knows NOTHING about this). And please drink water as necessary. And, if you LOVE your elderly relatives, make SURE they know this. WHO would eat a hamburger if they knew it might mean you're dead in a couple of weeks? Is it a perfect cure? Of course, it isn't. But is anything? And don't sue me for trying to help (read my disclaimer on lungvirus.com). What is my proof? 7 billion of us, when we were toddlers, and we got sick, 99.99% of us got fussy… AND THE BABIES DID NOT EAT. Every parent knows that I am speaking truth.

Isn't it incredible how the planets in our solar system have such symmetrical elliptical orbits when you realize that it's not the Earth but the sun that is the center of our solar system? When you acknowledge that the "antibody against viruses" is foolishness and that our evolved method of handling respiratory viruses is very similar to our way of surviving extended periods (days to weeks) of no food, all the complex rationalizations and inconsistencies go away. Yes, that is why obese patients with COVID were much more likely to be intubated and have severe illness. That IS why women were much less likely to be severely ill with COVID, because "dieting" is a kind of fasting. If you happened to be dieting when you were exposed to COVID, the chances of the virus gaining a foothold were much less, with more activated RNase enzymes floating around in your cells. If you happened to catch COVID at a party where you stuffed yourself to the gills, your chances of dying are much higher.

Yes, RNase enzymes were always present in our cells, outside our cells, on our skin, in the dust on the floor, basically ubiquitous.

Comparing well is the essence of intelligence. Compare the COVID antibody to the RNase.

The COVID Antibody;

1. Not present during the first week of everyone's COVID experience in 2020.
2. Unable to enter the lung air space through the tight lung barrier, which is where the virus is infecting lung alveolar epithelial cells.
3. Peaks at one to two months AFTER your COVID infection.
4. Then, a month later, your peak level drops off by half.
5. Never enters lung cells where the enemy is replicating exponentially (like a cop who refuses to enter a home where the burglar will clone himself and make 50,000 copies).
6. Did not destroy a single COVID mRNA strand with a lung cell from the beginning of the pandemic to now unless the lung cell actually died.

Now, the RNase enzyme;

1. It is always present in all cells with DNA in the body, ready to be activated.
2. Activated within a day by fasting and very efficient at destroying viral mRNA within lung cells.
3. Is present in such large amounts within cells, the amount of RNase inhibitor in a human cell comprises 1% of the total protein within a cell. The RNase level doesn't drop to half every month.
4. The RNase destroys COVID viral mRNA enemy within lung cells.
5. The RNase enzyme destroyed, at the minimum, one sextillion (1,000,000,000,000,000,000,000) COVID viral mRNA strands within human lung cells in the past three years. During the past three years, the COVID antibody didn't destroy a single COVID viral mRNA strand within a single lung cell that didn't actually die.
6. RNase is even used by plants (that don't have antibodies) to fight off viruses.
7. RNases can destroy any viral mRNA, any strain of COVID mRNA, any strain of influenza virus mRNA, and any strain of rhinovirus mRNA.

8. RNase doesn't need the assistance of any other cell to destroy viral mRNA.

Let's say you doubt the science I bring. Look at how simple it is for an academic center to test "fasting versus non-fasting" (for the first three days of the infection) in a clinical trial for COVID patients. I guarantee that every clinical trial comparing this will have to be cut short because it will be unethical to withhold such a life-saving cure (fasting) from the control arm of the clinical trial group. I DID apply for an FDA clinical trial to study precisely this and was rejected by a nameless person at the FDA who refused to even "reject" the study but merely used red tape to email me that it is "It is not reviewable."

No matter. If you think volumes of data win the case, I have a massive retrospective clinical study. My retrospective study? One hundred billion infants since humans were humans over the past 100,000 years, 99.999% of these infants, when they came down with a respiratory virus, these infants drastically reduced their caloric intake. If you're a parent, you know I am absolutely correct. Yes, it is a retrospective study, but it is the largest study in the history of Earth. Mothers had it partly correct, "feed a fever, starve a cold." No, you starve all respiratory viruses for two to three days. This retrospective study is bigger and better than all the peer-reviewed published COVID papers over the past three years combined.

My anecdotal cases? Myself and anyone around me who got COVID and happened to talk to me. Fasting worked great for everyone that I know who tried it. Early in the pandemic, my 99-year-old grandmother came down with the FLU and was hospitalized in a COVID unit and intubated in a hospital in Georgia. I called the internists from LA and discussed this for at least half an hour. I clearly explained that if they put glucose in her IV fluid, I would sue the hospital and the doctors involved. She walked out on her own two feet in 4 and a half days. She passed away a year later, one month before her 100th birthday.

My son got COVID early this year and, of course, immediately called me. He fasted for two days and felt so good he started eating on the third day. Of course, young people don't have to fast the full three or four days.

Why are the elderly tens of thousands of times more likely to be severely ill with respiratory viruses? Of course, there are obvious reasons, like decreased functional lung capacity and a decreased ability to cough up sputum, which results in more bacterial pneumonia. But a huge reason never known or considered is the build-up of defunct protein molecules with oxidizable sulfhydryl groups. The increase in reactive oxygen species during fasting can easily oxidize the RNase inhibitor in a young patient. But, with a higher concentration of defunct proteins that can also be oxidized, the time to activate sufficient RNase by oxidizing their inhibitors is longer, and every day, the virus is replicating by up to 50,000 virus particles per infected cell—which is beyond exponential. A penny doubling every day is exponential growth. This viral growth is beyond doubling during the first 10 cycles, which is much more important for how we understand healing from viral infections; it is at least 1000x's growth per cycle.

The recycling of mRNA within a cell is almost perfect. Although mRNA can contain wildly different information via the ordering of its bases, G, C, A, and U, various strands of mRNA look remarkably similar from strand to strand. It is analogous to paper, which can have different plans printed on it, from a building plan to a plan for a toy, but it's still paper, and paper can still be shredded by a paper shredder irrespective of the plans printed on the paper. The same goes for mRNA; although the information it carries encodes completely different proteins, it is STILL a strand of mRNA, and the COVID viral mRNA within lung cells can STILL be destroyed by the LEE RNase (since no one else on Earth is alerting the world to the life-saving function of the RNase, I took the liberty of naming it).

The recycling of protein molecules within cells is a different story. Every different protein has a completely different three-dimensional shape. That makes recycling proteins an infinitely more challenging process. Tagging proteins to be destroyed by ubiquination is the recycling process for proteins. But, some proteins can never be tagged correctly and end up just floating around in the cytoplasm of the cell. This build-up of defunct soluble proteins is probably what fibrillary tangles in nerve cells are (Alzheimer's). This protein build-up creates a secondary problem since defunct soluble proteins absorb reactive oxygen species, and a buffer is created. Fasting can't activate RNase enzymes as quickly since the Inhibitor needs to be oxidized, but some of the reactive oxygen species created during fasting are used up by the defunct build-up of protein molecules (that have oxidizable –sulfhydryl groups). *That* is probably the reason the elderly are much more likely to die of COVID or the FLU than infants.

The world will never have to fear another pandemic by a respiratory RNA virus. Once the world knows that fasting is the cure for a respiratory virus, there will never be another respiratory RNA virus pandemic. If you love your elderly relatives, you will tell them this because, after being infected with COVID-19, the first two to three days, FOOD CAN KILL YOU. The John Oliver's of the world? Making fun of those who don't want to be injected with a poorly studied foreign substance? The John Oliver's of the world should be canceled. What do I recommend for the John Oliver's of the world? Knowing what I know? Knowing that fasting is the cure for COVID? If and when he gets COVID, I'll send him ten deep-dish Pizza Hut pizzas. And another ten for fauci. But I don't want fauci to eat the pizzas. Because he needs to rot in prison for a long time. They won't have the last laugh.

4 The Next Step for Retail Pharmacies

4.1 Acknowledgment of Receipt of the Information

From my perspective, the retail pharmacies only have culpability based on their actions **from this point forward**. From my knowledge, you were unaware of this issue with the COVID antibody having no viable path through the lung barrier into the air space. Well, now you are informed and officially put on notice. It will be hard for any of the four pharmacies to later claim they weren't aware of this because not only am I sending all this information by certified mail, email, and fax, but I am also sending it to many DOJ attorneys who were involved in the opioid settlement and also sending copies to many health journalists/reporters who covered the opioid settlement.

4.2 Create a Team to Review the Information

The information I have provided is organized well in anticipation of future potential lawsuits against the above-mentioned retail pharmacies. I am pointedly explaining that there is NO BENEFIT of the COVID vaccine via the hypothesis of a neutralizing COVID antibody in the lung air space since there is no viable path for the COVID antibody through the blood-lung-barrier (a.k.a. air-gas barrier) into the lung air space which is where the COVID virus is infecting lung alveolar epithelial cells. This IS the hypothesis under which the COVID vaccine received its FDA EUA/approval. When confronted with my information, Dr. Emily Erbelding (the Director of Infectious Disease at the NIH) felt the need to try to defend the hypothesis.

If any other complex hypothesis is presented as to HOW the COVID vaccine works, you may feel free to write it down. But, for this particular COVID vaccine EUA, it is irrelevant. Because the current EUA was permitted based on the hypothesis of a "neutralizing antibody in the lung," and that hypothesis is fatally flawed. There is no SINGLE peer-reviewed paper on earth that describes an active transport system that can ferry these gargantuan COVID IgG antibody molecules across the extremely tight blood-lung barrier into the lung air space, which IS where COVID infects lung cells.

Every medication that your retail pharmacies dispense has an associated risk/benefit ratio. When the Risk/Benefit ratio is acceptable, you can dispense the medication.
For the COVID vaccine Risk/Benefit ratio, the Benefit is ZERO since the hypothesis of a Neutralizing COVID antibody in the lung IS the hypothesis under which this COVID vaccine was studied and approved, and there IS no viable path for the COVID antibody into the lung air space. That means the Risk/Benefit ratio is astronomical.

If, in fact, the clinical trials appeared FAVORABLE because of the SIDE EFFECT of the COVID mRNA vaccine, the induction of chemokines, including interferons/interleukins (the body's

response will be to form these chemokines in response to the adjuvant effect of any vaccine and the mRNA vaccines are well-known to have a powerful adjuvant effect). Then, of course, ANY vaccine that gives a patient muscle aches (via induction of chemokines) will provide a protective effect against COVID, but only for a short while (probably weeks to a month or so).

Then, the incredible clinical trial results of the COVID mRNA vaccine can be explained away simply by its powerful adjuvant effect. This is the MOST LIKELY scientific rationale for the excellent clinical trial results of the COVID mRNA vaccine. Without question, it must be studied appropriately. There can be no conclusive statement that the COVID mRNA vaccine clinical trial (that showed the vaccine to be "safe and effective") shows the COVID mRNA vaccine to "work" via a "neutralizing antibody" in the lung since this alternate hypothesis is HIGHLY likely to be valid. This is explained in extreme detail in my 73 pages to Dr. Anthony Fauci, sent February 2021, and with a US Copyright filed to validate the DATE of filing.

Any rational scientist that reviews my 73 pages sent to Dr. Fauci in February of 2021 (with a U.S. Copyright filed to prove date) will realize that the ONLY scientific conclusion is that this COVID mRNA vaccine needs FURTHER STUDY. The next appropriate scientific action by Dr. Fauci was NOT to roll out the COVID mRNA vaccine, which resulted in well over 5 billion vaccines being administered. This is the SINGLE biggest mistake in the history of medicine. If Dr. Anthony Fauci is to be sent to prison, there is no paper trail on earth that has a better chance of putting him there than the paper trail I have created.

When these cases go to court in a class action lawsuit shortly, we should only be required to show the level of science that the vaccine industry thought was sufficient to show that their vaccine caused a "good effect." They had loose associations only because they had no theory for how the vaccine causes that "good effect." These loose associations that they had (the vaccine came before the "good effect") were enough evidence for the vaccine industry to proceed with vaccinating over 10 billion people with their vaccine.

They supposedly have a hypothesis, and it is supposedly complex, but they aren't willing to share it with me. Then why do I have to show the exact connection between their vaccines and "bad effects"? Why aren't "loose associations" sufficient to show how the vaccine caused that "bad effect?" They were willing to use science this shitty to justify selling over 10 billion vaccine doses. Why can't I use their level of shitty science to connect their vaccine with "bad effects?" You see? How I am closing off any potential future legal arguments that your retail pharmacies may want to use to legally protect yourselves? Because I am stating very clearly now that you have no hypothesis connecting the vaccine to a "good effect."

Maybe the vaccine industry believes they don't need a hypothesis to connect their vaccines to "good effects" and only need an association. There isn't a single working hypothesis for how the vaccine works in all the peer-reviewed papers published on COVID and the mRNA vaccines. Then, why does the anti-vax side need more than an association to show that your vaccine was connected to the "bad effects?" You see how I am showing you I have infinitely better science to connect your vaccine to "bad effects" than any science you have to connect your vaccine to

"good effects?" The national average annual incidence of heart attacks and strokes can be determined. The increase in heart attacks and strokes since the roll-out of the COVID vaccine mRNA can be determined. You should have to be responsible for the increase in cardiovascular events if you are willing to continue sales of the COVID vaccine despite all the information I provid you, showing your utter lack of science and a perfect hypothesis connecting your vaccine to micro-clots.

I show in extreme detail that every COVID mRNA vaccine booster (given within 5 months of the first vaccine) creates a COVID spike antigen/COVID antibody immune complex. The definition of an immune complex is a neutralizing antibody that combines with its antigen. A COVID antibody that combines with a spike antigen IS an immune complex. Every one of these immune complexes can without question activate surrounding platelets in the blood (thousands of papers, review articles, textbook references including high school biology textbooks that support this point). This is NOT merely the SIDE EFFECT of the COVID mRNA vaccine. This activation of platelets and white blood cells by immune complexes created from the booster COVID mRNA vaccine *is* the MAIN EFFECT. *Every* sentence here has thousands of peer-reviewed papers supporting it. It is rather ironic that the average anti-vaxxer calls this COVID mRNA vaccine a "clot shot".

It is an inescapable conclusion that the main effect of the COVID mRNA vaccine booster (given within 5 months of the first COVID mRNA vaccine) is to create micro-clots (at the minimum tens of thousands). The anti-vaxxers were correct about the COVID vaccine. But they were more correct than they even knew.

4.3 Document Each Step of the Review Process of this Information

Please remember. The retail pharmacies and their personnel did not know this information, exposing the fatal flaw of the COVID vaccine hypothesis. There is no accountability, from my perspective, before receiving the information I sent you. Once you have this information, each individual who gets this information has responsibility. Every person who is involved in the review of this information must leave a proper paper trail with signatures. If this is not implemented correctly, it will be evident later that there was an attempt to bury this issue. That may increase the amount of fines the Court imposes. Especially given the sloppy conduct of the major retail pharmacies regarding the Opioid crisis, the Courts may be stricter with their penalties, with another scandal of equal or more significant impact on society.

4.4 Transparency Through-out the Review Process

Lack of transparency is a large part of the problem, even with government institutions. Allowing me to be involved in each stage of the review process and letting this review process occur in a transparent fashion is much more conducive to the prevention of deceptive practices

and allowing the correct next actions to be taken by the retail pharmacies. I have excellent documentation of the limited correspondence I was allowed with many Directors of the NIH, CDC, and FDA. Those directors will be held to account by the general public for their actions/inactions that allowed this disgrace to be perpetrated against the American people.

4.5 Frequent Correspondence with Dr. Joseph Y. Lee

No one on Earth is more aware of this scientific fatal flaw with the COVID vaccine than me. I have created a paper trail almost four years long with this issue and have put more time into understanding this issue than anyone on Earth. Failure to correspond with me and not to invite me to be present at meetings discussing this issue will lead to suspicion later. Why would you **not** discuss your team's questions on this issue with the person who discovered the fatal flaw and created a paper trail sufficient to put Dr. Anthony Fauci in prison for life (in a fair and just world)?

4.6 Immediate Reporting of This Issue to the SEC and a Press Release Explaining the Issue and Your Proposed Next Actions within a Month

Whatever actions your Company decides to take will **clearly** affect your Company Stock Price, whether it will be immediately or when the general public/stockholders discover this issue. It is **clearly** an issue that requires reporting to the SEC as required by law. Refusal to report this issue to the SEC immediately will potentially lead to stockholders who may decide to sue the Company for failing to timely disclose a grave matter with your COVID and FLU vaccines.

5 Censorship Stupidity and Paradigm Shifts. Ancient Human Child Sacrifice Rituals Revived by the Vaccine Cult.

5.1 Censorship Stupidity by the Very Left Dumb Democrat Leadership (VLDDL)

In the history of humanity, using force to violate the boundary of another individual (penetrating another person's skin without their voluntary consent) has always caused controversy. The law can be divided into two categories to make a point. 1) laws that control what individuals cannot do and 2) laws that control what the government can do to the body of individuals.

Aside from vaccines, there isn't another significant example in modern medicine of a law that allows the government to force substances into individuals through their skin, the barrier between self and non-self. Once these laws were put into place, of course, there was backlash and especially because the majority of these vaccine laws and mandates involve the vaccination of infants and children. Parents whose children suffered severe side effects from these vaccines spoke out.

Demonizing these parents (whose children suffered severe vaccine side effects) by calling them "anti-vaxxers" created an environment within the vaccine science world where a vaccine scientist could not easily critique the work of other scientists because then the vaccine scientist asking hard questions could be labeled an "anti-vaxxer ." Without vigorous debate and challenging the work of other scientists, vaccine science became sloppier and sloppier. This will be studied many times in the future. Good science cannot flourish without difficult questions. Vaccinologists are very good at patting each other on the back and very bad at producing good science. There will come a time when school children on the playground will make fun of any child that uses the term "vaccine science" since it is an oxymoron. There is very little good science in "vaccine science."

The supporters of the COVID vaccine, when I deliver my information, are uniformly shocked. When they realize the gravity of the mistake, they want to be as far away from me as possible. They just hang up. These are CDC, FDA, and NIH directors. The less intelligent ones, once I explain how the COVID antibody has no known viable path through the lung barrier into the lung air space, which IS where COVID is infecting lung cells, try to talk down to me and explain that the immune system is much more complex than just a "neutralizing antibody" and that I don't understand it. The hypothesis under which they received the EUA for the COVID mRNA vaccine was a neutralizing antibody in the lung that binds a COVID virus before the virus can infect a lung cell. To merely haughtily tell me that it is "complex," but not to explain that complexity is no different than the reaction of priests of human child sacrifice.

Please explain the "complex hypothesis" that shows how the COVID vaccine provides "benefit." If you come up with one, re-submit an application for a new trial. Ah, maybe immunologists aren't the ones with complex thoughts. The two who supposedly "fact-checked" me during my time on Twitter provided one-word answers for how the COVID antibody crosses the blood-lung barrier. "It does." Really? I provided Dr. Fauci 73 pages to show that the COVID antibody had nothing to do with our recovery from COVID and that COVID antibodies are massive and have no path through the lung barrier. They respond with, "It does" cross. Shouldn't we have the highest caliber scientists vet vaccines that are injected into our most precious, our children?

Throughout history, greedy, egotistical, and dumb men and women were always there, ready to take credit for any good result, sometimes knowing that they were lying, but often completely and utterly "believing" their pseudoscience and believing that their actions were the reason for the good results. Once the tide turned and the group no longer wanted to perform human

child sacrifices, do you think those high priests were forgiven because they had good intentions and because they believed their own lies? No. The road to hell is paved with good intentions.

What matters most is being correct. When your thoughts and writings reflect reality more accurately, that is what "correct" is. If you thought you were right and merely told me how correct you thought you were (without forcing anything on me), I wouldn't be that angry at you even if I later proved you wrong and even if you admitted that you were wrong.

Let's say you thought you were correct. You believed that you were right and forced snake venom into my children and took away my job for not receiving your mandate. Then later, I prove you to be wrong. Even if you admit that you were wrong, I would be furious at you and hold you accountable for your actions where you forced your incorrect thoughts and will onto me.

What, scientists and physicians in the 21st century can't be THIS wrong? But that's not an argument against my extremely rational points. And this won't be the only flawed paradigm I will help shift. It turns out humans are not nearly as rational as we think we are. Quantum physics as a scientific discipline should not exist either. But I'll address that idiocy when the avalanche that ends childhood vaccines has enough energy, and it becomes evident that the end of childhood vaccines will happen.

The COVID antibody wasn't even present in 2020. It never saw action. It wasn't even missing in action. It was just missing. And the mechanism of action that actually saved humanity in the year 2020, do you REALLY think that just STOPPED working after the year 2020? From the vaccine side, not a single scientist will ever be able to overcome the fact that the COVID antibody wasn't relevant to how we overcame COVID in the year 2020. For the COVID antibody to have helped a single person heal from COVID in the year 2020 (among all the people who were infected with COVID but recovered within ten days or were well on their way to recovery by ten days), the COVID antibody would have needed a "TIME MACHINE" if it was to be of any help. Follow the science fiction?

The blood-lung barrier, the air-gas barrier, google it, and you will find tens of thousands of articles on this issue. The blood BRAIN barrier typically has a molecule size limit for molecules that are easily able to pass through this brain barrier, and the size limit is about 500 Daltons. But vaccine scientists believe a 145,000 Dalton molecule can pass through the blood-lung barrier. Science is about size, and sorry, but size matters. You don't get to wish the gargantuan antibody through the lung barrier and into the lung air space.

See how the very left DUMB DEM LEADERS lost all consistency in thought? They could not be MORE wrong. The barriers on our face that they mandated can't stop a 100-nanometer-in-diameter virus particle when the pores in the very porous barrier mask are 300 nanometers in diameter. The gaps between the barrier and the face are 10,000 nanometers in width. But the very left DUMB DEM LEADERS believe this face barrier will do the trick. And the VLDDL (very left DUMB DEM LEADERS) believe that this stupid COVID antibody that is gargantuan can easily

pass through the lung barrier when water molecules of 18 Daltons in size can mostly NOT cross this barrier (the COVID antibody is a gargantuan 145,000 Daltons in size). The VLDDL have come to their philosophical end around the time they decided to forget grey and can think only in terms of black and white.

A woman is a woman. A man who decides he's a woman is a woman? Sorry, a man who thinks he's a woman and thinks he's menstruating is still only a man who thinks he's a woman. Agreed, he's definitely not my definition of a man, but he's not my understanding of what a woman is, either. He's in the grey zone, and when you stop being black and white, you'll see that it's not just man or woman. There are shades of grey between an average man and an average woman. What they are capable of doing is playing with word definitions. But they are not able to see differences, and the essence of intelligence IS being able to compare well and SEE DIFFERENCES that the less intelligent can't see. The less intelligent here is the VLDDL.

The moment you used force and mandates (violating all bodily autonomy laws) to impress on the American people the power you hold over us, that point is when you asked me to call the very left current Democrat leadership dumb, because you put yourself in a position that you can't back down from even with the most compelling arguments and science. Will your side ever admit that vaccinating a toddler with a bioweapon is wrong when you have no idea how it can provide benefit?

Will your side ever be able to admit that you were wrong? No. Just like the priests of human child sacrifice. You left a wake of carnage behind your stupid decisions and mandates, including horrible side effects, strokes, heart attacks, and even dead children. Your side will never change their position and admit you were wrong. So, it doesn't matter if I stay professional or call out the VLDDL for being utterly irrational and stupid. The VLDDL is at their philosophical end. I love America, and I love freedom-loving people all over the world. I love civilized societies where opinions can be expressed and rack and torture methods aren't used. Anyone today who believes that bodily autonomy isn't essential is not a true American.

The VLDDL have lost their way, and there is no coming back from the direction they took. They are the opposite of "good". They are the poster child for a snobby brat who sits on their moral high horse and dictates what they decide is "good." Their definition of "good" has always been to include any fringe group. Empower all the immigrant groups, empower women (50% of the population), empower blacks (25% of the population), empower gays (at least 10% of the population), take care of EVERY weak and minority group, the poor, the weak, the bullied, every minority group on earth without power the DEMS supported – except for the weakest but most important group. Infants, babies, toddlers, and children. That is my definition of "evil": any organization that hurts this group, this weakest group, this group with no voice. In the past, did they forgive the High Priests of human child sacrifice? No. Should we forgive the VLDDL for hurting and killing our children? No.

But the Democrats are willing to put this group at risk of DEATH to help make the world an infinitely tiny bit safer for the 85-year-olds. If you do NOT think you are putting this group at

risk, answer the DAMN questions on how the COVID antibody reaches the area of the lung infected by the COVID virus. The VLDDL have lost their philosophical way, and there is no way back.

I was a pretty average Democrat growing up. I voted for Bill Clinton. Hillary was one of my heroes. I vividly remember Trooper-gate, Whitewater, and I felt so sorry for her until she used that word "deplorables." But the VLDDL left their base, people like me. Anywhere in this document that I refer to Democrats as Dummies, I'm not referring to the average Democrat but the Democrat leadership. I was raised a Christian, and I'm an atheist now, but I defend the rights of Christians to believe without being made fun of by people like Richard Dawkins (and Sam Harris), who thinks he understands science but is irrationally poking fun at a group of people who embody many of the ancient principles that best keep humanity healthy and thriving.

I agree that this massive mistake by the very left Dumb Democrat Leadership (VLDDL) is highly embarrassing, and you could not have been MORE WRONG, but what did you expect? You silence the opposing view, and you sit there happily thinking that you're so smart.

Forcibly shutting up the other side in a debate means whatever dumb things you say can sound smart, but in reality, you're the dumb side. NOT THE ANTI-VAXXERS. Being correct with a wrong rationale is infinitely better than being WRONG with a smart-sounding argument. You lost me the moment you used force and mandates to effect your will. You made me want to belittle your side and call your side names.

I'm NOT the same as you. I do NOT use FORCE. It doesn't make one bit of difference how professional I stay. I can call you names, and I can make fun of you. Why? Because you engaged in human child-like sacrifice behavior, and your side will never acknowledge you were wrong (even if I stay professional and don't call your VLDDLs dummies), and you killed children for no scientifically valid reason. So, I might as well make fun of you. I am happy to use humiliation to effect change for the good.

I didn't approach my professional forums in my fight against the COVID vaccine. Until one dumb, very LEFT Lasik surgeon wanted all his elderly patients to receive the COVID vaccine before he would provide eye care, and he wanted to know what the group thought. That was the only opening I needed, and I started by asking very scientific questions such as, "How does the COVID vaccine work?" and "How does the antibody cross the lung barrier, which can stop water molecules?" This dumb Lasik surgeon insisted that "it doesn't matter how it works, it works."

That is an utterly anti-scientific position, as science IS the attempt to understand how things work. Half a dozen other dumb Lasik surgeons rallied behind his stupidity, and they called me names and bullied me and taunted me and even called me a "flat-earther." They finally had me booted from the group (Keranet). I left cursing the group and explaining that "humiliation" is when I do something terrible to the group, the group kicks me out and eggs me; I hang my head

in “humiliation,” acknowledging my bad actions, and leave the group. But, “humiliation” only occurs when I ACKNOWLEDGE that my efforts are bad for the group. History will show that I wasn’t humiliated. But I WILL humiliate the vaccine side. Your side will try to refuse to hang your head in shame. Your side will find any dumb reason to excuse your dumbness in injecting something worse than feces into children, with the pretend justification that it is “good for the group.”

Humans don’t have sharp teeth, and yet we beat out the king of animals, lions. Humans don’t have sharp claws and thick alligator skin that can withstand those sharp claws. Our skin bleeds when poked by a tiny thorn on a rose stem. But we beat out every other species on earth. Dung beetles have no shame and happily roll their feces around, smiling if they can. But, we humans survived and excelled because of our loyalty to the group. That was a more important factor than rationality for a very long time.

Even among Lasik surgeons, about as highly educated as you can be on this Goldilocks planet, rationality fades in importance compared to “loyalty to the group” and the fear of “humiliation.” I come and expose the dumbness on your side with rational evidence to expose your group’s stupidity, and your side should be feeling humiliated. Because your side (very Left Dumb Democrat Leaders) did the one thing that was ultimately the worst for the group: hurt children and prevent free speech (voicing opinions that give you more access to more information so you can compare well among the views and make a better decision to save more children).

Well, I can’t say much good exists on your side when you’re telling children it’s okay to cut off their reproductive organs so there can be no more children from the mutilated results. Do I care about individuals of the human species that can’t contribute children? Of course, I’ll give them the respect that I would give to any human, no matter where they are on the spectrum between man and woman, but don’t tell me that they are more important than children who will grow up and have children of their own, helping propagate the human race.

You see? The ability to COMPARE WELL is the essence of intelligence. And the Very LEFT DUMB DEMOCRAT LEADERS (VLDDL) have lost this ability BECAUSE they chose to be so black and white in their thinking. Don’t ever think I’m promoting hurting TRANS people. If it’s still unclear, I strongly believe in bodily autonomy laws. Anyone who looks like a human gets the basic respect that I give to ANY human. I’m saying that making incompetent leaders feel shame and humiliation is a damn good start for leaders who promote actions that ultimately “hurt the group.” There is no better way to “hurt the group” than to prevent the group from propagating and having no group to hurt (or to protect) in the future.

This is why you don’t take shortcuts when it comes to a medical policy decision that you will decide to force down the throats of all Americans. The vaccine industry and scientists will do everything possible to keep this damn industry alive. Will the COVID vaccine mistake kill the vaccine industry? Yes. Because the sheer stupidity of scientists involved in this industry can now come to light. It turns out that what they had created was not beneficial to children, but

they had made a bioweapon that maims, hurts and kills children. What I found shocking was the number of intelligent scientists who refused to discuss these issues with me because I wasn't an immunologist, pediatrician, or vaccine scientist. Well, would an insider, a researcher whose livelihood comes from the vaccine industry, would they ever ask the hard questions that an outsider like me would ask? The vaccine industry is plagued with the over-arching mistake of having been built on the foundation of a false positive.

This is how the pharmaceutical industry behaves. If there is a side-effect from the COVID mRNA vaccine, they say there is no scientific evidence that their vaccine was the absolute cause. They will look for ANY reason to show that the "bad effect" isn't related to their vaccine. If the patient had any pre-existing condition, they would happily point to that.

They have nothing but a "temporal correlation" to show that their vaccine provided a "good effect." This association is enough to convince themselves that their vaccine is absolutely the reason for the "good effect." But, for any "bad effects" from the vaccine, they will blame anything else that they can dredge up, "Ah, the patient had atherosclerosis. That's the reason for your heart attack that occurred a week after your booster". They become expert, rational scientists when it comes to questioning the causal relationship between their vaccine and a "bad side-effect." But the causal relationship between their vaccine and a "good effect" is given every possible scientific break.

When there is a "good effect" following their vaccine, they will take all credit even if the ONLY thing they have connecting their vaccine with the good result is that the vaccine came before the "good effect." An "association" is good enough for the vaccine industry to take credit for every good result following a vaccine. But an "association" is ridiculed if the vaccine is blamed for any bad result following the vaccine. The hypocrisy and inconsistency in thought within this vaccine field are incredible. The vaccine industry was involved in some of the stupidest science ever performed on earth. I have more than an "association" to connect the COVID mRNA vaccine to clots. I have every dot and every pathway covered.

The average person doesn't understand science like I do, so the general public can't see through your shitty behavior and call you out for it. I can and I will, and I have been. The vaccine industry doesn't have a hypothesis connecting their vaccine to a "good effect." I blew their current hypothesis of a neutralizing antibody in the lung out of the water. So, now they say I don't understand it, and it is too complex for me to understand how the vaccine works, and they won't even begin to try to write it down. But they are satisfied with their "complex theory of how the vaccine works that you non-experts can't understand." When there is a "bad effect," and I connect the vaccine to the "bad effect" with irrefutable facts, the vaccine scientists get nervous and claim that I am a conspiracy theorist.

5.2 How the Belief in "Training" Arose and Tainted Vaccine Science

This incredible COVID vaccine, a "miracle of modern medicine," trains you superbly to fight the COVID virus, supposedly? And this amazing training? All gone within a year's time, and you have to be re-trained.

A six-month-old human infant that has NEVER had training against COVID with a mother that never had COVID, this human infant can be infected with the COVID virus and, within a week, destroy billions of COVID viruses and rid itself of the infection, having had NO training.

A 73-year old man (Tom Hanks) who has NEVER had training against COVID, in 2020, this 73-year old can be infected with the COVID virus and, within a week or so, destroy billions of COVID viruses and rid himself of the infection, having had NO training for 73 years.

Again, why is the vaccine "training" so necessary? It isn't.

The belief that antibodies are useful against viruses is merely that. A belief. There is no well-thought-out science to show that antibodies are actually useful against viruses, and there never will be such science because it does not exist. Let me explain. A 6-month-old human infant can be infected with COVID without having had ANY prior infection, no prior vaccine, and no previous exposure to ANY virus, with a mother that has NOT had COVID, and this human toddler can wipe out billions of viruses from its body handily, within a week or so. At a year of age, human infants make less than 10% of IgG antibodies by serum concentration versus an adult. Without ANY antibodies of ANY sort within its body, this 6-month-old human infant has wiped out billions of COVID viruses from its body within a week.

Without training of ANY kind, this 6-month-old infant easily handles the COVID virus. I would argue that this infant's cells, having NEVER had exposure to any virus, knew EXACTLY what to do and how to fight the COVID virus. I would argue that this infant DID have MEMORY and KNEW exactly what to do. This infant did **not** need additional training. Training involves MEMORY. This infant HAD MEMORY without ANY TRAINING. The COVID vaccine proponents believe that this TRAINING from the vaccine is necessary and something that we do NOT have if we haven't been exposed to the virus or haven't been vaccinated. This infant HAD the exact MEMORY to KNOW exactly what to do to fight off this virus. This infant did NOT need MORE MEMORY or ADDITIONAL TRAINING via the vaccine. Having NEVER faced the enemy (the virus), every lung cell in this infant KNEW exactly what to do to fight off the enemy.

And the vaccinologists believe they need to give this infant MEMORY/TRAINING via the vaccine? And this amazing TRAINING that the vaccinologists give this precious human infant, this amazing TRAINING is all gone in a year? Again, I would argue that this infant KNEW exactly what to do to fight off the enemy and HAD the MEMORY to fight off the enemy. Not just ONE of this infant's cells but EVERY lung cell in this infant knew EXACTLY what to do without ANY PRIOR

TRAINING. And why is my argument so amazingly scientific? Because if you believe this infant was NOT TRAINED, but EVERY one of this infant's lung cells did EXACTLY the correct thing to survive purely by chance, then that is hundreds of millions of lung cells that randomly did the EXACT right thing to overcome the COVID virus. Statistically that is NOT POSSIBLE. It is INFINITELY easier to believe that EVERY ONE of this infant's millions of lung cells KNEW exactly what to do and already had the exact MEMORY of what to do, without ANY prior direct exposure to the virus, without ANY TRAINING.

Have you ever seen a baby under a year of age play the Moonlight Sonata and bring down the house? Ah, maybe the baby needs "training" to be able to do that. I'm not disagreeing that the baby needs "training" to do that, but if I every baby I ever saw could play the Moonlight Sonata fairly well, I wouldn't conclude that the baby needed "training" and practice to be able to do so. The essence of intelligence is the ability to compare well. Now, if the baby's ability to survive depended upon the baby being able to play the piano well, without ANY practice, then maybe that talent would eventually evolve to be programmed within our genes so no "training" was necessary. But, guess what IS necessary for a baby to survive. Yes, being able to fight off respiratory viruses. Yes, babies DO fight off respiratory viruses exceedingly well, without ANY "training", I might add.

Now, if you DID see a one-year old baby play the Moonlight Sonata on the piano, would you STILL believe that the baby is inadequately trained? The one-year old baby can handily take care of tens of billions of COVID viruses within a week, and you STILL feel the baby needs additional training? By someone who makes a profit out of injection your baby with SNAKE OIL, by someone who has NO IDEA how the COVID antibody even enters the lung area? I'm fairly sure that wiping out billions of tiny COVID virus particles and barely being affected is an even more marvelous achievement than that same baby playing the Moonlight Sonata. But, some snake oil salesman has to get his greedy hands on that baby and figure out a way to profit from the incredible feat the baby just performed? Get out of here. Get away from that baby, you baby killer.

So, pediatricians, leave the babies alone please. I call your whole specialty baby killers if you can't scientifically explain why a newborn infant whose parents don't have Hepatitis B, should be given a HEP B vaccine, only 6 hours out of the birth canal. Second reason I call pediatricians baby killers is they have NO idea how the COVID antibody enters the lung through the lung barrier. If the vaccine has NO BENEFIT to the baby but can still KILL the baby, why is it wrong to call that pediatrician a "baby killer?" Oh, my words are mean? The pediatrician's actions kill babies. My words offend the fine sensibilities of a dumb adult. Grow the F up. No matter how I deliver this information to the American Academy of Pediatrics, do you think they will EVER admit fault for vaccinating as many children as they could get their greedy paws on, more than half the country? Your specialty (pediatrics) may not survive the backlash when the general public realizes how incompetent your science has been. Yes, parents are frightened when their children are sick. Yes, they turn to you in times of emotional distress and concern. What do you do with their fear? It turns out you sold them "vaccines" for their children. You used their fear. Oh, you say you thought the science behind vaccines was solid; but you saw your patients

have serious vaccine side effects and you didn't ask the hard questions of your technology that a Lasik surgeon could ask? No, you didn't try at all. You didn't want to question the vaccines that brought you dirty blood money. Your field is complicit by its lack of willingness to ask reasonable scientific questions. Dr. Richard Pan was given much of my info on the COVID mRNA vaccine flaw. He has some serious accountability. His staff was also given the information directly from my mouth. The vaccine industry is good at name-calling and belittling the opposition. They can dish out, but they can't handle their own medicine? When I deliver truth to your field and it means your field has to stop all vaccines, you will never stop will you. Until the general public realizes how little science your field really has behind all your vaccines. You imply anti-vaxxers (me) are dumb and crazy, right back at you. History will prove me to be correct.

Calling vaccine scientists dumb is me being nice. Let's say it turns out I'm completely right about the fact that "antibodies aren't helpful in our fight against viruses, except maybe as an indication that we've been exposed to a certain virus." Then, what would you think about those who promoted vaccines for children? When children could be maimed and killed by the vaccines? What choice do you have, but to consider those who promoted and dispensed vaccines anything other than dumb or evil? Or a combination of dumb and evil? Is there any other choice? I'll keep an open mind but I don't think so. Dumb because your mind had an incorrect view of reality or evil because you KNEW that vaccines weren't beneficial but you STILL wanted to make money off of it. Is there ANY OTHER OPTION??? Yes, one more option. They were unaware of the issues. Oops, but I took care of that by informing them here in this massive letter, correct? So, once informed, that option is taken away and if they don't renounce the vaccine, then they are even more dumb and/or evil than before they got the information.

All this will also information will also be delivered to the American Academy of Pediatrics. They will also be put on notice. They already were informed on Twitter but pretend they didn't get my information.

Please, if I repeat myself, well "repetition is the key to learning." Also, your vaccine industry pumped out more than ten million pages of nonsense and it's all poorly controlled science and doesn't reflect reality, so if I repeat myself several times when I deliver a 150 page document to end the vaccine industry, don't be so critical. Be critical to the stupid side that got us in this mess.

5.3 Going Back to the First Assumption by Vaccine Scientists

This infant did **not** use antibodies in its fight against the virus. The infant got fussy and did **not** eat. Caloric deprivation activated RNase enzymes further, and these ubiquitous RNase enzymes efficiently destroyed viral RNA within lung cells. Of course, the activated RNase enzymes **also** destroyed the infant's human mRNA. But, the infant DOES have DNA and CAN make more necessary mRNA for different proteins from that DNA. The viral RNA has no backup. One step backwards to go two steps forward and actually LIVE? Not a bad option, right?

To find "X antibody" in the body and to conclude that this "X antibody" was useful against "X" virus is a leap in logic and purely an ASSUMPTION. We also create antibodies against HIV in our blood. No scientist on earth believes those HIV antibodies are sufficient to protect us from HIV. We also develop antibodies against joints in our body. We do NOT think those antibodies against our joints are BENEFICIAL merely because we find them; to the contrary, that is why the field of rheumatology exists. To find an "X antibody" in the blood and to conclude that there is a benefit when fighting the "X" virus is not scientific. We create antibodies against Streptococcus bacteria, which have the side effect of attacking our heart valves (rheumatic fever). Antibodies, a medication that evolution made for us for extracellular pathogens, can have side effects. So, merely finding a particular antibody in a person's blood and believing it is useful just because the antibody exists, is **not** rational or scientific.

We have clear-cut examples of antibodies that cause severe side effects (Rheumatic heart disease). We have clear-cut examples of forming antibodies against viral pathogens; having the antibody doesn't make a difference (HIV) in the outcome. We have a whole profession devoted to helping us contain symptoms from auto-antibodies, antibodies fighting our body. Just because one finds an X antibody against a pathogen X, how was it so easy to conclude that that X antibody was beneficial? That is a leap in logic. It is a stupid assumption. That is identical to figuring that you have no mice in your farmhouse because you caught one mouse in a mouse trap once but ignoring the fact that you've had 100 cats living around your farmhouse for decades.

As a Democrat most of my life (having voted for Bill Clinton and Hillary being one of my idols most of my academic life), I don't say lightly that the left leaning Democrats have come to their philosophical end; "every life is sacred" (quoting Cuomo from early in the pandemic)? No, a five-year old's life is infinitely more sacred than an 85-year old's life. I believe that even the 85-year old will agree with me. If there is a situation where an 85-year old can save only his life or only the five-year old's life, and he saves his 85-year old life and lets the toddler die, no person on earth would give him respect again. Democrats will risk the life of a six-month old infant in the slim hopes of improving the chances for an 85-year old? Democrats want everything to be so fair, and they talk about equality so much, they have literally become blind to real differences. They want equality so badly that now they fail to see actual differences. A man that thinks he's a woman and removes his genitalia is officially a woman? *The essence of intelligence*

is the ability to compare well. The essence of science is a very efficient method to try to correctly understand reality by comparing well. Sorry, but naming a piece of silver "gold," doesn't make the piece of silver into gold.

A little bit of good is still good? Lol, no, it isn't. Quantity matters. A little bit of good can be evil in science. A lot of good is much better than a little bit of good. I have to actually put that in writing? Democrats believe preventing the uttering of a mean word (wrong use of newly made-up pronouns) is much more critical than stopping a dastardly action (injecting a bioweapon into a child). Again, comparing well IS the essence of intelligence. My rude words pale in comparison to your rude actions of injecting children with snake oil.

Humans have **never** made a medication that is useful against a bacteria that is *also* effective against a virus. Ask any of your tens of thousands of pharmacists, and they will confirm I am correct. Evolution created a medication for us against bacteria and extracellular pathogens called the "antibody." Why would evolution be able to create a single medication that is effective against bacteria and **also** effective against viruses? Isn't it much more likely that this production of antibodies against viruses is merely a "side effect?" B-lymphocytes are not sentient. When a pathogen enters the body, the B-lymphocyte, when faced with the pathogen, the B-lymphocyte does **not** quiz the pathogen and try to determine whether it is a virus or an extracellular pathogen. The B-lymphocyte merely **pumps out** antibodies. Against bacteria, these antibodies are **very** useful. Against viruses? Simply a SIDE EFFECT.

The most brilliant humans on earth have never made a medication against a bacteria that is also effective against a virus. Evolution created a "medication" for us (the antibody) to battle extracellular pathogens, such as bacteria and fungi. Why would this antibody also work against viruses? It would not. But can this "medication," the antibody, have "side effects"? Yes, of course. And when we form antibodies against our joints, it is a side-effect and **not** beneficial. Developing antibodies against our B-islet cells in the pancreas is **not** helpful but results in type-1 diabetes. The field of rheumatology is full of examples of antibodies that WE produce in our bodies which are SIDE-EFFECTS and NOT BENEFICIAL. Just because you find an antibody against a pathogen in your body, you cannot conclude that the antibody was helpful. Even when the antibody IS useful against bacteria, as in strep-throat, a beneficial antibody can ALSO have a SIDE-EFFECT. In the early 19th century, the number one cause of death in children under 20 was rheumatic fever, caused by STREP throat. Antibodies against the Streptococcus bacteria can sometimes cross-react with the mitral valve, destroying it.

ONE ANTIBODY (the antibody against the streptococcus bacteria) was the number 1 killer of children in the early 19th century. See how clearly I lay this out? Just because you find an antibody against a pathogen, you can NOT conclude that it is ONLY beneficial or JUST beneficial. But that is what the vaccine scientists did. But that logic is no better than seeing a forest fire burn a thousand homes, and because you consistently find ash at every burned-down home, you conclude that taking this ash and sprinkling ash on an unburnt house will provide benefit. The vaccine scientists have NO logic or rationale beyond FINDING that neutralizing antibodies form against virus pathogens. The vaccine scientists DO have abundant data. But I can show

without a shadow of a doubt that if a kid has measles and has a party and invites hundreds of children and play with them all,

When you find an "X" antibody against an "X" virus in the blood, you must determine if it is beneficial. Then, even if you conclude with good research that this "X" antibody is useful, you must then ALSO determine if this "X" antibody has side effects. This was NOT the rational approach taken by vaccine scientists when antibodies were first discovered. They jumped to assuming that finding an "X" antibody against an "X" virus meant that it was useful. It may have been an honest mistake because the scientists were so amazed that they actually found the "X" antibody; regardless, they didn't approach their findings scientifically and the industry never did the appropriate research to vet this issue properly. What the industry DID do is to pretend that finding antibodies actually "meant" the patient had "immunity."

So, the original scientists made the mistake of making an assumption that finding the antibody against the virus was absolute "proof" that the antibody was beneficial. It may have been an honest mistake but regardless, it *was* a mistake. The vaccine industry scientists then didn't vet this issue and correct it, rather what they did was to build on top of it. Instead of performing rigorous clinical trials, they started loosely throwing around terms such as "trained B-cells" and "long-term immunity." Instead of rigorously demonstrating that having X antibodies against X virus was actually useful and beneficial, they showed, "ah, this patient who had smallpox ten years ago still has detectable antibodies and so that concludes they've had immunity for ten years." Really?

The immunologists/vaccinologists/pediatricians built a WHOLE industry on a SIDE EFFECT of a medication, the antibody, a molecule that evolved to fight EXTRACELLULAR PATHOGENS. There is NO rational thought to show the BENEFIT of an antibody in the blood against a virus. Just the mere formation of an antibody against a virus was all that was thought necessary to show BENEFIT. That was a HUGE leap in logic, and the industry made a HUGE MISTAKE. The vaccine industry was built on a side-effect of a medication, the antibody, that evolution evolved for us to fight extracellular pathogens such as bacteria, NOT TO FIGHT VIRUSES.

5.4 False Positives are How the Vaccine Industry has Survived This Long

Censorship is inappropriate, but censorship in science will inevitably lead to catastrophic problems. The current administration's campaign against "misinformation," against the anti-vaccine message, prevented me from getting this information to the general public. I have been canceled, shut down, and permanently suspended on as many social media outlets as I have been trying to get on to get this information out. I was on Twitter (@leelasik) most recently, starting in October 2022. In a single day in mid-October of last year, I accumulated 10,000 followers. Despite all the censorship on Twitter, I put out 40,000 plus Tweets in 5 months and acquired 45,000 followers.

I am extremely well connected with many in the anti-COVID vaccine movement now. I was permanently suspended from Twitter on or about April of 2023. That won't stop me from getting this information out. I will release a copy of this letter to my connections in the anti-COVID vaccine movement. And when I finally get this info out to the public, there will be lawsuits against CVS, Rite-Aid, and Walgreens, depending on how you respond to the information disclosed here.

What is science? A very practical definition of science is the understanding of reality in a way that benefits the future of humanity. Even if the "truth" or correct understanding of reality is "painful," the truth gives us the best chance of choosing the option that is most likely to HELP humanity. If there is an understanding and that understanding is touted as science but ends up NOT benefitting society and doesn't correctly reflect what is really happening, then in retrospect, we can say that that is NOT SCIENCE.

False positives are the most common way people misunderstand reality and claim their "understanding" is scientific, but in hindsight, it is discovered that there is no science behind their "scientific claims." Correct science always finds a connection between "cause" and "effect" that is real, and in the early stages of science, when we "guess" at what that connection is between "cause" and "effect," that guess is called a hypothesis. Suppose there is a guess at the relationship between cause and effect, and later it is discovered that the guess is incorrect. In that case, the wrong guess means that you have NO SCIENCE, and whatever connection you thought there was between "cause" and "effect" is UNSCIENTIFIC. That is the definition of having a "false positive" on your hands.

There are two classic examples of this. Rain-dancing and human child sacrifice rituals. The practice of rain dancing had a 100% success rate and they had tremendous "peer reviewed" data, identical to the vaccine industry. So (expletive) what. Sometimes the rain came within minutes of the rain dance. Sometimes it took years. But their data looked tremendous. And they had voluminous data to support their claims. The only correct part was that at least they knew enough to know that the rain dance had to come **first**. Since they understood the "cause" had to come before the "effect" of rain. Look how pitiful that example makes the current

vaccine scientists appear. In the US, in 2020, 20 million Americans were infected with COVID, and more than 95% of us healed in a week to 10 days, BEFORE any COVID antibodies even showed up in our blood. Rain dancers better understood the temporal order of "cause" and "effect" than modern-day vaccine scientists. But, for rain-dancing, the ONLY "connection" between the "rain dance" and the "rain" is some "authority" claiming that the two are connected. In science, we look for **real** connections between the "cause" and the "effect," and that guess at the link we call a "hypothesis." Isn't this frightening? You leave the pediatricians and immunologists alone, and they come up with science this irrational?

The rain dancers at least had their "temporal correlation" correct. The "rain dance" was performed *before* the rain came. The pediatricians and immunologists didn't even get the "temporal correlation" correct. The COVID antibody showed up *after* most people recovered from COVID in 2020. And when they point at all the massive data (peer-reviewed papers for over 50 years) that shows the measles vaccine to be helpful, it doesn't matter because rain dancers had even MORE positive data. It ALWAYS rained after a rain dance. Do you see why in science, data alone doesn't help you get to the truth? Science IS the pursuit of truth/reality. And the BEST way to understand reality correctly starts with a hypothesis, which is essentially a guess that connects some "cause" that one believes leads to an "effect." Explaining how the true "cause" proceeds to an "effect" is called a "hypothesis." This IS the essence of science. Scientists are always looking for a true "cause" that really did cause the "effect."

Almost every ritual that is forced upon another human to the point of violating the other human's boundary between self and non-self, their skin, is usually discovered to be evil. But those who were involved in the cruel practice never admitted that they were engaged in evil-doing. The high priests of human child sacrifice never acknowledged their ritual was evil. They DID have the temporal order correct, though. First, bury the child under the foundation of the new building. Then, erect the new building. As long as the new building stands, they can claim that the sacrifice of the innocent child benefited society or was "good for the group". They had the temporal order of "cause" (killing an innocent child) and "effect" (building still standing) correct, at least. But their guess as to what the connection between "cause" and "effect" was based purely on "authority" and not fact.

With the COVID vaccine, the belief that a COVID antibody is helpful does not have the temporal order of "cause" and "effect" correct. The COVID antibody formed in the body much AFTER most of us had already recovered from COVID. Most of us had recovered within ten days, or most of us were on our way to recovery by day ten. The COVID antibody peaked a few weeks AFTER our infections. At least ancient rituals of rain-dancing and human child sacrifice had the temporal order of "cause" coming *first*, correct? The vaccinologists even got this very simple fundamental issue WRONG.

Follow the science. Don't follow Dr. anthony fauci. His brand of science is *this* off. Then the guess between "cause" and "effect" for the vaccine is simply that the COVID antibody neutralizes the virus before the virus can infect lung cells. A very worthy and reasonable effort

at proposing a connection or guess between what connects the "cause" and "effect." Except the COVID antibody has no path into the lung air space where the COVID virus is infecting lung cells. And this ridiculousness was explained to Dr. Fauci in October 2020 and again in 73 pages in February 2021. The COVID vaccine hypothesis has worse "science" behind it than the ancient rituals of rain-dancing and human child sacrifice as they have the temporal sequence between "cause" and "effect" backward, and they have NO guess or NO hypothesis between cause and effect. The vaccinologists DO have a positive result. And they DO have tons of published data. But so did the rain dancers. Without a functional hypothesis, the vaccinologists do NOT have good science (not even average science) behind the COVID vaccine.

How would a paradigm shift **ever** occur if scientists could rely on the "authority" of published data? Yet, paradigm shifts DO occur. The flat-earthers had tremendous data to support their position. The authority from the sheer volume of published data does not make it scientific. Science is progressive. That's why we say, "follow the science," something that Dr. anthony fauci could not do because he felt "I am the science." There is no better paper trail on earth to expose the poor science behind the COVID vaccine and the authoritarian nature of Dr. anthony fauci than the one I created over the past three years. Was it easy to make the discoveries I made? No. Is it infinitely easier to UNDERSTAND the discoveries I made? Yes. And what is the reason Dr. fauci refused to use the information I provided to him? Because of his ego or stupidity, or greed. Or a combination. But not because he cared about humanity. The same goes for hundreds of scientists and physicians I contacted over the past three years. They all have some culpability. Including many NIH, CDC, and FDA directors. Including the supposed "leaders" of the anti-COVID vaccine movement like Malone, McCullough, Kory, Gold, RFK Jr., Aseem, and Battacharya of the completely unscientific great barrington declaration (which I renamed the not so great barf and doo doo), which I refuse to capitalize because there is no greatness there. I can't bring myself to capitalize the title of a mere letter so woefully ignorant but full of ego. All those who had a leadership role in this COVID pandemic (scientists on BOTH sides of the issue, pro vax and anti vax) and received my information have culpability.

Your organization is now officially put on notice and will also have future legal liability. The PREP ACT gives organizations legal immunity for COVID vaccine-related activity but with a grave exception to the legal liability protecting your organization; severe patient side effects combined with the organization's willful misconduct negates that legal immunity. If I explain to you in no uncertain terms exactly how the COVID vaccine hypothesis of a neutralizing antibody in the lung is fatally flawed because of the most fundamental reason, that the antibody has no viable path into the lung, but your organization does NOT provide proper consent to prospective patients and continues to sell your COVID and FLU vaccines, what jury in the U.S. will NOT conclude that that is "willful misconduct"?

I can safely say that in the next billion years of human life on earth, if we ever get there, every single practice of forcing any procedure on another human, violating that human's skin, their boundary between self and non-self, breaching another human's boundary without their consent, will be found to be EVIL and NOT good for humanity. A great example of this is the torturing of Protestants via the rack by the Catholic Church. Their logic was impeccable to the

ones torturing the Protestants. Immortal life depends on correct belief. They tortured this carnal body to save their immortal souls.

After a long drought, nothing is as hopeful and life-giving as refreshing, drenching rain. And some power-hungry lying human discovered how to claim credit for it. Buildings constructed on a solid foundation with suitable materials aren't likely to just fall. And without fail, anytime a good thing happens (the building not falling), you can be sure there will be some evil, incapable human with no morals that will find a way (killing innocent children) to take credit for the building not falling. You can look as hard as you want to find a rational connection between sacrificing an innocent child and a newly constructed building not crumbling in front of your eyes; you won't find one because there is no logical connection. The only relationship between the events is some high priest's "authority" claiming that there IS such a connection.

There is a drought, and then it rains. Another drought, and it rains again. Drought, rain. With time, ego-filled men began to do a rain dance, and yes, it did rain. But the rain dance had nothing to do with the rain. Measles and children recovered. Measles again, recovered again. Measles, then the introduction of a vaccine, and soon, the modern high priests of vaccinology took credit for the children recovering. What science do they have? My son got his last measles vaccine at around the age of four. He's 20 now. Does he **still** have measles antibodies? No. Did he have any when he was five? No. From his last measles vaccine at age four, two months after his previous measles vaccine, his measles antibodies peaked. At three months after his vaccine, he was at 50% measles antibody concentration (from peak) since measles IgG antibodies have a half-life of about a month. Four months after his last measles vaccine, he had 25% measles antibodies (from peak) in his blood. And at five months, he was down to 12.5% measles antibodies in his blood. So when he was 4 ½ years of age, the few measles antibodies in his blood were practically useless. This irrationality allows the measles vaccine to be MANDATED in the U.S. before children enter school. The COVID vaccine-induced antibody that they poured BILLIONS of dollars into, this COVID antibody needs to be BOOSTED every year? But the measles antibody is made of titanium and lasts 15 years. This is one example of the inconsistencies and exceptions that manifest when a paradigm is utterly broken. Now, the better question is, why are the vaccine scientists, pediatricians, and BIG PHARMA so irrational about this? Ah, they all make a buck off this modern-day version of human child sacrifice AND, simultaneously, take credit and can pretend to be the good guy (like those bastardly high priests of human child sacrifice).

The average person believes an anti-vaxxer is dumb and has a low IQ. Who wants to be labeled an anti-vaxxer when the world knows that anti-vaxxers are "dumb"? Let's carefully look at a case study of a real "anti-vaxxer." Virtually every anti-vaxxer on earth is a parent whose child suffered severe side effects from a vaccine or a parent who is keenly aware of some other parent whose child had a severe vaccine injury. Otherwise, who would accept the label of an "anti-vaxxer"? The child was well. The child got the vaccine. The child, within weeks, starts behaving very differently. I agree; that isn't science – it is a temporal correlation. But, temporal correlation is what leads us to have a hypothesis, and then we study that hypothesis. But did the vaccine industry scientists want to study that? No. What did the vaccine industry do

instead? They didn't sympathize with the parents of the vaccine-injured children. The pro-vaccine crowd called these parents names; you're an anti-vaxxer. "You're a dummy," is what they were saying. When the vaccine industry labeled parents with vaccine-injured children as "anti-vaxxers," they inadvertently lost the ability to do good science. Why? Because the label was so closely identified with low IQ, vaccine scientists could not question another vaccine scientist's work because if they DID, the other scientist could ask, "Are you an anti-vaxxer"? And NO vaccine scientist wanted to be known as an anti-vaxxer. From a practical standpoint, vaccinologists STOPPED asking each other difficult questions.

Science IS about asking hard questions that can be embarrassing. That's what it takes to get to the truth and a correct understanding of reality. But this dark, corrupt industry stopped asking hard questions of itself. That's why it takes an outsider (a Lasik surgeon) to expose the **dark underbelly** of the vaccine industry. Combine that with the bottom half of the medical school class entering pediatrics (yes, there are exceptions) and pediatricians treating babies who can't complain (who are by definition MUTE), and BIG PHARMA having a CAPTIVE PATIENT POOL that CANNOT REFUSE vaccines (mandates). Now you understand how we got here, at the cliff's edge before the paradigm shift. Mute patients with unsmart doctors? Sprinkle in some lying politicians with mandates. Not a healthy combination.

That is how every newborn infant's parents in the U.S. is STRONGLY offered the Hepatitis B vaccine for their newborn infant, less than 12 hours out of the birth canal and the safety of the mother's womb. If a parent refuses this, the medical staff will come by again, at least twice, to suggest it repeatedly. The medical staff will be condescending and strongly imply that you're a poor parent from the get-go. Pray tell, how is a newborn infant at risk for infection with Hepatitis B when the parents don't have Hepatitis B? Oh, will the infant have sexual relations with someone who DOES have Hepatitis B? Or, will the newborn infant share dirty needles doing drugs with someone who DOES have Hepatitis B? Ah, I know.

The husband cheats on his wife and newborn infant with someone who DOES have Hepatitis B, the husband then infects his wife, and the wife passes this Hepatitis B to the newborn infant via breastmilk. That is why EVERY newborn infant in the US is STRONGLY recommended the Hepatitis B vaccine? A 7-lb infant that has JUST learned to breathe on its own for the first time, THAT infant is now injected with a substance that can cause an idiosyncratic reaction and death for protection against some mythical threat? Does this practice sound any different than the superstitious human child sacrifice practices of old? This is the STANDARD of HEALTH CARE in this modern medicine era in the wealthiest country on earth in the 21st century. It's too easy for me to make fun of this greedy industry. Yes, as an outsider. And when a paradigm is SO off that there are millions of inconsistencies and exceptions, I can't believe the paradigm shift hasn't already happened. To believe antibodies are useful against viruses is a superstitious belief with NO rational science behind it.

The pro-vaccine crowd was sure that "vaccine-acquired immunity" was critical. The anti-vaccine group was confident that "naturally acquired immunity" was sufficient. It was neither. We didn't need to "acquire" any "immunity" or be incredibly "trained" with the vaccine. Each of our

lung cells, when they came into existence, HAD the mechanisms to defeat respiratory RNA viruses. It was **never** a question of which immunity, naturally-acquired or vaccine-acquired, that saved us. We didn't have to "acquire" any immunity, naturally or via vaccine, to efficiently defeat respiratory RNA viruses. We HAD that ability before we ever got infected or vaccinated.

The concept of "training" allowed scientists to be this massively tricked. A 6-month-old human infant that has never had any viral illness and whose mother has not had a respiratory viral disease in two years (which makes it impossible for the infant to have any training on its own or via its mother), this infant can be infected with COVID and within a week wipe out tens of billions of COVID virus particles from its body. With NO TRAINING. Each of the infant's cells knows exactly what to do, having never faced the enemy before.

The concept of "training" via vaccines is what led scientists to take a "reverse temporal correlation," the finding of neutralizing antibodies *after* a viral illness, and to conclude that the "training" from the viral disease was beneficial for the subsequent infection. I have debated many intelligent physicians on this issue. When they are given the stunning information that the COVID antibody has no viable path through the lung barrier into the lung air space, which is where COVID is infecting lung cells, these physicians take the argument that "immunity" or "training" is not just limited to neutralizing antibodies. That is fine. But the COVID vaccine received its FDA permission to vaccinate infants and pregnant mothers with the concept of the neutralizing antibody in the lung. If there is a "new" concept that explains how the COVID vaccine provides benefits, then write down your complex new concept. Re-file for FDA approval with your new complex concept. I've already stated precisely why I think the COVID vaccine "appears" to work, and it is probably the correct explanation.

If your new concept of "training" via vaccines is based on a molecule, there is no known molecule other than antibodies that seem to have any "memory" of a past event. If your "new" complex concept of "training" via vaccines is cell-based, then you must outline how that process occurs and provide evidence for that complete process. If a lung cell is infected, is it now officially "trained" by the virus that infected it? Does this infected lung cell have the capacity to "train" other lung cells? Or is a lung cell "trained" only if it has been infected by the particular virus? If a lung cell is trained once infected, and you think this lung cell can "train" other lung cells, that is a complex process, and you will have to provide tremendous evidence for every step in that complex process. Since nothing like that really exists in science now, there is tremendous research you would have to perform to make such a complex theory plausible.

If you believe "training" a white-blood cell (WBC) is the complex "training" that occurs via a vaccine, then you would have to explain what the benefits of this "training" is because I can tell you that to believe that "trained" WBCs can detect an infected lung cell and then kill the infected lung cell, I would counter that simply by explaining that the trained WBCs would have to "interview" a billion lung alveolar epithelial cells every two days (we have 300 million alveoli and at least three lung alveolar epithelial cells per alveolus) and then kill the infected lung cells.

You would have to describe at what level of infection a lung cell has to be killed by the WBC that interviews it. You would have to describe how the WBC can tell how infected a lung cell is. You would have to repeat this every two days because in two days, a lung cell can go from barely being infected with only 10 virus particles inside it to having 50,000 copies of the virus inside it. Yeah, truly ridiculous to believe white blood cells can accomplish this feat.
Then, there is more; you would have to convince me that this "trained" WBC can sense the exact strain of the virus that has infected a cell, and this "trained" WBC would ONLY respond to the precise virus strains that it had "training" for—just incredibly poor logistic rationale.

But your vaccine scientists believed that this "amazing training" only lasted a year, and your cells had to be "re-trained" in a year with a booster shot. So, whatever "training" this WBC received, it wanes and disappears by a year. You would have to explain how this incredible "training" of this WBC disappears. The ONLY accurate way for this WBC to recognize the exact strain of COVID virus would be to have copies of the COVID surface antigens within it somewhere and then have a process to COMPARE that retained virus antigen within the WBC to antigens on every cell that the WBC comes into contact with and then compare them. So, explain how the WBC, which has NEVER been trained, then decides to DESTROY COVID virus particles. But with "training," this destruction by WBCs of BOTH "infected lung cells" and COVID virus particles supposedly occurs faster upon "training." You would have to explain how this same WBC in a person with NO training can STILL destroy "infected lung cells" and COVID virus particles, which clearly DOES occur.

Oh, is it possible that these vaccine scientists just "guessed" how long this "training" by the vaccine lasts? That these vaccine scientists have NO idea what mechanism the complex "training" by the vaccine was? Because they measured the COVID neutralizing antibody and discovered that the concentrations dropped to single digits, and that's why they recommended that "training" be performed again with a booster shot in a year.

I've broken down the possible counter-arguments and shown how stupendously silly the concept of "training" is to justify the vaccinologist's idiotic vaccines. Suppose your "training" is in the form of a molecule. In that case, there is no molecule other than the antibody molecule which can be "trained" and "remember" a past pathogen other than the antibody molecule. If your argument is that the COVID vaccine produces "training" on a cellular level, with the cell being the trained entity and the cell using that "training" to remove the pathogen, then the cell "training" has to be in the form of either a lung cell or a WBC being "trained." If "training" of the lung cells is what the COVID vaccine provides, without ANY training or exposure to a prior virus, a six-month old infant's lung cells have NO problem dealing with a billion COVID virus particles within its' body. Suppose the "training" of the WBCs by the COVID vaccine is what you feel is your new hypothesis. In that case, I show the utter dumbness of "trained" WBCs "interviewing" one billion lung alveolar epithelial cells every couple of days to determine which lung cells need to be destroyed.

If you STILL believe in your "training" by the COVID vaccine (this incredible "training" that is 99% gone by one year, and you need to be "re-trained"), then you have to explain how a six-

month old, having NEVER faced the enemy, having had NO “training” of any kind, wipes out billions of virus particles within a week. Are you THAT sure that “training” by the COVID vaccine is THAT important? I would argue that the six-month old infant’s lung cells, every one of them, has MEMORY of precisely what to do when infected by a respiratory RNA virus. Then, isn’t that “memory” much better? Because that infant’s lung cells don’t lose that memory for at least 70 years (another hypothetical, a 70 yr old who has never had COVID or the vaccine can be infected with COVID in the year 2020 and can recover in a week), those lung cells remember exactly what to do and then do it. WITHOUT TRAINING. So the “memory” that this six-month old infant’s lung cells have can easily last 70 years. But your fantastic “training” by the COVID vaccine only lasts one year? Hubris resulting from man’s dumb ego.

They believe that having been infected with measles provides life-long immunity. They also think that this “immunity” is conferred by measles antibodies. Measles antibodies have a half-life of 4-6 weeks. A year after recovering from measles, the antibody has virtually disappeared. Then, maybe it is safe to conclude that the “life-long” immunity (or “training”) by the measles infection has nothing to do with the measles antibody that isn’t present after a year. Is this an irrational thought? Oh, you say it is the B-lymphocyte that received this "training" that you think prevents a second infection of measles. Well, once there is an inoculation dose of a measles virus in a child who has had measles in the previous year, then the "trained B-lymphocyte" has to produce a significant amount of measles antibodies within a week because by a week of the second measles infection, the child will already be recovering from their second measles infection. But, this supposedly “trained” B-lymphocyte hasn't contributed a single antibody to this child's fight against the second measles infection. It is perfectly logical to state that the "training" and “life-long immunity” you think a child develops from their first measles infection has nothing to do with measles antibodies that are clearly non-existent after one year. It is perfectly logical to state that this life-long immunity you think a child develops from their first measles infection has nothing to do with measles-trained B-lymphocytes that contribute almost no antibodies for the first week of the child's second measles infection. Isn't it more than clear that the vaccine industry is using the phrase "life-long immunity, “long-term immunity," and "training" as it relates to their vaccines in a haphazard and un-scientific way?

A year-old human infant only makes 10% of the antibodies that an adult makes by concentration. If a human adult’s COVID antibody concentration drops to 10%, by the same logic that the CDC determined that the average American needs to be re-boosted with a COVID vaccine in a year, the six-month old human infant would have to be boosted every week, to achieve a satisfactory neutralizing antibody level. The vast number of inconsistencies in the vaccine paradigm strongly hints that a shift is approaching. The ridiculous amount of exceptions required at every turn (using the vaccine theory) is screaming that the paradigm is wrong. Of course, that level of scientific vetting can only be understood if you’re at least an average scientist.

So the concept of a “neutralizing antibody against the COVID virus” being beneficial breaks apart with infants. How will this paradigm explain the 20 billion infants under a year of age in the past 50 years who all survived respiratory viruses with deficient antibody concentrations?

Too many exceptions, 20 billion, and maybe all those exceptions to the rule are reason enough to realize the sheer ludicrousness of a paradigm that states neutralizing antibodies are critical in our fight against viruses?

5.5 How to Avoid a False Positive as a Scientist

"Correlation does not imply causation." Correlation means that there is a relationship, or pattern, between two different variables, but it does not tell us the nature of the relationship between the two variables. This is a very well-known saying in science. What we are often looking for in science is the true "cause" for a given "effect." There is a type of "correlation" that is essentially "causation" and understanding when this occurs is extremely useful in avoiding a "false positive." An example of a "false positive" was the belief that "rain dancing" was the "cause" for the "effect" of rain. In science, if you are under the spell of a "false positive," it means you have the wrong "cause" for the given "effect."

There is a point when "correlation" is actually "causation" for the biological sciences. Understanding this thoroughly will help you from falling under the spell of a "false positive." I have not seen this explained well anywhere so I will take the time to describe it and will show how the lack of this particular understanding of science led to the vaccine science industry believing they were correct.

During the past three years, I had occasion to discuss my findings with thousands of people, many scientists, and many physicians. When I explained that the COVID vaccine hypothesis (a neutralizing antibody binding a virus particle in the lung air space and preventing infection of lung cells) was fatally flawed because the COVID antibody can't pass through the lung barrier, one type of response was, "it doesn't matter if we don't know how the COVID vaccine works, it works," or a variation of that "just because we don't know how something works doesn't mean we don't use it science—take general anesthesia, we don't know how it works but we use it every day in medicine." Without question, when you don't know how something works, your chances of that "cause" being the real "cause" (and not a "false positive") drops dramatically.

In this example of "general anesthesia," and not knowing how it works but it still having wide-spread medical use, my response is this. What we are mainly interested in is this, is the cause (general anesthesia) responsible for the effect (sedation/unconsciousness). Or is "general anesthesia" a false positive? When the time between the "cause" and the "effect" is short, it becomes much less likely that you have a "false positive" on your hands and very likely that the "cause" is the true "cause" for the "effect" you observe. With general anesthesia, in under 10 seconds consistently, the "effect" of sedation is observed. It is highly unlikely that you have a "false positive" on your hands and even if you can't connect all the dots between the "cause" of general anesthesia and the "effect" of sedation, it is statistically almost impossible that the stated "cause" is not the real "cause."

To show the importance of a short time between "cause" and "effect," if we take an opposite example of "rain dancing" we can see that there can be months between the "cause" of rain dancing and the "effect" of rain. The chances that the "rain dance" is NOT the "cause" of the rain, but merely a "false positive" is almost a certainty. A person does not have to understand

all the mechanisms behind how a car accelerates (effect) when the gas pedal is pushed (cause) but because the car moves within a split second of the gas pedal being pushed, we all accept that the "cause" of pushing the gas pedal is the true "cause" and not a "false positive."

Isn't it abundantly clear that chances of a purported "cause" being the true "cause" is much higher when the time between the "cause" and the "effect" is short? And that the probability of a stated "cause" being a "false positive" is much higher when the amount of time between "cause" and "effect" is increased? If it rained exactly 5 minutes after every "rain dance," no one would doubt the effectiveness of the "rain dance" in producing the effect of "rain."

Of course, this should not have to actually be stated, but a good scientist clearly states what the "effect" will be. You don't get to say three weeks after your "rain dance" that, see, it's cloudy today—I told you it would get cloudy after my "rain dance." The COVID vaccine trials? They can't even decide what the "effect" of the COVID vaccine actually is. Oh, after the fact, they tell us that it "decreases the severity of COVID" but they didn't actually study whether it "prevents transmission of COVID." Vaccine science, these two words are literally an oxymoron. There is almost no good science in vaccine science. Their scientists can't even begin to state up front what the "effect" is supposed to be. Because, their latest statements, that it "decreases the severity of COVID" is not sufficient to justify a mandate of the vaccine. The vaccine mandate was justified because of the belief that the vaccine would "train" you and that "herd immunity" could be achieved and being vaccinated meant less spread of the virus so if you were NOT vaccinated, you would be able to spread the poison and kill innocents around you. BUT, if the only "effect" of the vaccine is to "decrease the severity of COVID," then there is zero justification of a mandate.

I can drink myself to death. I can hang glide myself to death. I can eat and become morbidly obese and eat my way to my grave. I can take all sorts of risks with my body—bodily autonomy laws, remember? I just can't spread poison and kill those around me. If the vaccine helps to stop spread poison to those around me, there may be justification (assuming it works as they think). But, the vaccine does NOT help stop the spread of poison to those around me and so there was never even a theoretical justification for the vaccine mandate. Yes, Pfizer explained a year ago that they never studied the vaccine to see if there was "prevention of transmission." They knew that there was no justification for a legal mandate for the vaccine.

When a paper is written, isn't it important to state what you think the "cause" is, how much time you have to wait before the "effect," and what you think the "effect" will be? Even the rain dancers were smart enough to know that they needed to clearly state their "cause" of "rain dancing" and their "effect" of rain. The COVID mRNA clinical trial researchers couldn't even do that? And anthony fauci just looks the other way? Does he even know how to do the most basic science? If they had told us in the beginning that they never planned to check for "prevention of transmission," but merely that the COVID mRNA vaccine reduced the "severity" of illness from COVID, there would never have been a reason to mandate it.

Now, let's get back to discussing "cause" and "effect." A purported "cause" must come before the "effect" in order for it to be "causation." A temporal correlation between two variables actually has a good chance of the first variable (in temporal sequence) being the true "cause" if the amount of time between the two variables is short. I eat a bad apple. I feel sick in an hour. That is a temporal correlation and at least the order is correct. If you feel sick and an hour you eat a bad apple, you have much less chance of convincing someone that the bad apple you ate made you feel sick an hour prior to eating the bad apple. At least with "rain dancing," the temporal correlation of the "rain dance" coming first was correct. The vaccine industry got even that part wrong. If you have a forest fire and a thousand homes burn, you will find ash at every burnt house. Putting that ash on an unburnt home near the fire will NOT prevent the home from burning down. A patient has a COVID infection. The patient recovers completely in a week. COVID antibodies show up at significant levels at a month. That's a backwards temporal correlation.

So, we know that to avoid a "false positive," it is best if our purported "cause" comes before the "effect" and we know that we are much less likely to be tricked into thinking a "false positive" is the real "cause" when there is a shorter time between our purported "cause" and stated "effect."

But really good science connects all the dots between the "cause" of pushing the gas pedal and the "effect" of acceleration. When we try to connect those dots, we are stating a "hypothesis" which is the basis of very good science and a very good way to decrease the likelihood of being under the spell of a wrong "cause." Connecting the dots in medical science means showing how one molecule touched another molecule and moved it or changed it or stuck to it. We don't have to go any deeper for almost any aspect of medicine than to explain how one molecule bumped into another molecule. When "correlation" is reduced to the time span of molecules bumping into each other, that is the point where "causation" and "correlation" become almost the same thing, so far as medical science is concerned. Science is about detail. In the biological sciences, the level of detail we require is at the molecular level. We don't need anything further (such as how subatomic particles behave) than detail down to the level of molecules interacting with other molecules.

I connect the exact dots (molecules) between the COVID mRNA vaccines (first and booster) and the formation of antibodies to the top of the spike antigen, the formation of antibodies to the bottom of the spike antigen, the formation of spike antigen in response to the booster vaccine, and how these antibodies will stick to the spike antigen and form long strands of alternating top and bottom antibodies and how this will restrict flow and how this meshwork will trap platelets and how these platelets will then be activated by the immune complexes. Every dot is connected. AND patients typically suffer the consequences of clot formation within a few weeks of their booster, sometimes even quicker. My hypothesis of connecting the dots between the vaccines and clot formation is an incredible hypothesis and only uses facts that YOUR vaccine scientists agree to be solid facts, and it is extremely detailed, down to the exact molecules touching other molecules. It is extremely unlikely that there will ever be a better hypothesis to explain how clots form after vaccines. Didn't I state my hypothesis extremely

well? Where is the hypothesis for the COVID mRNA vaccine? All they have is good data but no hypothesis? Doesn't that sound like "rain dancing?" They had excellent data, it always rained after a rain dance, sometimes it took a year, but their data was incredible. But, they couldn't connect the dots between the "rain dance" and the "rain." This is the exact position the vaccine scientists are in.

The vaccine scientists' hypothesis of how the COVID mRNA vaccine reduces severity of illness included neutralizing antibodies in the lung air space. Unfortunately, they can't explain how the antibody molecules that are gargantuan cross the great wall (the blood lung barrier) that can impede the crossing of molecules 8000 times lighter (water) than a COVID antibody molecule. That is a horrible job of connecting the dots. The dots literally aren't connected. There is a BIG WALL between their dots. Then, there is no hypothesis. The vaccine scientists can't connect the dots because the dots MUST BE CONNECTED in order for you to have a good hypothesis and not be blind-sided by a wrong "cause," because even without a good hypothesis, it is possible to have a true "cause" and "effect," but the time duration then must be very short. Aw shucks. Your touted "effect" of benefit occurs months after the "cause" (the vaccine)? Kind of like the effect of "rain" after a "rain dance?" My "effect" of clots occurs less than weeks after the "cause" (the vaccine).

So, my science is absolutely infinitely better than your vaccine science. Just because my science doesn't lead to an ability to sell a product does not mean it's not good science. I connect the dots infinitely better than your vaccine scientists using dots and connecting the dots in a manner accepted by YOUR scientists, I have LESS DOTS to connect than your vaccine broken hypothesis, and the time duration between the "cause" (vaccine) and the "effect" of clots is much shorter and the "effect" of clots is very clearly stated. The vaccine scientists have a loosely stated "effect" of training or "decreased severity of illness" and their "effect" comes months after the purported "cause." Does it matter that they have infinitely more peer-reviewed publications? Hell no. What matters is how good their science is and good science is practically non-existent in "vaccine science." One day very soon, every school kid will know that the term "vaccine science" is an oxymoron.

5.6 Vaccine Scientists Are Part of a Cult

What is the truth? That Dr. anthony fauci is more like a cult leader than an intelligent Director of Infectious Disease at the NIH. A little smarter than the average cult leader but with the same conclusion, dead children. With followers who are fiercely loyal and, even in spite of cold hard facts to the contrary, believe they are on the side of the moral "right."

Cults are full of rampant deception. But how do you really know what organization is a cult or not? If an organization is involved in a practice that provides zero benefit to the members (like drinking the kool-aid) but can cause death to children, is it a cult? Ultimately, if the organization's beliefs turn out to be utterly wrong, does it matter if the cult members truly believed their erroneous beliefs? If, at the end of the day, all you have is "data" that shows the "benefit" of your practices, but you have zero hypotheses of how your practice provides benefit, isn't that the very description of how the priests of human child sacrifice defended their abhorrent practices? Burying a child under the foundations of a new building would guarantee that the building would stand. They had tremendous data to show that structures did not collapse because of their rituals. But it wasn't true. Did it matter if these priests had "good intentions"? No, it is still superstition and the opposite of science. But they were so confident that their rituals were beneficial that anyone who opposed it was silenced (isn't this what the Biden administration did with their censorship of "misinformation"?).

Every third grader in the U.S. knows that science begins with a HYPOTHESIS. A hypothesis connects the cause with the effect in a mundane way, not connecting the "cause" and "effect" with authority, which is what the high priests of human child sacrifice asserted. Don't question the "cause" of burying the child alive under the foundations of a building because the "effect" of the building prospering was definitely due to the "cause." That is not a hypothesis; that is pure reliance on "authority."

If the ONLY "science" the vaccine scientists have is that they have outstanding data, they are NO DIFFERENT from the high priests of human child sacrifice or rain dancers. For the COVID vaccine, their hypothesis of a "neutralizing antibody in the lung that neutralizes a virus before the virus can infect a lung cell", their hypothesis is utterly broken the moment I show that they have no viable path for their gargantuan antibody to pass through this tight lung barrier. The moment this is carefully explained to Dr. anthony gauci, as a scientist, he has no option but to acknowledge that the science behind the COVID vaccine is poorly understood. As a cult leader, he can try to shut me up, silence me, censor me, and help start a campaign against "misinformation" that prevents my information from reaching the general public. Dr. Fauci is not a scientist. He has characteristics much more in common with cult leaders.

I sent him a one-page letter explaining this, and his response was very inadequate and it seemed he merely wanted to just brush the issue under the rug so I followed up with a 73-page letter explaining every aspect of this error and sent it to many directors at the NIH, CDC, and

FDA. fauci believes he is endowed with the power to heal humanity from COVID with his vaccines. It was a "miracle" that he was able to create this brand new mRNA technology COVID vaccine, overcome tremendous odds, and use this fantastic new science as only he can do to bring this wonderful life-saving vaccine that was the culmination of the purest science and that will save humanity and guarantee that he would forever indelibly leave his mark on the science world. Leader fauci was very good at keeping his followers loyal, don't question the science because "I am the science". His followers became directors at the CDC, NIH, and the FDA.

At some point, all cult leaders "go off the rails." When real scientists look back at the events overseen by leader fauci years from now, they will be shocked at how easily scientists at the FDA and CDC could be convinced that their new "kool-aid" should be "approved" for pregnant women and infant children. These "followers" of leader fauci found a way to tell themselves when confronted with the poor science behind their miracles that the "end justifies the means" and the close-minded belief that their "science" was the cure. Once you're a follower of leader fauci, even if you realize that the vaccine is "kool-aid", keep your mouth shut and don't talk to "outsiders" because don't you know? Leader fauci has been in power for 38 years. Leader fauci has given his followers billions of dollars. You won't have a job anywhere in this medical science world if you cross Leader fauci. A good "cult leader" knows you must keep your followers from asking questions. You've already molded your followers to follow your every whim. Now, you need to make sure that independent, objective minds from the general public don't put questions into your followers minds so, who cares about democracy and free speech when you've accumulated all this power over the past 40 years? He had developed a taste for fame in the 80's when the public first learned about AIDS and he remembered that the public's FEAR was why he became famous and had so much air-time, and he did enjoy the fame. He needed the COVID pandemic to be a real FEAR if he was to go out with a bang.

Who cares that kids were having COVID parties? He would ensure the "kool-aid" was mandated so everyone KNEW how important this COVID pandemic was. Of course, conformity was well rewarded. All the followers knew which companies would be funded and which ones that Leader Fauci would publicly support, which meant that you could put stock options on that company, and the more you believed in Leader Fauci, the more money you would make. And when you made a lot of money from one of his picks, he would just graciously smile, all knowingly, while you gushed and let your leader know how much you appreciated his excellent mastery of "his science". Once you've reached this point, where your followers (such as Cailiff and woohoolensky) minds are mush, you must control all information; in other words, you must create a "campaign against misinformation."

As a cult leader, you have much more control when there is an imminent danger—presenting the situation as more grave gives you, well, more power. Remember, kids were having "COVID parties". But fauci wanted lockdowns. How else will you be able to "mandate" the vaccine? And this new mRNA vaccine would open a whole new revenue source for BIG PHARMA. In his mind, this COVID pandemic was heaven-sent. He was giddy with excitement. He had the spotlight, and this time he wasn't going to be wrong like he was when AIDS grabbed the headlines 30

years ago, and he thought vaccines would be the cure. Here he was again, at the center of attention and in a position to deliver the vaccine solution and become the hero again.

When they say that power corrupts and that absolute power absolutely corrupts, Dr. fauci was the NIH Director of Infectious Disease and Allergy for over 35 years. He was in a position of tremendous power and had the authority to choose which companies would receive billions of dollars in grant money over those 35 years. He literally became such an authority figure that he came to believe he was the science. Can anyone give an example of a power figure that used censorship to find truth? Generally, censorship is used by fascist dictators, not by truth-loving scientists. History will remember Dr. fauci as lacking open-mindedness and using censorship because his brand of science was such pseudoscience that simple questions would reveal the pure idiocy of his COVID vaccine hypothesis. Scientists in the future will look back at how you respond to my letter. They will look back at how advanced we were in some areas of our lives, the internet, smart phones, and they will wonder how physicians and scientists could be so close-minded as to not realize the pure stupidity of the vaccine industry.

In authoritarian regimes, the "Party" decides what the "truth" is. The NIH, CDC, and FDA? They determine what the "truth" is? But they can't answer the most straightforward questions about the COVID vaccine hypothesis. How does the antibody molecule cross the lung barrier to enter the lung air space, where COVID infects lung cells? Muzzle the opposition, rename censorship, and call it the "campaign against misinformation." Does having "good intentions" absolve you of being wrong? Not when people die because of your forced "good intentions" and you literally forced your "good intentions" on to the general public. If you think leaders whose decisions lead to many deaths should be absolved because of their "good intentions", then the priests of human child sacrifice should also be forgiven. How can these corrupt scientist leaders with "good intentions" be absolved when they were so sure they were correct that they censored the opposition and punished those who refused the shot by taking away their livelihood? Not quite as dramatic as using the rack to obtain a confession, but this happened here in America just two years ago by a top scientist leader. Of course, Dr. fauci can be seen as a dictator, having had the power to hand out billions of dollars for the past 38 years.

If you are on the side of vaccines, isn't it evident from all the extremely open and shut arguments I have presented that your side has lost? Isn't it a foregone conclusion that the vaccine side has lost every important scientific argument? Can you not see the writing on the wall? Oh, you won't give up. Is it my tone? Oh, it's my poor attitude? Because I make fun of the stupid logic used by the vaccine side? And what is wrong with my attitude? I'm too condescending? But, isn't it my right to be "condescending" when I'm actually on the side of "truth" and, most importantly, on the side of defending children? But you still won't give up? It's always the case that when you think you're the intellectual superior, you can't surrender to the side you've called dummies, the "anti vaxxers". The "condescending" attitude is the problem? But to call the other side dummies is okay, which is what the vaccine side did by calling the other side "anti-vaxxers"? So, it's okay for **your** side to be condescending but it isn't okay for me? It's okay for YOUR side to make non-stop fun of anti-vaxxers (think idiot John

Oliver), but I can't make fun of the vaccine side? But ultimately, isn't the truth what matters? And at the end of the day, if your views don't match reality, you're not on the side of truth.

The Japanese couldn't believe that the "Westerner" didn't just want to party and dance all night and actually had the will to fight, even in the jungles. The Japanese had no control over the seas, and the Allies owned the skies, yet the Japanese high command refused to surrender. When the vaccine side literally demonizes parents whose children have suffered severe side effects from vaccines, in your mind, can you justify your actions that can harm someone else's child? Will it take another $10 to $30 billion loss from future lawsuits for you to learn? Why does it take a Hiroshima for you to realize? You have lost. You are not on the side of right; you are not on the side of children. You are on the side of evil. Vaccines are the culmination of the greed of men, the ego of man, the desire for man to take credit (for the very common good result after healing from simple viruses such as the FLU and measles), and the extremely poor reasoning that somehow allowed pretend scientists to forget that a hypothesis is the beginning of science.

The vaccine side had one finding that they had found, in the blood of a patient, an antibody against a virus. That was all. They found one mouse in a mousetrap and disregarded the thousands of cats that ate mice but concluded that the farmhouse was mice-free because of the mousetrap. What about the 100,000 mice killed by cats? I say the Democrat leadership is at their philosophical end because they don't want to acknowledge differences, and they believe that every little bit of good is good. The finding of a neutralizing antibody in the blood of a patient and finding that that antibody binds the measles antigen in a test tube is a tiny bit of good.

It's a war, and your side is entirely okay with hurting, maiming, and killing children with vaccines that have at most a few weeks of a therapeutic concentration of antibodies in the blood. My son had his last measles vaccine at around four years of age. He is 20 now. He doesn't have any measles antibodies in his blood right now. He didn't have any measles antibodies in his blood when he was five. He didn't have a therapeutic concentration of measles antibodies when he was four years and three months. For a two-week period from his max measles antibody level, he had a "therapeutic level" of measles antibodies. Because the half-life of a measles antibody is 4 to 6 weeks. That means at two weeks from his max antibody level, his antibodies had already dropped to less than 80%, which is not therapeutic. I did the third-grade math on this; the benefit of antibodies preventing more cells from being infected by "neutralizing " does not provide useful benefit.

For my son to have any theoretical "benefit" from his last measles vaccine, he would have to be infected with measles during those two weeks, and if he isn't, then there is no benefit. That is a tiny little benefit for a measles vaccine that can cause an idiosyncratic reaction and kill him. And it enrages me that on that day, I happened to be the one to take my children to the pediatrician's office. I noticed three vials on the table, and that made me highly irritated. I told the pediatrician, "two at a time. I told you I do not want more than two vaccines given at a time to my children. I'm a surgeon, can't you respect my wishes? Why are there three syringes on

the table?" I picked one up, and it was a combo. The other two were also combos. The damn pediatrician would have given my son EIGHT vaccines in one sitting. Was it wrong for me to think "BASTARD"? Because that is what he was. But, I had no idea at the time how much of a bastard he really was.

Do you now see how the COVID mRNA vaccine was a bioweapon? There could be no benefit to the COVID antibody neutralizing a COVID virus in the lung if the COVID antibody has no path into the lung. If a gun with a 999 empty chambers and one loaded bullet, is pointed at someone's head and the trigger is pulled, there is a 1 in 1000 chance that a bullet will come out and kill the person. Is that gun still a weapon, if there is only a 1 in 1000 chance of a bullet coming out? Clearly, the gun is STILL a weapon. The gun provides NO benefit to the person who is being shot and ONLY risk. The COVID vaccine provides NO benefit via their hypothesis of a neutralizing antibody in the lung that neutralizes a virus before the virus infects a lung cell if the antibody can't enter the lung. Then, the COVID vaccine ONLY provides the real risk of clots and strokes and death. Isn't the only logical conclusion then, that the COVID mRNA vaccine is/was a BIOWEAPON that Dr. anthony fauci pointed at the AMERICAN PEOPLE and forcibly rammed down their collective throat? You see how simple this is? And why I insist over and over again that the essence of intelligence is the ability to compare well? There is no better paper trail on earth, than the one I created, that has a better chance of putting Dr. Anthony Fauci in prison for the rest of his pitiful and sad life.

Let me list for you the ways that Dr. anthony fauci contributed to the suffering and deaths of millions of Americans and people worldwide.

1. Every person who received a COVID vaccine and had a severe side effect suffered needlessly because I let Dr. Anthony Fauci know the vaccine hypothesis was fatally flawed back in October 2020. What person would ever receive the COVID vaccine if they were informed that the scientists had NO idea how the COVID antibody enters the area of the lung infected by the COVID virus?

2. Every person who was infected with COVID and suffered because Dr. Anthony Fauci would not help to alert the world to what really saved us from COVID, the RNase enzyme, NOT the COVID antibody.

What I have described up to this point is excellent science and reasons why the COVID vaccine should never have been brought to market. I explained the fatal flaw with the COVID vaccine to Dr. Anthony Fauci in October 2020. When his reply via Dr. Emily Erbelding was far from the response of a competent scientist, I sent a 73 page letter February 2021, with a US copyright to prove date. This paper-trail should put Dr. anthony fauci in prison serving hard time for the rest of his pitiful life.

I have talked to too many intelligent people who refuse to face the truth that they are part of a cult. Suppose your belief risks the lives of innocent children, but you can't provide a hypothesis

that shows a connection between your intervention and a better result for the child. In that case, your practice is not science. It is superstition. The vaccine industry is like the age-old disgusting practice of human child sacrifice—a lot of pomp and ceremony, respectable pediatricians in white coats, but no actual science.

You don't need to censor the opposing scientific view when you are correct. If you are a true scientist, you will explain your position in light of the new information I've provided. But what did the high priest of modern-day human child sacrifice (Dr. fauci) do after I carefully laid out the scientific facts that show the COVID vaccine hypothesis to be fatally flawed? He facilitated and supported the most extensive and wide-sweeping censorship campaign against new science in the history of modern medicine. Dr. fauci was responsible for the biggest cover-up of the most gargantuan mistake in the history of modern medicine, the COVID vaccine hypothesis.

5.7 An Example of Human Child Sacrifice by the Vaccine Cult – Pediatricians Are Baby Killers

The ridiculousness of vaccine science is now at a point where a newborn infant, within 12 hours of entering the world, this newborn infant is given a Hepatitis B (HEP-B) vaccine across the US. Please explain to me the benefit. Any intervention, especially in a newborn, must have a risk/benefit analysis. The benefit of a HEP-B vaccination in a newborn can ONLY be the prevention of HEP-B. If the newborn infant has NO risk of developing HEP-B, there can be **no benefit** to the HEP-B vaccine for newborns. So, please explain this to me. How will this newborn be infected with Hepatitis B? Sharing dirty needles with an infected drug user? Sex with an infected person? This is an infant. An idiosyncratic reaction to the vaccine can kill this newborn. So, where is the benefit? There is none. Unless you think so little of the father that you are certain that the father will choose someone who has active HEP-B to have an affair with, be infected with HEP-B, give HEP-B to the mother of his newborn child and the mother then gives HEP-B to her newborn child via breastmilk. Oh, but isn't it ONLY fair to INFORM the parents that THIS is the only possible way for their newborn baby to be infected with HEP-B? And many mothers do not breastfeed. Then, even with this implausible scenario of the father cheating, the infant STILL has NO risk of HEP-B. And EVEN if this unlikely scenario of the cheating father happens, isn't it clear that newborn infants ONLY produce less than 5% of antibodies by concentration, compared to an adult? Did they actually DO a study to show less HEP B in infants when they received a HEP B vaccination at birth? Did they conclude that 5% antibody concentration compared to an adult, that this 5% antibody level was sufficient to prevent HEP B? And don't all IgG antibodies, including an infant's antibodies, have a half-life of one month? So, the infant had 5% antibodies for only a few weeks? And so the father would have to be infected with HEP B during an affair before the baby arrives, the HEP B virus GROW in the husband over several weeks, the husband GIVE the mother HEP B virus, the mother GROW the virus over several weeks, and then the mother give HEP B to the baby via breastmilk, hoping that the infection occurs during the two weeks the baby has 5% HEP B antibodies in its blood? The same can be said for syphilis and HIV. Why don't you give the baby penicillin and HIV cocktail medications nonstop too? The vaccine scientists have so much in common with the high priests of human child sacrifice. They are pompous, they don't even try to attempt a rational answer to my scientific questions, they too often rely on their massive data base of "peer-reviewed" authority, and they can't believe their superstitious ritual practices aren't valuable. Not much to admire, really.

If there is no viable hypothesis for BENEFIT from this Hepatitis B vaccine for newborns, then there is ONLY RISK left. Then, anyone promoting this Hepatitis B vaccine for newborns is pointing a gun at the infant, a gun with 1000 chambers and one bullet. Because just like the HEP B vaccine, this gun provides RISK but ZERO BENEFIT. Risk of DYING and NO BENEFIT in my hypothetical gun scenario *and* the HEP B vaccine for newborns. Then, isn't the pediatrician that is involved in this modern-day child-sacrifice-like behavior of HEP B vaccinations for newborns, isn't this pediatrician a BABY KILLER? I have rationally made a very sound point that any

physician that orders a HEP B vaccine for a newborn is a modern-day version of the priest that performed human child sacrifice in the past.

I call any pediatrician who gives a newborn infant (with loving parents who do not have HEP B and who understand that sex with a third party with HEP B may lead to their infant being exposed to HEP B) a HEP B vaccine a BABY KILLER. If you point a gun at a baby and the gun has 3000 empty chambers and one bullet and you keep pointing the gun at different babies and you keep pulling the trigger every time you point the gun at a different baby, there is no benefit from the gun for the baby, and even if you had good intentions, aren't you a BABY KILLER? If the baby isn't going to be exposed to HEP B, then there is NO BENEFIT to the HEP B vaccine for the infant, correct? Then, there is ONLY RISK which is the identical same situation as the 3000-chamber gun with one bullet, correct? See? The essence of intelligence is the ability to compare well and this basic intelligence seems to be lacking in every pediatrician who has prescribed a HEP B vaccine for a new-born infant.

Remember the practice of human child sacrifice? Why did the high priests of this dastardly practice argue it was necessary? For the good of the group. Will the high priests of this practice ever admit it was NOT good for the group? No. And that's where we are at with all vaccines against viruses—just a more sophisticated version of human child sacrifice. Those in the vaccine cult will never acknowledge that their vaccines provided no benefit but had significant risk. Will these baby-killers ever be able to acknowledge that they were unscientific and that their understanding of science was so poor that they ended up putting babies at risk of death with NO BENEFIT? No. When the general public finally realizes what these baby killers actually did, these baby-killers will silently fade away and never take an interview and never answer questions.

Can you see the problem with using FORCE to breach the sacred boundary of another individual? It's hard to admit that you were wrong. It's virtually IMPOSSIBLE to acknowledge that you were wrong. This is exactly the same issue with censorship. The use of force to shut up the opposing side. How easy is it then to ever admit you were wrong? Virtually impossible. When Governor Newsom wanted to pass Bill 2098 to prevent physicians from discussing problems with the COVID vaccine, I sent him a 25-page letter. I faxed that letter to almost every state medical board in the US. I formulated dozens of scientific questions regarding the COVID vaccine and asked which of those very scientific questions would become illegal once he signed his bill into law. If I put those very scientific questions exposing the fatal flaw with the COVID vaccine in a book, will Governor Newsom then *burn* this book? This COVID vaccine fiasco exposes the sheer stupidity of censorship in science and medicine. If you shut up the opposing view, the anti-vaxxers, well, yes, you will look brilliant. But you're not. Who can't look brilliant if you never let the opposition be heard? The vaccinologists can be compared to rain dancers of old. The rain dancers had a fantastic track record—it **always** rained after their ceremonious rain dancing. They had incredible data. They had a 100% success rate. That is what the vaccine science has right now. A tremendous amount of data. But it was all a "false positive ." The biggest "false positive" in the history of science and medicine.

When good things happen, there will always be some snake who wants to take credit for the good result, like rain-dancers, the human child sacrifice priests, and the 21st-century version, pediatricians and vaccinologists. They seem to have a "working" vaccine for all the easy viruses that humans heal from reasonably well, like measles, mumps, rubella, the flu, and COVID. The more serious viruses like encephalitis and HIV? No working vaccine. Notice a pattern? They're sneaky enough to know they need a good result and easy viruses we heal from rather easily (the good result) are the only ones that the human body heals from consistently well, providing the "good result." The human body healed children from measles, mumps and rubella. The sneaky vaccine industry took credit for the good result.

5.8 Why Paradigm Shifts Are Hard

There is a reason why paradigm shifts are hard. Everyone who worked on the current paradigm wants it to become a reality. Anyone can come up with a hypothesis. But for an idea to grow to the level of a paradigm, it must meet several criteria. The followers must be able to make a livelihood selling something from the hypothesis. The hypothesis must align with the most general principle of sales: the consumers must want it or it's a requirement, and the followers must be able to say that the product is good for the group. The incorrect hypotheses that don't reflect reality but grow into paradigms have these essential qualities. Oh, and of course, it always helps if there is a real positive the followers can point to as evidence showing that they are on the side of helping humanity, which is the over-arching definition of what "good" is.

As more people work on the hypothesis, it grows. If there is a way to extract money from the idea as it grows into a paradigm, the followers will arrange their lives around it. For an idea to grow to the level of a paradigm, the followers must be able to sell something quickly and continuously, and to reduce the inefficiency of having to repeatedly "sell" the product, it's best if the "product" becomes a way of life and something that people feel is a necessity or a rite of passage. Of course, a good result is necessary. True science is about causation, not just a correlation. But a false "cause" still has to have a good result to grow to the size of "paradigms." Like rain-dancers always made it rain. And sacrificing a live human child under the foundations of a new building meant the new building didn't collapse in on itself. So, if you're reading the book "How to Grow a False Hypothesis into a Paradigm," the take-home message is to find something with a good result and claim it. Make sure you don't pick a vicious virus because, at the end of the day, you will need good results. Oh, measles. Yeah, that's an easy one. Later, everyone will forget how easy of a virus it was, and we can keep taking credit for it. Yes, it's true: 50 years ago, we had "measles parties." Three years ago, our young people had "COVID parties." It gives you an indication of how serious of a virus it is. Have you heard of "HIV parties?" No? Because they've never existed because the HIV virus is serious and patients infected with HIV generally don't do well (no good result).

So, there was never proof that an antibody found in our blood against a specific virus did more than bind a few virus particles. Your industry scientists can NOW say, "Well, we don't have proof, but it works." Since you have all this data since Edward Jenner's first flawed experiment in 1796, will you keep going? You can't do a controlled study today because it's unethical? Or, if you really did an adequately controlled research trial, would you find that antibodies aren't relevant to how we heal from viruses? So, you have this "perfect" excuse to not do a properly controlled study, but then you don't really have good science, do you? On May 14, 1796, Edward Jenner inoculated James Phipps with a cowpox virus. In July 1796, Edward Jenner inoculated this same boy with a smallpox virus, and he stayed "healthy."

A sarcastic reminder: science is about letting others repeat the experiment to validate that there was no cheating. Humans are notorious liars, even at the highest echelons of science. That's why we don't just "believe" a scientist, no matter how "trustworthy" they appear. That's why science includes "repeating the experiment" by other scientists. It wouldn't be "ethical" to repeat this experiment, so you're doomed to believe Edward Jenner? Don't you think he could have lied, fabricated data, or misrepresented his findings? So, because it's not "ethical" to inoculate a patient with smallpox, you will just believe this ONE SCIENTIST from 1796? His one experiment from over 200 years ago? Isn't that just a bit too convenient?

I'm a scientist with an infinite advantage over Edward Jenner because I have access to much of the data from modern medicine. Ronald Reagan was an infinitely better scientist than anthony fauci. "Trust but verify." That's the correct approach to finding truth in almost any field. It is virtually the definition of how we do science. My motto? "Pretend to trust and verify three times." With the excuse that it is unethical to perform properly controlled vaccine studies, the vaccine industry has injected tens of billions of children over the past 200 years. That one experiment by Edward Jenner was justification to prove that a human patient can be "trained" to better fight off viruses with vaccines?

So, your industry scientists have never actually performed a clinical trial and intentionally infected a patient a second time with smallpox. Since that isn't ethical. And your industry used that to uproot the goal-posts and put in its place mobile goal-posts. Let me explain. One of your vaccine scientists performed a study to determine who had "long-term" immunity to smallpox, a patient population with a history of real smallpox infections or a group with a history of smallpox vaccinations. The study (by Jeffrey A. Frelinger, PhD, and Mohammed L. Garba, MD) is described in the Aug 29, 2002 issue of the New England Journal of Medicine.

Now, long-term immunity literally means you have had smallpox or the vaccine, and then you don't have a repeat infection of smallpox for a very long time (or drastically reduced symptoms). That is exactly what long-term immunity means to the average person. But, in this study, "long-term" immunity doesn't mean that; in this study, it means you either have some "trained lymphocytes" that are still reactive to the smallpox antigen, or you still have smallpox antibodies in your blood at some much later time after your smallpox infection or smallpox vaccination. See how tricky that is? To think that the presence of neutralizing antibodies and/or B-lymphocytes (that react to the same virus the patient was exposed to in the past) is conclusive evidence of "long-term" immunity is a massive assumption. As can be seen from this example, "long-term" immunity means something very different to the average scientist and the average person.

Of course, it isn't ethical in this study to give those two patient populations (prior smallpox infection or prior smallpox vaccination) an injection of the smallpox virus. That isn't ethical. But then, please, don't pass that study off as evidence that "long-term" immunity exists because smallpox antibodies exist. Don't assume that having neutralizing smallpox antibodies in a patient with a prior smallpox infection years ago is evidence of "long-term" immunity. Please. This type of irresponsible scientific writing (and it never stopped; there are thousands of

examples of this in peer-reviewed publications) is what brought vaccine science this far. Essentially, they're liars.

Here's a straightforward explanation of why someone who had a previous smallpox infection probably doesn't get another one. Their brain is part of their immune system, yes? Memory that stays ONLY in their brain and no part of that memory entering the bloodstream still means it is part of their immune system, correct? Since their brain IS part of their immune system and the memory of that smallpox infection in their brain IS part of their immune system? I'm just being fast and loose with definitions precisely the same way as vaccine scientists over the past 200 years.

My alternate hypothesis explains why smallpox patients don't get re-infected with smallpox. The smallpox virus isn't nearly as infectious as the COVID virus and requires significant face-time for adequate exposure to be infected. Have you ever SEEN a smallpox patient? In a picture? It looks horrible. Can you IMAGINE actually BEING a patient who had smallpox? The smallpox lesions aren't small. They are elevated red lesions. They are HUGE. And they are DISGUSTING. And they are EVERYWHERE. Yeah, that's what you see in PICTURES. If I had been infected with smallpox and suffered all those lesions, and I STILL have scars everywhere, do you think I want to go through THAT again? Really? You say I'm immune to smallpox, but I would never risk being infected again. I would not sit at a table with someone with active smallpox ever. I would RUN as far away as possible if I saw anyone with active smallpox. I would not get NEAR anyone with smallpox ever again. And that's why smallpox could actually be eradicated. Because death is one thing. The sudden onset of deep, disgusting scars all over a young woman's face may be one of the hardest things to deal with. Yes, the memory and "training" of the smallpox experience left a "lifelong" memory in the brain, clearly part of my "immune system." THAT memory is what made smallpox go away. Along with the germ theory of disease. Of course, to the immunologists and with their loose and fast definitions, even the brain IS part of the "immune system."

So, why the persistent "long-term" antibody levels? From my perspective (antibodies aren't helpful in our fight against viruses), my explanation of that finding of persistent smallpox antibodies would be utterly different from the author's contention that that equates to "long-term" immunity to smallpox. This is my explanation of those findings. Smallpox or Cowpox infections are actually "long-term." That's not what you expect to hear from me. But I'm not finished. I separate out completely those two facts and explain them entirely separately.

The first fact (the rare finding of a second smallpox infection in the same patient) is not due to "long-term" immunity but because of the patient's fear of being infected again, and the patient can easily avoid a person with an active smallpox infection because of the apparent lesions on the face of the infected person.

The second point is the assumption by vaccine scientists that the presence of B-memory cells and/or smallpox antibodies years later equates to "lifelong" immunity. This can be possible if remnants of the smallpox DNA are present within cells. These smallpox DNA remnants in the

human cell of a previously infected patient might produce only smallpox surface antigens and not the complete, infectious smallpox virus particle.

Would that not thoroughly explain why there are still detectable smallpox antibodies ten years later? Where is the evidence that antibody formation against a surface smallpox antigen is how humans overcame smallpox? Your industry scientists made huge assumptions.

The vaccine scientists used a very convenient ethical excuse (cannot ethically inoculate a vaccinated person with a viral disease) to cover up poorly controlled clinical research trials on their vaccines. Another way to look at it is, rather than inoculate a few hundred (maybe thousands?) of vaccinated patients with the corresponding virus for "ethical issues", they would happily vaccinate billions with vaccines they are so sure "work" but not work well enough to actually give the vaccinated patient, the corresponding real live virus in a well-controlled clinical trial?

This is the basis for how the vaccine industry ($100 billion a year) got off the ground? With ONE boy that Edward Jenner infected with a smallpox virus, if he, in fact, really did? Shoddy science with the pretense of "helping the group" and not performing adequately controlled research trials with the excuse that positive controls are unethical? The ability to compare well is the essence of intelligence. Vaccinating billions of humans with the massive assumption that the presence of antibodies equates to "long-term" immunity is ethical? But, is a properly controlled clinical trial, including infecting patients with a live virus, to show that vaccines prevent infection unethical? I am not advocating that we perform unethical research on humans. I am merely exposing the sheer stupidity of the massive assumptions by the vaccine industry.

I am sure that the CDC is aware of who Vivek Ramaswamy is. He's the guy running for President who wants to shut down the CDC. No one on Earth has a better paper trail to show that the CDC was inept (during this COVID pandemic) and most likely just being used by BIG PHARMA to advance their vaccine programs. Didn't the CDC approve of this poison, the COVID mRNA vaccine for six-month-old infants, despite all the damning information I provided showing that their neutralizing antibody has no path through the lung barrier into the lung air space? I called, emailed, talked to at least half a dozen Directors, and talked to their epidemiologists, to whom I then emailed the information with email replies from them. They aren't going to be able to escape accountability. I will also send my paper trail, which is over three years long, to Vivek Ramaswamy, who will know precisely how to use it.

What is the vaccine industry good at doing? Training the body (production of antibodies to a viral surface antigen) to fight a fake enemy (viral surface antigen). Then, proving that the body can fight the fake enemy (viral surface antigen) and then removing all the "training" (neutralizing antibodies formed in response to the first vaccine) by delivering the fake enemy (viral surface antigen in a booster vaccine) again. Wow. Are they clever bastards or just pure dumbshits? You've used up all the antibodies formed from the first vaccine (the first "training") when you deliver the fake enemy (viral antigen) with the booster vaccine. So, you have the

ultimate dummies yelling FIRE when there isn't a fire, the crowd rushes out, and there is collateral damage, NOT from the fire, but from the repeat "training." What a web you weave (of clots) when you're a crappy scientist and/or intend to deceive.

I am allowed to drink myself to death. I am allowed to smoke three packs a day until I die. I have every right to catch the flu and die and the same right to catch COVID and die if I want. I can climb Mt. Everest and put myself at risk of death. I can dive off a cliff with my wingsuit if I want. What makes the government think that they can mandate a vaccine (otherwise I lose my job) that "supposedly" reduces the severity of COVID if I happen to catch it? The vaccine mandate can't be justified by saying that you're less likely to spread the virus and kill someone else, especially if Pfizer comes out and says, "We never checked for prevention of transmission." There was no other moral justification for the vaccine mandate than that the vaccine prevented you from spreading death to those around you. And this is what they come out later as saying they never studied?

The further the time separation between a "cause" and an "effect," the much more likely that the "cause" is a false "cause." Yes, we don't always have a reasonable hypothesis for everything in medicine. When the "cause" (or what we think is the "cause") and the "effect" are only separated by less than ten seconds, and this "cause" of general anesthesia and the "effect" of sedation/unconsciousness has been "tested" billions of times with billions of variables, except for the constant of general anesthesia, the "cause" is not likely to be a "false positive." So, when you don't have a reasonable hypothesis, you better have a very short time separation between the purported "cause" and the "effect." Thinking that the COVID antibody was useful in our fight against the COVID virus? A false positive. Being under the spell of a false positive "cause" like rain-dancing will make you look dumb later. For a man who thinks he is "the science," anthony fauci could not have been more anti-science.

A false-positive (or type I error) occurs when an investigator rejects a null hypothesis that is actually true. The null hypothesis in this situation is that there is no relationship between the "cause" (COVID vaccine) and the "effect" (decreased morbidity/mortality from COVID) via a neutralizing antibody. It is not true that the COVID antibody is relevant in any way to how we heal from COVID. There is no good science to show that antibodies are relevant to how we recover from ANY virus. The vaccine scientists have the most massive Type I error in the history of medicine on their hands.

Edward Jenner, 200 years ago, inoculated a young boy with the Cowpox virus and then a few months later, inoculated the same boy with a smallpox virus and, with an n=1, concluded incorrectly that the cowpox antibody prevented the boy from being infected with the smallpox virus. This was clearly an unethical experiment. It was never repeated (science is about confirming another scientist's work). Future researchers have never intentionally inoculated a patient with a virus following a vaccine for the virus because it is unethical. I am not aware of any research that actually inoculates a group of patients with a given virus once the group of patients supposedly has "immunity" to the virus following a vaccine for the virus. With an n of

ONE (Edward Jenner's one case), the vaccine industry used science this crappy to justify vaccinating tens of billions of people since the time of Edward Jenner.

It is virtually impossible to perform a properly controlled clinical trial showing "immunity" when you actually never "show immunity" in a research clinical trial by purposely infecting those supposedly "immune" patients. This industry used the excuse that it was "unethical" to inoculate supposedly "immune" patients with the respective virus. With that excuse, the vaccine industry had incredibly poorly controlled research clinical trials and, with horrible science, proceeded to vaccinate tens of billions of people.

Which is more unethical? To do a series of adequately controlled research trials actually inoculating patients with the respective virus that the patients are supposedly "immune" to includes inoculating maybe 10,000 people with a pathogenic virus over the past 200 years, clearly unethical. Or only use an n=1 (Edward Jenner's one patient that was actually inoculated with a smallpox virus) as justification to vaccinate tens of billions of people over the past 200 years, which you can now see is infinitely more unethical?

I am NOT recommending that we perform unethical research. I am explaining that the vaccine scientists used the excuse of "we can't perform unethical research" and proceeded to vaccinate tens of billions of patients with crappy science, and the magnitude of this unethicalness was infinitely greater than vaccinating 10,000 people to perform correctly controlled clinical trials (also unethical and I am not advocating do this). This will be the best example of a Type I error, and it will be studied and examined from every angle in the future, to teach scientists how to avoid this stupidity again.

The probability of falling for a "false positive" in science exponentially increases as the amount of time between the "purported cause" and the "effect" increases. The chances of a false positive are so low when the time between the "purported cause" and the "effect" is only seconds that even without a good hypothesis connecting the "purported cause" to the "effect," one can be reasonably certain that you are not under the spell of a "false positive." General anesthesia is the cause of the "effect" of sedation. The patient did NOT become unconscious because of how the anesthesiologist picked his nose and the act of counting backwards from ten is not the "cause" of the "sedation." The "purported cause," the general anesthesia, WAS the "cause" for the sedation "effect."

But, when the "purported cause" (the COVID vaccine) and the supposed "effect" of decreased severity of COVID-19-induced symptoms has a time separation of months, then the hypothesis must be rock solid and the research perfectly done. The moment I raised the alarm that the hypothesis of a neutralizing antibody in the lung air space is flawed because the antibody has no viable path into the lung air space, the COVID mRNA vaccine had no working hypothesis, the chances of their being an actual connection between the "purported cause" and "effect" of less severe COVID symptoms dropped to almost zero. There is no rational thinking scientist who can read my issues with the COVID vaccine and can't realize that there is a high chance that there is

a massive "false positive" on our hands. Once informed of this massive error (no working hypothesis), the ONLY rational next step is to go back to the lab bench.

Dr. anthony fauci refused to follow the only rational next step even after all this was carefully explained to him in 73 pages, with a U.S. Copyright to prove the date. It was not an easy task to problem-solve and figure all this out. It is infinitely easier to understand what I found than to actually find it. It takes infinitely more problem-solving skills to discover what I found than to actually UNDERSTAND what I found. Dr. anthony fauci will have to take full responsibility for his actions after receiving all my information, starting in October 2020. I will not be surprised if a jury of my peers decides he needs to go to prison for life. Once he has been informed that there is no possible benefit from the COVID vaccine via a neutralizing antibody that doesn't have a viable path through the lung barrier into the area of the lung actually infected by the COVID virus, then there is only RISK from the COVID mRNA vaccine. That is what I would term a "bioweapon." Dr. anthony fauci knowingly used the COVID mRNA vaccine as a "bioweapon" against the American people. Truly a massive crime against humanity.

What I have explained here in this letter also ***includes*** the perfect Lee string theory connecting the COVID mRNA vaccine to clots. The science I present here to show the massive risk with the COVID vaccine is infinitely better than the broken science to show the BENEFIT of the COVID vaccine. Do you REALLY want to be responsible for possibly the most massive jury award in legal history because you don't respond appropriately to this letter?

5.9 The ONLY Conspiracy Theory Discussed in This Letter

Conspiracy theories? None of what I have written thus far as remotely anti-science. The Democrat leadership was involved in the single most idiotic campaign, the "campaign against misinformation," most of their ideas to implement this right out of the "1984" playbook.

I will mouth off because I did find the exact scientific reason why the COVID vaccine hypothesis is fatally flawed and reported it to a.f. back in October 2020, before the vaccine roll-out. I did find the exact biochemical pathway proving that fasting is the cure for COVID, the FLU and every variant of both viruses. I did find the exact pathway sitting right under the vaccine scientists' noses connecting almost every booster vaccine to clots. I am the one that created the paper trail that will give the vaccine damaged a path to legal vengeance because the PREP ACT gives legal immunity to vaccine related activity, so long as there isn't "willful misconduct." So, my conspiracy theories and opinions that I can't back with solid science doesn't mean that my opinions shouldn't carry weight.

Here is the best conspiracy theory that you've never heard of. Most of it comes out of my mind and it is fiction until it becomes established that it's true. If you're a farmer and you plant only one row of corn, in the fall, your harvest is tiny and you realize your mistake and can fix it the following year. If you plant only one child, you don't realize your mistake until 25 to 30 years later, when you suddenly realize that there aren't a lot of young people around. That's what the CCP mafia/gang/thugs (pick your word of choice) realized. . .

> "Holy shit, have you guys noticed? Our one child policy from 1985, it literally worked! But, guys, it worked SOOO well that we will no longer have the most populous nation on earth! Celebrate? Oops, not so fast. We got here to 2015 and made the world marvel at our "infrastructure," we got here because the world invested in our cheap abundant labor. We don't have cheap abundant labor anymore. The world's companies will pull out and look for cheap labor anywhere, India, Vietnam, and Indonesia. DAMN. Our policies work too well. What shall we do? If we plant more children now, it'll take too long for them to grow up (25 years) and the world's manufacturing companies will have long left us!
>
> So, we can't plant more children. We are screwed! We are doubly screwed because we have a hugely top heavy demographic that basically looks like a mushroom. And not an ordinarily health-care needing elderly demographic. We abused our people, made them carry 50 lbs. of sand (very little cement) up 20 flights of stairs from 9 am to 9 pm, six days a week! Our elderly have tremendous health care needs. DAMN.
>
> And F Trump. He started this trade war with us and our economy is literally tanking. Guys, CCP officials. We NEED a solution. Xi will honor the one with the BEST idea with a

newly built, non tofu-dreg construction, ghost city with state of the art sewer gratings (no sewer though), only down side is it will be in a once in a century flood zone area. We have a taker! So far, Hsu's idea is the best! He's got an incredible idea to put China back on top and F Trump over! It's a Hail Mary, but just give it a listen!

One, we release a novel respiratory virus. It will spread but we are certain that the kill rate for anyone over 80 years of age compared to those under 10 years of age, is 10,000 to one. So we can "take care" of a huge number of our mushroom head demographic, reducing mouths to feed, reducing non-productive workers, and reducing the strain on our national health care system and guess what guys? Nature did it and we didn't have to use our thousands of gas chambers!

It gets better. It will spread since we have so many tourists to our cities now. It will create a mild worldwide pandemic. It will hit America. Americans care about their elderly so they will go crazy and probably initiate lockdowns, if we remember correctly how panicked they got during SARS. Then, once the American economy takes a hit because of our recently released respiratory virus (we will code name it "MAWA", make America Weak Again), we will communicate with that bumbling idiot fauci and convince him to highly recommend "lockdowns." See the benefit? Weaker American economy and the incumbent president has less chances of winning his second term! Talk about two birds with one virus!

Even better! We will continue our printing of money and we will send more to America's social media companies and BIG TECH, not directly of course, but the way we've been sending it to them, by investing in their companies. They know, every time we invest in them, there's something we want. And what do we want? We want Biden to keep up the pretense that this respiratory virus is super deadly so there is a massive lockdown and the Republicans aren't likely to want anything forced, but we will ask Biden to mandate the vaccine, which will cause a great divide in America (so we can conquer America starting from the inside) and then we will ask Biden to massively fund this "campaign against misinformation," because we have to control America's media so we can control the information that leaks out and we don't want anyone to suspect us, the CCP, of having anything to do with rigging America's election.

We have to shut down the Republican's ability to coordinate and communicate and energize their voter base so we've got to convince our social media puppets to clamp down on the communications of Republicans, hey guys, this is the way to do it. The Republicans hate the vaccine. What we do is whisper into the ears of these dumb Democrat leaders, don't call it censorship, that won't take off, call it the "campaign against misinformation" and use that as an excuse to shut down the accounts of all those who don't want lockdowns. We NEED this lockdown. Because how else will we rig the election? We need to stuff the MAIL IN BALLOTS!!!"

Now, that's a conspiracy theory. Fully fleshed out and impossible to prove without being able to read minds. We will never find proof (yes, it's a conspiracy theory) that the social media companies were following the orders of the CCP. But in America, when was it so easy for BIG TECH to go against every principle of what it means to be an American?

We will never find absolute proof that the CCP persuaded fauci to highly recommend LOCKDOWNS. But, the CCP had another plan to put into place (stuff mail-in-ballots) which could not have been legitimized (mail in ballots) without a lockdown.

Do I believe the election was stolen from Trump? Yes I do. Do I have proof? No I don't. But do I have the most amazing conspiracy theory on earth as to how all this went down? LOL. And the crazy thing? I had this conspiracy theory described in my 73 page letter (with a U.S. Copyright to prove date) to Dr. fauci, that I sent in February 2021. But, my sister edited it all out because she actually believed that the Democrat party would try to have me killed if I put it in.

Democrats, see how your left-leaning Democrat leadership brought your party to this point of no return? The essence of what worked for Democrats throughout their history was "hey, it's good for the group." The practical actions to show this "essence" was to support minority groups. Yes, when you support the right of women to vote, that's an incredible minority group because it's NOT a minority. It is literally half of the population and you gained an incredible following from that. Yes, African Americans are a minority and a very GOOD SIZED minority and you got their votes too, with "support all minorities, accept all differences." Then you went for the gays and lesbians. Yes, a VERY SUBSTANTIAL minority group that is very creative and often at the center of public attention. That was also a great move for your party. Now, there aren't a lot of minority groups left are there? Oh, the minority groups that aren't in existence yet, the ones below the Southern border. And we DEMS will support kids transitioning, because they will be stuck to our party forever (creating a minority group to support by encouraging children to consider mutilating their God-given reproductive organs).

And this is the philosophical end of the Democrat party. You started with "hey, it's good for the group". An excellent start. You ended with "let's let people south of the border, those that aren't in our group, come across the border and become members of our group" and "let the children remove their reproductive organs making it very difficult to add next generation members to our group." A retarded philosophical end.

I think more like an evolutionary biologist than the typical evolutionary biologist. You will NEVER be able to explain how that is "good for the group." Your party is at its philosophical end (demise). The supposedly intelligent leaders in your party, like Hillary Clinton, are so confused as to what your parties original mission statement is, "We do what is good for the group," that she thought it was acceptable to put half of American into a basket that she called deplorables. Doesn't sound like she likes the "group." Well, she hates half the "group" and isn't that an utterly stupid exercising of their usual policy of trying to INCLUDE minorities? Half of America is deplorable? But criminals and drug smugglers coming across our Southern border

are not? The essence of intelligence is the ability to compare well. The DEMS have lost even the appearance of intelligence. My proof? Take our sitting non-President, Biden. Not the slightest sign of intelligence (hope he's not the first human aliens see, because they might conclude our planet does not have intelligent life). But the poster-child for "the appearance of evil."

Watch the paradigm shift as it occurs live. You will never again see a paradigm that is this large fall this hard. To believe that an antibody is useful against a virus is merely that, a cult belief with no science or math supporting it, but leaving a wake of injured and dead children. You will never again see a cult this large (that spread its' tentacles into the very fabric of our scientific organizations) be exposed so easily, ever again.

I am not just referring to the paradigm shift away from believing that antibodies are useful in our fight against viruses. There will be many aftershocks following this cataclysmic shift. The shift away from believing that progress is always good. The shift away from believing that helping weak individuals includes encouraging children to remove their genitalia, and that that is good for the group. The shift away from believing that style is more important than substance. The shift away from believing that not using mean words is more important than injecting shit into children.

The shift away from believing that the only remaining minority group to fight for are trans, to understanding that the Left leaning Democrat leadership is the enemy to the weakest minority, the most voiceless minority, the most important minority, and the largest minority hiding in plain sight, our young ones.

The shift away from believing that President Trump is an egotistical racist egomaniac, but realizing that he was an inevitable reaction to the shallowness of Hillary's words that had as much weight as words can ever have when she included half of America, in "a basket of deplorables." When you shit on half of your "group," can you really still insist that minorities are important for you? What if the "basket of deplorables" isn't half of America, but only 49% of America (less than a majority), isn't this group of deplorables, then also a minority? Learn to compare well Hillary. You single-handedly created the exact situation that made America vote for Trump. America chose Trump because you abandoned the majority that worked their ass off keeping America going, while you were busy figuring out how to personally profit from those same hard working people while never lifting a finger. Hillary, YOU are the one that split the country in half, NOT TRUMP and his supposed "rudeness." Trump merely inherited the divided America that was split in half by YOUR WORDS. Anyone who hates TRUMP because of who he supposedly is should hate Hillary for her role in creating TRUMP. It is NOT wrong to take care of the "majority" that is half of America before you spend half your waking time trying to decide how to use correct pronouns, how to punish those who don't use the pronouns like you decide (more than half of America). Understand that the majority is just another big "minority" and you are supposed to take care of the majority. As an immigrant myself, of course I was a Democrat most of my awake life and I even voted for Hillary's husband. She was one of my favorite politicians and I felt bad for her during her struggles, during Whitewater,

Trooper-gate, and then she showed her true colors and I understood the inconsistency that she embodied, pretending to be on the side of the minorities while secretly being an elitist.

The shift away from giving power to the leaders and returning the power to the people and realizing that the ONLY way to take power away from the leaders is complete transparency (put a body cam on leaders during waking hours) and a cap on total lifetime assets for anyone who wants to serve the country (only then will we know for certain that they have served the country and not just served themselves).

We've got a supreme dummy as our President, an 80-year-old anthony who tricked us with his skincare (honestly, how many of us would have trusted him if we knew his actual age), and BIG PHARMA that has shown us repeatedly over the years that they put profits first and THIS is the trio that would supposedly lead us through the pandemic?

These three fueled the pandemic by creating fear and then used that fear of COVID to advance THEIR interests and consolidate THEIR power. They were dumb, dumber, and dumbest--and more evil than the three stooges. A senile President who, even in his prime, never failed to utter sheer nonsense and always found a way to trip over his own words, a mini-dictator anthony fauci whose name doesn't deserve to be capitalized (and who is personally responsible for more suffering and death than any other single person since World War II), and BIG PHARMA who is a willing partner to the crime of the century, the cover-up of the massive mistake that is the COVID vaccine hypothesis.

Yes, Vivek R., you should re-haul the NIH and FDA while you take down the CDC. I personally informed many of the CDC Directors of the fatal flaw with the COVID vaccine (not long after I sent Dr. anthony fauci a 73-page letter describing the fatal flaw with the COVID vaccine hypothesis in February 2021), including phone calls, messages on their voice-mail, emails, and emails with responses from their epidemiologists. I did my job and didn't even get paid for it.

6 The Exact Link Between Booster Vaccines and Autism

6.1 After You Read This, It Will Be Hard To Defend Pediatricians

When a virus presents its surface antigen to B-lymphocytes, only the TOP of the antigen is presented for later antibody production. But, for a free antigens not attached to a virus particle, all sides of the antigen molecule can produce corresponding antibodies. It is impossible for a vaccine scientist to argue this point and say otherwise.

After the first vaccination to an X virus, a child will form antibodies to both the TOP and the BOTTOM of the free X antigen. Many more distinct antibodies may have formed, but we only need these two and the X antigen to produce strings of antibodies.

Following the second vaccine to X virus, we are absolutely certain of three facts.

1) antibodies to the top of the X antigen are present in the blood of this child for at least several months.
2) antibodies to the bottom of the X antigen are present in the blood for the same time period.
3) X antigen is present in the blood since that is what the booster vaccine is comprised of.

These three facts cannot be refuted. Following a booster vaccine given within a few months of the first vaccine, there will be present in the blood at the same time antibodies to the top of the X antigen, antibodies to the bottom of the X antigen, and the X antigen. ***No vaccine scientist on earth can dispute these three points.***

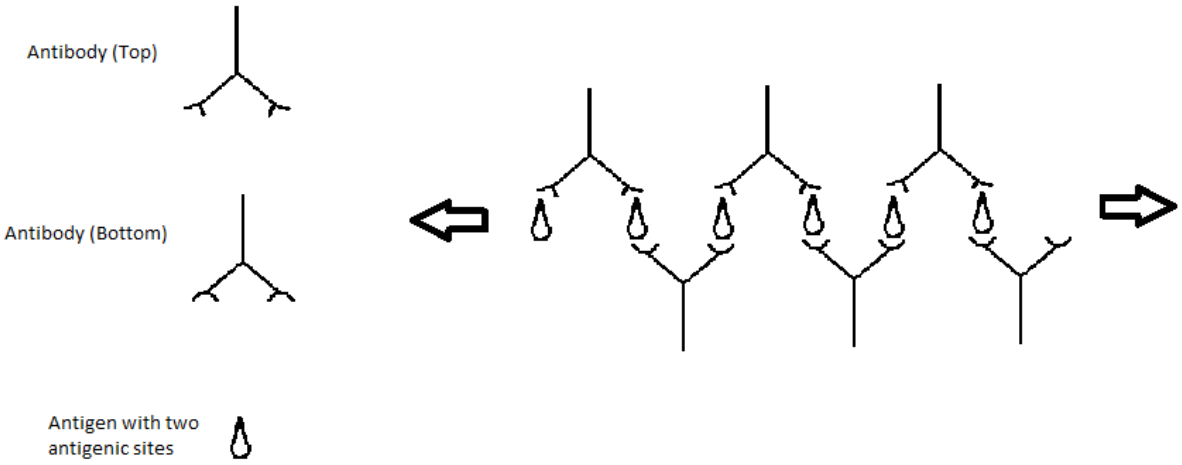

FIG. 1

Referring to FIG. 1, the booster vaccine results in X antigen in the blood. One arm of an IgG (Top) binds to the top of the X antigen (1). One arm of an IgG (Bottom) binds to the bottom of the same X antigen (1). The second arm of an IgG (Bottom) binds to another X antigen (2). One arm of a second IgG (Top) binds to the same X antigen (2). The second arm of the second IgG (Top) binds to a third X antigen (3). And the pattern can continue indefinitely, producing thick strands of antibody/antigen complexes. There can be many separate "strings" of alternating IgG (Top) and IgG (Bottom) antibodies. Can you see how this meshwork of strings is the basis for clots?

The bad news doesn't stop for the vaccine industry. All IgG antibodies have an FC region. All platelets have moderate expression of FC receptors. These FC receptors activate platelets when an immune complex attaches to the platelet's FC receptors. Activated platelets form clots in the blood. This meshwork of antibody strings is full of immune complexes that can each activate the platelets that are trapped within this meshwork. Activated platelets activate the coagulation cascade to add fibrin to the meshwork of antibody strings, platelets, and now fibrin.

Microclots in the capillary system of the brain can cause damage to the nervous tissue supplied by that particular capillary. It may cause an infarct small enough not to be easily detected by a CT scan or MRI. A clot in the capillaries of the heart can cause small infarcts in the myocardium.

This is NOT a scenario easily reproduced in a natural setting. A patient with a viral infection is unlikely to be infected again with the exact same virus within four months for many reasons. The chance of the patient developing natural antibodies to X virus, then being exposed to the X virus again, and being re-infected within five months is highly unusual. So, the clot issue is very

unlikely with naturally occurring X viral infections (without vaccines) compared to the situation with the vaccinated.

Even IF a patient develops X viral infection and forms X antibodies and three months later, the patient is re-infected with the same strain of X virus, the chance of an immune complex causing clots via the platelet mechanism is extremely low in the natural setting. When the patient is exposed to the X virus the second time, free X antigen not connected to the X virus is unlikely to be found in the blood. The X antigen will most likely be attached to the X virus. That is technically an "immune complex". However, the bonding of the IgG antibody to the X antigen that is still attached to the X virus is much stronger than the bonding of the FC region of the X antibody to the platelet FC receptor. Within the turbulent flow of blood, the X antibody can't connect the X virus (at least 100 microns in diameter) to a platelet (at least 500 microns in diameter) with one IgG antibody in between the X virus particle and the platelet.

The kinetic force of moving plasma/blood components will rip apart the virus particle and the platelet, which are supposedly connected by an IgG antibody. So, in the natural setting of being exposed to X virus and being infected with the X virus twice within four months, that occurrence itself is improbable and very rare, and in the natural form, X antigen is attached to the X virus and highly unlikely to create an "immune complex" that can stay attached to a platelet's FC receptor. Also, it is highly UNLIKELY that the body will form antibodies to the bottom of the X antigen since the X antigen presents to the B-lymphocyte ATTACHED to the X virus and so the B-lymphocyte rarely will see the X antigen separate from the X virus. Furthermore, in a natural infection with an X virus, it is unusual for the B-lymphocyte to be exposed to the X antigen separately from the X virus, which means antibodies to the bottom (or portion of the X antigen that attaches to the virus particle) of the X antigen is unlikely ever to form. Unless there are two distinct antibodies that are formed to the same X antigen, but to distinct antigenic sites on the X antigen, the X antigen will not be able to act as the glue, connecting the distinct antibodies that form to the same X antigen, as illustrated in FIG. 1.

It should be absolutely clear that in the natural setting of being exposed to a natural virus, the situation described in FIG.1 is rare because 1) a surface antigen attached to a virus does not present the antigen's attachment to the virus particle to the B-lymphocyte and 2) when the surface antigen is actually attached to the virus particle, it is too large to actually act as glue for distinct antibodies to the same very large antigen. The antigen size that is most effective to act as glue for distinct antibodies are antigens that are sufficiently small so that one arm of one antibody can bind to one area of the same antigen and the other arm of the same antibody is allowed to bind to a different molecule of the same antigen.

A hepatitis B infection is an exception in that HEB B Surface Antigen (HBsAg) is formed by infected cells in incredibly large numbers, much greater than the numbers of infectious virus particles that are produced. This is further discussed in a different part of this letter.

So, for a four-year-old child, the chances of antibodies forming chains is virtually non-existent, except for certain viral infections. But, a four-year-old child that has had all their vaccines over

their four years of life, that child will have had at least 10 booster vaccines, each of which can create the strands of antibodies as described above.

In the vaccine setting, almost EVERY vaccine booster (that provides an inactivated toxin or a viral surface antigen only) within six months of the first vaccine can create "immune complexes" that can cause clots. With every vaccine booster, you expose the patient to a significant risk of increased clotting with all the downstream effects of blood vessel blockage in the respective organs. When the vaccine is comprised of a smaller antigen, smaller than an IgG antibody, strands of antibodies can form.

When a meshwork of antibody strands become tangled within a smaller blood vessel and platelets become trapped in this meshwork, then every FC region of every antibody within the strands can bind to receptors on the platelets and this activates platelets to initiate coagulation, fibrinogen is converted to fibrin, and you have a thrombus formed inside the lumen of the blood vessel. An antibody combined with its' antigen is called an "immune complex." Within these strands of antibodies, held together by the antigen glue, almost every antibody is in the form of an "immune complex," which is very well known to be able to activate platelets.

And all these vaccines have been mandated for children for decades. Most vaccinated children before the age of 4 have at least a dozen times when they have extended strands of antibodies in their blood , with all the risks of clotting from those immune complexes. Let's say those micro-clots occur in a capillary to the amygdala of a developing two-year-old brain. Then those micro-infarcts could result in ongoing permanent anger issues for the child. In other areas of the developing child's brain, micro-infarcts can result in behavioral and mental changes. I can give a million examples.

What I show is that each and every antibody formed in response to an antigen will be almost guaranteed to bind to that same antigen that is given in the booster vaccine. But the chance of that same antibody binding to that same antigen on a real virus is probably less than one in a million. In essence, what the vaccine industry considers the main beneficial effect occurs so rarely, that if a side effect occurred at this incredibly tiny rate, it would not even be listed in their very long list of side effects. In conclusion, the effect of antibody strand formation with a booster vaccine (using a free surface antigen as the vaccine) is almost guaranteed and the formation of a clot is almost guaranteed. This meshwork formation of antibodies after a booster vaccine isn't a side effect. It is by far the MAIN EFFECT. So, immediately halt the sales of all vaccines until you wrap your collective heads around this massive issue. That is the only rational response.

I show such a clear connection between vaccines, clots, and autism, it's time for the vaccine scientists to acknowledge that their gig is up. Their science is sloppy, and they engage in extreme cult-like behavior. The HEP B vaccine for infants is the modern-day equivalent of human-child sacrifice. There isn't a pediatrician on earth who can explain how COVID antibodies can efficiently cross the lung barrier to enter the area of the lung infected by the COVID virus. There is only risk when you can't show benefit to your intervention. And if you

point a gun (with 3000 empty chambers and one bullet) at a child and pull the trigger, you are ONLY exposing the child to risk, and you are a baby killer. I highly doubt that vaccine scientists have looked into any of this. They are so busy telling the parents of children who had severe side effects shortly after their vaccines that it was NOT the vaccine that they were never going to open their minds and see the big picture.

If just one retail pharmacy chain does the right thing and openly questions the vaccine industry in response to this letter, the others will be forced to follow suit, and the world will realize the sheer stupidity of mandating childhood vaccines and children forever can be spared this modern day form of human child sacrifice and torture.

In the history of medicine, there will never be another paradigm this established that is destroyed with only ONE DIAGRAM (FIG. 1); this ONE PIECE will cause the paradigm shift that is realizing that antibodies are not useful in our fight against viruses. Be on the right side of history; protecting our children.

Signed,

Joseph Y. Lee, MD

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