

OPINION PIECE: Why now during a pandemic? What changed?

Why are we not hearing the good news about corticosteroids?

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Shared at the request of Ernesto Vasquez, MD, NCC Chair

After watching these videos, I ask myself how three well-meaning, intelligent professionals can have divergent theories? I am inclined to think it may be that Dr Lagendijk's experience working on her PhD in molecular genetics (and study of Bioengineering at Harvard) brings a different perspective from Daniel Hinthorn, MD, Professor of Infectious Diseases at KU Medical Center and Dr Scott James, Pediatric Infectious Disease Specialist in Birmingham (IDS).

I tend to favor Dr Lagendijk's viewpoint predominantly because of her experience serving on the **front lines of battle** (close up) as a genetic engineer whereas Dr Hinthorn and James's area of specialization receives the information from microbiological experts, like Dr Lagendijk, and communicates the on the **state of the war** (50K' view) for their patients & public, all knowledgeable but different vantage points. Her microbiological expertise trumps this for me!

That said, I suspect we could find qualified doctors in all fields who have opposing points of views. So, I choose to do the best I can to educate myself, pray for God's wisdom and His will be done, and look for the fruits of their labor as evidence of the effort. *Isaiah 49:4 - Then I said, I have labored in vain, I have spent my strength for naught, and in vain: yet surely my judgment is with the LORD, and my work with my God.*

I'm not knowledgeable enough to confirm whether the body disposes of the mRNA using enzymes in the cells (Drs. Hinthorn & James, CDC) or if it doesn't go away (Dr. Lagendijk) or if mRNA enters the nucleus of the cell to affect DNA or it does not. In these concerns, no fruits have been born yet to help me decide!

For me, it is more what is not being discussed that concerns me; like why mRNA, why mRNA right now, and what might happen to participants years down the road:

1. Both Infectious Disease doctors stated the mRNA has been around for decades but historically has been "unsuccessful." According to the CDC, mRNA studies were unsuccessful because they resulted in "unintended inflammatory outcomes." *What changed?*
2. If I wanted to hit the ground running quickly with a vaccine having a strong efficacy rate, I would use the traditional mode of creating a vaccine (using a weakened or inactive germ), which is tried and true, over working with some type of novel

concept that has yet been successful? *Why now during a pandemic? Why two injections? Why are we not hearing the good news about steroids?*

3. Why use a process to send in cellular "instructions" on how to make the COVID19 spike without having reliable and time-tested results to assure no more unintended inflammatory outcomes in the patients/public? [CDC Article: mRNA Vaccines Are New but Not Unknown](#)

This alongside the use of abortive tissues, in the initial vaccine trials, that created new "immortal" cells seems like Deus Homine!