

**From:** [REDACTED] <[REDACTED]>

**To:** "jeffrey E." <jeevacation@gmail.com>

**Subject:** Re: Mitochondrial transplantation

**Date:** Sun, 16 Jul 2017 15:08:43 +0000

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I am doing the best I can. Some days feel like all chips stacked against me no matter what I try.

My plan is to complete more technical endovascular training and in the next two years publish what I can and try to find funding for a business related to novel pathways for disease management. If I can't find any funding or support I will practice endovascular neurosurgery somewhere like Seattle or Stanford or maybe Harvard and support myself as a doctor.

As discussed I have two years of basic salary support through the very nice honor from Rockefeller. It cannot be used for experiments or trials and it's not a huge amount. Just salary support.

Not sure there's a better path. I have tried using my skills in other domains including policy advocacy finance etc and all a big waste of time.

My speciality offers insight into many things but I have to find the ones that will appeal to individuals or organizations that will bring me funding.

I do not know when I will see Bill again. He rarely says. I will see Larry early next month. They will not help. It's getting frustrating to ask for anything when he says talk to Larry. We can discuss more when I see you but I think you know almost all of the reasons and history. Same for Boris. Same for Nathan. One thing I could do is just create a business now and ask C3 not to pay me but to pay my business for the next few months. That might be better for taxes anyway.

or, I know Larry is looking forward to having me gone. I could suggest leaving 3 months early and propose that he instead as like a parting gift out the remaining amount into a business. Dunno.

I'm going to arrange a time in the coming few months to meet with Third Rock Ventures and see what they think.

There are three ways I can think of (as of today) to put my specific technical domain expertise to work and they will know which would have market potential. If they want to take the bet they will help. Their process is pretty amazing - even Boris loves them - so it would be magical.

There's one other space where knowledge of blood vessels and management of vascular disease could be a very cool and welcome partner and that is with water and oil pipes. There's a lot of stuff especially w water pipes (as most infrastructure is aged...) that could be quickly translated. No human trials.

On Jul 16, 2017, at 3:38 PM, Jeffrey E. <jeevacation@gmail.com> wrote:

life expectancy tables after reaching the age of 60, has not changed much in one hundred years. Most change due to moves to the city. . . any broad treatment for the general population I bet will be met with a counter to keep the death numbers constant. I would focus only on a subset of the general pop. not sure which. , you and I should be a member of the class. but I think that the complex system will find a new death mechanism. do you think that vascular pathways have a role, as the pathways get screwy with age.

alzhiemers appears. . is your specialty an insight. .

more imporantly I WANT A PLAN. when do you see or communicate with Bill agin.

On Sun, Jul 16, 2017 at 10:32 AM, [REDACTED] <[REDACTED]> wrote:

For neuro

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<https://symbiosisonlinepublishing.com/biochemistry/biochemistry08.php>

Some other supporting:

<http://www.nature.com/nature/journal/v535/n7613/full/nature18928.html>

[http://www.cell.com/cell-metabolism/abstract/S1550-4131\(16\)30440-5](http://www.cell.com/cell-metabolism/abstract/S1550-4131(16)30440-5)

<https://www.sciencedaily.com/releases/2014/06/140616203941.htm>

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