

Exposing the Fraudulent Technology and Policymaking Behind the COVID-19 Vaccine

A Special Interview With Dr. Robert Malone

By Dr. Joseph Mercola

Dr. Joseph Mercola:

Welcome everyone. This is Dr. Mercola helping you take control of your health. And I'm absolutely beyond delighted to have the opportunity to interview Dr. Robert Malone. This is the second time we've had him on. First was well before his most famous podcast, but I initially saw him on the first podcast he was on that really brought him to prominence and in terms of her recognition with his interview, with Dr. Bret Weinstein on the Dark Horse podcast with Steve Kirsch. He was interesting.

I had never heard of him before. He just came out of nowhere, but his intelligence, his insights, his wisdom, his humility was obvious. It was just so obvious, it was profound. Actually the stark contrast to Steve Kirsch, and interesting both of those people, Steve and Dr. Malone have really come to prominence now, as some of the leaders in this whole effort to expose the fraud that they're doing.

Dr. Joseph Mercola:

Many of you have seen his podcast with Joe Rogan, which was on New Year's Eve. I actually watched it live. It was three hours of amazing information, but so many people felt the same way because it broke all records. He broke the world record of the most viewed podcast of all time, which was previously what, two weeks earlier, three weeks earlier with Joe Rogan and Dr. Peter McCullough. Then Dr. Malone broke it, 50 million views. It's probably beyond that.

I wouldn't doubt if it's close to 100 million views at this point. Then even beyond that, during that interview, many of you may recall that he introduced a term to the world, the "mass formation psychosis," that nearly instantaneously had Google in real time manipulating the search results for that term to discredit and give misinformation about it.

Dr. Joseph Mercola:

But it also worked and helped to promote the work of Dr. Mattias Desmet, who I believe you consider one of your mentors in this area. He certainly wrote the book. He's a clinical psychologist at the University of Gantt in Belgium. He actually just has a new book that I interviewed him for recently, "The Psychology of Totalitarianism."

Dr. Malone, you're on because you also have a new book. So, before I let you just discuss, I just want to thank you for your enormous bravery, your courage, your convictions, and you're using your God-given gifts. You're so smart. You're one of the brightest guys in this field. There's a whole dispute about you being the developer, certainly not the developer of the COVID jabs, but the technology underlined at the mRNA platform to deliver them.

You've got multiple patents proving that you invented it. So, you're a thought leader and you've been massively discredited, and that's a sign that you're doing the right thing. So, I want to thank you for everything you're doing this and welcome you to share some additional insights with us.

Dr. Robert Malone:

Well, thank you. That's quite an introduction. I don't know if I can live up to it. At first, I thought you were talking about Brett Weinstein. I take a little bit of umbrage that I've been massively discredited. I've certainly been massively attacked as you have, but you and I share the benefits of the tincture of time in that over time, we're being validated almost on a daily basis.

So, discredited, I would say we've been attacked. I would say we've been gaslighted, ridiculed, defamed, but I don't think we've been discredited. I think we could both hold our heads up high and we've called it amazingly well, quite [inaudible 00:04:05]. I'm just in the middle of reviewing and building the chapters for the book that has to do with what's gone wrong with the HHS (Health and Human Services) and what we need to fix, which includes a litany of things that have been miscalled by the CDC (Centers for Disease Control and Prevention). The list is enormous. We continue to see on a daily basis, the weaponization of fear porn and the two most recent examples being the monkeypox.

Dr. Robert Malone:

And now the Omicron, what they're calling, ninja, BA.4, BA.5. Ninja being the term that's being applied. If we didn't need a more egregious example of fear point, just the choice of the name would do. The documentation that is being put out to scare us, that these are so such high risks, when in fact the data are quite clear that the hospitalization rate is not bumping up, even though the infection rate is.

Of course, there is the dark prospect that Dr. Geert Vanden Bossche has been warning us about for so long, and I have, too, about the risks of vaccinating into a pandemic driving the evolution of escape mutants. We not only see that quite blatantly with the new ninja variant, just pretty much as many of us have projected, but we also now see the thing that the CDC and the FDA (Food and Drug Administration) are completely ignoring, which is immune imprinting, which is backed up now by over 10 high-end, highly visible peer reviewed publications in journals like Science, Nature and Cell.

Dr. Robert Malone:

We're literally driving the highly vaccinated to an immune compromised state in which they're more susceptible to infection by Omicron as a consequence of their prior vaccination, and they are becoming chronically or multiply infected, which is precisely the situation that's been shown in peer-reviewed literature to be driving the development of the further development of the escape mutants.

So, our public policies are completely contrary to the need here. I'm speechless concerning the mismatch between our government and what is promoted and what the true public health need is. So, I honor you in your speaking out from the onset about many of these things and raising your concerns, going back to, I think our first interview.

Dr. Joseph Mercola:

Yeah. Yeah.

Dr. Robert Malone:

Again, just to put a pin on it, I don't think we have anything to apologize for compared to what the miscalls of the CDC. I think we are way, way ahead.

Dr. Joseph Mercola:

Yes, indeed. So, I want to highlight another example of your unbelievable commitment and dedication, especially in light of what you just shared about the monkeypox. When it first came out, there was a lot of concern because it was novel, but I think the whole ability of the entire alternative media community, and especially to bring experts to the forefront like you and spread the information, essentially aborted it, aborted their efforts for the fear porn.

But as an example of your dedication, I remember watching a video interview with you with RFK, Robert Kennedy, Jr. You were on a boat on your well-deserved vacation, I believe in the Mediterranean, and Bobby didn't understand that he was in California when he was calling you at his late afternoon or early evening. It was 2:00 AM in the morning for you. Yet, you had no compunction, but to get out of bed and put on your suit and do an interview with him, and you were just incredible. Your kindness, humility, your knowledge and sharing to quell the fear porn that was being generated at that point. I think you did a lot to combat it. So, thank you for your commitments.

Dr. Robert Malone:

Well, thank you very much. As far as I'm concerned, Robert F. Kennedy Jr. is a great American hero. He has done so many things with his life. He's overcome amazing, adverse hardship. I can't imagine what it must have been like to be a child with the experiences that he had with the two assassinations, and to overcome that and play this prominent role in Waterkeeper [Alliance] in the lawsuit against Monsanto for Roundup, and now the leadership that he's shown in Children's Health Defense, just asking questions and raising concerns, concerns that are not allowed to be spoken about concerning the vaccines for children program and the history of vaccination and childhood vaccines in the United States. It has taken an enormous toll on him, personally, in ways that I don't even want to discuss in public, but nonetheless, he has persevered.

Dr. Robert Malone:

I got to say, Dr. Mercola, of all the things that have happened to me over the last two and a half years since this outbreak, all the things that I've encountered, one of the things that I value most has been the coming to learn from experience, the wisdom and insight and humanism, fundamental humanism of RFK Jr. I can't say enough.

I believe he truly is a great American hero. If there's anybody that deserves a Nobel Peace prize, I believe he's got to be a candidate. I am just honored to consider him a friend. Every time he calls me, no matter where I am, I do what I can to try to help him.

Dr. Joseph Mercola:

Well, thank you for your commitment and honoring RFK with those comments. So, I want to address a relatively minor elephant in the room, but nevertheless one, because I regularly scan the comments on my site, and there's not a significant number, but there's a number of people who think you're controlled opposition. Why would they think that?

So, I want to put that nasty rumor rest here and now, but let me just expand on and you can comment. So, the justification for that thought is that you are the developer for the foundation of the mRNA technology, and you've been double-jabbed. So, it just shocks me that anyone that who has critical thinking skills left would even ever come to that conclusion if they ever seriously evaluated your content. So, I know you'll be a lot more articulate and effective at trouncing that notion than I could be. So, if you could-

Dr. Robert Malone:

Well, let me expand on. The storyline here is even stronger than what you say. I have historically worked with people that have been truly deep state intelligence community. I have decades of experience in biodefense. I have been deep in the belly of the beast. I have won literally billions of dollars for my clients in grants and contracts. I have managed hundreds of millions of dollars in grants and contracts in the vaccine space.

I sit on, or historically used to – I don't think – they're not inviting me lately. The study section chair or key study section member on many, hundred-plus million dollar contract reviews for typically the NIH (National Institutes of Health) and particularly the NIAID (National Institute of Allergy and Infectious Diseases), but also DoD (Department of Defense).

I, historically, been deeply embedded in this whole enterprise. I know it upside down. I've sat in the audience for way too many ACIP (Advisory Committee on Immunization Practices) meetings, often commented. I understand this system. So, I think the concerns that I could be controlled opposition are valid. I think that it's appropriate to acknowledge the basis for those concerns.

Dr. Robert Malone:

Now, the concerns I think are refuted by my behaviors and actions. Let's start with the inventor. I have many patents. I've contributed to the development of many technologies. My wife and I helped found Inovia, the electroporation or post-electrical field gene delivery company that is promoting its own vaccine technology, which is a DNA-based platform and could well be adapted to RNA-based vaccines.

I certainly have those nine initial issued patents and others that relate to virtually any delivery system used to administer polynucleotides to the nasopharynx, to mucosal tissues, to elicit a mucosal immune response, which as you know, is the huge benefit of Omicron natural infection is that it produces a mucosal immune response in the infected individuals. That's highly protective. I have many patents on various cationic lipids, these positively charged fats that are used to deliver the polynucleotides, but I'm also an objective scientist.

Dr. Robert Malone:

As a consequence of the decades of experience in basic discovery research in this area, we've turned away from this technology because we could never overcome the inflammatory problems, this acute immune response and the recruitment of inflammatory cells into the injected tissues.

We ran into this again and again and again, both in mice and then in monkeys, and could never overcome it. We abandoned the technology. Then Kati Karikó called me up in the mid '90s and wanted some advice. I told her about the problems with the RNA and the problems with the inflammatory response and, together with Dr. Drew Weissman, she applied the Pseudouridine discoveries that were just emerging and put Pseudouridine all the way through the RNA, which is both immunosuppressive and increases the half-life of the RNA. So that these RNAs that are now being used are really nothing like the natural RNA. They're synthetic product.

Dr. Robert Malone:

This is the basis for their assertion, that they're the true inventors and I am not, despite all the prior art and multiple patents, is that they made this improvement on the art that was enabling. The CureVac technology demonstrates that's not enabling. That in fact, you can get good immune responses with mRNA that does not include pseudouridine, but I had turned away from the tech.

There were better ways to provide an immune response, I believed. Those are still investigational. Talking about eyes wide open. I have intimate understanding of the good, the bad and the ugly of this approach and this technology. That's always been my position is that of an objective scientist.

Then on the last point on this, I never received substantial revenue of any kind from my inventions. The patents were filed from a company that's now defunct called Vical that had partnered with Merck years ago. Over a billion dollars were spent to advance the technology, Merck and Vical only focused on the DNA and they failed.

Dr. Robert Malone:

But as a consequence of the terms of my employment, I received in addition to my technician salary, which was about \$20,000 a year, I received one U.S. dollar for all those patents. I've had no patent royalty. So, for me, I have no financial conflict of interest here. It doesn't matter to me one way or the other. What matters is integrity and honesty and truthfulness.

Now, about the two jobs. I knew that I was going to have to travel internationally and that, in the absence of vaccination, that was going to be almost impossible. That has been validated. The fact that I've been able to travel internationally and speak out internationally, initially at the International COVID Summit in Rome has been crucial, both for my own comprehension and insights into the fact that this coordinated campaign that we've all been experiencing, including the propaganda censorship, et cetera, physicians such as yourself, is a global campaign.

Dr. Robert Malone:

It has used the same exact language and strategies. I don't know if you knew, I'm not so honored as you as to have been identified by the White House as one of the Dirty Dozen, but I was identified by the Italian Press as one of the Dirty Dozen, because I went to the summit in Rome, although they only managed to come up with 10 pictures.

So, I guess in Italy, 10 constitutes a dozen, but it has been fascinating in my travels through Europe and down into the Iberian Peninsula, to learn from first person accounts, that the same exact strategies that have been deployed in the United States have been deployed all over Europe, Latin America and Africa, to some extent. So, I think it was important that I took that sack, I took the jabs. In addition to my need for travel, I was suffering from long COVID.

Dr. Robert Malone:

I was one of the initial wave of it infected with Wuhan-1, because I went to a drug discovery computational conference in Cambridge, Massachusetts, and was infected in the end of February with the original strain as part of that initial outbreak there, at a time when the virus was still believed to not be on the East Coast.

Wuhan-1 hit me hard. I had long COVID and there was a lot of buzz in the press, which has not been substantiated by the literature subsequently, that vaccination would address and mitigate the symptoms of long COVID. So, for those two reasons, I took the jab, need to travel, suffering long COVID. I thought, as an immunologist, there was some logic to the idea that an additional boost of antigen might rev up my immune response and help quench the long COVID symptoms that I was experiencing.

Dr. Robert Malone:

At the time, remember long COVID was another obscure censored community the people that believed they were suffering from this, and we were censored within that community and defamed and denied and gaslighted. Since then, it's become a major focus area and acknowledged by the CDC and the NIH. But at the time, it was another one of those things that many of us were experiencing, but most of the world was denying existed and we were considered crazy.

So, I took the jab and it turned out that it actually made things worse, particularly after the second dose, when I developed hypertension with a systolic of up to 230 and pulse pushing 90, fairly frequently, sometimes up to 100. So, I had the cardiac damage. I also had narcolepsy, other central nervous brain fog, restless leg, a number of symptoms that are known to be associated with the vaccine.

Dr. Robert Malone:

Then out came the, How Bad Is My Batch? website when Jessica Rose and many others analyze the VAERS (Vaccine Adverse Event Reporting System) data by lot number. Jill and I did a search and found out that my second jab was from one of those highly lethal, high risk lot numbers. So that's that.

We all make mistakes. I think that the fact that what I found in traveling is that having made that mistake of accepting that vaccine, which I acknowledge now, was absolutely not the proper way to approach this. By the way, I eventually did get my long COVID cured by a physician who has since had her license pulled, Dr. Meryl Nass.

Dr. Joseph Mercola:

Dr. Meryl Nass, yeah.

Dr. Robert Malone:

Because she prescribed ivermectin for me and I had almost immediate relief and symptoms and suddenly a burst in stamina. I was able to out-hike my 20-something second child when we were visiting the West Coast along the Big Sur, which was a huge surprise for me. So, tip of the hat to Meryl Nass, a true truth warrior and another inspirational figure in all of this, I think for all of us.

So, that's the brief history on that. Now, let's talk about the third leg on this stool of the logic of me as controlled opposition. There is no question. I have co-published. I used to be a business partner with a CIA (Central Intelligence Agency) agent who was retired from the Defense Threat Reduction Agency (DTRA), where he had had a senior position.

I have co-published with a CIA agent who I believe, according to the attack journalist that the New York Times sent for me, is no longer with the CIA, but who was in Wuhan in the fourth quarter of 2019, who is arguably our leading expert in gain-of-function research and bio-weaponry, Michael Callahan, who called me from Wuhan on January 4th and told me to get my team spun up to address this novel virus, coronavirus that was causing an outbreak in China. Very strange timing.

Dr. Robert Malone:

I had a series of interactions with him subsequently until I became completely disillusioned and aware that he was lying to me almost constantly, including about things like whether or not the pathogen was engineered. So, I think that I can certainly empathize and understand why some might have these concerns. I've certainly been subjected to plenty of attacks. I think some people weaponize this and use hyperbole to advance their own cause and raise money.

But as you know, that's been the experience of both of us and many through this outbreak is there's some that will act in an unscrupulous fashion that's counterproductive to the overall cause of truth and integrity, but it's just the nature of things. I don't ask people to accept what I say, I ask people to think for themselves. I've tried to be truthful, honest, act with integrity, provide access to information, try to help people to think through things by themselves, and I've made a number of predictions and comments and analyses that like you I stand by what I've said.

Dr. Robert Malone:

So, even if I was controlled opposition, that's kind of irrelevant. The question is not who I am, the question is, "What is the information? Is it useful to you? Is it helping you to manage your own affairs, make informed choices about vaccinating your children?" If so, I think that even if I was taking the position of these individuals, even if I was controlled opposition, I suspect that

I'm fairly useful controlled opposition for those of us that are in this boat together of seeking truth.

Dr. Robert Malone:

Frankly, all of my contacts with the government now are destroyed. The colleagues that I used to communicate with regularly at the FDA will no longer take my call, my former clients at Defense Threat Reduction Agency, I don't have any contacts with them anymore. I've dropped my contract with Defense Threat Reduction Agency. Largely I just became disillusioned with them, particularly after I found out that another branch of DTRA is continuing to support the Wuhan Institute of Virology and disclose that.

Dr. Robert Malone:

I shared a number of fragments of information about what I know that's been going on within DTRA, as well as within NIAID and the NIH. In doing so, I compromised that part of my career. I've thrown away, for the second time by the way, a big career path that I've developed over decades.

Dr. Robert Malone:

The first time was when I spoke out to the press about the Jesse Gelsinger tragedy and the abuse of Jim Wilson in the University of Pennsylvania that caused that unfortunate death, and that pretty much ended my career as a gene therapy researcher academic. Now, I've done it again in the case of these vaccines with these close longstanding working relationships I've developed over decades with the biodefense enterprise.

Dr. Robert Malone:

So, now I find myself in this odd position of being a truth teller heretic and leader of the opposition to what I believe to be egregiously bad conduct on the part of key players in my former industry of clinical research and regulatory affairs and vaccines, biodefense and medical product development.

Dr. Robert Malone:

That's my big beef here is my whole career, all the time I've invested, all the training, all the effort, I'm seeing and largely have seen now the de-legitimization of the vaccine enterprise, the de-legitimization of the integrity of the CDC, the FDA, and the whole regulatory pathway that's been developed over generations now that I've been so deeply trained in, they've destroyed my industry. For what?

Dr. Robert Malone:

So, in some I respect the right of others to have their own opinions, and I ask that you judge me fairly. I don't deny that we all get judged, and I also get criticized because I voted, historically, for Democrats. Steve Bannon has forgiven me, so I guess maybe your listeners can, also. I think what's important is that – let me put it this way, Dr. Mercola, and I'm sure you've been a truth warrior for far longer than I have, but the expression I was in a dark room, I backed into the light switch and what I saw was such that I could never unsee it. I think like a lot of us, there's a huge laundry list.

Dr. Robert Malone:

Bobby is an example. I mean, Bobby now has common cause with Republican attorney generals all of the United States and is increasingly alienated, in many cases, radically alienated from his traditional family's party. I think Mikki Willis is a fantastic example. The gentleman is another one that we should all acknowledge, the vindication of "Plandemic" and the thesis behind "Plandemic," the series that he put out that had over a billion views, and "Plandemic 3" is about to come out.

Dr. Robert Malone:

Not everything there is right, not everything Judy said was correct, but it was incredibly brave to put out the thesis and highlight the fact that there is this history of planning and machinations, which precede all that we've experienced. Mikki was basically run out of his former home, was burned and he was run out of the Ojai Valley. Now lives in Austin with his production team, has created his own little paradise now. Now I understand that there's many in the Ojai Valley that regret what they did to him, but the damage is done. Those of us that have been through this are never going back, and I suspect you're one of them.

Dr. Joseph Mercola:

Yeah, for sure. Well, thank you for the long and detailed explanation to support that narrative, the summary of what you just said, I think one of the most credible answers is to look at the information you're putting out. I know you're not going to toot your own horn, but I will for you. When you announced that you were going on GETTR on Joe Rogan's podcast last year because Twitter had banned you, as they have so many others of us, I jumped on that immediately.

Dr. Joseph Mercola:

I want you to know that I follow no one on social media. That's largely an artifact of the fact I do not use a cell phone unless I'm traveling and I don't have another alternative, then I use it as a hotspot. But your GETTR account is, in my view, the no. 1 source of information about the updates on this craziness that's happening.

Dr. Joseph Mercola:

I don't know how you're able to do it, but if you're watching this and you are not accessing Dr. Malone's information on GETTR, you are missing the big picture. As I said, I don't use it on my cell phone. I just keep the tab open on my desktop and I refresh it every day or twice a day or three times a day to look at what he's posting because what he's posting is extraordinary. I mean, it's up-to-date.

Dr. Joseph Mercola:

Our content delivery system doesn't allow the flexibility that it does with social media account, and we have very limited social media reach and distribution because of what the media's done, the legacy media or social media platforms, but your content is beyond extraordinary and I just couldn't encourage people more to look at that. Now, I'll repeat that again-

Dr. Robert Malone:

That's very kind, thank you.

Dr. Joseph Mercola:

Yeah.

Dr. Robert Malone:

I'm sure Steve Bannon will appreciate that also as a-

Dr. Joseph Mercola:

Oh yeah, you put a lot of Steve's content out there. Sure.

Dr. Robert Malone:

Well, by way of conflict of interest, I don't hold any shares in GETTR, but Steve does.

Dr. Joseph Mercola:

Oh, okay, did not know that. Did not know that. Yeah, but it's extraordinary what you and your – there's no way you could do that as one person, I suspect you have some help from your wife and maybe others. I don't know, but it's fantastic.

Dr. Robert Malone:

Yeah, thanks for that. We also now have the Malone Institute, so that's MaloneInstitute.org and we're putting up our World Economic Forum stuff, our WEF. We have a comprehensive table spreadsheet of all of the young leaders that have been trained over the years and who they are, where they are, when they got trained, what their backgrounds are, all that kind of stuff, so that's another resource.

Dr. Robert Malone:

Then the Substack. Just like you use Substack, Substack has turned out to be an amazing vehicle. As you'll recall, there was a strong attempt to de-platform the likes of you and I off of Substack, but that seems to have failed, I think probably in part because we're making money for Substack.

Dr. Robert Malone:

So, that's RWMaloneMD.substack.com. That's where our deeper thought pieces are. You don't have to pay, it's optional. So, you can have a free subscription, it'll just come into your email, but what we do is restrict the comments to just the paying subscribers and what that does is it cuts out the trollery.

Dr. Joseph Mercola:

Ah, yes. Beautiful.

Dr. Robert Malone:

So, the truth is that I have for – so, let me just expand on this a little bit. Tucker Carlson is another one of your colleagues way down south that-

Dr. Joseph Mercola:

In Florida. Yeah, he's in Naples I think.

Dr. Robert Malone:

Yeah, does not use, and what a nice guy. I'm honored to consider him a friend now and another truth warrior really, even though he doesn't wear socks. But the experiences we've all had have been amazing going through this, but Tucker also doesn't use social media. I had a long chat with him about this. The long-form interview we did is about an hour, but I think we talked for about three.

Dr. Robert Malone:

For me, the social media is a two-way communication, very much. I receive all kinds of information in learning and feedback on an hourly or daily basis, and all of that goes back in to the content. Many, many of the links that we post come from people that are sharing information from all over the world with us now consequent to our travel.

Dr. Robert Malone:

So, for instance, a lot of the very interesting literature coming out of the Netherlands right now with the Dutch farmer's protest, information coming out concerning the Ukraine conflict that has been suppressed by the corporate media that I get. It's not always right, but I think it's important to share these alternative voices, as we've all learned how egregious the propaganda and censorship has been, and the collusion between the administrative state and the intelligence community and the media has become so apparent.

Dr. Robert Malone:

We have to seek ways to provide free media, alternative media, and I'm grateful that GETTR provides a relatively clean interface. It's not free of trolls, but it's certainly a heck of a lot better than Twitter, and without Substack, I think that our access to information here in the United States would be even further compromised. Yeah, there's yours, there's Matt Taibbi, there's Glenn Greenwald, there's so many fantastic new citizen journalists that are coming up.

Dr. Joseph Mercola:

Steve Kirsch.

Dr. Robert Malone:

Steve, of course, yes.

Dr. Joseph Mercola:

Alex Berenson. So, there's all out there.

Dr. Robert Malone:

Well, I get a little bit of a bone to pick with Alex, but-

Dr. Joseph Mercola:

Oh yeah, I know, but he's still out there. I mean, he's actually right ahead of me in the-

Dr. Robert Malone:

Oh yeah.

Dr. Joseph Mercola:

Popularity hole.

Dr. Robert Malone:

Any case-

Dr. Joseph Mercola:

But-

Dr. Robert Malone:

Thanks for that shout-out.

Dr. Joseph Mercola:

I cannot believe what he did to you, my impression of him radically changed once he did that. I mean, in real-time. I think you were on the same show, it was a Fox News broadcast, I believe.

Dr. Robert Malone:

Yeah, it was a sub for Laura and it was another one of those cases where I was actually phoning in from Spain, so it was about 3:00 in the morning. I was a bit groggy, I was parked in a little side part of the apartment we were staying in, just barely keeping my eyes open. Managed to jam a cup of coffee, and then this attack came at me and I was like, "Whoa, what to do about this?" But I guess I did okay at the moment, but it was pretty egregious and absolutely not appreciated and, I think, counterproductive.

Dr. Joseph Mercola:

I agree. So, with your original response to the control opposition question, there were two questions I had. One was you had mentioned that one of the researchers developed the pseudouridine, which allowed the vaccine to, or the jab to be produced, but did the introduction or the integration of the pseudouridine or your pseudouracil into the mRNA vaccine, did that address the inflammatory issue that you had observed in your earlier research?

Dr. Joseph Mercola:

Then the second question is that you had a hot lot. In my discussion with Dr. Ryan Cole, he made me aware of the fact that these COVID jabs are not homogenous in any way, shape or

form, and that they're initially designed of course to provide the mRNA with the instruction set to generate this sort of bastardized spike protein. But that is maybe less than half the messenger RNA in there, because the purification technology is apparently so inadequate that it seems about a half or more of the actual mRNA are actually fragments that still get translated into proteins, and who knows what the heck they're doing.

Dr. Joseph Mercola:

So, do you think that the hot lot has something to do with that, or is it just a pure homogenization issue and maybe you got a higher concentration or higher amount of the mRNA? So, two questions for you.

Dr. Robert Malone:

Let's see. Now, I forgot about the first one.

Dr. Joseph Mercola:

The first one was, did the pseudouracil itself reduce the inflammatory reaction to the-

Dr. Robert Malone:

Oh yeah, okay, so let's dive into the whole formulation lot consistency in pseudouridine story.

Dr. Joseph Mercola:

Yeah.

Dr. Robert Malone:

The science behind the role of pseudouridine in RNA is still evolving, and this is over a decade after Karikó and Weissman had their finding. At the time, and it's useful just to give a jab. Remember Katie Karikó used to be a Hungarian spy and Drew Weissman was a Tony Fauci postdoc, so just to set the stage a little bit.

Dr. Robert Malone:

Kati had come over to the United States and got a, not really a faculty position, more like a soft money hang-out-in-the-lab-and-do-stuff kind of a job at Penn and was working together with Drew. She called me and I told her about some of the problems with the RNA, and the two of them somehow came up, and it may have been her, with the recognition that there was emerging information in the literature that the inclusion of pseudouridine, which is a modified natural base, part of the AUGC, it's the U in RNA, which is naturally modified in the cell in specific places in a highly regulated fashion, and we now know influences things like RNA stability, RNA folding, RNA processing and splicing.

Dr. Robert Malone:

It's highly regulated, but that wasn't known at the time. What was known was that there were some early papers suggesting that if RNAs include pseudouridine, they will last longer and be less inflammatory, or suppress immune responses against cells that had pseudouridine-modified mRNA in them, okay?

Dr. Robert Malone:

So, on the basis of that, they worked together and incorporated pseudouridine throughout the entire mRNA molecules that were synthesized using the methods that I had originally developed and then purified. They found that when they injected those, they got a better adaptive immune response and less of the inflammatory response.

Dr. Robert Malone:

Now, it was never really clear why that was happening at the time when they filed their patents and subsequently, and now we have both advances in the science of pseudouridine that are considerable. The big breakthrough was this Cell paper that was published from a group at Stanford, I think, in February of this year, February or March, in which they did needle biopsies. So, this is the stuff that should have been done before any of this was released out into the public using animal models.

Dr. Robert Malone:

But the group did fine-needle aspiration of draining lymph nodes in the axilla, so underneath your arm, on the same side as where the injection had been given into the deltoid, and they detected the RNA persisting in those lymph nodes for at least 60 days, they didn't test beyond that, and the levels of spike protein produced were far higher and for far longer up to 60 days, again, they didn't test beyond that, in the blood than are produced by the natural infection.

Dr. Robert Malone:

So, what we now know in some from all of this is that yes, pseudouridine can cause RNA to behave in ways that is absolutely not like natural RNA as I had originally proposed. That being that the RNA is typically degraded within a couple of hours, so that if people did have adverse events, the inciting molecule would be gone and physicians could elect not to re-administer it.

Dr. Robert Malone:

But in the current formulation with the pseudouridine incorporated throughout the entire backbone of the RNA, which is something that never happens in a natural situation, these are not natural RNAs, they do suppress the acute inflammatory response, but they also seem to suppress overall adaptive immune responses or immune function. This may be something that's contributing to the immunosuppression that's observed after dosing with these products. That's unresolved, but there's no question that adverse event exists, the immunosuppression, non-specific immunosuppression.

Dr. Robert Malone:

So, we have now with the pseudouridine modified RNAs lots of evidence that the discovery of Karikó and Weissman had negative aspects to it, which were not well characterized by Pfizer, Moderna, BioNTech, etcetera. The company CureVac elected not to use the pseudouridine technology and their COVID vaccine actually was in retrospect remarkably immunogenic. Perhaps they suffered from too much integrity from a business standpoint.

Dr. Robert Malone:

They used a lower dose, and in their trials, it was not detected as being as immunogenic and effective as the Pfizer and Moderna products which had the pseudouridine. But in retrospect, that could probably be largely attributed to the fact that they used a significant lower dose, because they were afraid of the adverse events.

Dr. Robert Malone:

So, in many ways, in my opinion, CureVac was actually much more responsible, and they did approach the whole situation using the technology that I had proposed years ago. It appears to have been remarkably effective in my opinion, and I look forward to that company being able to recover.

Dr. Robert Malone:

There may still be some indications for the utility of the original form of the invention, time will tell. We have to remember that mice and monkeys aren't humans-

Dr. Joseph Mercola:

Right.

Dr. Robert Malone:

But that a responsible drug and pharmaceutical development may lead us to something eventually. I'm less sanguine that we're going to cure cancer with this than the CEOs of Pfizer and Moderna are. I think that the problem with cancer is a lot bigger than just coming up with a better way to deliver a polynucleotide.

Dr. Robert Malone:

In terms of the batch and lot consistency, one of the things that's come out is the contract terms that these companies have been able to negotiate with world leaders, which I believe to be particularly egregious. Typically include terms which restrict the national regulatory authorities from their normal practice of independent assessment of lot consistency, purity, identity and potency.

In other words, normally, in a manufacturing system, when a company manufactures a product and ships it to the consumer, the regulatory agency will either directly or through some surrogate, independently verify that the lots are being produced in a consistent fashion, have high-quality lot consistency studies, have good quality assurance and quality control processes in place. And apparently the contract terms that have been negotiated not only absolved them from any liability, but absolved them from regulatory agency oversight at virtually every country where they're being manufactured or distributed.

Dr. Robert Malone:

These are extremely complex formulation processes. The fundamentals of the nature of these products are that they are susceptible to aggregation. By the way, that's why the polyethylene glycol is in there, is to keep these lipid nanoparticles from aggregating, it's not there for stealth

liposome purposes. Naomi Wolf is a little off-track with some of the things she said about it also, she really doesn't seem to understand the science. But that's what the PEG (polyethylene glycol) is there for is to keep these things from aggregating. And yet, they still do aggregate.

Dr. Joseph Mercola:

I thought the PEG was integrated as part of the nanoliposome?

Dr. Robert Malone:

It is. So, I'm going to talk science-y talk for a moment, it has unusually short acyl side chains compared to the way it's deployed in things like Doxil for stealth liposome purposes. I spoke about this directly with the group in British Columbia who I've known for decades that developed the tech, very early on, so I'm not just saying this, I'm not inferring it.

I spoke to the guy that invented it and I asked, "Why did you put the PEG in there? Did you do it to avoid clearance of the particles?" He said, "Absolutely not. That's why we used the short acyl side chains so the PEG sticks into the lipid nanoparticles in the bottle, but it's rapidly displaced and it gets knocked out of these things when you put them in the presence of serum proteins in the normal environment after injection."

Dr. Robert Malone:

Because otherwise, if you had these little particles covered with PEG after administration, they wouldn't fuse with cells. They wouldn't work. That's part of the reason why, for instance, when I got my jab I could almost immediately feel an odd sensation in my fingertips, which is very unusual. Many of us have hyper-immune responses or other short-acting adverse events or sensations associated with polyethylene glycolic injection. The fact that you have these anaphylactic responses to PEG after administration may partially be as a consequence of the fact that it's falling off of the particles right away and going into your blood.

Dr. Joseph Mercola:

Makes sense.

Dr. Robert Malone:

So, a lot of things about this that are really deep and kind of complex about the aggregation of the particles, the mechanism by which they interact with cell membranes. Now, we have the knowledge that they appear to be gaining entrance into the body. We know that the spike protein isn't just being processed or displayed on cell surface but becomes associated with mitochondria and is toxic to mitochondrial function, which may underlie a lot of the loss of energy and other sensations that people have.

Ryan has done a recent workup of some vials that were expired, so they're not really fully represented, but he does apparently find, under the scope, plate-like objects and this is what's been termed the nano-razor blades. It's hard to say how they are deriving. That the nature of these formulations is such that they're very susceptible to all kinds of very complex aggregation phenomena that apparently are not being well-characterized, have not been published, have not been publicized, and are denied.

Dr. Robert Malone:

Nevertheless, there they are under the microscope, whether these involve graphene oxide or not is to be determined. Initially, I thought that was crazy talk, but the unwillingness of the pharmaceutical companies to disclose their ingredients, which is just mind-boggling, I think it was Paraguay or Uruguay recently where this was raised in a court case, the governments, because their contracts, and Pfizer, in particular, but Moderna also, absolutely refused to disclose what's in the tube. That's completely contrary to anything I've ever encountered in any teaching I've ever had about regulated products. There's something amiss here. There's no question.

Dr. Joseph Mercola:

Well, thank you for expanding on that. I'm wondering if you can comment on the new trivalent vaccine that just got recently approved for the fall.

Dr. Robert Malone:

Yeah, okay. Yeah so-

Dr. Joseph Mercola:

And how it's likely to radically increase the side effects. The good point, the observation of what's happening though, is that the adoption rate of this will be radically diminished. I think we're down to under 30% of the people who are willing to take another jab now.

Dr. Robert Malone:

And to expand on that, I'm encouraged that we are succeeding in alerting parents, in particular. As you know, throughout this, the hill I've chosen to die on, we all like to toss that term around, has been in trying to stop mandates for children. And I'm sorry I haven't been more successful.

Dr. Joseph Mercola:

I think the adoption rate is under 20% for kids and maybe even under 10% in some communities.

Dr. Robert Malone:

Yeah.

Dr. Joseph Mercola:

I mean, many parents are getting it.

Dr. Robert Malone:

I'm hearing for the boosters and for the little tiny ones, it's really been atrocious in terms of the uptake. So, I do think we're getting through. So, the trivalent story, this goes back to the logic of influenza vaccines. The European Medicines Agency (EMA) has taken a different approach historically from the FDA and the CDC.

In EMA, the annual influence of vaccines gets a short initial trial because they are annually updated. Here in the States, there's been a decision that so long as you use the same manufacturing process you can change, truly you change the nature of the drug, and they have

determined that for influenza, so long as you use the same manufacturing process you can switch out the antigens expressed. So that would be akin to going from Wuhan-1 to BA-0.5 Ninja.

Dr. Robert Malone:

You can switch these things out on an annual basis with what in the United States is a quadrivalent influenza vaccine now, two A strains and two B strains, and that will be acceptable and requires no clinical trials for this historic vaccine product. And so, reasoning by analogy apparently, the FDA and the CDC have now concurred that a similar strategy shall be taken for these unlicensed experimental-use-authorized products that have produced an adverse event signal like no vaccine in history, which they deny, and are clearly not stopping infection replication and spread of the viruses.

Sorry, Washington Post, [they] called me a liar for that. But now with this latest FDA position, there has been acknowledgement that the Wuhan-1 based spike vaccines using the genetic vaccination technology, whether it's mRNA or adenovirus, are not working and so they have to update them.

Dr. Robert Malone:

So, what they've decided is they're going to now use the flu model, which will enable them to continue the manufacturing process, which is as we've just discussed is poorly characterized, not really adequately provided with oversight and lot consistency. And we know from the How Bad Is My Batch? analysis, the lot consistency is horrid. But that's all apparently okay. And one antigen is good so let's go to three.

The problem is multifaceted. Typically, when you do this, you maintain approximately the same dose of each antigen, so that would be in the case of Moderna arming from Pfizer – we're going to go from 50 to 150 MCS (multiple cloning sites) of RNA in a jab. Let's hope they don't do that. But even if they only double the dose, then we know that the adverse events are going to go up considerably.

Dr. Robert Malone:

But then if we examine the underlying thesis, the science of what they're saying, they're saying we're going to continue to administer Wuhan-1 spike and add BA-4 and BA-5, the latest Omicron variants that have evolved to escape the jab from the Wuhan-1.

What they completely ignored in all of that regulatory review is the extensive peer-reviewed literature in the top journals in the world that document immune imprinting, otherwise known as original antigenic sin, which is the reason why the flu vaccines have such a horrid record currently in the annually jabbed is because what we have done is driven the immune response to a focused group of antigens and particularly have biased the immune response in vaccine recipients towards those things that they've been previously exposed to.

So, your immune system is like your own personal experience. I like to use the analogy to those of us that have a DOD background, we're always best prepared to fight the last war.

Dr. Robert Malone:

Your immune system is the same way. So, what we now know is that people that have been exposed to Wuhan-1, such as I was, or received Wuhan-1 vaccines, are imprinted-driven in their immune response to respond to the spike antigens associated with Wuhan-1 and the Omicron variants have evolved to exploit that bias. And the science paper that came out, I think, three weeks ago, very deep, intense work from a British team that looked at health care workers over time and carefully tracked their immune responses, they had all received vaccines.

What they found was that the exposure of Wuhan-1 followed by the vaccines, followed by Omicron infection, was driving a deficit of a further defect in the ability of those people to respond to Omicron, which is why they are getting multiple serial Omicron infections and a fraction of them are becoming chronically infected with Omicron. This is why we're seeing the highly jabbed in the hospital.

Dr. Robert Malone:

We have done it to them by forcing them or enticing them to get vaccinated through all this propaganda and all the enticements and the mandates and the pressure, et cetera, et cetera, we have created a situation in which they have to keep getting vaccinated, I guess, that's the logic being promoted by the CDC. We have to keep vaccinating them at frequent intervals because the vaccination is damaging their ability to control infection of these escapees.

And now the CDC and the FDA have signed off on the idea of a trivalent vaccine that I couldn't have imagined a better design if I wanted to, to drive this immune imprinting phenomena and make people less able to resist Omicron infection because it includes Wuhan-1 plus two Omicron strains. It is exactly the opposite of what's needed. It is like Geert Vanden Bossche's worst nightmare, and they are doing it blindly without even bothering to read the peer-reviewed literature that describes this. This is insanity. It is mass psychosis at its worst.

Dr. Joseph Mercola:

Well, thank you for that detailed answer. And to follow-up on that, the alternative is to not get the jab so that would mean you have natural immunity. And I think you posted a publication showing that natural immunity is 97% effective against COVID-19 after 14 months. Now, let me break that down, 97%, that is absolute risk. That is not relative risk. Because you might say, "Oh yeah, the jab was 95% or 96% effective." That was relative risk.

Dr. Robert Malone:

Yeah, apples and oranges.

Dr. Joseph Mercola:

And the absolute risk was way under 1%, and actually that was after a few months. After multiple months it drops into negative range territory. I mean it increases your risk of [crosstalk 01:05:37].

Dr. Robert Malone:

Yes, yes, yes. It is negatively effective, the jabs are.

Dr. Joseph Mercola:

It's mindboggling.

Dr. Robert Malone:

Yeah, well that gets to this immune imprinting. There's also the talk about antibody-dependent enhancement. That's still not really been fully resolved. There is a lot of very deep, complex immunology associated with what we've been doing to people all over the world, and it involves every single facet of this product, the lipids themselves, the formulations, the structure of the RNA and the payload that's being expressed.

Each of them is associated with their own profile of adverse events and that is really clearly seen by the early Moderna data that was disclosed only to their shareholders in their Phase I data of their influenza vaccine product using the same tech, where at the hundred microgram dose, 80% of the subjects in the Phase I trials had grade two or grade three adverse events. So, that's the formulations and the same RNA chemistry but no spike protein.

Dr. Robert Malone:

So that shows that it's not just the spike. This has got to go down in history as one of the most profound failures of regulatory science in the 20th and 21st century, and the craven cowardice of the FDA regulatory authority to address this has disclosed, I think, all over the world, led to a recognition that the FDA has been captured by the pharmaceutical industry. It is profoundly corrupt and has to be completely rebuilt. The damage that's been done to the reputation of the American regulatory process globally is profound. It's not just here. As I had suggested, again, almost two years ago, if they continue on this pathway they are going to destroy the entire regulatory process as well as any faith that anyone ever had in the vaccine enterprise. And here we are.

Dr. Joseph Mercola:

Yes, indeed. But there is a converse perspective in that rather than being the most outrageous failure in history of regulatory functions, it may be the most dramatic example of a success in the regulatory capture by industry to implement their nefarious deeds, and implemented at a level that is beyond – it's not just the administration and the propaganda and the funding, billions of dollars that the government puts in to promote this, but it's actually permeated its way into the very hospitals where people go who are injured and damaged by these vaccines. And I'm sure you're familiar with it.

The process that essentially conceals, absolutely hides, the fact that these injured people were ever jabbed. They've conveniently eliminated that or give them an unknown status even though they have their vaccine card with them, they refuse to put it into the medical record in a way that you could easily make these correlations and data if you were truly committed to finding out what the truth is.

Dr. Robert Malone:

Yeah, you're right. And this gives rise to the term that I believe was originally coined by former President Eisenhower.

Dr. Joseph Mercola:

Oh, sure.

Dr. Robert Malone:

Of the medical-pharmaceutical-industrial complex. The big, big picture here is how did all this happen and why? But, one of the things that I think has become really apparent is that there is a component of this that is an emergent phenomena of a series of trends that have developed over the last couple of decades.

And one of the big ones there is the consolidation of what were previously independent, often not for profit hospitals, under an integrated system of mega chains that are controlled by investment capital, investment funds, and just like all of the industries that have been captured by BlackRock, Vanguard and State Street, they act in accordance with the interests of their controlling shareholders. And we hear all this jibber-jabber in the corporate media, which is also owned by the same people, about the issues of available beds.

Dr. Robert Malone:

I mean, we've heard this again and again and again and again, "Oh my God, we're going to run out of ICU beds and then the mortality rate will go through the roof." Well, if you unpack that it's been shown again and again the best way to keep people from dying of COVID is to keep them out of the hospital.

Hospitals administer this toxic drug called remdesivir, particularly in the United States, they have treatment protocols with ventilation, they're killing people, and they have these perverse financial incentives to do so courtesy of our government. Hospitals have adopted practices to maximize revenue by minimizing unoccupied beds, including ICU beds, and so we have all of this. This is another thing that pushes out the fear porn, "Oh good heavens, we're going to overwhelm our hospital bed capacity," when this has been a decade-long trend to minimize unoccupied hospital beds and thereby maximize revenue.

Dr. Robert Malone:

So, there's a series of drivers that have led to this situation where we have the integration of the entire hospital complex, their control of the physicians, their integration – because the physicians now largely all work for the hospital chains and their various satellite organizations, there's very few independent docs anymore. The physicians that are being trained are being trained on a treatment by protocol strategy rather than the old school approach the patient and try to understand what the patient's true needs are and treat the patient.

Now, they're treated by checklist. These are checklists that are developed, as far as I'm concerned, illegally, outside of the mandate and mission of the NIH. They're developed by the NIH largely, something it's never done in the past. The people developing them at the NIH are not frontline-practicing physicians. The hospitals are deploying these protocols that are killing people.

Dr. Robert Malone:

They don't allow physicians to practice otherwise, except in a few cases. My friend, Dr. Paul Marick, is a great example of what happens with docs who buck that trend. And then the same integrated system has also captured the licensing authorities in the various states. They have captured the pharmacist associations. And so, you have pharmacists being instructed not to fill prescriptions written by physicians. I mean, the whole thing has been integrated and controlled to the benefit of pharmaceutical profit and the logic of protocol-based treatments that are very good in terms of controlling legal liability and costs for hospitals, but absolutely horrid for patients.

Dr. Joseph Mercola:

Indeed, and sort of an expansion of that in the fabulous Pfizer fraud, is this Paxlovid, which the U.S. government bought over \$5 billion worth. And even despite Dr. Fauci not taking it just once, but taking it twice and getting exactly what you'd predict, which is shocking to me that he apparently has bought the narrative. He believes in it. Otherwise why would he take Paxlovid? But the Paxlovid, the government purchased another \$5 billion, puts it over \$10 billion, which classifies Paxlovid now as a super blockbuster drug.

It's very rare to get a super blockbuster status, but they've done it with a worthless drug that doesn't do a darn thing except to make you worse, but they've been able to manipulate the system to essentially suck out billions of dollars to these malevolent industries.

Dr. Robert Malone:

So, Paxlovid is a great example that you've given illustrating the profound corruption that has occurred here. The failure to provide adequate regulatory oversight, insist on rigorous clinical trials, solid data, and yet the money train just rolls. It was \$3.2 billion that were just awarded to Pfizer from this triple jab that is going to go into all of us, ostensibly, in the fall right before the elections without any clinical testing based on the influenza vaccine logic.

Dr. Robert Malone:

I mean, anybody that is awake has to be able to see for themselves, they don't have to listen to the likes of you or I, how deeply corrupted the system has become. This bridges into the whole world of the economists in what is really going on here, in that this is all based on funny money. It's all based on fiat currency that's being printed and borrowed from the Fed, which is owned by the same group of characters that control these large investment funds.

Dr. Robert Malone:

People are often confused by the corporate media to think that the Federal Reserve is a branch of the federal government. It's absolutely not, it's a private bank, and this is all money borrowed and injected into the economy at a time of growing hyperinflation for drugs that we don't need, because the federal government is completely captured and the administrative state has partnered with corporate America in global corporatism. That's really what we have.

Dr. Robert Malone:

I spoke a moment ago about the emerging phenomena of all of these trends that have been developing for decades, and this is kind of the fluorescence of it, the culmination of a whole

series of things that have been going on kind of behind the scenes, largely controlled and covered up. And if there's a silver lining here, I think it's that for many of us, including myself, who had been bought into the system, the data, the information, the experience is so powerful that it is opening eyes everywhere. Like I said, with that example, once you back into the light switch and it flips on and you see what's going on, you can't ever unsee it.

Dr. Joseph Mercola:

So, have you abandoned your embracing of the whole vaccine paradigm with respect to are there any vaccines you would consider at this point now that you've hit the light switch?

Dr. Robert Malone:

Yeah, I'm now to the point, and I'm aware of data that I can't discuss that's still being held and I have to respect the rights of the people that hold the data, but I'm completely in the same camp now as Bobby Kennedy, in that-

Dr. Joseph Mercola:

Whoo-hoo, all right, victory.

Dr. Robert Malone:

-I believe that the entire vaccine enterprise needs to be revisited and it's unequivocal. We do not have the data to support the safety and efficacy of the current pediatric vaccine schedule, and all of the components of the pediatric vaccine schedule need to be reassessed for risk benefit ratio.

Dr. Joseph Mercola:

Yeah, there's never been any safety trials, no safety trials ever.

Dr. Robert Malone:

Both as individual products and as combined products. Rabies, I think I heard you say rabies, rabies is interesting in some areas where it is highly prevalent, like some areas in the Middle East and India. And in those areas where children are walking to school and there's a large population of feral dogs, and in some outlying areas in Iran, Afghanistan, places like that, where you still have predatory wolf packs that are subject to infection or risks of people being exposed to infected native populations of wild animals, then those at high risk may well be justified in taking rabies vaccines.

Dr. Joseph Mercola:

I thought that was only after a bite. I don't think it's-

Dr. Robert Malone:

No, there's actually prophylaxis in India.

Dr. Joseph Mercola:

Oh, I did not know that.

Dr. Robert Malone:

And in Iran also. So, tetanus is kind of edgy because it turns out the incidence of tetanus prior to implementation of the vaccine was remarkably low. And then there's these data that demonstrate that a lot of the reduction in the classic pediatric diseases preceded the deployment of the mid-century vaccine, such as polio, and is most logically attributed, the vast bulk of that reduction, to improved general public health practice including clean water.

In a way, the vaccine enterprise is operating off a stolen valor. The people that really deserve the credit for much of that reduction in the risk to our children from the classic pediatric infectious disease, people are the ones that have done the heavy lifting to improve water supply, purity, integrity, safety and other public health practices, which is by the way the common shared experience with many infectious diseases.

Dr. Robert Malone:

So, if I can give an example, I was deeply involved in spearheading the development of the Ebola vaccine that was originally developed by the Canadians and I got it licensed to Merck and that's the Ebola vaccine we have now. And many people think mistakenly that the West African Ebola outbreak was controlled by the vaccine. That's false.

The West African Ebola outbreak was controlled by teaching people in those indigenous regions that it's a bad idea to have their deceased relative lie in state and have a family or community gathering to recognize and respect the deceased in which people would touch and kiss the corpse, because the virus persists on the skin for a long period of time and that was really what was driving the explosive infection rate.

Dr. Robert Malone:

And once people were taught no with this disease, if you perish from this, you've got to burn them or get them in the ground right away and you shouldn't be touching them and you shouldn't be engaging in these historic burial practices that they were doing, that's what quenched it. It wasn't the vaccine.

The history in public health has been that the most effective measures in controlling infectious disease have not been vaccination, they've been modification in behaviors. So, we were just speaking about monkeypox. Monkeypox has about a 30-day period of infectivity after infection. And this whole thing could be shut down by a period of abstinence for about a month. We'll just leave it at that. I don't want to go deep into the latest and greatest about the mode of transmission and the new side effects that are being observed and the particular community that seems to be involved in this transmission cycle with monkeypox.

Dr. Robert Malone:

I think it's outside of our scope. But the point is that a lot of these infectious disease things can be best handled through good public health practices. And it's kind of a vaccinology and epidemiology and infectious disease one-on-one topic about how all of this works, why we have pediatric disease, the interaction between viruses and herd immunity and the reproductive coefficient, and the fact that children have such powerful immune systems and ability to

overcome infection and literally learn from it.

It's a part of their learning, just like their brains are plastic and capable of learning at alarmingly high rates, likewise, their immune systems are on high alert and they need to be exposed to antigens and that provides typically with natural infection, longstanding if not lifelong protection against diseases, which if they're encountered as an adult are often much more severe. And COVID seems to be an example of that. Diatribe over.

Dr. Joseph Mercola:

Well, I want to thank you for everything you've done and you're just amazing, an amazing human being that's totally committed and courageous and brave to share everything you've done and sacrifice pretty much most of the things you've accomplished in your professional career.

So, I'm wondering what's your perspective, do you have a plan, do you have any goals to address the global tyranny that's evolving? And it's impressive that – and I neglected to mention earlier is not only your ability to share solid science at a deep level, but also to integrate in that the movement for personal freedom and liberty. I mean, you have done a really good job of that. So, I'm wondering, do you have any goals or plans or strategies to bring those to fruition?

Dr. Robert Malone:

I'm getting more and more, I could call it pressure or recommendations or nudging, to get involved in politics. I don't really want to do that. I live an hour and a half south of DC because I don't want to live in DC.

Dr. Joseph Mercola:

Yeah, I think that might be better option. Stay out of politics.

Dr. Robert Malone:

But yet, here I am, like you, at a stage in my career, in my life, the trajectory of my life, where I have an opportunity that I didn't seek to address a profound set of problems. And the tide of events has placed me in a position where I've been serving in a leadership role not because I sought it but because it's kind of been thrust upon me.

And so, having that, it would be a dereliction to not try to use it for good. I mean, I'm a physician, right? I want to help people. I didn't go into weapons development like my father and my father-in-law, I chose to go into medicine. That was a reason for that. I wanted to help people. And now I find myself in perhaps the greatest opportunity to provide benefit and help to people that I've ever had in my life and I don't want to turn away from that, even though it would require me to get involved in things that I find very distasteful.

Dr. Robert Malone:

What I have learned in trying to just follow the leads, follow the money, follow the power, has been a gradual reveal of all of these things that I resisted getting into like the World Economic Forum and the administrative state and all of these aspects of what's been going on with globalism, which by the way, appears to now be starting to collapse. And in particular, I think I

could provide some benefit in public policy in the area of the Health and Human Services and what's happened there and what needs to be rebuilt.

And also I'm increasingly being brought into discussions, internationally, trying to envision a better way forward. Then, of course, there's the book, which the title of the book included not only "Lies My Gov't Told Me," but the better way forward, and that has been the most perplexing part of the whole book to write, the hardest lift, because as you dive into this stuff it's not very pretty.

Dr. Robert Malone:

It's hard to see a way forward that is not rather bleak in the world that's being envisioned by these unelected corporatist powers, these public-private partnerships that seek to control our lives in every facet and aspect. But having focused on this now for months and months and months, in part out of necessity because I had to finish the book, I'm starting to see a path forward and the recent Supreme Court decisions, of which the abortion one is just one, the West Virginia case involving CO2 emissions and the attempt to refocus the administrative state on its true scope of authorization is giving rise to some legal pathways that I find are giving me hope.

I think that partnership between attorneys, such as Bobby and CHD, and there's many other organizations that are more constitutionalists in their framing and background, together with people that are knowledgeable about the inner workings of the administrative state and HHS, I think offers opportunity.

Dr. Robert Malone:

And if I'm called to serve in those ways, whether in advisory capacity or in a direct capacity, I'll hold my nose and try to do my best. But I think even just putting out written documentation about what the issues are and what the options are in terms of public policy certainly gives people a way to think about things and start to imagine a better way forward. So I'm going to continue writing, Jill and I, and speaking, and being more active in the alternative media.

I'm grateful to you for your work and the opportunity to be on your broadcast. And I think that's kind of the way the rest of my career is going to run is still trying to help people but in a very different way than before. I'm helping them with teaching and knowledge and reassurance and I think also empathy. It goes back, I keep saying those three core principles of integrity and community and dignity, and trying to help inject this into public discourse and into our public life, this logic that we truly will be better off if we try to be kind.

Dr. Robert Malone:

But also, I think it's reasonable that all of us need to start thinking about intentional communities, about how we can build local sustainable community capabilities because there is a reasonable chance that these forces that are very corporatist, and I suggest the term corporatism is analogous of the term fascism.

Fascism is not a bunch of young men running around in Charlottesville waving tiki torches and yelling racist slogans. Fascism is corporatism. It's the alignment in partnership between an administrative state and corporations. And that has come to such a point that I think that those of

us that are awake need to really think hard about preparing ourselves, not overreacting, but this is another term that has become a pejorative, being a prepper.

Dr. Robert Malone:

But is it wrong to think through strategies that you would use to protect yourself and your family in the event that we have catastrophic famine, which many are predicting may be occurring in many nation states over the next few years, certainly even over the next year to a year and a half, to protect ourselves from the deprecations of a social credit system, the consequences for our own finance, such as we saw deployed against the truckers in Canada.

There are some forces at play here that this whole public health thing is just a facade, a ruse. I'm completely convinced that the reason why so many of these policies make no sense from a public health standpoint is they're not about public health. It's hard, we are all repelled, those of us that are grounded in fundamental principles of morality. Some people use the term Judeo-Christian ethics.

Dr. Robert Malone:

When we encounter these things, we intrinsically reject them. It can't possibly be true. It can't possibly be true that there are people that believe in things like a need to depopulate the world. It can't possibly be true that there are people who believe in the effects of the current Industrial Revolution resulting in a situation in which we have too much labor, too much population, and that has to be reduced and that they are willing to take action to do so. It's just repugnant. But to not acknowledge that these people exist, that they have power, that they think this way, that they discuss these matters, that they make these plans, that's like being an ostrich. That's being a Pollyanna. This is happening. It's not just a figment of my imagination or yours or some conspiracy theorist somewhere. I mean Klaus Schwab published The Great Reset four months in.

Dr. Robert Malone:

The evidence that a lot of this is being manipulated, hence the fear porn, is overwhelming in my opinion, and I cannot reconcile the abundant examples of public health mismanagement and misalignment between the need and the policies unless I account for the underlying financial agendas, geopolitical power agendas that are in play right now. And I think that those of us, again circling back, that are still committed to integrity and dignity and community need to circle the wagons and think through how to prepare for a future in which all of these agendas are coming to fruition. They're coming to a head and we need better be ready for them.

Dr. Joseph Mercola:

Okay, well, that's a great way to end it. I want to thank you so much for your bravery, your courage, your commitment to the fundamental principles of the Hippocratic Oath and for the ability to shift your positions. And when you backed into the light switch and the light came on, you realized you needed to shift and you did. And it is very clear you're a man of faith and you've got light within you, as we all do, and you're shining light to convert The Great Reset into The Great Reject. So, thank you.

Dr. Robert Malone:

Yeah. So as my friend JP Sears said, "Stay awake, my friend."

Dr. Joseph Mercola:

Yeah, you've got a lot more to do. And we're so grateful for all you've already done, but even more so for what you're going to do, so thanks a lot.

Dr. Robert Malone:

I am quite sincere in my respect for the journey you've taken and the positions you've taken, and my empathy for you as someone that's been subjected to these things that I've been experiencing but for far longer. And yet, I've got to say that you are an example to me that gives me hope that I can persevere through this, and your example gives me courage, so I thank you for that.

Dr. Joseph Mercola:

Wow, I wasn't expecting that. I appreciate you sharing those thoughts. Thank you.