Covid-9 – Malone: Do Not Take Part in the Lie

https://rwmalonemd.substack.com/p/do-not-take-part-in-the-lie

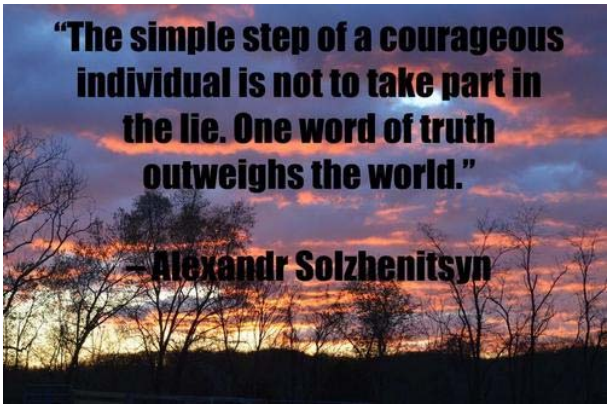
Saturday, 1 January 2022

Authored by Dr. Robert W. Malone, Chairman of FLCCC

The Front Line COVID-19 Critical Care Alliance (FLCCC) — a non-profit, humanitarian organisation made up of renowned, highly published, world-expert clinician-researchers whose sole mission over the past year has been to develop and disseminate the most effective treatment protocols for COVID-19. Dr. Robert Malone, M.D. is the inventor of mRNA.

The Joe Rogan Experience Podcast Episode #1757 – Dr Robert Malone, MD 31 December 2021
https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCEyT?si=VV66yQ8RRh2kivB8v57siQ&utm_source=copy-link&nd=1

So, it has been a busy week. As I prepare for getting on a plane to head back to Virginia from Austin, Texas, I am taking a moment to try to breathe and to write down some thoughts.



Yesterday, I had to take an antibody test in order to get into the studio in Austin. The good news is that my natural immunity from my last round of COVID is robust – with IgA and even IgM Antibodies present.

This brings me again to one of my biggest issues with the public policy response. Natural immunity equals or trumps immunity from the genetic vaccines, because the natural immune response is broad (against the all 29 proteins of the SAVS-CoV-2 virus) and appears to hold up better against Omicron. This sustained and robust natural immunity also applies to children. We all know it. Why won't our government and the main stream media admit it?

Why is it that the CDC website that lists 146 million people having already had COVID-19 in the USA has not been updated since October 2, 2021? A quick, back of the napkin calculation projects at least another 20-30 million have had COVID since then. Bringing the number of people who have had COVID to around 170 million. Well over half the people in the USA.

So, now comes a more transmissible but weaker version of the virus. We should all be celebrating! Over half of us have natural immunity. Over half of us are vaccinated. Unless we are

elderly or have significant other co-morbidities, we will be fine. For many, if not most, will seem like another cold, if we notice it at all. Even the unvaccinated or COVID-19 naive person should be just find, if they don't have significant co-morbidities.

Of course, one isn't actually allowed to suggest these ideas on many social media platforms. One can't be at all critical of the government pandemic response or the fearporn – such talk will get you banned, censored and branded with a scarlet letter **"AV"** (the dreaded "Anti-Vaxxer" label). I am not an anti-vaxxer, but I will wear this label with pride – speaking truth to power always has consequences.

So, yes back to my thoughts on Omicron – **please keep taking that vitamin D3 and get your levels tested, if you haven't already. Use a formulation that combines the D3 with Vitamins A and K. Please keep up with the zinc, vitamin C and magnesium. Work on weight control, glycemic control and please exercise! All are important.**

But also celebrate! If you have had COVID– Omicron is going to be a milder version. In fact, you may not even know that you were infected.

Focus on the Research

Characteristics and Outcomes of Hospitalised Patients in South Africa During the COVID-19 Omicron Wave Compared With Previous Waves.

JAMA. Published online December 30, 2021. doi:10.1001/jama.2021.24868

More good news from South Africa! A new paper just out with data from hospitalised patients. The study compared hospitalised patients from Omicron ("wave 4") compared to earlier waves.

Remember, this is hospitalised patients- so a group of people probably more like the hospitalised cohorts found in the USA. Not the general population of South Africans.

Highlights:

- **The number of patients treated in the hospitals during the same early period of each wave differed (2,351 in wave 4 vs maximum 6,342 in wave 3).**

  This implies fewer hospitalisations, as we know that Omicron is highly transmissible.

- **68% to 69% of patients presenting to the emergency department with a positive COVID-19 result were admitted to the hospital in the first 3 waves vs 41.3% in wave 4.**

  Showing that Omicron is resulting in fewer hospitalisations.

- **Patients hospitalised during wave 4 were younger (median age, 36 years vs maximum 59 years in wave 3; *P* < .001) with a higher proportion of females.**

This is interesting and will need to be explored in more depth. Is this due to natural immunity of the elderly or that Omicron is a milder disease for the elderly than previous variants? Another hypothesis is that <u>Omicron is not infecting deep lung tissue</u>, so the elderly are having more mild disease compared to other waves. Few elderly might mean fewer overall hospitalisations but with a young median age.

- **Significantly fewer patients with co-morbidities were admitted in wave 4, and the proportion presenting with an acute respiratory condition was lower (31.6% in wave 4 vs maximum 91.2% in wave 3, *P* < .001).**

  ***Again, this is good news all around*!**

- **Of 971 patients admitted in wave 4, 24.2% were vaccinated, 66.4% were unvaccinated, and vaccination status was unknown for 9.4%.**

  How this relates to the population of vaccinated and unvaccinated is a little difficult, because the SA vaccine program has significantly increased the proportion vaccinated this fall.

- **The proportion of patients requiring oxygen therapy significantly decreased (17.6% in wave 4 vs 74% in wave 3, *P* < .001), as did the percentage receiving mechanical ventilation.**

  Again, very good news!

- **Admission to intensive care was 18.5% in wave 4 vs 29.9% in wave 3 (*P* < .001).**

  More mild disease, even in the severe cases!

- **The median length of stay (between 7 and 8 days in previous waves) decreased to 3 days in wave 4.**

  Another super indicator of mild disease!

- **The death rate was between 19.7% in wave 1 and 29.1% in wave 3 and decreased to 2.7% in wave 4.**

  This also, should make us all very happy!

Again – remember this data is for HOSPITALISED PATIENTS ONLY!

So, don't let the fear-porn get to you – Omicron is coming to a town, village, city, restaurant, or grocery store near you. But for the vast majority of us, we will be fine. We have tools to fight this more mild variant, and there are life-saving treatments. Just work to stay or get as healthy as you can, eat your vitamins, eat real food and go get some exercise!

I will end with a quote from F. A. Hayek, (1974 Nobel Prize in Economic Sciences)

“"Emergencies' have always been the pretext on which the safeguards of individual liberty have been eroded -- and once they are suspended it is not difficult for anyone who has assumed such emergency powers to see to it that the emergency persists."

Please share this Substack on Twitter, if you dare take that risk! Substack @rwmalonemd

Otherwise, please feel free to share it on any other platform – you desire or forward it to your friends!

Truth to power.

COVID, Ivermectin and 'Mass Formation Psychosis': Dr Robert Malone gives Blistering Interview to Joe Rogan

The opinions that Malone echoed during his Rogan appearance included, but were not limited to:

- Calling the government "out of control" and "lawless" in their Covid response
- Stating mandates of "experimental" vaccines are "explicitly illegal"
- Noting that India had success in treating Covid early with drugs like ivermectin
- Saying "half a million" excess deaths have occurred due to government actions
- Arguing those with natural immunity have ***higher*** risk of vaccine adverse events
- Alleging that people are living through a mass formation psychosis

"Our government is out of control on this," Malone continues. "And ***they are lawless. They completely disregard bioethics.*** *They completely disregard the federal common-rule. They have broken all the rules that I know of, that I've been trained for years and years and years.* ***These mandates of an experimental vaccines are explicitly illegal.*** *They are explicitly inconsistent with the Nuremberg code. They are explicitly inconsistent with the Belmont report.* ***They are flat out illegal, and they don't care.****"*

Malone then explained to Rogan how **the Uttar Pradesh province in India crushed Covid with early treatment** that included ivermectin, however he claims that the Biden administration met with Modi and a 'decision was made not to disclose the contents of the treatment.'

They then went deeper into the topic of **ivermectin and early interventions in general.** According to Malone, "There are good modeling studies, that show a **half a million excess deaths have happened in the US, through the intentional blockade of early COVID treatment by the US Government**."

Malone and Rogan then got into some **heavy science** behind Covid - with Malone explaining how people with natural Covid immunity are at higher risk of adverse events from the vaccine.

Towards the end of the interview, **Malone gets even deeper - suggesting that people are living through a mass formation psychosis** - drawing parallels to 1920s and 1930s Germany, where "they had a highly intelligent, highly educated population, and they went barking mad."

~~~~~~~~~~~~~~~~~~~~

Here is what lit me (Robert Malone) up in this report from The Center Square contributor Margaret Menge.

"The head of Indianapolis-based insurance company OneAmerica said the death rate is up a stunning 40% from pre-pandemic levels among working-age people.

"We are seeing, right now, the highest death rates we have seen in the history of this business – not just at OneAmerica," the company's CEO Scott Davison said during an online news conference this week. "The data is consistent across every player in that business."
~~~~~~~~~~~~~~~~~~~~

OneAmerica is a US$100 billion insurance company that has had its headquarters in Indianapolis since 1877. The company has approximately 2,400 employees and sells life insurance, including group life insurance to employers in the state.

Davison said the increase in deaths represents "huge, huge numbers," and that's it's not elderly people who are dying, but "primarily working-age people 18 to 64" who are the employees of companies that have group life insurance plans through OneAmerica.

"And what we saw just in third quarter, we're seeing it continue into fourth quarter, is that death rates are up 40% over what they were pre-pandemic," he said.

"Just to give you an idea of how bad that is, a three-sigma or a one-in-200-year catastrophe would be 10% increase over pre-pandemic," he said. "So 40% is just unheard of.""

So, what is driving this unprecedented surge in all-cause mortality?

"**Most of the claims for deaths being filed are not classified as COVID-19 deaths**,

Davison said."What the data is showing to us is that the deaths that are being reported as COVID deaths greatly understate the actual death losses among working-age people from the pandemic. It may not all be COVID on their death certificate, but deaths are up just huge, huge numbers.""

Take a moment to read the entire article. Now. Then let's continue on, assuming that you have.

AT A MINIMUM, based on my reading, one has to conclude that if this report holds and is confirmed by others in the dry world of life insurance actuaries, **we have both a huge human tragedy and a profound public policy failure of the US Government and US HHS system** to serve and protect the citizens that pay for this "service".

IF this holds true, then the genetic vaccines so aggressively promoted have failed, and the clear federal campaign to prevent early treatment with lifesaving drugs has contributed to a massive, avoidable loss of life.

AT WORST, this report implies that the federal workplace vaccine mandates have driven what appear to be a true crime against humanity. Massive loss of life in (presumably) workers that have been forced to accept a toxic vaccine at higher frequency relative to the general population of Indiana.

FURTHERMORE, we have also been living through the most massive, globally coordinated propaganda and censorship campaign in the history of the human race. All major mass media and the social media technology companies have coordinated to stifle and suppress any discussion of the risks of the genetic vaccines AND/OR alternative early treatments.

IF this report holds true, there must be accountability. We are not just talking about running over the first amendment of the Constitution of the United States and grinding it into the mud with an army of artificial intelligence-powered heavy infantry. This article reads like a dry description of an avoidable mass casualty event caused by a mandated experimental medical procedure. One for which all opportunities for the victims to have become self-informed about the potential risks have been

methodically erased from both the internet and public awareness by an international corrupt cabal operating under the flag of the “Trusted News Initiative”. George Orwell must be spinning in his grave.

I hope I am wrong. I fear I am right. * * *

Subscribe to Who is Robert Malone

Japan crushes Big Pharma with a small yet effective move

https://tfiglobalnews.com/2021/11/08/japan-crushes-big-pharma-with-a-small-yet-effective-move/
by Akshay Narang 8 November 2021 in Japan

And here's a podcast with Robert Malone on the Joe Rogan show:
https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCEyT?si=VV66yQ8RRh2kivB8v57siQ&utm_source=copy-link

Japan has said a loud and clear no to big pharma companies' vaccination campaigns, with a small yet remarkable move. Japan is going to dump repeated vaccination doses for a better and more durable cure- Ivermectin. It is an orally administered, anti-parasitic drug, which has emerged as a viable treatment option for COVID-19 infections.

Ivermectin was discarded unceremoniously till now, but Japan has demonstrated that the drug can be used as a more effective cure and a permanent substitute for the Coronavirus vaccines produced by big pharmaceutical companies.

How Ivermectin got undermined:

Ivermectin had shown good results and seemed to be on track for tackling the Pandemic. Big pharmaceutical companies observing the success rate of the drug, decided to impose a ban on it, as it would have directly impacted their vaccination domination campaign.

However, information security expert Ehden Biber had recently alleged, "If you were wondering why Ivermectin was suppressed, it is because the agreement that countries had with Pfizer does not allow them to escape their contract, which states that even if a drug will be found to treat COVID-19, the contract cannot be voided".

A lot was at stake for Big Pharma amidst the ongoing Pandemic, as a permanent cure for COVID-19 vaccines could have ended the need for multiple booster vaccine shots.

Japan has been traditionally averse to vaccines:

Japan is traditionally one of the more hesitant countries when it comes to trusting vaccine companies. Tokyo even waited for two months before offering Pfizer/BioNTech to the public.

Presently, Japan is more inclined towards acknowledging vaccine injuries and moving towards other treatment options, as compared to other developed nations. The East Asian nation recommends the

lowest number of vaccine shots to infants under one year of age. Incidentally, Japan also has the third-lowest infant mortality rate amongst all developed nations.

Moreover, a study of thirty-four developed nations reveals a definite pattern- lower infant mortality rates regressed against the number of vaccine doses given routinely in the nation. Japan's medical infrastructure, therefore, works on a system that allows it to prevent excessive vaccination.

Pandemic wasn't getting tackled with excessive vaccines:

Make no mistake, vaccines were a great idea when it came to mitigating the early impact of the COVID-19. However, it is not supposed to be a permanent solution, because there has to be a permanent and effective cure for every disease which threatens people all across the world.

On August 20, 2020, Japan recorded 832 new infections. At that time, of course, Coronavirus vaccination campaigns had not been introduced. In August this year (2021), most of the people in Japan were inoculated, but still, the country recorded 22,301 new infections on August 22, 2021. The number of recorded COVID deaths in Japan in August 2021 were, on average, five times higher than those in August last year.

Japan was struggling to tackle the Pandemic even before it rolled out a vaccination campaign. In early January, it had recorded a total of more than 9,000 new infections. Also, over a hundred deaths were recorded on February 4, after which Japan faced pressure from other governments to roll out a vaccination campaign. With vaccination, the Coronavirus outbreak in Japan did get contained for some time but by May 12, the infections started peaking again and over 7,000 new infections were recorded.

Ivermectin is helping control the virus outbreak in Japan:

The Pandemic in Japan was going out of control, yet the Japanese government was smart enough to look beyond vaccines in its COVID-19 containment efforts.

In September, Japan deployed Ivermectin and legalising the use of the anti-parasitic drug has helped people recover from COVID-19 with more durable and long-lasting immunity. Caseloads have come down rapidly without the need for booster vaccination doses. In Tokyo, there were around 6,000 cases in the middle of August, but the number has now dropped down to below one hundred.

Japan is now overcoming the Coronavirus, with the number of COVID tests dropping from 25% in the fag end of August to just 1% mid-October.

Ivermectin use is thus helping Japan permanently beat the COVID-19 Pandemic. If and when vaccine efficacy wanes, Japan will have a choice- using an anti-parasitic medicine as a permanent cure to ensure speedy recovery of infected patients with durable immunity. Japan has thus crushed Big Pharma with a small move- deploying the use of Ivermectin.

Joe Rogan Experience #1757 – Dr. Robert Malone, MD Full Transcript

https://nehls.house.gov/posts/joe-rogan-experience-1757-dr-robert-malone-md-full-transcript

Washington, DC — Today, **Congressman Troy E. Nehls (R-TX-22)** entered the transcript of the Joe Rogan Experience #1757 – Interview with Dr. Robert Malone, MD into the Congressional Record after Twitter and YouTube removed the interview from their platforms. Dr. Malone is a widely published mRNA vaccine expert who went on the Joe Rogan Experience podcast to raise concerns over the COVID-19 vaccine. Twitter's move to deplatform Dr. Malone and remove the interview from their site is the latest in a string of censuring individuals who dissent against the COVID-19 vaccine and vaccine mandates.

"By deplatforming Dr. Robert Malone for voicing opposition and removing the interview, Twitter and YouTube are once again proving that they don't work for their users but for big Pharma, big media, and the elites," **said Congressman Nehls.** "When we stray away from our core principles of freedom of speech, freedom of expression, and freedom of debate, democracy is lost. Today, I entered the transcript of the Joe Rogan Experience #1757 into the Congressional Record to preserve the podcast forever. Big Tech may be able to censor information on their own platforms, but they cannot censor the Congressional Record."

Video link to view interview live:

The Joe Rogan Experience Podcast Episode #1757 – Dr Robert Malone, MD 31 December 2021

https://open.spotify.com/episode/3SCsueX2bZdbEzRtKOCEyT?si=VV66yQ8RRh2kivB8v57siQ&utm_source=copy-link&nd=1

Joe Rogan: So, first of all, thanks for coming and uh very nice tie.
Dr. Robert Malone: Thanks Christmas present, actually Ryan Cole is the one that first got these and my wife has been jealous ever since so this is what I got for…
JR: Where does one get a Covid tie?
RM: I don't know she looked it up on amazon or some place and found it
JR: You gotta love how industrious some of these folks are they're just you know they find a niche like I know what I wanna sell: Covid ties and there you go.
RM: I gotta have a tux for an event that's coming up in Texas in a couple of months and so my wife is writing to the guy that does the ties and to see if he can make a bow tie that's got the virus on it
JR: Are you uh I mean are you tired of this…
RM: tired

JR: …dealing with this do you feel a duty to talk about this like we should just say uh because uh historically we should just state what's happening here so today is the 20 no the 30th of December and yesterday you were kicked off Twitter correct
RM: True

JR: Um, we scheduled this in advance. It's just coincidentally that you were kicked off Twitter. What were you kicked out first of all before we even do this please tell everybody what your history is and what your degrees are and what you do?
RM: Okay, so I'm going to do the short version okay um some you know this can last for an hour um if we go into the whole history of mRNA vaccines (Messenger RNAs, also known as mRNA, are one of the types of RNA that are found in the cell) and all that kind of stuff. My history, I am - I was originally a carpenter and a farmhand in the central coast of California and decided that I wanted to go back to school and uh did two years of computer science and then decided that I didn't want to spend the rest of my life looking at a computer monitor in a basement – bad decision; and decided that I wanted to try to become an MD (doctor) which was a hard thing to try to do in the in the late 70s so that was a real stretch objective. Went to UC Davis (University of California has 9 campus) after two years of undergrad at San Barbara city college and wanted to work on this new tech space called molecular biology in particular on cancer my mother was deathly afraid of breast cancer and so I looked around and found laboratory at UC Davis with a guy named Bob Cardiff and another guy named Murray Gardner that were working with retroviruses and their links to breast cancer and it just happened that while I was in there this is circa 83 - 84. This whole thing cut loose in San Francisco with the immunodeficiency syndrome in men and the lab ended up right at the forefront of that you know Davis is just down the street basically from San Francisco and at the Davis primate center they had discovered that there were monkeys that had immune deficiency and so I was there in the lab as an undergraduate as a total bench rat m when Preston Marks and Murray Gardner and others made the first discovery of a retrovirus basis for emitter deficiency in primates and uh then Murray went to the pastor brought back the virus literally in his pocket he went with there with Bob Gallo met with a guy named Luc Montagnier that you may know and that kind of kicked off the whole vaccine effort for aids so I that's kind of what I cut my teeth on and so I came out of that I you know I was uh it was it was really bold to think that I could get into medical school um and I kind of overshot the mark I got an MD PhD scholarship at Northwestern University in Chicago and so I went from having grown up in Santa Barbara with my wife, we were high school sweethearts, to Chicago and that was kind of an abrupt transition so we decided I would do my graduate work at San Diego and I'd been accepted into a program at UC San Diego that had two of the top gene therapy specialists I really wanted to do gene therapy with retroviruses that was what I thought was going to be my life and so we moved down to San Diego and I started working in the laboratory of indoor Verma which is in the molecular biology and virology labs at the Salk Institute and this is a place where graduate students normally aren't allowed to go it was there was seven Nobel laureates at the time plus Jonas a really intense competitive environment carved out a little niche that I was going to work on for my graduate work which was asking questions about how retrovirus RNA is packaged and from that I had to develop a series of technologies to manufacture RNA and structure it and eventually put it into cells and that through a cascade of events being at the right place the right time asking the right questions surrounded by geniuses led to the series of discoveries that now performs the basis of the RNA technology platform that gives rise to these vaccines and 10 issued patents from they were all filed in ‘89. So, that's kind of my origin story that it relates to this virus and vaccine and this but since then went on finished my md did two fellowships at UC Davis top pathology for years set up a gene therapy lab had many other discoveries came out to the east coast created the technology platform that is now the basis of the company called Inovio. We actually originally founded Inovio in the United States this is pulsed electrical fields they have one of the DNA vaccines for Covid then the planes hit the towers the investors pulled back and I went to work for a company called Dynport vaccine company that had

the prime systems contract as government speak for all the biodefense products for the department of defense for advanced development which is to say clinical trials through licensure and that's my kind of transition from being an academic to focusing on actually making things that work in people and the big epiphany there was that the world is full of these academic thought leaders that publish in big journals and stuff but that doesn't really lead to products and I really wanted to make products that would help people and so since then for the last I guess about 20 years I've been focused on actually doing stuff regulatory affairs, clinical development, getting necessary training, etc. Completed a fellowship at Harvard University medical school in a global as a global clinical scholar to round out my CV (curriculum vitae – resume) and I've uh run you know over 100 clinical trials mostly in the vaccine space but also in drug repurposing I've been involved in every major outbreak since aids this is kind of what I do um I've won literally billions of dollars in federal grants and contracts I'm often brought in by NIH to serve as a study section chair for awarding you know US$80 to US$120 million contracts in vaccines and biodefense I've spent countless hours at the CDC (Centers for Disease Control and Prevention) at the ACIP (Advisory Committee on Immunization Practices) meetings um I have multiple friends at the CDC I work closely with defense threat reduction agency which is a and it's one of my favorite uh clients partners teaming partners and I work with the chem biodefense group there's other branches um including the other this is not the branch that funded the Wuhan labs that's another branch of DTRA , I've got many friends in the intelligence community so I'm kind of a pretty deep insider in terms of the government I know Tony Fauci personally I've dealt with him my whole career and then and then we had this particular outbreak and um I was uh tip of the spear on bringing the Ebola vaccine forward that we now call the Merck Ebola vaccine I'm the one that got Merck involved.

JR: Now when the pandemic broke out previous to that I mean you're kind of thought of as a heretic now in some strange way…

RM: Pariah.

JR: Yeah, it's probably a better word and the fact that you've been banned from Twitter is very confusing because I've been following your tweets and I've been reading all the things you've written and I don't understand how it justifies a ban and I don't know what was the particular tweet did they tell you what the particular tweet was or what the offense was.

RM: They never tell you.

JR: They never told you?

RM: Well they never tell anybody.

JR: They removed you for not going along with whatever the tech narrative is because tech clearly has a censorship agenda when it comes to COVID in terms of treatment in terms of the whether or not you're promoting what they would call vaccine hesitancy they can ban you for that they can ban you for in their eyes what they think is a justifiable offense and they're doing this and I don't know who these people are that are doing this but they're doing these this one of the most important things about you reading out your history like that is to one of the most qualified people in the world to talk about vaccines.

RM: Well thank you for that. I think that that's so. One way that some people put it is and, of course, since this has happened I've been contacted by multiple lawyers that are looking at filing a suit just like Alex Berenson has one against Twitter, and the point is made just with
what you just made, if so the point that I think is kind of succinct on this, there's no merit to my voice being in the conversation whether it's true or not; whether I'm factually correct or not let's park that just for a minute. Whether or not I'm right in everything I say and I freely admit no one's perfect, I'm not perfect, it's one of my core points is that people should think for themselves and I try really hard

to give people the information and help them to think, not to tell them what to think. Okay, but the point is if I'm not, if it's not okay for me to be part of the conversation even though I'm pointing out scientific facts that may be inconvenient, then who can be and whether you're in the camp that says I'm a liar and I didn't invent this technology, despite the patents, when there's a whole cohort of that no one can debate that, dispute that I played a major role in the creation of this tech and virtually all other voices that have that background have conflicts of interest, financial conflicts of interest, I think I'm the only one that doesn't, I'm not getting any money out of this, so I think that it starts to touch on some fundamental constitutional principles about rights of free speech, I suspect that's kind of where you're going on that.

JR: Well, most certainly, but also how disturbing it is for someone who's not an academic, like myself, to watch people like you get silenced and silenced in this platform of social media where people are exchanging information. They're posting up studies and you're discussing different parts of this pandemic that are in the news and what the issues may lie in and where your background and your expertise allows you to explain this in a way that maybe it's not being explained because of the narrative that's being discussed in the mainstream news, and to watch you get silenced first of all, to watch you get ostracized. I've seen that. I've seen people distance themselves from you. I've seen people call you a crazy person and criticize you but with no specific thing to point to. It became like a tag they put on you like oh that guy like I brought you up to someone and he goes oh that guy's crazy. I go how so; there was no answer.

RM: Yes, so.

JR: Okay, so this is a thing you're gonna just say someone's crazy when they say something that's inconvenient or say something that makes you uncomfortable because you've decided to accept a certain narrative. Did Twitter warn you?

RM: No.

JR: Was there any tweets where they said that this is misleading or anything?

RM: No, no they never do.

JR: Do you have any idea what the final tweet was or what the context was?

RM:I think I do and there's no way to confirm it until the lawyers you know do their lawyering um now I did have in the case of when I was banned from LinkedIn remember this happened um **RM**: I wasn't aware of that

JR: Yeah I was de-platformed from Linkedin many months ago and there was actually two events of de-platforming in Linkedin and in both cases I was able to get an explanation for what the specific crimes were the thought crimes and in in the first one it was a tweet a Linkedin posting in which I pointed out that the chairman of the board of Thomson Reuters also sits on the board of Pfizer and I simply wrote this does look like a conflict of interest to you, okay, and this gets to your core question about tech, it's not tech, it's the horizontal integration across all major industries now under the control of common funds, and with all of these industries, the harmonization of the tech censorship in the interests of pharma, big media, etc., and governments all being harmonized in their messaging globally. I mean, I travel a lot, okay, I see the same and I have physicians coming to me all the time about what they're experiencing, the same playbook is going on every continent. Okay, but getting back to Linkedin, so this is this is the first event and Steve Kirsch intervened, called up a vice president of Linkedin and Steve Kirsh is a tech guy. Right; yeah, yes he's a Silicon Valley entrepreneur who you may or may not recall that I was on the Brett Weinstein dark horse podcast with Steve. That kind of lit this whole fire up months and months ago. That's right; okay, that's where I first saw him. Yeah, so he has great network connections in Silicon Valley. He invented the optical mouse and so he called this vice president Linkedin. The guy looked into it. Meanwhile,

people started dropping off of Linkedin in protest. And there was major press articles all over the world and then they reinstated me and I actually got a very kind letter. This is unprecedented personal letter from this vice president apologizing and saying specifically that they didn't have the talent to fact check me and then, therefore, they were gonna let me go. Now, then subsequently I got dropped again and a phone call was made and they got put on. In that case, the sin was that some one of their fact checkers because, remember this is Microsoft, one of their fact checkers had identified the Atlantic monthly article attack article was written about me and concluded that I was an anti-vaxxer and therefore I should not be allowed on Linkedin now the context for that's fascinating, it is that Atlantic monthly attack article that is often cited by my detractors and it's a fascinating read. We could go down that rabbit hole but no reason – it was written a few days after Peter Navarro and I came out with an op-ed in the Washington Times in which we criticized Biden policy on vaccines and said that they should be reserved for those that need the most and not used universally and we said some other things about the need of testing and tools so that people can assess their true risk. It was a political retaliation intended to take me off the map as I was starting to interact more in a public policy sphere. Now with this Twitter event, my wife and I have racked our brains about what was and what is likely to have been the tweet that triggered this and you know you never know the last two that I can think of that went out was one that was on our sub stack in which we referred to a fantastic video that has been put out by the Canadian COVID care alliance group that summarizes all the malfeasance and data manipulation misinterpretation associated with the Pfizer vaccines and their clinical trials. It's a super video and um of course that's, I guess, that is interpreted as something that would cause people to become vaccine hesitant. That's the sin, in general, is saying things that cause people to become vaccine hesitant. The other thing that I put out immediately before that was a post a link to a website for the world economic forum that lays out their entire strategy for how they manage media how they're managing COVID 19 and all of their core messaging it's a fascinating website with links those are the only two things I can think of that would meet the criteria. So, you know my position all the way through this comes off of the platform of bioethics and the importance of informed consent. So my position is that people should have the freedom of choice, particularly for their children and that in order to appropriately choose to participate in a medical experiment, they have to be fully informed of the risks as well as the benefits. And so I've tried really hard to make sure that people have access to the information about those risks and potential benefits through the true unfiltered academic papers and raw data, etc. And the policy that's being implemented is one in which no discussion of the risks are allowed because by definition they will elicit vaccine hesitance, so it can't be discussed but that's the fundamental background, that's the backbone of informed consent. So, informed consent is not only not happening, it's being actively blocked. Does that make sense?

JR: It does make sense, and it's unprecedented. I mean I can't recall a time ever where people weren't able to discuss the side effects of medication, whether or not the studies are accurate, whether or not people should universally take these things, or whether it should be done on a person-by-person basis. This is a very strange time and so when someone who's an expert like yourself has a dissenting opinion and you see that dissenting opinion immediately silenced – or at least immediately criticized and then these attempts at silencing it just signifies how confusing and how troubled the times we are in. When Covid first hit when the lockdown started happening in March of 2020 what was your position on all this?

RM: So, you're kind of asking my origin story with Covid?

JR: Yes. I mean, were you initially – have you taken the COVID vaccine?

RM: So the answer is yes. I've also been infected twice.

JR: After you took it?
RM: Once before I was infected at the end of February 2020 because I was attending a MIT conference on drug discovery and artificial intelligence so this is pre-lockdown February 2020. But it goes back further than that. There's a CIA agent that I've co-published with in the past named Michael Callahan he was in Wuhan in the fourth quarter of 2019. He called me from Wuhan on January 4th, I was currently managing a team that was focusing on drug discovery for organophosphate poisoning, ergo nerve agents for DTRA (Defense Threat Reduction Agency), involving high-performing computing and biorobot screening – high-end stuff and he told me; Robert, you have got to get your team spun up because we got a problem with this new virus. I worked with him through prior outbreaks and so it was then that I turned my attention to this. Started modeling a key protein a protease inhibitor of this virus when the sequence was released on January 11th 2020 as the Wuhan seafood market virus and I've been pretty much going non-stop ever since to that point with drug repurposing. So, I'm the one that originally discovered famotidine as an agent because I was self-treating myself after I got infected with agents that we'd identified through the computer modeling.
JR: So February of 2020 you get infected and how bad is your case?
RM: Bad. I thought I was going to die. You have got to remember I was up, up, up on all the latest information from China and everywhere else I knew all about this virus. I knew you know I I've been watching the videos of people dropping in the street. My lungs were burning until I took famotidine and that relieved that.
JR: And what is famotidine?
RM: It's otherwise known as Pepcid (Famotidine, sold under the brand name Pepcid among others, is a histamine H_2 receptor antagonist medication). So just on this tangent, since I've said it, I've got some good news to announce and first time here today, we believe we should have the first patient enrolled in our clinical trials of the combination of monitoring and celecoxib for treating SARS-CoV-2. This is trials being run by the company Lidos which is one of my clients that I've helped design that's based on my discoveries they're funded by a defense threat reduction agency so this is another drug combination now I work with all these folks like Peter and Pierre that I know that you know
JR: Peter McCullough and Pierre Cory.
RM: But I haven't pushed this drug combination. I just felt it was inappropriate until we got the trials running but they're now open and we've passed through the FDA screening process by the way we tried to get we had data showing that adding ivermectin further improve the combination but the FDA created such enormous roadblocks to us doing an ivermectin arm that we had to drop it and by we what I'm saying is the FDA created so much grief that the DOD decided that the juice wasn't worth the squeeze and they just dropped that arm.
JR: Why do you think that is what is going on with the pushback on ivermectin?
RM: So it's not just ivermectin, its hydroxychloroquine and just to put a marker on that, there are good modeling studies that probably half a million excess deaths have happened in the United States through the intentional blockade of early treatment by the U.S. government that is familiar.
JR: Half a million?
RM: Half a million that is a well-documented number. Okay, and it's the combination of hydroxychloroquine and ivermectin now when you ask me why you're asking me to get into somebody's head what I can say as a scientist is what I observe are the behaviors, the actions, the correspondence, these bizarre things like – you know don't you know it's a horse drug! Y'all right which is amazingly pejorative as I live in Virginia. Okay, I can tell you and the people around me. I live in a rural county and I raise horses and that was deeply offensive to use that language in that

way. But there's clearly been an intentional push and Vladimir (Zev) Zelenko, who's a buddy, the guy that came out with the original protocol, Zelenko protocol and was the one by the way that wrote the letter to President Donald Trump advocating for hydroxychloroquine. Okay, kind of important to put that together. He's put together a great little video clip in which he clearly documents the conspiracy between Janet Woodcock and Rick Bright to make it so that physicians could not administer hydroxychloroquine outside of the hospital.

JR: And who is Janet Woodcock and who's Rick Bright?

RM: Rick Bright was the head of BARDA (Biomedical Advanced Research and Development Authority), the biomedical advanced research director which is the group that for instance funded the J&J vaccine (Johnson & Johnson) at operational warp speed, etc. So they're the big-ticket funder in health and human service of biodefense products.

JR: And who is she?

RM: Janet Woodcock was head of operation warp speed for drugs and until very recently head of the FDA (Food and Drug Administration) she is known as the person who kind of gets the credit, let's say, for the opioid crisis for her role at the FDA.

JR: So between the two of them, was there some sort of a concerted effort to suppress the use of hydroxychloroquine.

RM: Rick Bright in in videotaped explicitly spoken about how they conspired to cook on a strategy using emergency use authorization to make it so that hydroxychloroquine could only be administered in the hospital which by the way is too late for when hydroxy should be used.

JR: And why do they do that?

RM: That is what is 'the unknown' and there's so many why's in-house behind this. I like to say there's a stack of stuff that doesn't make sense. It's about this high. Now, there is I can't prove, I can't get into Rick's head. I know Rick quite well. I don't know what he's currently working for the Rockefeller, he did a whistleblower case and then he left the government, but all I know is they did this and Rick admits it on videotape that he did it and he states that the reason was is that he believed there was no evidence of hydroxychloroquine being useful for this virus, now that's false, hydroxychloroquine was known to be effective against sars-1 that …

JR: Wasn't that regular chloroquine?

RM: Hydroxy and chloroquine are closely related molecules. Hydroxy is slightly less toxic by the way one of the nice things we had actually filed in during Zika virus (a mosquito-borne flavivirus). I did a lot of drug repurposing. I filed patents on the use of hydroxy in Zika. One of the reasons is because hydroxy is one of the few molecules that have antiviral activity, that are safe in pregnancy and you remember, Zika was a pregnancy issue.

JR: Yeah.

RM: So, hydroxy's been out there for a long time as having viral antiviral effects and the other part of Rick's story that kind of doesn't make sense, is that there was no data on efficacy is that I was the guy that first acquired because I had Chinese connections the Chinese protocol for treating this virus. I got it in late February 2020 and I sent it in to my buddies at the CIA (Criminal Intelligence Agency) and at DTRA (Defense Threat Reduction Agency) at the assistant secretary for preparedness and response. The government had those documents when Rick made those determinations, so the assertion that there was no data on hydroxychloroquine at the time when this decision was made is just patently false, it's there. So, what is the motivation? You're right that none of this makes sense, and the only thing you know is that this is a journalist problem, and you know the classic guidance is follow the money.

JR: Yeah.

RM: And so it is bizarre that Merck would come out with these explicit statements about the safety of ivermectin. Both ivermectin and hydroxy are on the who list of essential medicines. They have been administered for millions and millions of doses. They're among the safest medicines we know when administered within this acceptable pharmaceutical window. The ivermectin is even safer than hydroxyl, so Merck coming out of the blue and saying ivermectin isn't safe is really inexplicable. Now, another thing is that I sit on the active committee for drugs as an observer. What is the active committee? This is the NIH (National Institutes of Health) committee that's guiding the clinical trials for these various repurposed and novel drugs I saw listened to hear witnesses with the representative of Merck that's on the committee because the committee is full of pharmaceutical representatives even though it's an NIH public committee, it explicitly attacked the decision for the federal government to test ivermectin. She said there's no reason to do this now. What's happened since then is active ticks – is still testing ivermectin and they've had to go to a higher dose because, as we pointed out, essentially their initial trial design was designed to fail it was a short course with inadequate levels of drug and so now they've upped it to, I think, it's five days and 600 micrograms per gig that's the current dosing in active sex but there is clearly a concerted effort on the part of multiple players in the pharmaceutical industry in concordance with the federal government to kill ivermectin as a potential alternative early treatment strategy.

JR: And if you're going to follow the money, the problem is there's not a lot in ivermectin because it is a generic drug and any compound pharmacy can make it and …

RM: it's fairly cheap because it's easy to make and you know we you can get ivermectin and you know at in bulk at less than a penny a dose.

JR: Wow. So the original SARS was is it 90 similar to SARS CoV2

RM: It's that those terms 90 or 96 or 98. It's those are really not they're kind of irrelevant, you know that you can have something that's 99.9 similar and the difference is all the difference.

JR: But if chloroquine worked on the original SARS, or it showed efficacy in original SARS, is it safe to assume, like without adequate tests, that hydroxychloroquine would work on.

RM: It's the decision that was made by the Chinese government. Okay, that's my point, I got the original Chinese protocols this is what they were using.

JR: And they were using it effectively.

RM: Yeah.

JR: Yeah, so were they using ivermectin as well?

RM: No.

JR: No, but other countries have like Japan and India and

RM: Uttar Pradesh (central northern state of India with 230 million population) as you know has crushed COVID.

JR: Yeah, can you explain what they did to do that because it's kind of fascinating.

RM: It's not clear what are the drugs so what they did do, what we do know and there there's some backstory to this, that we could go into if you want to, but the observation is there was a decision made the virus was just ripping through Uttar Pradesh it has almost the same population as the United States, it's huge okay, dense, urban poor, all the characteristics of the stereotypes of the Indian countryside and the virus is just ripping through there and causing all kinds of death and disease, and the decision was made out of desperation in that province to deploy early treatments as packages widely throughout the province, and it included a number of agents, the composition has not been formally disclosed. It was done in coordination with unite with who and whatever was in those packages and was rumored to include ivermectin. But there was a specific visit of Biden to Modi and a decision was made in the Indian

Government not to disclose the contents of those packages that were being deployed in Uttar Pradesh which they're still there and Utter Pradesh is flat-lined. Right now, the rest of the world is yelling about Omicron and in hospitalizations, well South Africa isn't, but Utter Pradesh is still flat-lined in terms of deaths.

JR: So they were visited by someone in the Biden administration?

RM: There's a meeting between Joe Biden and Modi and you believe that out of that meeting I don't know what they said I didn't wasn't invited, all I know is that immediately afterward there was a decision not to disclose the contents of what was being deployed in Uttar Pradesh.

JR: It's so crazy to imagine that in the middle of a pandemic there's one place, one area of India that's extremely successful in combating the virus and they're not going to say how they did it. I mean that's nuts.

RM: That's you know, so that's where my stance in all of this is to say here are the facts, here are the verifiable data, draw your own conclusion.

JR: Okay, now February of 2020 you catch it, what did you take?

RM: Famotidine.

JR: Famotidine and anything else?

RM: No, there's nothing else available.

JR: So this was so early on the pandemic, did you want to be hospitalized?

RM: Nope.

JR: No?

RM: I did develop long Covid and I always get asked why did you take the vaccine? Well I took it fairly early on. I took Moderna because that's what the National Guard that was deployed in my very rural county, in basically central-northern Virginia, were given.

JR: Isn't there some evidence that the vaccine actually helps people with long Covid.

RM: That was the rumor at the time. That was then. That was when I took it for two reasons. I had long Covid. It was supposed to help with that and I knew I was going to have to travel internationally to France and Portugal in the near future

JR: Now, is there any evidence that the vaccine helps against long Covid or is there anecdotally, is there anything?

RM: Anecdotally there was and I have not seen a peer-reviewed solid publication or preprint that supports that now, but that was the act of rumor at the time and since then what we do know for sure, well documented, if you've got prior COVID and natural immunity you have a higher risk of adverse events from the jab. Now, the other part of my story that often gets overlooked so I took two doses of Moderna with the second dose I developed stage three hypertension with systolic blood pressure of up to 230. Okay, I'm lucky to be alive. You know what it means is I've had a stress test of my aorta and my cerebral vascular system and I didn't have a stroke and I didn't tear my aorta all to shreds. But it's a good thing I had irregularities of heartbeat, incredible hypertension, post syndrome, narcolepsy, restless leg syndrome, these are all known side effects that are associated with the vaccine. They're relatively less frequent than the myocarditis in the children, in male children in particular, but they're all known on the list of adverse events and it's very clear that people that have natural immunity have a much higher risk factor for this whole spectrum of adverse events but even if they get jabbed.

JR: Even though that's known there are so many people out there telling people who've just recovered from COVID to get vaccinated.

RM: There is a number of things here that are not supported by the science. I'll say gently, to be less gentle since we're on the Joe Rogan show, I can speak freely; it's fucking nuts! This is just wrong it's

not consistent with the data.
JR: Well, it doesn't make sense either. What we know about natural immunity is that natural immunity, at least according to that study in Israel which is like with 2.5 million people, I think they said that it's between 6 and 13 times more effective than the vaccine.
RM: That is 6 or 13 times more effective in preventing hospitalized. With COVID it's more like 20 or more fold or yeah, 27 fold better at protecting against developing the disease. Remember infection does not equal disease
JR: Right.
RM: And that's only one of over 140 studies that document that natural immunity is superior to vaccine-induced immunity and, oh by the way, as a vaccinologist and an immunologist I wouldn't expect anything different.
JR: But the CDC (Centers for Disease Control and Prevention) recently disputed this.
RM: It was a fascinating play. So the CDC, for most of us that are at all objective in the science world look at what's going on at the CDC aghast. I mean the CDC has just compromised what they did with that which was a very small study with intrinsic bias all over the place. Much, much smaller than the Israel I study that you're citing, much less rigorous, less statistical power and they pushed that out as their justification for their position concerning natural immunity, but
JR: Who funded that study?
RM: CDC, it would be the federal government.
JR: So they funded this study, they did it themselves, and do you believe they did it with the intent of coming to the conclusion?
RM: You're asking me to apply intent and I've had too much time with lawyers and I'm not going to do it, good for you.
JR: So, either way there are many, many, many studies that point to the fact that natural immunity is superior?
RM: Absolutely.
JR: Having recovered from COVID?
RM: Like over 140.
JR: And also multiple studies that show that people who have had COVID who get vaccinated after the fact have a higher risk, I think it's between two and four-fold, right?
RM: You're on top of the data.
JR: Two and a four-fold risk of adverse side effects.
RM: Increased risk
JR: Yeah, increased risk, so for you, you did not know this when you got vaccinated?
RM: No.
JR: What was your thoughts I mean since this was a technology that you were a pivotal part of the creation of and so you're getting this vaccine you probably were thinking; look at this all my hard work come to fruition it's gonna protect me from the virus
RM: I actually said to the nurse when I took the first jab, I bragged a little bit I usually don't. I'm usually, you know, keep it on the down-low, I don't like to wear it on my shoulder but I did say you know, I invented this tech. She's like; oh that's really cool can I take a selfie – but
JR: Did she aspirate before she injected into you?
RM: I have that whole aspiration thing. Yeah, I'm sure she did. Yeah, yeah she's a well-trained nurse.
JR: When you say that whole aspiration thing…

RM: Any skilled medical practitioner - when I inject my horses – right I breed horses – I've got 20 on the farm. Okay, I give them drugs all the time, I always aspirate.
JR: But I saw the shot where Joe Biden got it on TV and they didn't aspirate then, they just …
RM: I don't know what to say.
JR: I'll tell you what to say.
RM: Yeah, so, so.
JR: That's not the way to do it.
RM: Yeah, and was that really a vaccine, right, then we go down that whole rabbit.
JR: That's my favorite rabbit hole, because of the fake set remember.
RM: Yeah, so you know there it's okay. So you know Joe you're in media. I guess what we're experiencing is coordinated media warfare the level of which we have never seen before and I and my peers who were experienced in multiple outbreaks have never seen this level of coordinated propaganda.
JR: Is this because there's never been an outbreak that coincided with the use of social media because there really hasn't been. I mean H1N1 (swine flu) was it 2009 that that broke out.
RM: I was pretty active through Zika
JR: But okay and that was …
RM: I don't remember the years but I was on LinkedIn and Twitter all the time.
JR: The thing about what's going on now, there is a heightened aspect in terms of, like, it's the influence on society that social media has that is stronger now than it was two years ago. It's stronger two years ago than it was two years before it's ramping up exponentially in some sort of a strange way that's affecting society and then the censorship aspect of it which is kicked in and as you said that they're stepping in line with tech doing it with the pharmaceutical companies, doing it with the government, they're all sort of on the same page when it comes to the messaging.
RM: Yes, so now you're going to the next level of you know wtf (what the fuck).
JR: Yeah.
RM: How to open that can of worms. First off you don't see. You're aware of the trusted news initiative.
JR: Yes. Can you explain it to people?
RM: Yes. The BBC announced to the world last fall that this organization that they had led the development of which ties together big tech and big media in service of the government and was built expressly for the purpose of protecting the democratic voting system. You know small d on the democracy and in voting integrity from undue influence from hostile offshore players through media information campaigns which you'll recall was the claim that was made against Russia and so this was the response of the western nations to build this new structure called the trusted news initiative that would survey all information about elections and prevent the intrusion of foreign information into the democratic process and creation of undue influence by foreign actors shortly after it was created it was there, as an awareness in the pharmaceutical industry, that this could be used to address a particular devil challenge that they had which was the pejorative label anti-vaxxers That's also been deployed against climate skeptics. Okay, so anti-vaxxers, you'll recall, is the label that is used to basically take anybody out that is raising any concerns about vaccine safety. It's the pejorative that's applied and it makes it really easy for the media to basically take off the table anybody that's saying something that is contrary to the interests of the vaccine industry.
JR: Right.
RM: So, there was a decision that this same toolkit this same integrated international media and high-tech um organization led by the BBC would be pivoted to resisting vaccine misinformation and disinformation and they put out a proud press announcement last fall that this is what they're gonna do and they defined these things, misinformation and disinformation, as anything which

was going to lead to vaccine hesitancy and which was contrary to the official statements of the world health organization or their respective national health organizations. So if CDC says the world is flat then the world is flat and there will be no discussion about whether or not the world is flat. I'm using obviously an example, a simplified silly example, so whatever the CDC or Tony Fauci or Tedros, etc., says is truth by definition and any information or discussion which is contrary to that truth will be suppressed it will be deleted and those people that are expressing these opinions that would lead to vaccine hesitancy, which to some eyes would be informed consent, and decisions by an individual that they believe the risk benefit ratio doesn't matter doesn't make sense to them that information will not be allowed. And those people that are spreading that information will not be allowed to interact in the public sphere in social media. Okay, so that's this kind of, if you want to unpack this whole thing, it starts by understanding the trusted news initiative and we've got great links about that that have been put out explain explanatory and links for instance I put out a sub stack recently that talks about the trusted news initiative and the censorship in which I link to both the BBC's trusted news initiative website so you can see what they have to say and a video that describes the trusted news initiative from my point of view is somebody who that's been on the receiving end of the trusted news initiative now that's the starting point but it doesn't explain the global coordination because TNI (The Transnational Institute**)** is mostly western and it doesn't cover a lot of the other Latin America for instance, or Spain, or Israel, and the only way that I can understand how all of this messaging censorship. You know what it really is canceling and Bobby Kennedy makes the point that the first real example of cancel culture that we can track is Tony Fauci canceling the esteemed virologist Peter Duisberg because he was raising questions about the origin of HIV (human immunodeficiency virus) and its role in the disease calls it aids I remember when that happened.

JR: I had Duisberg on my podcast a long time ago and it was the first time I ever got extreme pushback from people that were, like I mean, this is after protease inhibitors had been used so it didn't even make sense and people are saying you have blood on your hands, people are going to die because of this podcast, and I'm like what are you saying? Right, like this is a guy who's a biologist university, University of California Berkeley.

RM: Full professor.

JR: Yeah, I mean a brilliant guy.

RM: Yeah, totally one of the best virologists of his generation, full stop.

JR: And very controversial opinions, but the only way to find out if someone's controversial opinions are valid is to ask questions, talk to them, and let them express themselves and then I wanted to have someone come on and debate him. I could not find anyone willing to do that no…

RM: It's this is covered in detail in Bobby Kennedy's book about Tony Fauci. It's one of the great case studies now we have a more recent example of this cancel culture as it's played by NIH (National Institutes of Health) and by Tony in the emails that came out recently when you have Cliff Lane, Tony Fauci and the director of the NIH Francis Collins …

JR: Yeah.

RM: …basically coming out and saying that they're gonna ridicule and destroy fringe epidemiologists, and what was their sin these fringe epidemiologists that warranted a concerted effort on the part of the federal government to destroy them? Their sin was raising questions about the effectiveness of vaccine lockdowns, okay? And who were these fringe epidemiologists as stated by Francis Collins, who by the way has no background in epidemiology or public health, okay? He's a sequencing guy, that's his claim to fame as the human genome project and the cystic fibrosis transmembrane regulatory protein, he has no background in immunology, no background vaccinology, no training in public health, but who are

these three fringe epidemiologists, well they happen to be full professors from obscure universities; Oxford, Harvard, and Stanford, okay?
JR: They were warning about lockdowns.
RM: They were warning about lockdowns in the Great Barrington Declaration, that's what prompted that.
JR: Can you explain the Great Barrington Declaration?
RM: So, these three esteemed high-profile academic epidemiologists came together and said and did a comprehensive analysis about everything that was known about lockdowns and their impacts during infectious disease outbreaks and they came out with a specific statement. You can find it on the web, lookup great Barrington declaration and they came out with a specific statement that these lockdowns were going to cause more harm than help which was contrary to the messaging that was being put input out by Tony and so Tony decided that they had to be destroyed and then you had Francis Collins recently coming on Fox News after these emails were brought out into the open and saying that if we had followed their advice millions of people would have died. This is the fallback, anytime you criticize these guys. What they say is; oh you're killing people, I mean, they do it to me too.
JR: So, if they had just done what Sweden had done and some other countries where they didn't institute lockdowns and they sort of let people just live their lives and make their own choices they were saying that millions of people would have died?
RM: So, it would be so it seems.
JR: But time has shown that Sweden actually had a more effective take on the virus. I mean it was highly criticized in the beginning people were really concerned that they weren't taking it seriously enough and then there was also some concern that it wasn't, you couldn't compare. They weren't comparable because the way Sweden is, it's like small towns, they're separated from each other, it's not a high-density situation like New York or Los Angeles or Chicago, but overall in time we've seen that this vest respiratory disease spreads, period, no matter what. It just seems to make its way to people no matter where you are, and what it's done in that country is it's kind of burned through the population and their mortality rate is lower than most places, their infection rate is lower than most places, and it didn't do the devastating economic damage and the devastating damage to children that were forced to isolate and not be with their friends and not go to school and not socialize.

RM: So, here's an even more fun one, okay, that's that just cuts right to it, you know the pejorative these days, is the country's name is actually "Pfizrael". It's no longer Israel. The Israeli people are very compliant with their government and the government has a financial deal with Pfizer, okay, and they only have Pfizer vaccine and they're now on jab number four. There's a natural experiment that's occurring in the Palestinian territory in the surrounding states those surrounding states in the Palestinian territory does not have that level of vaccine uptake at all. The mortality in the surrounding states in the Palestinian authority is substantially less from this virus than the mortality in Israel.
JR: Now is that factored by age? Is it like what is so what are the variables?
RM: Good question and this is akin to this mystery, sort of what's going on in central Africa and the malaria belt where you have really low levels of mortality and what you're hitting on appropriately or getting right to the core of the issue is confounding variables and in general the Israeli population is a little bit older than the Palestinian territory on average, so, that's a lower risk neither one of them are associated with high rates of mortality of morbidity of obesity and so that variable seems to be out. That may be one of the major variables in Africa is that in that malaria belt people generally aren't fat, they happen to also be taking ivermectin and hydroxychloroquine for the indigenous parasites that they have to deal with. So, a lot of people were saying; well that must prove that hydroxy and ivermectin protect. Well not so, as you point out there's a lot of moving parts here and so this is why you know I'm glad you didn't ask me; well why is that,

Robert? Because I would have said I can't say because there are too many confounding variables, however, it is a fascinating observation that we have this intensively vaccinated cohort in Israel and in much, much less vaccinated cohorts in the surrounding states and you can look it up on worldometer.info. You don't have to believe me, you know your audience is smart enough they can go on world of meter and look it up and look at the mortality and morbidity in these different countries and figure it out for themselves.

JR: Is the rate of infection comparable?

RM: Hard, you know rate of infection is a really hard variable because it's a function of the density of testing and so you know this is one of the situations the more you look for it the more you find which is why you really can't use that as a denominator is the incidence of infection because the incidence of infection is totally contaminated by the frequency of testing and the density of testing so you have to rely on things. The only really the only thing close to a decent outcome indicator that isn't subject to all this bias that's all over in the system, except in a few states, Iceland, the Scandinavian states, generally have relatively clean data. The UK to some extent has cleaner data. It's now clear that the Israeli data set is contaminated by all kinds of a monkey business in terms of what gets deleted. But the only thing that seems close to a reasonable outcome variable is all cost mortality so because in people get kind of wrapped up around this and they say well you know that this vaccine, these deaths, that was, I mean, this is that everybody argues both sides of the coin with the VAER system (Vaccine Adverse Events Reporting System). Oh, that means nothing and then, oh well, the CDC (Centers for Disease Control and Prevention) uses it. It means everything right. And it's okay for them to use it to the numerator but it's not okay for anybody else to use it.

JR: And for people who don't know we're talking about the vaccine adverse event reporting system that's VAERS.

RM: Which is what the FDA (Food and Drug Administration) explicitly said in the license packet for Comirnaty inadequate detection rare to detect rare adverse events that's why they forced it. If they ever market Comirnaty in the United States, (Pfizer) they're gonna have to do a bunch of clinical trials which I think is one reason why they're not doing it because the FDA has told them that VAERS is basically junk but it's best we got okay so you know when you look at these ratios the argument is; well just because somebody died within X number of days of receipt of vaccine it doesn't mean their death is vaccine caused, it's vaccine correlated, that's fair but it's the only variable we have and it's consistent in that we've had that variable in that outcome measure for decades. Okay, so then we can look at trends but what we see is this explosion of vaccine-associated deaths and to kind of pick that apart people say you know well if you had a car accident or a bullet to the head and you went to the hospital and they tested you with a PCR (polymerase chain reaction – swab up the nose) test that's non-specific and they ran it up to 42 cycles and they said; oh look there's the virus, and by the way they have a financial incentive to do that. That results in a false positive death; true, but the other side of the coin is that if somebody's having brain fog or they have a stroke while they're driving the car and they crash and die and they've had it within you now 48 hours of when they took the jab and we know the jabs cause blood clotting and strokes well then it could well be that an auto accident is vaccine-related, catch my point? Yeah, so all of these kind of things you can't sort out what's what, you just kind of have to take the aggregate value and hope that you have a large enough sample size that it contracts corrects for all that stuff, all that noise that's inherent in the system.

JR: Now you just glossed over the financial incentive to report a COVID death. What is that? What is the financial incentive? Because there's all these rumors that you would hear about what a hospital gets paid per COVID death and that the government gives them money and that they're incentivized to make something mark it down.

RM: It's not rumors.

JR: It's not rumors.

RM: Well now I don't have the specific numbers at the top of my head I'm not a hospitalist. I'm

not a hospital administrator, but that the numbers are quite large there's something like a three thousand dollar (US$3,000) basically death benefit to a hospital if it can be claimed to be COVID. There's a financial incentive to call somebody COVID positive the CDC made a determination in year one this is why all of our baseline data is junk.

JR: What is the financial incentive to say that they're COVID positive? That's why the PCR cycles are ramped up so high?

RM: I, again you're asking causation. I can tell you that the hospitals receive a bonus from the government, I think it's like three thousand bucks if someone is hospitalized and able to be declared COVID positive. They also receive a bonus, I think the total is something like US30,000 in incentive if somebody gets put on the vent then they get a bonus if somebody is declared dead with COVID. Okay, so they have an incentive at the front end to declare somebody COVID, a COVID case. The CDC made the determination that they were going to make a core assumption if PCR positive and you die; that is death due to COVID, and so the extreme example just to show the absurdity; if the patient comes in with a bullet hole of the head and they do a nose swab and they come up PCR positive they're determined to have died from Covid when in fact they died from lead poisoning.

JR: That's real?

RM: Yeah.

JR: So they've really done that with gunshot victims?

RM: I don't know about, yeah, yeah for sure trauma and other things.

JR: I've seen that said, but I've always thought that's ridiculous there's no way a hospital would do that.

RM: It's, it's not, it's not a question of what hospital would do it's a question of med codes.

JR: So the code is set that if you swab that person and you are supposed to swab them?

RM: And, and you get a positive signal and…

JR: Are you obligated to swab them no matter who they are if they come in with an injury?

RM: I believe it's the common practice. I don't know whether there would be an obligation that would be a hospital by hospital policy.

JR: So that it really is true that if someone has a gunshot wound and they're dying of that gunshot wound and you check them for Covid and if they're COVID positive and they die they marked it off as a COVID death?

RM: That is by definition from the CDC, that was a decision that was made early on.

JR: That seems insane.

RM: That, there is, that's why so many of us are so much in arms, up at arms and I'm really pretty aggravated about what's going on is all the way through this the information. Let me put it this way Joe; Part of the reason, I know you're somebody who is really committed to bringing everybody together and the idea that we're really one America, we're one people we shouldn't be divided like this…

JR: I'd like that for the whole world.

RM: Amen, yeah, amen okay we're aligned.

JR: We're just humans.

RM: Thank you, okay, but we've been divided in this way in and it's all been politicized and the data have been so thoroughly manipulated that it's hard for any of us to make sense out of it and all the way through our government at least I can't speak to Great Britain or Germany but our government has had a series of checkpoints where they have a job to do and I know this because this is what I do for a living, right? I do regulatory affairs and clinical development. We wouldn't be having all of this conflict about what is true if the FDA had done its job. What the FDA didn't do was force the pharmaceutical manufacturers to do their job.

Now, we can we can wrap around you know, well, maybe, it was just they were all in a rush we

were all panicked but the bottom line was they didn't do their job and they didn't force pharma to do its job and they didn't employ the standard requirements for testing and verification that pharma was doing its job that I would expect to experience as a clinical researcher on one of my studies, okay? What's gone on with Pfizer, if the whistleblower comments hold true and for instance the Maddie de Garay case, this young woman who was listed as having a stomach ache that participated in the Pfizer trials when in fact what she had was a seizure and she's now wheel bound, wheelchair-bound with a nasogastric tube, one of a thousand subjects.
JR: This is a 13-year-old girl right that was a part of the study and they wrote it down as what?
RM: Gastric distress.
JR: That's literally what it says in terms of the adverse effect, gastric distress? Like what is gastric distress?
RM: Stomach ache.
JR: That's it? But, what, how do they account for all the other injuries.
RM: They don't; they take her off the study.
JR: How's that possible? That's totally unethical. Who's signing off on that? How are they allowed to do that?
RM: So the way the rules work in regulatory affairs, so this is law, right, this is regulatory affairs law in common practice at the FDA and globally there's all kinds of treaties and things that regulate how these things are supposed to be done. The rule is, it used to be that a pharmaceutical company could kind of offload all the liability for bad stuff that might happen in a clinical trial and be mismanaged, etc. On to the performer, the subcontractor used to be that pharma actually did the trials themselves and then they found it was cheaper more efficient and they could push off their liability if they engaged companies like I've been working for. For decades contract research organizations, clinical contract research organizations, and so that was done for a while and if anything that went bad in the trial then the pharma could say; oh, it wasn't us, it was those guys. Now, over the last few years the FDA got wise to that and they made policy that the responsibility vests with the sponsor that's fancy regulatory speak for it, it's that pharma owns it. Okay, so you ask the question whose responsibility is it to ensure that the data isn't contaminated and manipulated? The answer is Pfizer.
JR: Wow, so they're responsible for the data they're allowed to say that this was just some sort of a gastric distress.
RM: And the job of the FDA always is to ferret out monkey business which happens all the time whether intentional or unintentional and there's all kinds of ways you can craft clinical trials and craft clinical trials study reports, final study reports, to hide the bad stuff and highlight the good stuff.
JR: So, in this clinical trial that this young lady was involved in how many children were involved in the study?
RM: It's 2,000 approximately but they're split into placebo and experimental groups and so she was in the treatment group.
JR: Now, one of the things that people have said in response to the vaccine injuries is that it's approximately one in a thousand that are getting these significant injuries like myocarditis and so you think…
RM: There's a, there's a, well, um, it's important when we talk about these things to make a distinction between an event that is clinically significant and might result in hospitalization versus something that might be undetected unless you did a laboratory test or you know maybe like for instance, myself, when I started to experience those things that I experienced after Moderna. I was confused it was not listed as among the side effects. I thought I just suddenly developed rampant hypertension. Until the data started coming out and, you know, fortunately I had an astute cardiologist that got me into control and got me under medical management and then I looked into it, oh this is one of the known side effects and then time went by and it became more

and more clear so the point is that what gets reported in a study is often biased by how the study is structured because one list, when you write the study protocol, you list expected adverse events and so people if those things happen often times they get checked but I guarantee one of the expected adverse events was not seizure and paralysis. Okay. Now what they did, one of the things, there's all kinds of tricks you can play with the data if you're so inclined and that's why it's so important. People, like me, that do clinical research for a living, we get drummed into our head bioethics on a regular basis, it's obligatory training, and we have to be retrained all the time so that because there's a long history of physicians doing bad stuff, monkey business and the most notable of course in common knowledge is the Tuskegee experiments (Tuskegee Syphilis Study), but so it happens there's all kinds of financial incentives to make bad stuff go away and highlight good stuff; makes the sponsor happy, and then you get another contract. These are not little contracts. You know a modest clinical trial is US$20 million. A big one is US$100 million or more. Okay, so, these are big money deals you want to keep that money flowing and you want to keep your sponsor happy so that's what's come out with the whistleblower with Pfizer is that the contractor, I think it's here in Texas, that ran a bunch of those clinical trials it appears to have manipulated data in a variety of ways. And this is done at the level of checking the data and reconciling the data and deciding which things go into the database and which things don't go into the database and whether or not. Well, if somebody had an adverse event after shot one and then they're dropped because they won't take shot two. You know, we do drop them out of this overall study analysis, that's why we have all this specific language that we use in our business. The intent to treat cohort, the protocol cohort, these are separate analyses, they describe these differences and how because it's known that you can manipulate the data in these different ways. And it's clear now and basically this was the subject, by the way, just to bring it back around to our first topic, this is the subject of that the presentation that the Canadians put out, that I put in that Twitter post, was all the different ways that the Pfizer data was manipulated.
JR: The fact that that is grounds for being removed from Twitter is so astonishing, it's just that it blows my mind that that's the number one platform for distributing information right now and that things like that are happening there cause it is, I mean, it's essentially a number one that would, and Facebook, I don't know which one is bigger, for distributing information.
RM: So, what's recently taken place, so remember looping back, I talked about the interconnectedness at the board level between Pfizer and Thompson Reuters
JR: yes
RM: Okay, Thompson Reuters has become the fact-checker of choice for determining, you know I quote “fact-checker”.
JR: Right.
RM: And we know so we can go into the Facebook lawsuit that recently broke that whole story open, but Thompson Reuters is tied to Pfizer, they have common corporate ownership and they are the fact-checker of Twitter, now they're integrated, okay. So, it is Thompson Reuters that is making the decision, which has connections to Pfizer, about what information will be allowed to be discussed on Twitter.
JR: That is crazy, that it's so crazy to even hear and I don't know how we will ever pull out of this mess. I mean, I think we are at a 45-degree downward angle headed into a mountain I really do. It's so strange to me that no one's up in arms about this other than a few people that have been censored, a few people that have these opposing viewpoints that are you know deemed to be something that can't be discussed.
RM: Well, it's, Joe, it's even deeper than that. Okay, then there's the hunting of physicians. So, I myself. You know Peter McCullough is the textbook example of hunting physicians. Right, the guy is US$150,000 in debt right now, in the hole in trying to defend his medical license. This is one of the most highly published authors in the world. He's an exceptional researcher you know

and apparently a pretty good podcaster too.
JR: The guys published more in his field than any other physician in history.
RM: And Baylor's trying to take him out and it's not only Baylor; it's some entity outside of Baylor that's come in and is financing the attacks on him. But just to bring it home in a way, really not to make it all about me, but to be able to speak in the first person, okay. So, I went to Maui with a bunch of physicians a few months ago and we gave talks and did training about early treatments, we didn't talk about vaccines. There's only one hospital on Maui, in the island of Maui. It's owned by a, it's basically a Kaiser permanent satellite, okay. So, we went there, we gave that talk that the hospital and the hospitalists associated with it, are actively involved and have kicked out Kirk Milhoan because he's giving early treatment with the horse drug, ivermectin. Okay, now who's Kirk Milhoan? You know why is he in this hospital, what is he qualified. Okay, he's an MD Ph.D. pediatric cardiologist with his Ph.D. training at UC San Diego in vascular inflammation. He is among the most qualified individuals in the world for managing COVID and commenting on cardio myocarditis in children and they've kicked him out of the hospital.
JR: Just for prescribing ivermectin.for early treatment?
RM: Okay, he also happens to be a pastor at a local country congregation, he runs a food bank, his whole life he has traveled to emerging economies to provide free treatment. This is the kind of exemplar person that you know we all should be in in the best of all possible worlds.
JR: And did they give an excuse for this, or are they saying that his prescription of early treatment promotes vaccine hesitancy, like, is there anything?
RM: He's prescribing enough ineffective drugs and putting people's lives at risk, but here's the point, I'm not even there yet, okay, we're just winding up on this one.
JR: Right.
RM: So, the other day right before Christmas, three days before Christmas, I get a package from my licensing agency which I'm licensed through the state of Maryland. So, the state of Maryland medical board sends me a package and it is a complaint that's been filed against me. I have six days to respond, basically, I end up having to respond on Christmas day. Okay, or earlier to this attack claiming that I should lose my medical license and the citations are that I didn't actually invent mRNA vaccines. The copy of the Atlantic monthly attack article on me claims that I'm licensed in Virginia which I'm not, claims that I didn't graduate from Harvard medical school which I did. Okay, so I have to respond to all this stuff now. I'm going through it and it is just false, false, false, false, all coming being a pulled bunch of stuff off Twitter and Linkedin and sent it in, and saying well, this is the reason why this guy should lose his license. Okay, because he is responsible for millions of deaths, he said it straight out okay, I'm responsible for millions of deaths because of what I've said on social media. Now, who is it that's filing this? It turns out it's the director of recruitment and external affairs of this hospital in Maui. This guy felt that it was necessary to send this little package of happiness right before Christmas to my licensing board to try to get my license taken away that what we're seeing across the United States and across the world is it's the hospitals and the hospitalists that are attacking outside physicians.
(Messenger RNA (mRNA) is a single-stranded RNA molecule that is complementary to one of the DNA strands of a gene. The mRNA is an RNA version of the gene that leaves the cell nucleus and moves to the cytoplasm where proteins are made. During protein synthesis, an organelle called a ribosome moves along the mRNA, reads its base sequence, and uses the genetic code to translate each three-base triplet, or codon, into its corresponding amino acid.)
JR: Do you have any knowledge as to why they're doing this other than speculation?
RM: If I was to follow the money I'm gonna put it that way. Okay, again I can't get into their heads of course. I don't know what's making them do this. It's crazy. Okay, never been done before, right it's happening you know we went and did a presentation in Alaska and the same thing was being done for the physicians that came out and spoke about early treatment in Alaska. And fortunately the Alaska licensing board put out a very terse statement that they don't want to get

involved in politics in this kind of tit-for-tat and that this is outside of their role. Medical licensing boards for this kind of stuff are usually involved in making determinations about somebody's suitability because of drug abuse or sexual activity or other things which are outside or malpractice, overt malpractice. Okay, this kind of political weaponisation of medical licensing boards is new. Now here's the observation that I can make. If we follow the money, it is that hospitals are incentivized to treat COVID patients. The thing that ties all this little part of this story together, including the suppression through the government of early treatment hospitals who are incentivized financially to treat COVID patients. If COVID patients are being treated outside of the hospital and prevented from going to the hospital, such as the case in the Imperial Valley where Brian Tyson George Fareed have saved thousands and thousands of lives of indigenous Latinos that are coming across the border and working the fields, I mean, they're breaking their backs to save the poor. (The Imperial Valley (Spanish: *Valle de Imperial* or *Valle Imperial*) lies in the California counties of Imperial and Riverside in southeastern Southern California with an urban area centered on the city of El Centro.) Amazing story, there with early treatments and I guess they're left alone because they're in the Imperial Valley, nobody cares, they're all poor but in these urban environments, there's all these incentives for hospitals to treat COVID patients and if people are giving treatments that are keeping those people out of the hospitals then they're not getting that revenue.

JR: So your speculation, if I just could unpack this, that doctor in Maui who was giving early treatment you think that the reason why he was targeted is because he was directly costing the hospital money because people weren't going in?

RM: I'm not saying that. I'm saying that the observation is that early treatment keeps people out of the hospital and that hospitals have financial incentives including death incentives

JR: To discourage early treatment?

RM: And in the other data point is these that are doing the attacking are almost universally hospital administrators and hospitalists.

JR: So these aren't physicians these aren't

RM: By hospitalists I mean hospital-based physicians.

JR: Okay. What does that mean then? Why are they doing it because they're part of that system of that hospital system, the administrators, they would be doing

RM: That because they're making but they're making so again I don't want to make accusations, right, I'm observing facts.

JR: Right. I want to bring this back to something we were talking about earlier, but we kind of moved past it, we were talking about the one in a thousand statistics.

RM: Right, so a recent paper out of Hong Kong comprehensive analysis cardio myocarditis in boys hospitalized. Okay, that makes sense that's…

JR: Yes.

RM: That's word string, so that's the data analysis, so that's saying the myocarditis was so bad after vaccination and these are all verified post vaccination. The myocarditis was so bad that you went to the hospital. Incidence rate is 1 in 2,700. Now there's all kinds of hand waving that myocarditis is mild and they recover from it. Okay, those statements aren't let's say gently based in fact. The historic incidence of death post myocarditis is about 27%. Now, the assertion is, well, this is a different kind of myocarditis and therefore it's not going to kill these kids or young adults. Okay, but that's being said in the absence of data. It's pure speculation.

JR: Right, and why are they doing that because they keep saying that the instances of myocarditis are mild. I keep hearing that it's mild myocarditis and that it eventually goes away but not citing any studies and I don't think there are any long-term studies of children that are vaccinated

RM: No, there can't be.

JR: There can't be right

RM: By definition
JR: Right right
RM: Because we haven't done what we have always done. Okay, so let me say this person asks me; Robert, you're the inventor of this tech, you're a vaccinologist, why are you speaking out? This was the whole topic of the Atlantic monthly attack article. You know why this person became a vaccine skeptic. They did talk to you extensively and the three days before this thing came out, the journalist who is a fascinating young man, he previously publishes basically on woke issues in the chronicle of higher education, this is his first big article. Okay, he was clearly hired and they explicitly say the article was funded by the Robert Wood Johnson foundation the Zuckerberg Chan initiative, okay? Robert Wood Johnson is the major shareholder in JNJ (Johnson & Johnson) and Zuckerberg Chan of course is Facebook, okay? So Facebook and Zuckerberg Chan have funded this attack article by this guy that normally writes about wokeness in the journal of higher education and he was totally obsessed over this question: Robert, why are you saying these things you must have some financial incentive there must be some reason why you're doing this?
JR: Did you meet with this man in person?
RM: No, just over the phone. Okay and I told him repeatedly because it's the right thing to do. I get this, you know, this consternation. But see the thing is, I think, I'm maybe the only one that has been involved deeply in the development of this tech that doesn't have a financial stake in it, so for me the reason is that what's happening is not right. It's destroying my profession, it's destroying the practice of medicine worldwide, it's destroying public health in medicine. I'm a vaccinologist, I've spent 30 years developing vaccine, a stupid amount of education learning how to do it and what the rules are, and for me I'm personally offended by watching my discipline get destroyed for no good reason at all except apparently financial incentives and I don't know political ass covering.
RM: Now, back to this number because we keep going past it and going off on tangents. The number that keeps getting cited is one in a thousand people have adverse events and including myocarditis. If myocarditis that requires hospitalization, it's 1 in 2,700
RM: In boys.
JR: In boys but there's also issues of people that have something like fatigue that has last vaccination, but I mean there's a lot of those. There's a huge number of dysmenorrhea and menorrhagia. (Dysmenorrhea refers to painful cramps during menstruation. Premenstrual syndrome refers to physical and psychological symptoms occurring prior to menstruation. Menorrhagia is heavy bleeding, including prolonged menstrual periods or excessive bleeding during a normal-length period. Menometrorrhagia, defined as excessive and prolonged uterine bleeding occurring at irregular and/or frequent intervals, occurs in up to 24% of women aged 40-50 years.)
JR: What are those?
RM: This is alterations in menses in women.
JR: Oh right, that's a huge issue.
RM: There is and they deny it.
JR: With menses, with menstrual cycles, women going to menopause very young, like I know a girl who's 36 who got the vaccine hasn't had her period in eight months.
RM: And then there are the women who are post-menopausal that suddenly start bleeding.
JR: Yeah.
RM; So, here's the thing about this, Joe, that kind of ties this together. I'm in the business, it's basically the part of what I do is like a detective figuring out, because I'm trained in pathology, why is this happening, what are the things that connect these things. Okay, so what is it that drives menstruation? The answer is the ovary the ovary is the controller. Okay, through

hormones and ovulation. Okay, what did we learn early on from the Pfizer data package which by the way when that was disclosed by Byron Bridle from Japan and sent to me was the first thing that really lit me up and let me know that something here was rotten. Okay, and when I got that I picked out, as Byron had done, I was given the task of independently evaluating it and then I took that package and I gave it to a more senior regulatory professional that I respect and I said these are the things I see. This looks really bad. He looked at it and he said, oh, you missed this thing and that the other thing. Okay, these missing things include reproductive toxicology evaluations of teratogenicity birth defects. Standard stuff that's always done, genotoxicity not done, what was done was a cobbled together, group of data that didn't even involve the vaccine and used other mRNAs in non-GLP (Good laboratory practice or GLP is a set of principles intended to assure the quality and integrity of non-clinical laboratory studies that are intended to support research or marketing permits for products regulated by government agencies), that's fancy talk for not done with rigorous studies, not done according to the rules all cobbled together and sent in to the regulatory agencies of the world to justify going ahead and giving jabs to everybody under emergency use authorization. That's the truth of it. That's the short version that you know using common language. One of the studies they did do was administer these lipid RNA complexes to rodents and showed the distribution of the synthetic lipid component that's the fats that package the RNA that let it slip into your cells. It's a synthetic chemical positively charged molecule. It's a fat with a charge on the end, it goes to the ovary at a very high rate like 11% of the lipids. Now this wasn't supposed to happen, it was supposed to stay in the arm where it got jabbed, but it doesn't, it goes all over the body and once it goes to two places that are really kind of anomalous bone marrow and ovaries, now the overarching signal is really clear, because it doesn't happen in testes now, so now you got a molecule, synthetic molecule going to an organ, the ovary, that controls menstruation in a non-clinical model – a rodent – and subsequently it's deployed widely in humans and you have this phenomena of alteration in menstrual cycle. Now, one of the things that was fascinating, I was asked to testify to the Hasidic Judaism rabbinical court in New York. A lot of interesting things happen, with that, it's like sitting around with 15 different Gandalfs. One of those bucket list things, I guess. I'm talking to him. It turns out that the Rabbis in the Hasidic Judaism community carefully monitor. We don't need to go into how the menstrual cycle of the fertile women in their congregations closely monitor it because there is strict guidance about cleanliness and intercourse and they had a major problem because they these as you know are all 60 plus up to 80 long beards right here that had exquisite understanding about the menstrual cycle in all the women in their congregations and they all knew that these menstrual cycles were being disrupted all the time, and for them this was a major crisis because it meant that if you're in the Hasidic community, increasing the size of the population of Hasidic Judaism is kind of important to you, it's centrally important to them, and this was a major threat to reproductive health in their communities. Now they took all this testimony, they thought about it and they came out with a clear statement that children should not be vaccinated. This has the power of law in this community, children should not be vaccinated and in adults it's strongly discouraged, and part of the reason is because of these alterations in reproduction. And again the point what's the common variable is the ovary this is why I say in my little statement that's gone all over the world, this little four-minute clip, that's kind of gone viral and triggered governments to attack me now, like Israel and Spain and Italy, in the same systematic pattern of you know, trying to demean me and delegitimize me, but that's why I say in that think twice about giving these jabs to your kids, among other things, <u>your girls are born with all the eggs they will ever have, and these lipids are going to the ovaries and they appear to be affecting menstruation in some way, but menstruation is just one of these adverse events</u>. You picked out some of the other ones, the fatigue brain fog all kinds of things.

JR: And to be fair, people get that from COVID as well.

RM: True absolutely, true and that's another fascinating variable is we have Covid we have mRNA genetic vaccines and we have DNA virus administered genetic vaccines that's the JnJ (Johnson & Johnson) here in the United States adenovirus (Adenoviruses are medium-sized, non-enveloped viruses with an icosahedral nucleocapsid containing a double-stranded DNA genome.), okay and they all have these symptoms of clotting, brain fog and other things. Okay and so as you know, this is basically does it walk like a duck and quack like a duck, what is the common variable between those three very different systems, natural viral infection mRNA genetic vaccines and DNA genetic vaccines, now we don't see these problems by the way adenoviral vectored vaccines have been in development for my entire life – 30 years they're licensed adenoviral vector vaccines – they don't have these problems. Okay, so it's something that's not intrinsic to the platform, what is it the common variable, is it spike just to cut to the chase?

JR: Spike protein.

RM: Yeah.

JR: And so the spike protein is probably causing all these problems with people who have caught Covid and also people who are getting the vaccine but then the lipid- what is it lipid nanoparticles?

RM: That's fine, that's a good term.

JR: How do you say it?

RM: I call them lipoplexes, lipid nanoparticles is another.

JR: Nanoparticles, so these are the ones that are affecting the ovaries?

RM: No, it's the lipid part of it in particular that goes to the ovaries, not the RNA

JR: And that aspect of it is not affecting men but with men you have a higher instance of myocarditis and why is that?

RM: Good question. What is driving the myocarditis? So, there's a couple. There are a variety of hypotheses about this. What we do know is that both the virus and these vaccines are associated with. Here's another fancy medical term; micro-coagulation or micro coagulopathy, the latter one being a disease of micro-coagulation, small blood clots, there are multiple ways in which that can happen. It's clear that spike is associated with a variety of mechanisms that cause the trigger coagulation including an autoimmune one. Okay, so there's something about this protein spike is whether it's in the vaccine or not. It binds to the surface of key cells through a key regulatory protein called ACE2. ACE2 is involved in controlling blood pressure, vessel blood, vessel tone all kinds of stuff. If you activate ACE2 on the little tiny smooth muscle cells that wrap around your capillaries that control your vascular tone, that's your blood pressure locally, okay. The ability of blood to go through those tubes, okay, that's controlled basically. You've got these little muscles, cells cellular muscles that control the contraction. It's kind of like peristalsis – if you know what that is, that is the kind of process that can move something down a tube like in our gut – you know the way we move food and waste material through our gut and eventually excrete it.

That's peristalsis, the thing that brings it down through our esophagus. Same thing happens with your blood vessels and when ACE2 fires off when it gets activated it causes contraction of parasites and blocks these micro vessels and if you get stagnant blood in blood vessels it clots like that's what it does. Okay, it's a normal homeostatic mechanisms, so there's the whole cast, so there's the effects on the local tissue and there is direct effects triggering coagulation through a number of pathways. Now, what can cause myocarditis pericarditis? A number of things; autoimmune processes which we also know are involved in some of the coagulation problems and this kind of process of clamping down on blood vessels which we know is happening.

JR: And the autoimmune response is this also in response to spike protein like what is causing the autoimmune response in people?

RM: It's observed that it is happening and it's happening with these RNA vaccines, it's happening with the adenoviral vectored vaccines. I don't know, I don't recall literature that it's happening

with the virus itself but it may very well be.
JR: I know quite a few people that have had viral outbreaks post, like things like shingles, herpes outbreaks.
RM: That's another one, okay, so now you're opening the puck, the compartment. Before we were talking about cardiac and blood vessels. And we talked a little bit about the brain, we didn't talk about the strokes, we talked about the brain fog, and it's known that spike will open the blood-brain barrier. It is this kind of concept, it's a little loose but it has to do with the structure of the cells that line the blood vessels in your brain and what it allows to go through and doesn't go through. Spike causes that to become more like an open sieve – so things can go into your brain that shouldn't go into your brain. So that can trigger brain inflammation and that is one of the risks that people like Luc Montagnier are concerned about, with neurofibrillary tangles. And that's why they talk about prions or Alzheimer's-like symptoms. That's part of what happens when brain gets inflammation because it's got stuff going on in there that's not supposed to have.
JR: Hence the brain fog?
RM: The brain fog could be due to microvascular blockade. It could be due to this clamping of blood vessels that I was talking about. It could be due to leaky blood vessels – that's the blood-brain barrier breaching. Hard to say, multifactorial, all we know is that it's happening.
JR: And that's also something that's happening to people with COVID as well.
RM: Correct. I've experienced it myself okay when I wasn't sick and not only brain fog. Um, you can remember the broadcaster Cuomo, when he had COVID he was talking about seeing hallucinations. (Andrew Mark Cuomo is an American lawyer and politician who served as the 56th governor of New York from 2011 to 2021.) That is a common consequence of primary COVID infection is not just brain fog but overt hallucinations.
JR: Now after the vaccines started to be administered, it was a couple of months later, I believe, that the Salk Institute published their paper on spike proteins.
RM: Right, and I cited that in the Brett Weinstein Dark Horse Podcast and was immediately attacked by Reuters for spreading disinformation because I was speaking that the spike protein was a toxin. Actually, that is one of many papers that have come out since then or before and I didn't say the spike protein on the vaccine – I said the spike protein. And Reuters basically took my words twisted them and then attacked me about it.
JR: Is the spike protein in the vaccine different than the spike protein in the virus?
RM: The answer is yes. In a way that matters is the question. So, the difference is now we're going to get into molecular virology – I'm sorry but you asked the question - so spike, kind of you can think of it as having a stem part and a head group, you could point to your time and then, right, just these things sticking out here but I wanted to illustrate that. It also has this little, it's like a catcher's glove that sits on top that is the receptor binding domain, okay, so it's got these elements that are really important to understand it. And this part of the spike protein that is kind of straight and thin the stock is responsible for the business part of what spike does. Spike causes fusion between the virus and the cell. It's what enables the virus to infect the cell and it's a complex set of events and it changes its structure as it goes through those. It's fascinating stuff if you're into this. Okay, you can lock it into the pre-fusion conformation you can make it so that it will not trigger cell fusion after binding with two little tiny mutations substituting proline in the s2 domain and that'll make it so that it can never trigger fusion which is one of the things that it can do to brake toxicity. That has nothing to do with whether or not it can bind two up here whether or not that catcher's mitt will grab on to ACE2 by the way spike exists as a trimer – like a treble hook, you know on a fishing lure – so these two mutations are in this s2 domain that's kind of the stem and it makes it so that it can't fuse. And that's what's in the vaccine but the rest of the spike is the natural spike and yes it does get cut off and it does go in the circulation that's

all been proven and so what matters about that is
all the things I've been talking about spike interacting with ACE2 and turning on ACE2 that can all still happen none of that's changed. Now one of the attacks that's made against my saying this is, oh no they engineered spike so that it's non-toxic. Okay, that fails two tests.
Number one; at the time they did this engineering I've carefully reviewed the papers. Okay, it's all about making it more immunogenic. There is nothing in there about making it less toxic okay. And by definition it will make it less toxic as a fusing fusion protein but it won't do anything about it. The other parts of spike in its activities. Then there is this fundamental logic flaw, in clinical development and non-clinical development and safety and pharmacology, I like to say the French judicial system applies. What that is; is that you're guilty until proven innocent. It's the job of the pharmaceutical companies to prove that their engineered spike is safe. They never did that. And so all of this pressure that comes back to you know from folks like me saying; hey, this isn't right okay – and it looks like a duck and it walks like a duck and it quacks like a duck, it's probably toxic. Because it's the common variable I get criticized because, oh well, you know, well prove that it's not safe. I'm sorry that's not the way it works. It's pharma's job to prove that it is safe, not my job to prove that it's not safe. I'm observing the safety signal is there. It is associated with vectors that express spike whether it's the vaccine, the virus, or the adenovirus, you know the mRNA, the virus itself or the adenoviral vectored spike. Those toxicities are there and the common variable is the spike protein. And the comment, well it's not a toxin – I'm kind of in the Forrest Gump school of toxicity. You know if it causes toxicity it is right, it is a toxin by definition, it is you know toxin is as a toxin does and you know we can argue about the meaning of toxin just like so much of the rest of our language has been perverted during this but the simple explanation, you know the simple definition is, does it cause toxicity in people. I think the answer is pretty clear now, it does. The question that we're all arguing about is how often and how bad.
JR: This is the question so why do so many people take the vaccine and have no adverse effect at all?
RM: Great question, and that is a normal situation in any drug. We talk about bell curves – there's a response curve. Humans are genetically complex and they're phenotypically complex. I am not a Jiu Jitsu champion. I am not the same body mass index as I was when I was 25. It seems that the common factor across many people that get both the vaccine adverse events and the disease – and by the way there's a great paper out that tried to dissect long COVID and differentiate it from post-vaccination syndrome which is what we're talking about – and they did statistical analysis large cohort of patients basically they're indistinguishable long COVID and post-vaccination syndrome in terms of the spectrum of the syndrome their incidence, that kind of stuff, they're indistinguishable. They're the same thing. So why? One of the factors that seems to be common is this kind of hyperglycemic index people that are not necessarily diabetic but they may be pre-diabetic or they have problems with carbohydrate metabolism or they're eating too many sugars or whatever the thing is, so they've got elevated hemoglobin h1c, etc. People that have high glycemic index indices seem to be particularly susceptible to these effects, now which is a syndrome associated with an inflammatory state in blood vessels. So you know this, what you're asking again and again, because you are who you are, is in plain language, the big you know picture issues that are sitting out there that haven't been adequately addressed.
JR: Not only haven't been adequately addressed but when you do address them you get demonized even if you're just asking questions as far as like what are the numbers? What is the data? Where can I see this data?
RM: If you're an academic you get run out. Now we've talked, I don't want to avoid you talked about some of the other adverse events and you started talking about the ones that relate to immune response. And that is the tip of the iceberg that most people are familiar with is the

common – CDC never talks about it – but it's clearly there in the literature you know, in places even New England Journal of Medicine. It's clearly there in the VAERS database is latent virus reactivation and the most obvious one is shingles. I mean if you get shingles – I've had shingles – it hurts, you don't miss it when you get it. But Epstein-Barr virus, other herpes viruses, cytomegalovirus, what are these all in common, they're latent DNA viruses. So, what latent DNA viruses, well, we have a bunch of DNA viruses that basically hide inside our body and they are kept suppressed. Matter of fact there's a whole thread in vaccinology. We talk about immunosenescence the aging of the immune system part of that has to do with the Thymus and it is shrinking. That's what educates t cells – by the way that's one of the reasons why children basically shrug this disease off – is they haven't had that thymic involution but one of the things that happens is your t cells become increasingly focused on suppressing the DNA viruses that we've all been parasitized by like cytomegalovirus. And so you can watch over time the diversity of t cells in person's body who's infected by CMV (Cytomegalovirus) over time as they get older and older their t cells get more and more and more focused on just trying to keep CMV in the box and not let it out, okay. So, when we see DNA viruses you know Pandora 's Box is opening and they're jumping out of there – okay – well the thing that keeps Pandora's box closed is t cell responses. And then we have, you know, I hope someday you get a chance to have Ryan Cole on – pathologist deep understanding of this – as he points out he's seeing referrals from oncologists of cancers that are unusual. They're occurring early, they're behaving irregularly, they're behaving very aggressively. Now, right now this is still anecdotal, I don't want to get the audience all wound up, we're all going to die of cancer. No. Dr. Malone is not saying we're all going to die of cancer. But this is another of those little uh oh's because the thing that keeps cancer suppressed is t cells. Then we have the laboratory data that we're seeing abnormalities in the key signaling molecules that t cells use to talk to each other toll-like receptors that are associated in particularly with the mRNA vaccines, so something is happening. Okay, that is causing release of t cell suppression, reactivation of latent DNA viruses, maybe some signals relating to oncology, some changes in t cell signaling behavior. And then there's this increasing awareness that there's some window of time, not sure how long after vaccination when you're actually more susceptible to infection. And this may have something to do so not only is the vaccine efficacy waning but the multiple jab strategy is actually creating more and more windows where people have this period of t-cell suppression. So, there's a whole lot in this box of immunology and what are the jabs doing to our immune system and how long does it last, that is, let's say gently a little worrisome to some of us that have a background in these things.

JR: This T cell suppression, are there any studies on the amount of time that it takes before your system rebalances itself post jab and is it a cumulative, like if you're dealing with three shots or four shots?

RM: I'm sorry, this is the obscenity for me of this whole. Well, we're going to give four shots because we don't really know, but we know we need to do something. I like to talk about the metaphor as a father – I don't know if you've had kids – I'm a grandfather, okay. You give a three-year-old a hammer and everything becomes a nail. Okay, that's kind of a simple way of saying; people that aren't well trained given a powerful technology or tool will abuse it and overuse it. In this case there's multiple reasons not to do the multiple jabs. The simplest one for everybody to understand is when your son develops seasonal allergies to ragweed pollen or whatever, and it's so bad that he can't go to school, his eyes are running, he can't play in sports, whatever you're like, oh, we got to do something about this, I'm going to take him to a rheumatologist, an allergist and see what they can do. Well, they do a bunch of tests and they say; oh your son is allergic to ragweed pollen or whatever the thing is, okay. What do they do, well they give him shots – what are those shots? They're high doses of antigen that are administered repeatedly to your child and what it does is induces something that as

immunologists we call high zone tolerance. High zone tolerance basically amounts to an ability by giving multiple injections at high levels of antigen to shut down t cells against an antigen specific fashion so there's that. The other thing with the multiple jabs is that these are multiple jabs that are mismatched. Okay, they don't fit.

JR: Can I pause for a second before you continue, so you're saying that by if like if someone is allergic to things and they go to an allergist and they start getting shots – those shots shut down t-cell response?

RM: Correct.

JR: So those shots by doing so and shutting down t-cell response the idea is that it kicks your immune system in and it's supposed to fight off these things?

RM: No.

JR: Does it make you more vulnerable to other diseases?

RM: Because they're using that antigen, okay, the ragweed pollen right – it's causing deletion or down regulation of the t memory population responsible for responding to ragweed pollen. So what it's doing is selectively shutting down the t response against that antigen.

JR: But what about everything else?

RM: No- I won't say it won't affect it but it the effect on the overall immune response is negligible in that this is done clinically routinely. So there's those two things. There's this short term issue we don't know how long it lasts. There's the high zone tolerance issue, and then there is with the multiple jabs that are mismatched for the current circulating virus (Covid-19 Omicron variant). That's akin to repeatedly taking a flu vaccine from two seasons ago and hoping it's going to protect against this flu.

JR: Well that's one of the more confusing things about this push for people to get boosted now with Omicron because they keep saying with Omicron we need to get but that's a vaccine escape variant isn't it?

RM: Yeah, among other things. Do you want to open that can of Omicron?

JR: Well, what we know so far is at least Peter McCullough said this and I believe several other people have said this as well that the immunity that you may have had to the Alpha variant or the Delta variant, it does not seem to work very well against Omicron.

RM: That's true.

JR: Nor does the immunity imparted by vaccines.

RM: By the way since we were down this little rabbit hole, let me just say one thing: Peter called me he said “Robert, make sure you talk to Joe and make it clear that although I spoke clearly and forcefully about one and done when I was on his show that was before Omicron.”

JR: Yeah.

RM: And so Peter wanted me to make sure that your audience knew.

JR: Yes, we've actually talked about that because I have several friends right now that have tested positive for Covid for a second time and that is post that podcast with him. He was pretty sure that if you got Delta you would never get it again but I know people that have. Had not I honestly I don't know anybody who had Delta which was the last phase. I know people had the original version of Covid who have now gotten Omicron.

RM: In my case I had the original Wuhan strain and I got infected with Delta and I had disease for about three days and that's after taking the two jabs.

JR: And then how far after taking the two jabs was it?

RM: About four months.

JR: Four months?

RM: Yeah four or five months.

JR: So that's still inside the window of efficacy?

RM: That window of efficacy seems to keep shrinking – that's another thing.

JR: Oh, that is another thing. When you were vaccinated post your infection how long after your infection were you vaccinated?
RM: Nine months.
JR: But you still had a horrible reaction to it?
RM: Totally.
JR: And then even that – this is pure speculation. The waning efficacy of the vaccine – does that have an effect on your natural immunity that you have?
RM: So, you're now opening up the big can of whoop ass.
JR: Is that the ADE? Antibody Dependent Enhancement and Vaccines.
RM: ADE – so that's a whole other rabbit hole and I like to call it vaccine-enhanced infection or disease because ADE is just one subset of that. But there are signs in some data and we were talking about this just before the broadcast from Denmark, among other places, of negative efficacy against Omicron as a function of the number of vaccinations up to three. So negative efficacy – positive efficacy means it protects you – negative efficacy means your probability of being infected is higher if you've taken the vaccine and it's compared to unvaccinated it seems to be somewhat higher if you've had one jab. Even worse, even more likely to get infected if you've had two jabs, even more likely to get infected if you had three jabs now don't jump straight to ADE because the problem just to illustrate this confounding variable problem which is what all the statisticians argue about endlessly. Is that there's all kinds of things that can complicate this interpretation. I'm going to give you the simple one, if somebody feels that they're fully vaxxed and they're living, you know, they are a young person in Denmark or whatever in Europe, okay, they're more likely to go engage in risky behaviors, such as maybe they're gonna go out clubbing whereas before they may have said; no I'm not gonna go out clubbing, you are crazy. Now, they feel like they're Superman, they've got a shield, right and so they engage in more risky behaviors and so there's an example of a confounding variable one of many. So, I want to caution that I'm not saying that this shows that we're having
vaccine-enhanced infection, I'm saying that this is a risk which the FDA knew about being explicitly identified, told the vaccine manufacturers they should set up studies to detect whether or not it's happening. But didn't force them to do it. This is another one of the huge FDA fails here. They had the right and responsibility to ensure that we had good data about this and they took a pass. They said vaccine manufacturer, we think you should do this but you know it's optional and so they never did it. No surprise. That's like first rule of clinical development when you're in big pharma you never ask a question that you don't want to know the answer to. Unless you're absolutely forced to do it. That's why the FDA is supposed to do its job, but in this case with enhanced disease a known risk of all prior coronavirus vaccine development efforts, including veterinary, chronic complication with those efforts, the reason why I focused on drug repurposing instead of vaccine development at the start of the outbreak when I got the call from Michael Callahan, I said, hmmm past history ADE this is going to take a long time, we're going to need drugs, best way we can get drugs is drug repurposing. Yay, and then I got my team to focus on that. That's why we did that. So FDA's known that this is a risk, all the vaccinologists know it's a risk, it's in the literature we've all been kind of watching carefully as to how this risk is going to manifest.
JR: Can I pause you for a second? When you're saying statistically it seems that one jab makes you more likely to get Omicron than unvaccinated. Two jabs even more so. Three jobs more so – where is this data coming from?
RM: It's a series of analyses, there's a really active group of biostatisticians worldwide and they are now picking apart the primary data that's coming out. There was a paper that was published from the Netherlands, as I recall, it was a publication from official publication by the government that had the primary data and then this primary data has been analyzed, re-analyzed, discussed

on Sub-stack, blah blah blah, torn apart and re-built. Now we put out a Sub-stack statement that summarizes some of this so that you can easily find from us, but it's an ongoing debate, but the effect size is now what the statisticians are arguing about is, well, whether or not they had the right number for the denominator of total cases. This gets back to my point that the databases are all contaminated because the incidence of the virus in the population is a function of testing. In other words, if you don't look for it, you don't see it, then you assume you're not having it right, and in the Netherlands they have one of the best testing systems so they have been rigorously testing everybody for whether or not they're getting the virus.
And so those numbers are a little, you know, sketchy and that's what everybody's arguing about, should we be looking at only the 12 and above cohort, you know it's all this is. But the effective size is so large that we can argue about these confounding variables until the cows come home, but it's a big effect. It's going to be hard to account for, otherwise it is not in peer-reviewed publications. This kind of stuff is wicked hard to publish these days and it takes months.
JR: So, would the assumption be that there's something that's happening to people that are vaccinated where it makes them more susceptible to this particular strain of Covid because this particular strain of Covid, this Omicron, is a vaccine escape variant meaning that it's sort of tried to find its way around the protection of the vaccine and selected for that?
RM: So, now you're trying to impose – what you're doing is generating a hypothesis – which is good and one of many possible hypotheses, and so in a world, a proper world where we are allowed to debate these things and do these kinds of studies and examine these kinds of variables without being right in social media, we would have a very active discussion about this hypothesis and many others, now that's my way of not answering your question.
JR: I understand, well, is there a mechanism that would point to one of two things whether it is a decrease in an immune response of a person who's been vaccinated or some opportunity… **RM:** So, let me throw out, so you just let me go down the rabbit hole of that first comment you made, okay. So what we're doing is with administering a mismatched vaccine is we're driving the effector and memory cells, b and t, towards a population that is focused on a virus that no longer exists. So it's not in immune response, you don't get everything, and with what I think you know, you didn't ask me the question, but I'm going to answer it anyhow, what is your hypothesis for the poor durability of the vaccines. My answer is it looks to me like original anagenic sin. Well, that's kind of a cool terminology what that means – let's unpack original anagenic sin. I think, what could be happening with these data as you're just following your hypothesis, you just shared consistent with that is that we're driving the immune response towards responding to an antigen receptor binding domain a spike that no longer exists with Omicron. Now it has become clear it was initially denied but it's become clear that all of us have a background immune response against Beta coronaviruses, these are naturally circulating cold coronaviruses that have significant immunologic cross reactivity with SARS-CoV-2. And the problem with that in original anagenic sin is that those existing memory cells will dominate the immune response when you get infected and when you get vaccinated. Let me unpack that in a way that kind of makes sense for the common person. We all know that in war the homily is we're always best prepared for the last war. Okay, in your life, your the sum of your prior life experiences biases how you respond to – I mean, in your martial arts you must know this right deeply – what you've experienced in the past in prior fights is gonna bias how you respond to a new opponent okay. Same thing happens with your immune system. Does that make sense?
JR: Yes.
RM: Okay, super. You now understand original antigenic sin. Okay, because the prior exposure of your immune system to an antigen that is closely related to a new antigen. You know if you are having martial art competition, with us, a person of a certain ethnic background or physical characteristics, or whatever, they have certain strategies that they use, the next time you encounter somebody that looks like that and seems to move like that you're going to say;

oh, they're going to use the same kind of strategies. Your immune system acts the same way with viruses. And it could be that they've got a whole different toolkit and you're busy fighting this war and they come in and boom, you're dead. Right, same kind of thing. Okay, so we've got a new pathogen, but it's got a series of overlaps with the old ones that we've seen before and our immune system is biased to respond as if it's the old one. Now, to make matters worse we're taking the spike protein, only one of the proteins, the dominant immunologically dominant protein and we're jabbing everybody multiple times, and driving memory cells and effector cells that are to a virus that is not the one we're encountering. So it could very well be that as you're taking more jabs you're further skewing your immune response in a way that's dysfunctional for infection to Omicron compared to somebody that is immunologically naive they only have – presumably – they've either recovered from an earlier because we got to remember the baseline group, the non-vaccinated group, is actually complicated because it's got those that haven't had the virus before but they've had Beta coronaviruses and those that have had prior infection and are naturally immune. So, you can appreciate that looking at these things, kind of get squirrely, there's a lot of moving parts. But when you see a signal this strong it's saying something's going on, you ought to pay attention to it in my opinion.

JR: What is the difference between the spike protein that's generated from the injection of the vaccine versus all of the variables that your body encounters when it's been infected by Covid?

RM: That is another brilliant question, I'm not saying this to butter you up and thank you for asking. That's was a very broad question and this is a peel the onions onion layers situation. I mean, you said what are the differences, so let's start at a high level. When you get infected or I get infected it's typically nasal or oral pharynx. It's coming in through the mucosal membranes of your head, okay, and by the way that's one of the other things that's kind of cool about Omicron in a good way, is that the prior strains infect mostly deep lung and there's really fascinating data from Hong Kong suggesting that Omicron is infecting upper airway more. That is a characteristic of less pathogenic influenza viruses and hopefully what we know about Omicron is even though it's more infectious and replicates the higher levels, it's less pathogenic. It's a paradox, well that could explain it, okay, so there may be some good news in Omicron. But getting back to your question, when you take the jab you get a, I don't know how, say, a spike of spike, you get a bolus, a peak fairly rapidly of this viral protein and it's in your body, and it's circulating in your blood. We know that. There's a Harvard study, Brigham and Women's nurses, spike protein circulation after vaccination.

JR: Can I pause you one second? When you test for Covid you go in through the nose. If someone is getting Omicron are they less likely to test positive because you're swabbing their nose?

RM: More. All of these are initially coming in here.

JR: So, it still would exist in the nose even though it's affecting the back of the throat.

RM: It seems to be, well, it's clearly producing equal or higher levels. Delta was significantly higher in the nose by PCR with all of the caveats about the problems with that cycle number, and Omicron seems to be even higher, significantly higher. Okay, so hits your nose and then it goes down okay.

JR: Okay, and it's affecting the throat for some reason. A lot of the people that I know that got Omicron had a throat ache, a throat, a soreness of the throat before.

RM: That is paradoxically really good news by the way – it's called primary data, anecdotal primary data – but it beats modeling data from the CDC which is what the New York Times has been reporting, that we're all have by this point, we're all supposed to have 70 or 80 percent of all the virus in the United States, is supposed to be Omicron that is based on what is now known to be erroneous modeling and all of us that were inside when we saw this come out we knew the group in the UK that did the modeling, and we were like, oh, these guys have over promised, they have basically put out scare modeling all the way through this outbreak and we should take this with a grain of salt, and now the press is all backpedaling, and the CDC is backpedaling,

saying; oh, I think we got it wrong and there's still a lot of Delta in the population. But, you know your buddies, if it's circulating here in in Austin and you're hearing people that are having more of the sore throat and runny nose and less of the 'my chest is burning', and I've lost taste and smell just to kind of open that up a little with H1N1 influenza, just to take one example, we have high pathogenicity and low pathogenicity versions of H1N1, what that means is some of them will kill you and some of them won't. More or less. The difference seems to be the virus, the receptor, the nuances of the receptor, that the virus is hitting and using to initially infect cells and the low pathogenicity H1N1s infect the upper airway and the high pathogenicity H1N1 is infected deep lung. The prior SARS-CoV-1 have been hit in deep lung so this report that you're giving me from your buddies that you think is probably Omicron is consistent with the Hong Kong data and it all fits into a box and we know from South Africa, for sure, that Omicron and where you know the WHO made the statement, there are no known deaths associated with Omicron in the world, now there may be a couple somewhere.

JR: I thought it was just the United States, I didn't know they were saying for the world, yeah, because there was a we just read something that said there were several that were associated.

RM: Now, there's as I said over time, there will be deaths associated, remember we talked about the difference between causal and association.

JR: Yeah, okay and also the fact that 95 of the people who have died from COVID had an average of four comorbidities.

RM: You're on it, and now it's been documented, at least two cases when they were reported deaths from Omicron and people actually went back they got picked up in the legacy media and circulated as; oh my God, it's going to kill us. Again, more fear porn. Then people went again like they did with the ivermectin story, remember about the hospital – it was all full of ivermectin toxicity and then someone bothered to call the hospital – same story. Sorry, nope, those weren't Omicron deaths. Just something that got reported and amplified in the legacy media. So regardless the mortality of Omicron is remarkably low I think we can all agree on that.

JR: It's essentially like a cold.

RM: That's the list of symptoms from Omicron published in Nature, I think recently, are pretty much 100 percent overlap with common cold.

JR: And there are coronaviruses that are common colds?

RM: That's the Beta coronaviruses that I was talking about when I was talking about original antigenic sin.

JR: So, if you test positive for the common cold, do you test positive for a coronavirus like if you take a Covid test…

RM: The common cold is a generally

JR: That's not common?

RM: No, it is a grab bag of stuff, right, okay, it's rhinoviruses, it's coronaviruses, it's influenza, you know, it's a lot of things, there's a lot of respiratory viruses that are floating around. But getting back on track with Omicron, it is absolutely looking like Omicron is a mild variant. It is absolutely able to escape prior vaccination, the control of prior vaccination, typically with mismatched vaccine. It seems to be also able to infect a subset of people that are naturally immune probably less than the subset that get infected with vaccination. But and this is a kind of a key message to your audience – the reproductive coefficient that's more fancy language – the reproductive coefficient but many of your audience is going to know that that's the R naught. The R naught of the original Wuhan strain was about two to three that means that if I'm infected on average without any other interventions I'll infect two to three other people, okay, and for Delta the R naught was more in the range of five to six. If I'm infected, no vaccination, no social distancing, no masking, blah blah blah, the average rate of transmission would be I would infect five or six people. In the case of Omicron the R naught the base reproduction coefficient is the range of seven to ten, okay, that is wicked high. That is measles territory. What that means I'm going to

translate that into simple language – we are all going to get infected. Whether you use masks or not, use social distancing or not, unless you're going to go live on your trail and not talk to anybody when you pass them, you're going to get infected. So this gets to the key point, you know, find a doc that'll administer early treatments and you know what they are and you just had the expert on, Peter McCullough.

JR: It's incredibly difficult to get the stuff now, that's what's incredible.

RM: And then as if that isn't bad enough, we've got the Federal government monkeying around with availability of the monoclonal antibodies.

JR: That was the next thing I was going to ask you about, why would they do that when what is the percentage of Delta versus Omicron out there and how do we know?

RM: So, I just alluded to that a minute ago and this is another fascinating story and it's kind of being covered up, it's starting to be covered by the press but they're not going back to the cause. Okay, remember I said that there was a group in the UK Imperial College didn't give the specifics before there's a group in the UK that does modeling and they came out with some modeling projections that basically the entire UK hospital system was going to be inundated with Omicron shortly, basically Christmas time. And a lot of us looked at that and went, yeah, those are the same guys that have predicted that we're going to have, you know, millions and millions and millions of dead and they're going to be bodies stacked up and you know coolers in the UK. It sure looks like they may have overshot again. The CDC seems to have taken those modeling projections and those models and they put out, you remember, in mid-December right before Christmas, Merry Christmas, oh you're all going to get infected by Covid and it's going to sweep through and we're going to have 80 percent of Covid by this time of this month.

JR: Well how about that ridiculous press release from the White House that said we're the winter of the unvaccinated death, you're gonna experience a winter of death and overwhelming hospitalizations.

RM: All I can say is that the political genius behind that should be taken out behind the woodshed and given a good whooping because that was just horrible political messaging.

JR: Horrible and in the terms in terms of Omicron so inaccurate.

RM: Yeah, but it doesn't matter and that's the core thing of this chronic angst of what the heck is going on, this doesn't make any sense at all, you know I don't want to get too off your topic, but our government is out of control on this and they are lawless. They completely disregard bioethics. They completely disregard the Federal common rule. They have broken all the rules that I know of that I've been trained on for years and years and years. These mandates of an experimental vaccine are explicitly illegal. They are explicitly inconsistent with the Nuremberg Code. They're explicitly inconsistent with the Belmont Report. They are flat out illegal and they don't care. And the only thing standing between us and it's too late for many of our colleagues including you know the unfortunate colleagues in the DoD (United States Department of Defense) hopefully we're going to be able to stop them before they take our kids.

JR: What's wrong with the DoD?

RM: The mandated vaccines for everyone in the DoD. So, you know what's going on in the White House is a whole another hour's talk.

JR: Yeah I'm sure it is. Back to Omicron and Delta, how do we know? When I was tested and I came out positive for COVID I have no idea what I got. I assume it was Delta because that's what I had heard was going around, but when they release these numbers where are they getting that data from?

RM: So, in terms of this specific one, I'm sorry I got off track, so I was talking about Imperial College modeling then the CDC seemed to picked up on that, yeah, and the last data they had, it's actually Peter that sent me the data. We did a podcast about it, so he sent me the modeling data and he sent me the documentation of the modeling data that the CDC was putting out in

the New York Times, and the press and all amplified, you know when we all said, oh we're going to have 70 or 80 percent Omicron in the population by this time of this year. The only actual data they had was up to about December 4th, as I recall, and it showed only a tiny fraction of Omicron in the population. But then they applied their mathematical models that they apparently got from Imperial College and they said, oh the curve is going to look like this and therefore that's where we're going to be at this point in time and therefore we're going to have 70 percent infection and the press all picked it up and they just assumed that that was based on real data, not modeled data okay. What I'm hearing from docs in the field again and again and you know I had a bunch of people call me before I came on your show. Everybody was, like Robert, say this to Joe, but you know you're so important that everybody wants to get their angle in. But what I'm hearing in the field is that Delta is still dominant and these are hospitalists and people treating disease and so they're seeing a skewed population but it's important to remember that when the CDC says those kinds of numbers they're talking about incidents that is the moment, you know how many have actually been infected at that slice of time. But what you see in the hospitals and this is something that press misses all the time, so you're hearing all this fear porn about how the hospitals have filled up in New York City and blah blah blah blah, okay. Omicron causes a short-term limited illness. Delta is wicked bad and it puts you in the hospital. When it puts you in the hospital you can be there for a month to two months, okay. What you're seeing in hospitalized cases right now appears to be dominantly Delta because the CDC overestimated how aggressively Omicron was going to move into the U.S. population. Maybe that means social distancing and masks are working, I don't know – but it's not moving in as fast as they had been projecting and the bulk of the disease that the docs that I'm talking to are seeing in hospitals appears to be Delta.

JR: Wouldn't that be because the people that are catching Delta are the ones that need to be hospitalized versus the people that are catching Omicron?

RM: Precisely – but here's the rub and I'm looping back now to your antibody point, okay, is the geniuses in our public health system said; oh no, Omicron based on this modeling data is going to be moving into the population, it's going to dominate things, we need to pull the monoclonals that are Delta specific and only administer and only allow people to use the monoclonals that are Omicron specific because it's going to drive further evolution otherwise. I guess that's their logic.

JR: But I haven't heard that logic at all. All I've heard is that the monoclonal antibodies are ineffective against Omicron.

RM: You're saying the same thing.

JR: But I've never seen any data that the monoclonal antibodies

RM: There are data.

JR: Where is that?

RM: It's in peer-reviewed literature now.

JR: That it's ineffective against Omicron?

RM: I wouldn't say ineffective – less effective based on laboratory neutralization assays.

JR: So in vitro?

RM: Correct. So, you know Joe Lapado, surgeon general in the State of Florida, has put out public statements now, on I think it's Twitter, among other things, decrying what the Federal government has done of pulling all of the regular monoclonals. What I'm hearing from frontline docs is those you know older regeneron monoclonals, etc., are still very effective in their hospitalized population presumably because it's still predominantly Delta. And yet they're no longer able to get it.

JR: So the government has literally stopped the distribution of medicine, effective medicine, for a disease that exists currently. When has that ever happened before?

RM: Hydroxychloroquine and ivermectin.

JR: Yeah, but on this level. Where like hydroxychloroquine and ivermectin were off-label uses.

This is something that has emergency use authorization. This is wild.
RM: It is. Are they brain dead?
JR: Are they trying to just encourage vaccination? Is that what all this is a money grab? Okay what is that?
RM: So, here's another version. I mean there's that when you see this kind of decoupling of a public policy from logic, then it causes thinking people like yourself to say; what the hell's going on here? Right, and then we go down the rabbit hole is it this that or the other thing. One of the things in that spectrum of what's going on is that the emergency use authorizations are predicated on policy determinations that were in a state of emergency. Those are now two years old. They're expiring. I'm not saying this is what's going on in their head but there is another perverse incentive here to amplify the fear porn and to amplify – if you buy into the hypothesis – that for some reason there are incentives for the government to maintain the state of emergency, that is one explanation given that those declarations are expiring and will have to be re-implemented. Because if they're not then all of this emergency use authorization vanishes like dust.
JR: So are you saying, are you implying that perhaps one of the reasons why they're removing monoclonal antibodies is to enhance the amount of people that are sick?
RM: I'm saying it is in the spectrum of the range of possible, just the same as the withholding of early treatments is inexplicable.
JR: And this is inexplicable in that we know that they're very effective. I have personal evidence that they're very effective. They worked great on me. The fact that they're removing this, and that you would even consider that the reason why they're doing it is to extend the emergency use authorization is insane, that's terrifying.
RM: It's hard for me to reconcile the behavior of the government and its public health decisions with the data. And it's like there's two bins; is it incompetence or maleficence. Is there some ulterior political motive or are they just dumb stupid?
JR: If there's some political motive, if that's written anywhere, someone's going to jail I mean if that comes out, if that somehow another gets leaked, Jesus fucking Christ that's scary.
RM: I wish it was so.
JR: I wish it was so too. I'm saying that and I might be completely wrong, I may be totally naive.
RM: But the lab leak. You know that for me – the disclosure of emails that Cliff Lane, Tony Fauci and Francis Collins actively conspired to destroy any discussion of the appropriateness of lockdown strategies and in the mainstream press hardly covers it and there are no consequences. The document trail having to do with the gain of function research and the implication of NIH (National Institutes of Health) and by the way DTRA (Defense Threat Reduction Agency) in that, having absolutely no consequences for anybody we're in an environment in which truth and consequences are fungible. This is modern media management and warfare. The truth is what those that are managing the Trusted News Initiative say it is.
JR: That is wild and for me personally, it's so confusing that I find myself in a situation where I feel compelled to have people like you on because I don't know where else this is gonna get out.
RM: So, thank you on behalf of, you know in my case, I'm the president of the International Alliance of Physicians and Scientists. We're over 16,000 people from all over the world, physicians and scientists, and you can find our website at www.globalcovidsummit.org. We are gob smacked about what's going on and we are shut down, censored, demeaned – fill in the blank – all over the world.
JR: And over a period of two years the world has completely changed in that regard.
RM: And they're taking our licenses, and license to practice medicine, because we are speaking about these matters, and you can label me however you want to label me, I don't care I've done what I've done in my career. I'm at a stage at 62 years old, I've got a farm, it's almost paid off, I

raise horses, I love my wife you know I've been married a long time, my kids are both married, I have got grandkids, you know I don't need this. There's this claim I'm doing all this because I seek attention – trust me this is not a fun thing to be doing at this stage. Physicians at FLCCC in senior positions highly, like Peter McCullough, people at the culmination of exceptional careers. Paul Merrick an exceptional physician by any standards – run out of his hospital, demeaned, destroyed, actively attacked, and trying to take his license. This medicine is being destroyed globally. People are losing faith in the whole system. They're losing faith in the scientific enterprise.

They're losing faith in our government. They're losing faith in the vaccine enterprise. I mean what is going to be the long-term consequences of public health when you have a large fraction of the population who wasn't anti-vaxxer, that pejorative (expressing a negative or a disrespectful connotation, a low opinion), before they're now saying; oh my god, if this is how these people make decisions I don't want anything to do with it. I certainly don't want to have jabs into my kid.

JR: Well that's one of the more disturbing things, the opposite of that, is one of the more disturbing things about this pandemic is how people have just decided because they're scared and because they want a solution that the pharmaceutical companies have their best interests at heart and that they're not these machines that are designed to make money. And they sell drugs and the drugs are often beneficial but their main goal is to make money and if they can fudge the data, if they can move the numbers around, if they can delete negative consequences.

RM: Pfizer is one of the most criminal pharmaceutical organizations in the world based on their past legal history and fines. What do those fines include? Bribing physicians, okay, it is a cost benefit analysis in the pharmaceutical industry about misbehavior. They are not grounded in the ethical principles that you and I, as average people, believe in. They don't live in that world. As you appropriately point out they are about profit – return on investment. And furthermore, the overlords that own them Black Rock, Vanguard, State Street, etc., these large massive funds that are completely decoupled from nation states, have no moral core – they have no moral purpose. Their only purpose is return on investment. And that is the core problem here. That and the fact that we as a society have become grossly fragmented through social media, electronic appliances, the stress of what we've experienced, and this leads into this whole issue of mass formation psychosis that Matthias Desmond at the university of Ghent has promoted. That for many of us when Matthias, a well-known psychologist and statistician, interesting combination, made public, a lot of us, we listened to Matthias, we said; oh that makes sense, that was like the brain that what happened when I encountered the Trusted News Initiative. I said oh. I don't know if you saw the Brett Weinstein podcast with me and Steve Kirsch where that lit this whole fire all over the world. Brett ends with basically the question, if you listen to the long version of what's, how does this happen, how do we have this emergent phenomena, the how question, right, and you know behind the how question is the why question. That the how question of a third of the population basically being hypnotized and totally wrapped up in whatever Tony Fauci in the mainstream media feeds them, whatever CNN tells them is true. Let me illustrate, that the other day I was looking through New York Times recent articles about Omicron and pediatrics in preparation for this and for making some slideshows and I saw this headline in the New York Times, epidemiologist and a vaccinologist and the title was how you should think about children and Omicron. It was blatantly saying this is how you should think – we're going to tell you how to think, okay. People kind of got to get that in their head that's the world we're in right now. Now what Matthias Desmond has shared with us brilliant insight is another one of those aha now that part makes sense which is that this comes from basically European intellectual inquiry into what the heck happened in Germany in the 20s and 30s, you know very intelligent highly educated population and they went barking mad. And how did that happen? The answer is mass formation psychosis. When you have a society that has become

decoupled from each other and has free-floating anxiety in a sense that things don't make sense, we can't understand it, and then their attention gets focused by a leader or series of events on one small point, just like hypnosis, they literally become hypnotized and can be led anywhere and one of the aspects of that phenomenon is the people that they identify as their leaders, the ones typically that come in and say you have this pain and I can solve it for you, I and I alone, okay, can fix this problem for you. Then they will be led, they will follow that person through Hell. It doesn't matter whether they lie to them or whatever, the data are irrelevant and furthermore anybody who questions that narrative is to be immediately attacked, they are the other side.

This is central to mass formation psychosis and this is what has happened, we had all those conditions. You remember back before 2019 everybody was complaining the world doesn't make sense, blah blah blah, and we're all isolated from each other, we're all on our little tools, we're not connected socially anymore except through social media, and then this thing happened and everybody focused on it. That is how mass formation psychosis happens and that is what's happened here. Now there's ways to get out of it. Matthias's recommendation is you got to get people to realize that what we've got is a situation of global totalitarianism. In his experience in Europe, making people realize there's a bigger threat than the virus can cause a separation psychologically in this fusion, this hypnosis that has happened, the problem is then you're just substituting a bigger boogeyman for the current one and somebody else can come in and manipulate that. The real problem and it gets back to your core point – we're sick as a society and we have to heal ourselves, and one of the things we have to do is come together, we have to recreate our social bonds, we have to buy into integrity, the importance of human dignity, and the importance of community. That's how we get out of this and I think that this insight of Matthias Desmond is really central to kind of making sense of all of this crazy. We got a world in which the press is incentivized to push a storyline because they're all controlled by the same large funds that Pfizer is and so is tech. I don't know how we're going to get out of it but it's got to start with us, all of us finding common ground.

JR: I think one way we're going to get out of it is by realizing what it is and by the way you just explained it, and the way Peter McCullough explained it, and he was on the podcast as well this mass formation psychosis that we're currently experiencing. Most people are unaware of this even happening, all these events take place and it's this perfect storm of the social media aspect of it. The fact that we are disconnected, the Covid, the separation, the isolation from society, the lockdowns, also coming off of the four years of President Donald Trump where we're so polarized politically and this it's become not just very common, but accepted by other people to point that the others, whether it's the Republicans or the Democrats or the independents, whatever you choose, or the unvaccinated that was I was going to get to, yeah. And that's one of the things that I find very bizarre about the tribal aspect of this is that people want me to get vaccinated and like my friends, who've been vaccinated want me to join the team – like, go ahead get the tattoo – like what are you saying and I'm, like, I've gone through the virus I have immunity, I also have antibodies, I just checked them last week, like, I could show you the test, a matter of fact, I have it right here. There it is.

RM: And I had to be tested when I came in the front door at your shop here.

JR: Yeah, we test everybody but the point being is it doesn't make any sense for me to get vaccinated but they want me to join.

RM: It's worse than that, it puts you at higher risk, okay, they're asking you to take more risk for your health in order to join their club.

JR: That's what it is and it's a tribal formation and it's people who don't have personal sovereignty and people who aren't confident with standing by their own thoughts and objectively analyzing things outside of an ideology outside of the tribe. Those people are very susceptible right now and those are more common than not.

RM: So Joe, again this is not me buttering you up but this is why you're providing such a service to your country and humanity because you're one of the few voices that has an audience that is not Democrat or Republican, or black or white, or vaccinated, or unvaccinated, all these dipoles that we create artificially, and you are trying to speak to that persuadable middle and do so with an open heart and an open mind and in a world in which all of the information is being so carefully manipulated and so pervasively distorted. And I'm grateful sincerely, my colleagues are grateful and I think the world should be grateful for your leadership.
JR: Well I'm very grateful that there's courageous people like yourself that do put your reputations and your careers on the line by speaking out against the stuff when it is very difficult and when you do get de-platformed for doing that, they know that by censoring you they're not just censoring you, they're also making others like you self-censor.
RM: Absolutely, I've been self-censoring for months. I mean every morning when we post on Twitter my wife and I have this active dialogue – can we post this? You know, how do we say this, so, we're not going to get de-platformed, blah blah blah blah blah, we're constantly self-censoring.
JR: And it's crazy because you're self-censoring about your area of expertise which is insane because the people are censoring you don't have any education in it.
RM: Yes, I agree it's insane. It's the world we're in.
JR: I'm just hoping that that clip where you explained this mass formation psychosis makes the rounds and I think everything you laid out today is about as clear and as rational and as well documented as I could have hoped and more, so thank you very much for being here, thank you very much for everything that you've done and, Jesus Christ, Twitter put the fucking guy back on.
RM: It's okay, you know so you do martial arts and so you get the idea of using your opponent's energy against him, okay. I was immediately contacted by multiple lawyers. This could be an excellent exemplar case.
JR: I think it is between you and Alex Berenson…
RM: Who's already filed one. I've been through the legal grind. I don't want to sue anybody frankly, but it just sucks the blood out of you, not to mention your financial resources. I mean it's just an ugly process. I hate it, but there's two hills that are willing, I'm willing to die on one that is stopping the jabs for the children and one is, you know, resisting the erosion of free speech. Which is the fundamental principle on which our democracy, our society, civilized western culture is built on. I like to say when I give rallies, do you remember back a couple of years ago when you felt sorry for the people in the People's Republic of China because their internet was filtered, they weren't allowed free speech, their government told them what to do and think? Okay, now here we are. And the next thing that we all feel sorry about social credit system okay? Wake up folks.
JR: Wake up, it's coming. If we give in to this, we give in to vaccine passports, and having an app on your phone that shows everything you're doing in terms of your medical history, and they've even offered people extra credit. There was an article on Yahoo about having access to your browser history and they framed it in this very positive way that having access to your browser in history may allow you to receive extra credit so you would be available you'd have credit available to buy a home or a car.
RM: So bingo, okay, we already know what social credit systems feel like. We call it our credit rating agencies, okay, and you know what those guys do. It doesn't matter whether or not if it's on your record, doesn't matter whether or not you did it or what the extenuating circumstances were. It's in their algorithm and you will get your score and your score basically will determine the tax on your access to credit in the form of the interest that you pay on the money that they have been given by the Federal government. That's the way this ecosystem works. They get that

money at a huge discount and then they decide how worthy you are to receive it, if you want to have credit, and so if you want to understand a little tiny version of the social credit system it's right there in your credit score.

JR: I think the only thing that helps us here is that this may be the one subject where everyone loses. People on the left, people on the right, people in the center, everyone loses if they impart a social credit system, if there is some sort of social credit app that you have to carry around on your phone that determines where you're allowed to go what you're allowed to do, we're all going to lose.

RM: No, I disagree the oligarchs win.

JR: A very small percentage of the population wins, yes, right. But I mean the general public, the people that are divided about Covid, the people that are now bothering each other and you know you losers who got the jab, and look at you unvaccinated plague rats, this nonsense that's going on maybe this would be the one thing that unites us because we'll realize that this is tyranny.

RM: Or if it won't welcome to the new boss, you know, welcome to the new overlords, guys, and it's your choice – I'm gonna be dead. You know I'm 62.

JR: You look good

RM: Thanks, you're kind.

JR: You got some years in you bro, settle in.

RM: It's our children.

JR: Yeah, it is our children – they're challenged uniquely already because they're growing up with social media, they're growing up with Tik Tok and these invasive apps that are tracking all their movement, and everything they do, and buy, and see, and what they look up, and they cross-platform, they share this data across platform, it's very sketchy stuff, and the fact that it's happened, and it happened so quickly, and that our data which seemed to be nothing, became one of the most valuable commodities in the world. And then that data is used to manipulate all the people on the planet.

RM: So, we're touching on some deep stuff about the kids and forgive me for an unabashed promotion for the unity project which I serve as chief medical and regulatory officer for so that's unityprojectonline.com. We're totally focused on the kids and if you go on that site you'll see a podcast that I did with a pediatric psychiatrist out of LA and a pediatric cardiologist who's also a PhD in vascular inflammation, Kurt Millham, and I got those two guys on to talk about what's happening to our children. In particular, the psychological damage of these lockdowns, this mask use, the school policies, the bullying of children who are unvaccinated – the psychological damage is huge. We're having a worldwide epidemic of suicide in children. We are having a huge surge of drug abuse in adolescents. We're having demonstrable drops in IQ and fundamental developmental milestones in the very young, like 20 IQ points. Okay, children have to see faces to learn how to speak and to interact socially. You're talking about social intelligence, which you're deep in, and connectedness. We're raising a generation of children in that they have been blocked from their ability, because their brains are developing extremely rapidly at this age the ability for their brains to assimilate the information necessary for them to become functional citizens and parents. We're destroying it without a second thought and the damage is going to last for generations and as if that's not bad enough we're allowing the state to insert itself into the family and make decisions by mandating vaccination. This is why these childhood vaccines mandates are obscene. We're setting up a situation in which children are going to see peers who have been vaccine damaged as a consequence of the policies that their teachers and their government have forced on them. The damage here is going to be with us for generations. I'm not being 'chicken little' here. This is deep profound stuff, it's way beyond myocarditis and no one seems to care. No one talks to children. There was a big breakthrough, we all celebrated a

week ago – Face the Nation – on the annual roundup of stories that have been under-reported, one of the speakers got up, journalist, and said to the other group I think one of the most underreported stories has been the damage that's happened to our children.
JR: I saw that, yeah.
RM: And did you see what happened with other journalists, no nobody said a word. They moved on. It was hardly covered in the media.
JR: Well, she even glossed over the damage by the vaccines.
RM: Agreed – how could she speak about the vaccines? I suspect she may lose her job she's not going to be invited back on that program again. I mean, how could she speak about the damage of the vaccines?
JR: She really just briefly touched on it.
RM: Yeah, so the point?
JR: Is because it's dangerous.
RM: Insanely dangerous to speak truth to power right now.
JR: Before we wrap this up why is the vaccine uniquely dangerous to children?
RM: Good question. I'm not complete, so the data here's the problem with the myocarditis bias in children in the data set, particularly boys, okay. One of the things, there is clearly an androgen component to the risk of both the vaccine and the disease of the virus and that's why anti-androgens, by the way Pierre Kory, shout out to him for a champion of anti-androgens being added to his math plus protocol, okay, particularly for men. So why are boys, there's probably a component of that that has to do with um an artifact in the data, that being that when us old codgers in general as a population have a much higher risk of cardiac events and so if there's a heart attack in one of us, it's really hard to say is it just because we're old, or is it vaccine-related, okay, so then the vaccine if there are vaccine-related events buried in that we're not going to see them statistically, it's really hard to pull it out, whereas kids don't have heart attacks and they don't have strokes so you can see those things really clearly against the background of virtually nothing. So that's it may be partially an artifact of reporting and bias because of confounding variables and it may be their other effects. In terms of your other broader question moving outside the myocarditis, why are children more susceptible to these adverse events, I think they're not. I think the problem is that we're seeing it in the kids but its present in the adult population also. I think there is a significant reporting bias going on against reporting adult vaccine injury. I think that we have more in- and why would I say that, oh because I'm a vaccine denier I'm a bad guy and I have some perverse incentive to have that media hit me. Um no. We have these reports from hospitalists and nurses, the ones that – often it's the nurses that are able to speak for some reason the nurses are disclosing things that they're seeing in their hospitals and the physicians are all shutting up. Is it because they have financial incentives or because they're all owned because they have such debt burdens? I don't know. But the nurses are speaking out and they're saying; hey, we're seeing strokes and heart attacks and these other types of problems that are known to be associated with the jabs – well it's hard to say because we got the virus in the vaccines overlapping. You know, is it chicken or egg, we know that they're happening. We know that the deaths are happening. That's like the excuses that are made about the sudden deaths in high-performing athletes that are being observed all over the world, particularly in footballers that where they're just suddenly dropping. Is it because they've been infected or because they've been jabbed? And I think it's a mixture of both, but if it's from the vaccines the thing about the vaccines is that's if you know, we have this principle we used – of to do no harm – and if a virus naturally infects you and you have a damage from it, I haven't caused that damage as a physician. If I'm recommending that you take a drug, an intervention that they didn't need to have, you may or may not have gotten infected and it causes damage, well I gotta kind of own that as a physician, as a representative of the medical industrial complex and a participant in it.

And so for whatever reason there's a under reporting bias clearly in the adult population and I think that people being a little more sensitive to adverse events and deaths in their children.
JR: Robert thank you for everything I really appreciate you. Appreciate you being here. If people want to read more of your work now that you've been banned from Twitter, where are you? Are you still on LinkedIn?
RM: I'm still on LinkedIn. I'm really cautious on Linkedin. I'm on Gettr, and I'm on Substack so that's RW Malone MD
JR: Substack's probably the best place though right?
RM: The problem with Substack, yeah, it is least censored, and I would love more Substack subscriptions – but I have a financial conflict of interest there so I don't want to pump it but that is I try to use Substack for more in-depth intellectual pieces, thought pieces not just, I mean Alex bless his heart, he blasts everything out as if Substack is Twitter, that's not my style, right, so I'm going to be using Gettr for that thread.
JR: Gettr, what is that?
RM: That's a Twitter alternative
JR: Oh, never heard about Gettr been waiting for one though.
RM: I'm using Gettr and again @rwmalonemd
JR: Is it spelled like g-e-t-t-e-r
RM: g-e-t-t-r
JR: Do you want it Jamie? No? G-e-t-t-r.
RM: Yeah, so gettr is branded as the Twitter killer, it is explicitly a Twitter alternative.
JR: Is it all right-wing crazy people?
RM: No, it's a lot of people that have been.
JR: It's a lot of people that have been kicked off of Twitter.
RM: You know, they are committed to not censoring.
JR: Beautiful, well I support that entirely, I mean I just did, there's a problem with some of these that they do get infected by people that were shit posters, you know what shit posters are?
RM: I mean, I've been on social media a long time, I'm sure I used to be on Yahoo stock chat boards, that's kind of where I cut my teeth.
JR: Well Robert thank you very much, just thank you for everything and I hope this helps.
RM: Thank you, thank you so seriously thank you for your service to your nation and to the world Mr. Rogan.
JR; My pleasure, thank you, thanks for everything, bye everybody.

Governments Admit Using 'Mass Formation Psychosis' as Tool of Population Control

https://summit.news/2022/01/03/mass-formation-psychosis-admittedly-used-by-governments-as-tool-of-population-control/

Paul Joseph Watson 3 January 2022

Dr. Robert Malone's assertions about "mass formation psychosis" in the context of the COVID-19 pandemic are underscored by the fact that authorities in the UK admitted to using "totalitarian" methods of "mind control" to instil fear in the population.

In Canada, the military also admitted launching a psychological operations campaign against their own people in order to manipulate them into compliance with COVID-19 restrictions and mandates.

During his viral podcast with Joe Rogan after he was banned by Twitter, Malone explained how the global population was being manipulated into remaining in a constant state of hysterical anxiety via mass formation psychosis.

"What the heck happened to Germany in the 20s and 30s? Very intelligent, highly educated population, and they went barking mad. And how did that happen?" asked Malone.

"The answer is mass formation psychosis."

"When you have a society that has become decoupled from each other and has free-floating anxiety in a sense that things don't make sense, we can't understand it, and then their attention gets focused by a leader or series of events on one small point just like hypnosis, they literally become hypnotized and can be led anywhere," he added.

"And one of the aspects of that phenomenon is that the people that they identify as their leaders, the ones typically that come in and say you have this pain and I can solve it for you. I and I alone," Malone further explained, "Then they will follow that person. It doesn't matter whether they lied to them or whatever. The data is irrelevant."

"We had all those conditions. If you remember back before 2019 everyone was complaining, the world doesn't make sense and we are all isolated from each other."

"Then this thing happened, and everyone focused on it," stated Malone, noting, "That is how mass formation psychosis happens and that is what has happened here."

Malone's summary of how health authorities seized on the unifying threat of the COVID-19 pandemic and exaggerated its thread to create mass hysteria is backed up by leaked details of how the UK government manipulated its population during the early days of the pandemic.

As first revealed by author and journalist Laura Dodsworth, scientists in the UK working as advisors for the government admitted using what they now admit to be "unethical" and "totalitarian" methods of instilling fear in the population in order to control behaviour during the pandemic.

The London Telegraph reported the comments made by Members of the Scientific Pandemic Influenza Group on Behaviour (SPI-B), a sub-committee of the Scientific Advisory Group for Emergencies (Sage) the government's chief scientific advisory group.

The report quotes a briefing from March 2020, as the first lockdown was decreed, that stated the government should drastically increase "the perceived level of personal threat" that the virus poses because "a substantial number of people still do not feel sufficiently personally threatened".

One scientist with the SPI-B admits that "In March [2020] the Government was very worried about compliance and they thought people wouldn't want to be locked down. There were discussions about fear being needed to encourage compliance, and decisions were made about how to ramp up the fear."

The unnamed scientist adds that "The way we have used fear is dystopian."

The scientist further confessed that "The use of fear has definitely been ethically questionable. It's been like a weird experiment. Ultimately, it backfired because people became too scared."

Another separate scientist on the subcommittee professed "You could call psychology 'mind control'. That's what we do… clearly we try and go about it in a positive way, but it has been used nefariously in the past."

Another scientist warned that "We have to be very careful about the authoritarianism that is creeping in," adding "people use the pandemic to grab power and drive through things that wouldn't happen otherwise."

According to the report, another researcher with the group acknowledged that "Without a vaccine, psychology is your main weapon," adding that "Psychology has had a really good epidemic, actually."

Yet another scientist on the subcommittee stated that they have been "stunned by the weaponisation of behavioural psychology" over the past year, and warned that "psychologists didn't seem to notice when it stopped being altruistic and became manipulative."

"They have too much power and it intoxicates them", the scientist further warned.

In addition to the UK government's response, it was also revealed that the Canadian military launched a psychological operations program against their own citizens in the early days of the pandemic order to amplify government messaging and "head off civil disobedience."

"Canadian military leaders saw the pandemic as a unique opportunity to test out propaganda techniques on an unsuspecting public," reported the Ottawa Citizen.

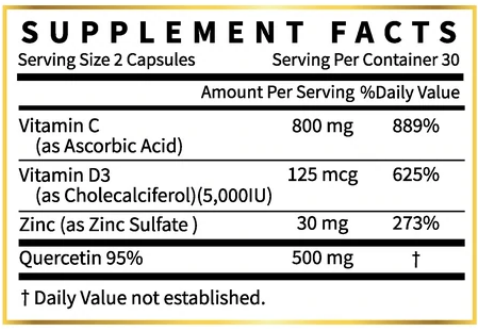
Meanwhile, following early efforts to bury the term altogether, Google is now desperately rigging its search results to return only negative articles about "mass formation psychosis" and Dr. Malone.

Google's current top search result link for "mass formation psychosis" is a Forbes hit piece that recycles dubious claims Dr. Malone already debunked during his Rogan appearance.

Dr. Zelenko: "Zinc is the Bullet — It Kills the Virus. The Only Problem is the Bullet doesn't get to the Place where it needs to Be"

https://www.thegatewaypundit.com/2022/01/dr-zelenko-zinc-bullet-kills-virus-problem-bullet-doesnt-get-place-needs/

Published January 6, 2022



SUPPLEMENT FACTS

Serving Size 2 Capsules — Serving Per Container 30

	Amount Per Serving	%Daily Value
Vitamin C (as Ascorbic Acid)	800 mg	889%
Vitamin D3 (as Cholecalciferol)(5,000IU)	125 mcg	625%
Zinc (as Zinc Sulfate)	30 mg	273%
Quercetin 95%	500 mg	†

† Daily Value not established.

Other Ingredients: Hypromellose Capsule (Vegetable Capsule).

Dr. Vladimir Zelenko became a hero for his early use of hydroxychloroquine to fight COVID.

Sadly, his efforts were halted by a Democrat governor.

But Dr. Zelenko didn't stop.

He kept working — and found an over-the-counter way to help people.

Watch: Here is Dr. Zelenko talk about "the bullet and gun" approach for understanding zinc ionophores (transcript of highlights is below):

Here is a transcript of highlights from the video:

Dr. Zelenko:

"Zinc is the bullet – it kills the virus. The only problem is the bullet doesn't get to the place where it needs to be.

The virus is inside the cell. The enzyme is inside the cell. ***And the zinc on its own cannot get into the cell.*** *You have a bullet without a gun – useless.*

Now, it turns out there's a class of medications called 'zinc ionophores' or a class of substances called 'zinc ionophores' — what they do — is they open up a channel, a door, which allows zinc to go from outside the cell to inside the cell.

There are four of them that are readily available – two of them are prescription and two of them are over-the-counter.

The two prescription ones everyone has heard of: Hydroxycholorquine and Ivermection.

They're the guns that shoot the bullet. The bullet then gets into the cell and stops the virus enzyme from helping the virus replicate.

So you have a gun and bullet. Only the synergy of the two creates a functioning unit.

So in April of last year, Cuomo (New York governor) issued an executive order that was directly targeting me and my patients – because I was the only one in the state doing it. Where pharmacies would not dispense hydroxychloroquine to patients. So all of a sudden, I had a gun and a bullet approach, but…he took away the zinc delivery system — at least he took away access to my patients.

So I was forced by necessity to innovate. I did more research, and on the NIH servers of all places, I found papers saying a substance called quercetin is a zinc delivery system, as well. It's a zinc ionophore.

To be honest, I'd never heard of quercetin. So I googled it and I see it's over-the-counter.

That was one of the most significant realizations in my life and probably in humanity.

Why do I say that? Because now there was a cure for tyranny.

There are two risk factors for dying from COVID: It's the doctor you choose and the government you live under. Besides that, there's no reason a person should die from COVID.

Now, you don't need a doctor and now you don't need permission from the government. You can go to a pharmacy or go to a supermarket and buy an over-the-counter option of quercetin together with Zinc and Vitamin C and Vitamin D.

Together it creates a very powerful immune-boosting nutritional supplement. According to the FDA, I'm not allowed to make any claims except that it's an immune booster and nutritional supplement. So what I'm going to say is the following: Quercetin and Vitamin C together form a functioning zinc ionophore — a zinc delivery system. Zinc is what it delivers, so you actually need zinc as well. You need the gun and the bullet.

And Vitamin D – the studies all show – Vitamin D3 levels between 50 and 70 virtually eliminate hospitalizations or admissions in the intensive care unit. It optimizes their immune system ... so you need Vitamin D, then you need Zinc, which is the bullet. And then to form a functioning gun, you need Vitamin C and quercetin…

Patients were having trouble sourcing it, because it was four different ingredients that weren't always available in the same place. They had trouble finding the right doses.

It was a puzzle that was a little too complex for people to put together.

So I was asked as a necessity — as a favor to people — to produce something that has everything in one package.

It made sense to me, so with the help of my colleagues, we were able to produce a substance — a compound called Z-Stack — that has Vitamin C, Vitamin D, and most importantly has quercetin and zinc."

Now, Dr. Zelenko is now making Z-Stack available to everyone.

For Gateway Pundit readers, Dr. Zelenko created a special page: https://zstacklife.com/gateway (by ordering through this link, you'll be supporting and benefiting Gateway Pundit)

Z-Stack is:

— Kosher-certified

— GMP-certified

— Proudly made in the USA.

To order Z-Stack directly from Dr. Zelenko's store, click here