Speaker 1 (00:03):

We know that for almost everybody watching this, your risk of death or hospitalization is a fraction of a fraction of 1%. Okay. You're not going to, for most of you, there's no way you're going to die from this. What you will do is develop natural immunity.

Speaker 2 (00:28):

[inaudible]

Speaker 3 (00:29):

In 1986, the world's sticking to Janie disaster happens when a nuclear reactor of the Chernobyl power plant exploded. As a result, hundreds of thousands of people were affected by deadly radiation. Some of them died quickly. The others suffered from various cancers, neurological and reproductive damage. And so much more much like in the Soviet union. People's health is being savagely damaged here in America right now, and much like the communist body, our political establishment says there is nothing to worry about. The mass vaccination camp, a vaccination against school did the disease that has a negligible death rate for most healthy individuals has become nearly universal and oftentimes mandatory, but it's already caused people, severe health implications and even deaths you had. The government seems disturbing disturbingly on interested in analyzing its own data on vaccines side effects, um, in stats, instead of, uh, honest analysis of the data, it's try to employ to employ the worst authoritarian tactics against those brief people who speak the truth and try to warn their fellow citizens of the vaccine of the risks associated with the vaccines. So today we have a privilege to speak with one of such outstanding people, Dr. Robert Malone and inventor of MRMA technology. One of the world's most qualified and also the most despised professionals who share scientific information about COVID vaccines risks, early treatments, and people who shave the pandemic response. Dr. Malone, thank you very much for hosting us today. It's a pleasure.

Speaker 1 (02:28):

Thank you for coming and sharing

Speaker 3 (02:30):

The day with us doctor, if you don't mind, I would like to start with some basics. So the nest vaccination campaign, uh, against schools, it starts it's, uh, in March of this year. And of course, most people have no idea what are these vaccines are and what ease the MRMA technology. So naturally they turn to, um, official sources to find some information. So the CDC websites, uh, describes, uh, the technology like that. So it says that, um, Emma, Annie goes to your, our Mo uh, shoulder muscle. It stays there. It's teaches our cells how to produce a part of the virus. They call it a harmless farcical, um, namely a spike protein of the virus that triggers the immune response. And then our cells break down AMA and ne and get freed of Amerind a within a few days after the vaccination. And since we know that you did not participate in the development of the COVID vaccines, is that the correct description of the technology that you bind youth

Speaker 1 (03:45):

In general? That's pretty good. That's a pretty accurate assessment in a very simplified way. I'm not sure about the, uh, how long the RNA stays in that statement. If that's what they actually say. There's no data to back that up. How long the RNA sticks around. Uh, there's a number, obviously the statement that the spike protein is harmless is also false demonstrably false it's, it's a lie. It's a, it's another one of the

Nobel lies. Uh, the, so in the, the idea that it just stays in the arm muscle is also clearly a lie. Anybody that's looked at the regulatory dossier for the Pfizer, other products knows that this was not true. Uh, so if we were to give the benefit of the doubt, we could, we could say that this is, um, another example of kind of the, the logic of the benign noble lie that we don't tell people the full story. We tell them a simplified story that is structured in a way that makes everything sound. Non-threatening

Speaker 3 (04:58):

You say that Mr. [inaudible] actually does not see in the muscle, it travels further. It travels to other organs throughout the body, and it has been known. And we know that a 2017 study published by the modern publication showed that liquid nanoparticle, influenza vaccine that used MRI and the technology actually traveled through the body. And then the Japanese government's conducted a study on Pfizer shots by a distribution. And it showed that the spike protein was found in other organs in human body. It said that, um, include that included, but included ovaries spleen liver. Was it not the signal for the vaccination campaign just to, just to stop right away?

Speaker 1 (05:56):

Okay. So I'm going to backtrack a little bit on what you just said. Um, cause it's important that we get the details, right? Uh, and this is the, uh, which you're referring to, I believe is what's called the common technical document. Uh, this is a dossier of information that is submitted to various government regulatory authorities by Pfizer. So it wasn't the Japanese government

Speaker 3 (06:23):

Performing a study, but rather it was the Japanese regulatory authority, which disclosed a Pfizer document. And what's the nuance there that's important to understand is that our policies here in the United States with the FDA in with the European medicines agency is that those documents that are submitted by the developer of the product, I believe that it was the study conducted by the regular tourists.

Speaker 1 (06:54):

It was a Pfizer study that was submitted to the regulatory authorities and then was obtained by Byron bridal and others. I was among the first to analyze it.

Speaker 3 (07:07):

Thank you for clarifying that.

Speaker 1 (07:09):

So it's important that it's actually Pfizer. And, uh, what it revealed was that the regulatory authorities across the world allowed Pfizer to submit a grossly incomplete document, uh, in support of initiated clinical studies concerning the, uh, what we call now community or criminality. I'm not sure how to pronounce it, the Biointech product. So in that set of studies, what was shocking to me and many others that reviewed them again, this is a Pfizer submitted document that became the basis for authorizing this thing to be used all over the world is the regulatory authorities allowed Pfizer to take data that wasn't actually developed with this vaccine that they'd developed for other purposes, that didn't meet the standard regulatory requirements for rigor for in, uh, how carefully the studies were done. Um, it didn't meet the norms for ensuring that the studies were done in a well controlled fashion, which is always required for clinical trials.

Speaker 1 (08:27):

Um, and they allowed Pfizer to use data that had been developed with other RNs in other purposes and other formulations. It isn't the final formulation of the product and submit that in lieu of actually doing the work that they needed to do. And, uh, that's always been required for vaccines, uh, you know, as far as my whole career, uh, and that the world has all agreed, uh, that these are the way studies are supposed to be done, that the regulatory authorities across the world basically allowed Pfizer to submit. I'm just going to say it junk data that wasn't related to the actual vaccine and use that to justify going forward in humans. Now, in terms of the bio distribution studies, which is what you're talking about in particular, those were not done well. And they were done with other RNs, including the RNA that encodes the protein that makes the Firefly tail glow, which many people have gotten excited about the name of that protein, which is luciferase.

Speaker 1 (09:36):

Uh, so yes, it, it refers to the devil in some ways, but in fact, this is a protein that I pioneered its use in animals, uh, back in the eighties when I was at the Salk. Uh, and that's all it is. It's the protein that makes the Firefly tail glow, which causes light to be produced, which is easy thing to detect, but it is not the vaccine RNA. Okay. So what they did in those studies that you're referring to is they did look at the distribution of the fat part there's fats that are put around the RNA that allows the RNA to slip into cells. And those fats include things that are synthetic. They are made in a test tube. They're not a natural product. They're not something that your body would normally encounter. They are a new chemical entity is the formal words. And so typically with a new chemical entity that we're going to inject into billions of people, um, there would be rigorous studies done about their safety, the biodistribution, how long that thing lasts and whether it might cause damage to the DNA, Geno toxicity or the, or the ability of animals to reproduce reproductive toxicology.

Speaker 1 (10:48):

So birth defects and other things, normally that would be required. What they did was very superficial experiments that were not well controlled. They didn't meet the normal standards. They didn't actually involve the actual drug product. What the studies that they did do showed in rodents was that when they inject it into muscle in these rodents, it distributes the particles distributed all over the body. They don't stay put some of them, many of them go to other places. And they looked at whether the protein produced by the RNA. So this would be akin to the antigen, but they didn't look for spike protein because they weren't using spike protein, MRNs. They were using Firefly, glowing RNA luciferase. And so they were looking for light production from the various organs. And then they also looked for where the lipid part with the lipids go to the ovary.

Speaker 1 (11:44):

And that was one of the things that caused a lot of people to say, well, this, this needs to be followed up. This needs to have more rigorous testing, which wasn't done. They never forced them to do that apparently. Um, and oddly for the, using the luciferase protein, there's a lot of different ways you can detect that protein and to detect it very sensitively. If you really want to ask the question, where is the protein expressed? What you do is disect that when you sacrifice the animal, you dissect all the different tissues and you do a test tube assay that's super sensitive, and you can detect exactly how much protein is made in all the different tissues of the body, the brain gonads, whatever they didn't do, that they use the assay that is least sensitive, which is they take the whole animal and they inject the substrate into the animal.

Speaker 1 (12:37):

And then they look at how much light comes through the, the tissue of the animal by putting a camera above the animal. And you can appreciate that these are photons. These are little, you know, you're have some scientific background. You were talking about radiation. So the photons get diffracted. And basically the light that's detected by the, by the camera above the animal is only from the areas that have the strong, strong levels of luciferase expression. So they bias the results by using the least sensitive asset. It's basically a parlor trick to get your publications, you know, your picture on the front of science magazine, but it is not a quantitative way. And I find the whole thing amazing and shocking about what was allowed to get through. Um, and I perplexing, you know, that, that regulators, the world over allowed themselves to be fooled by Pfizer with this data package is, is profoundly discouraging because it means that the gatekeepers that are supposed to ensure that you and I are protected, that your reproductive health is protected, um, that our children's health is protected. They didn't do their job. This there's no other way to put it

Speaker 3 (13:56):

Doctor, but with spent, I don't know how many millions a year to, you know, to actually pay their salaries at the FDA and at the CDC, the world's top experts, I assume, work there. And they would need to look at that data and see all of these irregularities. And they would see that it is grossly incomplete and they would still let it

Speaker 1 (14:25):

It's true. Remember it wasn't just the FDA and the CDC. It was also the European medicines agency, the Japanese regulatory authorities. Okay. But there's again, forgive me for correcting you, but there's some assumptions in what you said. You said the world's top experts, and that's not what we have anymore. In these regulatory agencies,

Speaker 3 (14:49):

We would expect that we would hope

Speaker 1 (14:51):

That, right. That we would hope that that would need to be protected. Or if not that if people like me were to call Peter Marks at CBRE, the branch that controls vaccine licensure and have a discussion with him about this finding in what was observed with his package that Peter Marx would say, Hmm, maybe I got to listen to this guy. Maybe he's got something to say, uh, and I ought to pay attention to because, Hey, he was the guy that came up with this technology and maybe he has some insights. So I made that call and I had that telephone conference. And, uh, Peter assured me that, uh, that this would all be taken care of, that there was no safety signal to be worried about. And, uh, that I should give him time to just let the regular process work through. Okay. So they completely, and I have other friends at the FDA that I had alerted about the potential risks with spike protein and that information from those lower level people who are good, solid scientists that I respect was sent up the chain of command.

Speaker 1 (16:01):

And, uh, the FDA was fully informed of that. And they believe that what I was alerting them to was not an important signal. And they didn't, there was no cause for concern. So I did do my job of of saying, Hey, my friends, please pay attention to these things. And the response I got was basically, um, go away. Uh, we know what we're doing, but the truth is that they don't have experts that are deep in this kind of

technology. And what they do do is they have checklists. So now you're assuming for instance, let's talk about the FDA just for a moment. You're assuming there's a deep level of competency there. The truth is that they pay about 80% of market value. Okay. And the people that work at the FDA up in Rockville are in a very expensive real estate market. So what you end up with is people that are kind of largely second grade, you know, if they could make big money working for Pfizer, they would.

Speaker 1 (17:08):

And many of them do when they leave, right? Like the former FDA commissioner Gottlieb, right. This revolving door. And then they go out and do that. But most of the folks that are operational that are reviewing these documents, they're not the top tier scientists. They're often of foreign graduates. Um, not us trained. I don't mean to be pejorative about scientists from other cultures, but they're here. Um, and in English is not their first language. And the way that the FDA has come to work is they have checklists and they applied the vaccines checklist, which assumes that it is a more traditional product, a purified protein that's injected with an agiment and they didn't apply the gene therapy checklist. But in fact, this is gene therapy technology applied to the indication of vaccines. And so the things that they would normally do for any gene therapy technology they didn't do because they said, oh, this is a vaccine.

Speaker 1 (18:11):

And so that's, that's, we assume that there is a deep knowledge. And, and we imagine that they're scientists pondering, uh, these difficult questions in truth. They're, they're kind of operational. And you spoke about Russia and you understand bureaucracies. And that's what we're dealing with is a bureaucratic environment driven by checklists and, uh, administration, pushing those people. I mean, one of the breakdowns that's happened is the independence of the FDA no longer exists. Another one of your core assumptions is that these, we are paying for these people that are doing this review. That's no longer true. They work for the pharmaceutical industry. They are paid by the pharmaceutical industry, that's who they work for. That's where their money comes from. How did that happen? Pharmaceutical industry lobbyists convinced Congress that they should stop having to have the American taxpayers pay for FDA review. They should put all those charges onto the industry. The industry was very glad to do that because now the FDA works for the industry.