

Dr. Robert Malone, M.D. – Scientist and Researcher

Dr. Robert Malone is the inventor of mRNA core technologies including the idea of the mRNA vaccine. Dr. Malone has extensive experience in clinical trials, vaccine gene therapy, immunology, and in the pharmaceutical and technological industries. Dr. Malone was also part of the team that conducted the first mRNA vaccine experiments. He is of world renown and considered one of the foremost virus experts.

Summary of Main Points

- The information that the government, regulatory agencies and the media is putting out is being carefully controlled, suppressed and manipulated.
- Many of the local front-line physicians are accepting the distorted information, but this information is inaccurate and out-of-date.
- The current vaccines are not effective against the current Delta variant. The reason for this is that the vaccines were designed to treat the one protein that caused the original Covid-19 pandemic. These vaccines have not been modified to protect against any of the mutations.
- The reason the mutations have become the source of a new round of infections, is because the policy of vaccinating everyone in the midst of the pandemic has caused stronger virus mutations to develop which are immune to the vaccine.
- Children have robust immune systems that prevent them from contracting severe cases of Covid-19 and its mutations. They also are not major sources of spreading the virus to others.
- There are negligible, if any, benefits to vaccinating children, but there is a wealth of data, with more accumulating constantly, that indicate children are vulnerable to serious adverse effects that could lead to lifelong disability and increased mortality.
- There is no scientific basis to vaccinate children and there are many indications that the dangers are substantial.

- We do not have data that indicate the safety of vaccines for pregnant woman. There is much anecdotal data that suggests there is increased risk of spontaneous abortions, birth defects, and menstrual cycle aberrations.
- We do not know what the ingredients of the vaccines are.

Dr. Malone began by stating that accepting a medical procedure is a fundamental right of choice and that all people have a right to control their body and their destiny. He feels that there has been a lack of moral leadership around the world and that the questions about vaccines are moral questions both for individual rights and for benefits to society.

The problem is that governments, regulatory agencies and the media are controlling and suppressing the information that the public needs in order to make proper decisions. Without speculating on the reasons for that, the result is that conflicting information is coming from the regulatory agencies on the one hand, and from the scientists and researchers who develop the technology and who are producing the research and the data on what is currently happening.

Dr. Malone explained that even under the best of circumstances the data that are gathered on disease prevalence, treatment effects and health outcomes take time to reach the groups that are charged with making decisions. They rely on consensual decision making, and they rely on what they think is fully verified data. The process of reaching a consensus among a number of players, also takes significant time. In addition, it should be noted that Fauci and other administrative leaders make their decisions based on pressures and politics, not science.

Dr. Malone described that during the 30 years he was involved in managing decisions and leading in front-line technologies in the pharmaceutical industry, what he saw consistently is that the large governmental organizations typically lag in reacting to the actual data by many months. At best, the directives that the CDC, FDA, NIH and the WHO promulgate are based on statistics that are typically 4-6 months behind.

In contrast, scientists and researchers operate in an environment where they are in touch with the latest publications, studies, data and trends. In addition, they are in touch with the front-line physicians who are treating the

patients and evaluating treatment protocols. Most importantly they have access to the actual undistorted data.

The local treating physicians, in contrast, are constantly treating patients and doing the best job they can do to give the most effective treatments to the sick. However, they have been trained to rely on the health regulating agencies. In this case they are relying on the data that comes from the first Covid cases. As we said, it takes a long time for this data to be processed and even longer to get translated into policy.

As discussed in earlier testimony today, when mass vaccinations occur in the middle of a pandemic, what is called viral pressure causes the strongest virus mutations to escape the vaccines, and newer and stronger virus variants are created. This is why the vaccines are currently ineffective against the Delta variant, and why Delta spreads so quickly. In fact, the same process is quite likely to soon result in a new mutation, Delta Plus, to begin to replicate and spread around the United States probably this winter. What can we do to protect our community? The key is the children.

We need to understand that the immune system of children is more powerful than the immune system of adults. In general, when children get Covid they have minor or no symptoms because their immune system is able to kill the virus. As we said before, the vaccines are ineffective against the current mutations of Covid, but the children's natural immunity can handle it. In addition, there are very effective treatment protocols that have been shown to be very effective at curing Covid infections in all populations, especially if administered early on.

The data from the CDC show that only 400 children who tested positive for Covid died. Besides the fact that this is a very low number, the key here is that they tested positive for Covid, but they didn't necessarily die of Covid. In all cases, these children had significant pre-existing conditions that were often, if not always, the cause of death, and the presence of a positive Covid test was incidental. Covid did not cause the issues that caused their death, but their prior existing conditions did.

Dr. Malone discussed a document that was signed by thousands of doctors from around the world and publicized in Rome recently. Here are the major points:

- The natural immunity that results from Covid recovery is durable and is more effective and longer lasting than the immunity that results from taking the vaccine. Furthermore, it protects against all variants of Covid unlike the vaccine which was engineered to protect against only one protein – that of the original Covid-19 Alpha infection and has not been modified. Therefore, people who have recovered from Covid should not be subject to restrictions (masks, social distancing, weekly tests) nor vaccine mandates.
- Physicians should be allowed to treat their patients with medications that they have found to be effective and not prevented from giving effective treatments by their governments.
- Vaccinating children means that you will be exposing them to unnecessary risks, since the danger of them getting Covid and suffering serious effects is extremely small, but evidence of the dangers of severe side-effects and death resulting from the vaccine is mounting daily.

In the over 65 population who have no pre-existing conditions, the probability of mortality is less than 1%, and this increases only up to 5% for those in the highest risk categories. What this means is that almost everyone who gets Covid these days will recover, especially if treatment with the documented effective medicines is started early on in the disease. Furthermore, the body will develop natural immunity to the virus, and mutated viruses cannot escape from this natural immunity; this is contrary to the immunity generated by vaccines. What this means is that it is not through vaccination, but through those unvaccinated, that countries, and ultimately the world will achieve the herd immunity that will defeat Covid. In contrast, if everyone gets vaccinated, and especially the children, there will not be enough people with the natural immunity that it takes to effectively fight the new mutations.

One of the results and techniques to manipulate social opinion, of the misinformation we are constantly receiving, is to generate fear. This fear, especially in children causes all kinds of adverse reactions, including depression, loss of social skills, and a spike in suicide that is unprecedented in the children population.

Considering reproductive risks, again there is little data because we have not had enough time to observe the results of vaccination. The data that does exist

show that there is disruption to the menstrual cycle that affect the time, frequency and duration of the menses. As you Rabbonim have seen in your own community this has caused significant disruption in the ability of women being able to go to the mikveh.

The Covid disease has two phases. The first phase is the viral phase and lasts from 5-7 days. It is characterized by flu-like symptoms and typically is not what kills. What is dangerous is the second phase which is characterized by the body's response to the viral fragments that remain in the body. They cause the cells in which they enter to react with a hyper inflammatory response. This inflammatory response can destroy the lungs and other organs. Note that anti-inflammatory agents of which there are many low-cost choices available – aspirin is a very effective one - are often used to reduce the inflammation and the resultant response that damages the lungs and organs and can even result in death. This is why giving prompt treatment to all groups of people with Covid enables almost everyone to recover. The people who recover now have natural immunity to protect them from other mutations, and they are also at the lowest risk of transmitting the virus, and are the best source of herd immunity.

Responses to Questions from the Rabbonim

The risks of giving the vaccine to children and pregnant women cannot be determined because we don't have data available. The necessary safety data is missing because the drug companies did not perform them in their race to bring the vaccine to market. What we can say is that right now children are suffering from lack of social interaction and debilitating fear. There are studies that reportedly show decreases in IQ due to these factors by as much as 15-20%. Unvaccinated children are harassed in school and there is even a spike in child suicide. We must stop the message of fear that is being created by governments and the media.

The real dangers of the vaccine in children are the increasing evidence that it is resulting in many cases of serious myocarditis in young adults. While there is not enough data to evaluate the risks in younger children, we expect that the younger the child the more likely myocarditis will develop. Right now, studies are finding that the incidence of myocarditis in young adults under 30 is 6 times higher than the risk of death from Covid, and it is 3 times higher in males than in

females. These data are probably much lower than the actual figures, as we know that adverse effects to the vaccine are significantly underreported. (One of the reasons for this is that it requires a lot of paperwork for a doctor to report an adverse effect.)

The myocarditis we see in the vaccinated young people is not, as the media tries to say, “mild myocarditis”. These are serious conditions that lead to hospitalization. Even if patients recover, their hearts are permanently scarred and fibrotic and this can lead to sudden cardiac death and aberrant electrical rhythms that can lead to serious cardiac disease throughout the person’s life.

It should be noted that elite athletes, those who function at the peak of physical performance, such as professionals, world champions and military personnel in special units, have their performance measures constantly monitored. They are reluctant to receive the vaccines because they are seeing a 10-15% loss of heart function soon after they take the vaccine. Also, 60% of vaccinated patients show elevated D Dimer levels, which is a blood test that monitors blood clots in capillaries, the small blood vessels throughout the body. Such disturbance of circulation is highly likely to affect the ovaries, as well as blood flow to the placenta in pregnant woman which is necessary to deliver oxygen and nutrients to the embryo. This may be responsible for the alteration of the menses as well.

The Japanese government has just released the data from vaccine trials done by Pfizer on Comirnaty a vaccine released in Europe and soon to be made available in the United States which is reported to be the same composition as the Pfizer vaccine. This data was collected before the Pfizer vaccine was released. This data was suppressed by the governments in the United States and in Europe. It indicates that the vaccine has several parts including the mRNA which manufactures the spike protein when it is injected in the body. It also has a lipid membrane which surrounds the mRNA that makes it easier for the mRNA to slip into the cells. This lipid membrane is made up of a synthetic fat that accumulates in tissues such as the ovary. We don’t know the effect of this lipid accumulation in the organs, because the CDC and the FDA rushed and skipped the normal required rigorous studies that would normally be required before approval is given to a vaccine.

We do not know what the ingredients of the vaccinations are. There is a lot of speculation that graphene oxide is one of them, which is a toxic substance.

There is also evidence that glass and metal chips were found in some vials, but this could be due to poor quality control due to the rush of the companies to manufacture and distribute the vaccines in great quantities.

If Comirnaty was distributed in the United States it would have to have a package insert containing the results of studies in special populations, such as children, pregnant women and birth defects that result from vaccine administration. There is some speculation that the reason this vaccine is not available yet in the United States is because the drug companies have not done, and do not want to do, the safety studies and publicize the safety data.

Israeli data has shown that vaccine immunity is short-lived and requires regular revaccination and boosters. The problem with repeated vaccinations is that the more you vaccinate the more you cause the body to become desensitized to the molecules that are intended to create immunity (“induced hypertolerance to the antigen”). In addition, since there are adverse effects to every vaccination, each administration is another risk to the individual that puts him in significant danger.

Fauci and Pfizer both have said that we cannot get out of the pandemic through vaccines, but we will need medications. However, the new medications are not very effective yet and the governments and regulatory agencies are doing what they can to prevent the use of the low-cost medications that **are** effective and many doctors wish to use.

The Johnson and Johnson vaccine is also a gene therapy vaccine and has the highest incidence of adverse effects.

We have known since the beginning that information in the United States is repressed and manipulated, however the Israeli data were felt to be reliable. Recently reports have indicated that Israeli data is now also being repressed and distorted. The best data right now is coming from the Scandinavian countries, the Netherlands, Sweden and Finland. Iceland also has the best data.

We are starting to see a spike in excess death, which means higher number of people dying this year than died in the last years, specifically cardiac death, in the United Kingdom, the United States and Germany databases. This is consistent with the concept that the vaccines are causing significant increased mortality.