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subject:     mRNA Vaccines: The CIA and National Defense

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Title: mRNA Vaccines: The CIA and National Defense

Subtitle:  This isn't going to end well.

ROBERT W MALONE MD, MS

OCT 27

Transcript of the video above:

mRNA Vaccines: Fact Versus Fiction.

## Editorial (Meta) Comments

This section is about, but not part of, the email outside of this subsection.

First, note that, usually, Malone's profuse writings don't show the extent of hurry that this email does.  Secondly note that the entire world is finding the scope he's attempting to address is extraordinarily broad and confounding.  And realize that complex narratives require subcategorization, which makes a hierarchical table of contents theoretically impossible.

## Objective:  Comprehension, not Politics (Policy Changes)

My purpose is not to overwhelm you with all of the various clips, newspaper clippings, scientific journal articles, et cetera, et cetera, but rather to help you to comprehend the technology and why it's being pushed and how it's being pushed. I'm going to present this as being focused on comprehension, not politics.

### An Aside: **UN**controlled Opposition - Where To Find an Bunch Of It

            Now that may elicit some, "Oh, you're just controlled opposition." That seems to be a favorite theme that's hitting me and Jordan Peterson and Peter McCullough and a number of others, which is extremely **divisive** right now and isn't helping any of us. But just to set the record straight, well - I think two months ago - in the Global COVID Summit Declaration IV we made unequivocal statements about the need to prosecute, that the need for accountability is there, that the vaccine should be stopped. They're not – **neither safe nor effective**, et cetera. So I just want to make it clear that

         I put out, [Malone clears throat]

         and my colleagues in Global COVID Summit and

         the International Alliance of Physicians and Medical Scientists

have been very clear about our position regarding these [mRNA Vaccine] products. I won't call them vaccines. I think that's really not an appropriate term given their activity. [applause]

## Objective:  Comprehension, continued

But that's not my purpose here. I'm hoping that by, if I can make the slides work, there we go, that by the time we're through with this, you'll kind of understand these core things. What are

1.    **the drivers** of SARS-CoV-2crisis response and

**2.    the multiple truths behind them**

?

            Looking at -- **understanding the RNA technology as a way to start to make sense out of what we've all experienced**.

### Lenses

Paul has just given you another [different] lens that through which you can view what has occurred. [Namely, the documenting all these circumventions of normal procedures and rules] And there are many others. He, for instance, just barely touched on the World Economic Forum and the World Health Organization, the collusion with the UN, et cetera. He hasn't really talked about the Bill & Melinda Gates Foundation initiative. There is so many different ways that we can understand and begin to process what we've experienced over the last two and a half years. And I speak about those various ways in different forums. But this one [forum], **I'm just going to focus on the RNA tech.** It's enough to handle that in **the time we have** here.

## Bio-Weapons, Bio-Warfare, the unmet medical need that was being addressed

            What was **the unmet medical need that was being addressed**? I think it's important for us to understand at least those points of view of the other side that are comprehensible. There are clearly aspects that are nefarious, but

### Objectives: I want you to …

 I want you to understand at least some of the underlying rationale. Understand genetic vaccine technology, including mRNA. **What is really the tech?** It has been presented to a lot of people as a black box. It has this acronym that seems very intimidating to many people. I hope that when you leave here, **you'll feel that you have a good grasp of what the technology is**, what its fundamentals are so that you can process information and read the papers and make your own decisions about what you think things mean.

            I want you to understand the difference between **the payload** and **the platform**. We're talking about the fundamentals of the pharmacology of this product category.

I want you to understand how and why it's being pushed. This is more about me trying to give you insight and understanding about what is going on here as seen through **this one lens of the mRNA technology** and the falsehoods and truths that are behind it.

It is only one of many [other] lenses. I've spoken about [the lens of] mass formation. I've spoken about  [the lens of] the World Economic Forum. I've spoken about [the lens of] the administrative state. There's so many variables going on here that we could talk for eight hours, but [now, here] I'm just going to focus on the RNA. [In these 55 minutes.]

            Why mRNA vaccines? Why is this being pushed? There is this universal global, and understand what you've experienced here in Virginia is mirrored by the people that I was just speaking to at a conference in Padua, Italy about an hour and a half ago. The same things have been experienced in Brazil, all over the Western world. Why has this been pushed? What is the unmet need that's being addressed? Now, I'm not placing a value on whether they're right or wrong. I just want you to understand the underlying logic, at least at the surface of this.

## The unmet medical need's Urgency – Bio-Weapon Creation Now Relatively Trivial

            The problem we have is that the technology to enable individuals to engineer bio-weapons has become so trivial that a college senior working out of their, or somebody of similar education level, they can self-train, working out of their garage with stuff they can get off of eBay, can easily recreate the most lethal pathogen combinations that our government came up with in the bio-warfare program that we ran for years. I'm not saying we're not still running it. We do it under a different moniker. We [now] call it **defensive** bio-weapons research, **not offensive** bio-weapons research. I'm not sure what the difference is, but that's the language that's imposed from **the bio-warfare treaty that was signed**. It [the treaty] leaks like a sieve.

### Objective: I want you to …

            But I want you to understand, and if you don't mind keeping the slides up on the monitor because I need those because I'm of a certain age that I need these visual connections. So, um, just to frame it, **with traditional vaccine technology, we anticipate having vaccines, if everything goes well, for all of the bio-warfare agents deployed up until the end of World War II, that's tularemia and smallpox and all those things. Vaccines for all of the warfare agents deployed up until the end of World War II, and we'll have all those by the year 2050 if everything goes well.**

## What was the unmet medical need's Worry about Bio-Weapons?

            Clearly, **now we're in an environment in which a young adult or a bad actor in any part of the world can create very potent bio-weapons.** Clearly, we don't have the capability to respond to that efficiently. That is **the underlying unmet medical need**. That's the **problem set**. We need to be all clear about that. We get all wound up, and I'm not defending in any way the way this has been deployed. I'm not saying that this solution is the best solution. **I'm just saying there is an unmet medical need**, which is there is a very significant threat. It is not trivial. It's not a figment of Cheney's imagination that bio-warfare agents can be engineered.

            I'm convinced -- we have been doing most of the engineering up until this point, and the stuff that is going to come out in **Bobby's** (Robert F. Kennedy, Jr.) **next book** is going to blow your circuits in terms of what we have done in Georgia and Ukraine [Countries]. We'll park that. These things are being done[being set up]. The problem is that once they're let loose, which we've all experienced over the last three years, it's almost three years now really. It's the end of September, the data shows that the beginning of the outbreak was **at least September of 2019, if not earlier**. We've got three years of experience now in what this means.

            Once those things are let loose, they can sweep the world. The technology is now advanced to the point where pathogens can be engineered so they're relatively specific for different ethnic groups based on their genetics. Pathogens can be engineered. I can tell you my friends, or what used to be my buddies at DTRA, Defense Threat Reduction Agency Chem Bio Division, are extremely acutely aware that agents can be engineered to target ethnic groups. **That's the battlefield.** **That's the real environment we're in.** We have to have some technology to enable rapid response. [And so does Russia. –FNC]

            We have to have some technology to enable rapid response for special forces teams that are going to go in to wherever the bad guys are when we detect them and address that problem and take them out. Those special forces need to be protected. We need to have capabilities that can be deployed at the battalion level. And we need to have capabilities that can be deployed at the population level. This RNA tech was one of the ones, together with monoclonal antibodies, that the government has long believed had huge potential to enable that type of rapid response.

            They [the US government] actually like monoclonal antibodies better. The idea behind monoclonal antibodies that they [the US government] really like is you can administer these products to a special forces group. They go in theater, do their business, come back out, go see their wife, monoclonal antibody is gone. It's cleared. Yay. The problem is that the technology just has not performed. The monoclonal antibody technology is too cludgy. It's too cumbersome. What we've learned over the last three years is that viruses and pathogens can evolve to escape that fairly rapidly because they're fairly specific. **We've all seen the viral evolution in real time. We experienced it.**

            That's the unmet medical need that is being attempt.. – at least that's the justification underlying this. Is that there is an unmet need for some technology, that will now allow rapid response to both emerging pathogens and engineered pathogens such as bio-warfare or terrorism-based pathogens. I think we can all agree that we would like such a technology to exist. [Said like a member of the MIC[[i]](%22%20%5Cl%20%22_edn1%22%20%5Co%20%22).  -FNC]

            The truth is that DARPA, which is the operational development arm, basically the CIA, fell in love with the RNA technology over a decade ago. [circa 2012.] They decided to capitalize it and force it into the market space. And for instance, they're the ones that have capitalized through In-Q-Tel, their investment arm, the new RNA manufacturing facilities up in Canada. This **is** a CIA program. Don’t, don't ..yknow, there's no ambiguity here. I'm not telling state secrets.

## The SARS-CoV-2 Technology

            The technology was basically pulled out of the trash can, because **it had been suppressed by Merck - after I developed it over 30 years ago.** Then it was advanced very aggressively by DARPA. **DARPA funded and basically built Moderna.** They're continuing to push all this. And **they're pushing it through the government. What you're seeing is the power of the intelligence community and the new bio-defense industrial complex that's developed since the anthrax attacks and it really goes beyond that, um in being able to push their agenda through the government.**

            **OK, when you see all these things that Paul's documenting, -- all these circumventing of normal procedures and rules, that's happening because largely our intelligence community is pushing that through the administrative state structure.** Why are they doing it? I think if we just back up for a minute and say, "Okay, let's try to give them the benefit of the doubt for a moment." What I think they are believing is that they have to push this, they have to get acceptance for this technology because there are no alternatives. And the threat is so severe, in their opinion, in their spooky world, the threat is so severe that something has to exist, and this is something they've latched onto. Now, I'm saying this not to defend them. I'm saying this to try to help you to understand what you've been subjected to.

DNA versus RNA vaccines.

**I had come up with both ideas back at the Salk in '89.** DNA can also be used for vaccine purposes. **This is the core idea, the little brilliant insight that I had. I don't think I'm being arrogant in saying that. This little thing that popped into my brain when I was at this gene therapy lab at the Salk, and I realized that we had a problem.** The **gene therapy wasn't going to work** because the new genes that are the good genes are seen by the immune system as just *different*. They're producing different proteins, and your immune system doesn't know whether it's a good protein or a bad protein - it just knows that it's a different protein. It will attack it.

            **And that turned out to be the logic flaw in gene therapy.** And they still haven't solved that. **The only way to solve it is to put the genes into an immunocompromised compartment like the back of your eye or to immunosuppress people.** And **I** basically was there as a student passionately wanting to develop gene therapy, **realized that the whole field that I'd committed my life to was never going to work.** And came up with the idea, oh, well, it could be used to elicit a vaccine response. Gene therapy could be used for vaccines. Which is why I've said all the way through, these are not really vaccines. These are gene **therapy** technologies applied to vaccination. That includes the adenovirus vectors. It's explicit.

            And the first embodiment, I filed these patents, and they included use of mRNA in particular (I thought it had advantages) but also, DNA. And **the world picked up on the DNA part because it worked in mice**. Merck bought the rights, and they spent well over a billion dollars; they could never make it work. And they just abandoned it until, like I said, the CIA basically picked up the RNA part out of the trash can and pushed it forward and made it work. So, that's what's happening here. It's about the idea that we can use gene therapy technology, deliver genes into your body and cause your cells to become little manufacturing factories, to produce a part of a virus, a foreign protein, and generate an immune response, both a T-cell and a B-cell. So, both cellular and humoral immunity against that foreign protein in a way that would be very similar as if you got infected by the virus. But there's no virus. That was the logic.

            The problem is like everything, it all sounds great on paper, and then, you got to make it work, and you got to deal with the consequences when things don't go right. **I just wanted you to understand that.**

The logic for why mRNA was because mRNA typically only lasts for a few hours or maybe half a day after it's manufactured in your body. The idea that I had way back then was that this RNA could be used like a drug, administered, and that if somebody has a toxicity, a toxic reaction, it'll be degraded and gone. Just like you clear most drugs. And then, a physician can decide, let's not do that again. That was the idea behind RNA as opposed to DNA, which sticks around for a long, long time in your body once it's in a cell. That's where this started from.

### mRNA Technology Fundamentals



            Now, let's talk about, remember, my goal is that you walk out of this understanding. This is not a focus on passing judgment. This is a focus on empowering you to comprehend what's going on. And the starting point is you have to understand that

1.    Transcription: DNA makes RNA, and

2.    Translation: RNA makes protein.

Not everybody has been through modern biology and understands the central dogma, but that's where this is going. mRNA is one of many different types of RNA. It's an acronym. It sounds scary to some people. It means messenger RNA. There's other kinds of RNA. Ribosomal RNA, transfer RNA. They do different things. RNA is just a molecule, a polymer that your body uses for many different things.

            And one of them is to transfer information from DNA to the protein manufacturing machinery. And so, the idea of using mRNA as a drug is basically like hijacking the normal apparatus. If you think of RNA like a ticker tape to tell the little machine that makes protein what to make, you're taking and sticking in a foreign molecule, a foreign RNA that's not made from a copy of your DNA, and that's going to make the protein manufacturing machinery make a different protein, protein from a virus. I just wanted you to understand that.

And this is just a diagram of those different types of RNAs and the machinery. We don't need to go into the molecular biology of it.



            And we all know this virus now. Everybody's become a virologist and an epidemiologist over the last three years. And the spike protein on the right, as you can see, has kind of two parts. One is a part that sticks into the cell. And by the way, it exists as a trimer. I like to think of it as a treble hook, anybody go fishing. It's a trimer. And the little hook's on the end, so the barbs or the receptor binding domain, and the part that you tie the string to is the S1 subunit that sticks itself into the cell when it's being manufactured. That's the basic structure of the virus and the protein.

Now, these are images, and they're hard to see from where you are. I'm going to talk to you about the tech, the formulation platform.



            These are not liposomes. These are positively-charged fats, and RNA is negative. And you take these fats and you mix them with the RNA, and it all collapses into a glob. The problem with that is that when it collapses into a glob like this, it can stick to other globs. It produces very large aggregates. That's why the people that are administering these vaccines have very strict guidelines. Once they open the bottle and they hydrate it, they need to use it within a short period of time because otherwise, it forms big aggregates. And those big aggregates can be toxic to people. And there is a technology used to keep this aggregation from happening. And it's one of those different little parts that are in that upper panel that shows examples schematically of the chemicals that are used, these positively charged fats, and some of the other things that are added into the formulation, which includes cholesterol, among other things.

            And one of those is polyethylene glycol. And polyethylene glycol is probably responsible for a lot of the short-term anaphylaxis. These are people that die within an hour or two after administration. Some people have hypersensitivity to polyethylene glycol. Polyethylene glycol is in there to keep these things from aggregating, and it's specifically engineered in this case so that it falls off of the particle soon afterwards because otherwise, it would keep the particle from binding to cells and delivering the RNA. ..So that's kind of all I want to talk about, about the core idea.

And as you can see from that little spiral, all of this aggregates and forms around a synthetic RNA that's made in the test tube. It's not really RNA. The stuff that's being administered is not natural RNA. So that's another..... Paul has his list of lies.

            Another one of the lies is that the stuff that's being injected with these vaccines is not truly RNA. It's modified.

One of the four parts, AUGC, that forms the bead, the string of pearls. Think of string of pearls with four different colors. That's RNA. But one of those colors, the U, is actually a modified U. It's pseudouridine. And it's put in there because the RNA has two problems as a mechanism for vaccination, as a delivery mechanism.

            One is that these formulations are incredibly inflammatory. They provoke... If you want to generate pus, take these formulations without all the bells and whistles they've had to put on them, and inject them into an animal. They are highly inflammatory, and they're still inflammatory now. We know that now. We've experienced over the last three years. That's always been the problem with the tech. And they tried to solve it by incorporating this modified U called pseudouridine, which depresses the immune response to the RNA and a lot of other things. And it makes the RNA last a much longer time so it can keep making protein.

#### Pseudouridine

            Pseudouridine is what's put all the way through this RNA rather than regular uridine. And because it has [been put], it confers these activities, but it is not a natural RNA. It's not what the ideas that I originally came up with. The [original, patented] stuff would only stick around for a few hours.

 

Now, this  [just above] is too small for me to read and probably is too small for you to read, but the bottom line, as I said, is that pseudouridine greatly modifies this whole equation in so many different ways. And when it was developed and patented at UPenn as a modification to the core patents and technology, it wasn't really understood what it does.

            **The biology of pseudouridine is still not understood.** And that's part of the story of all of this is that folks have kind of gotten ahead of their skis all the way through. They've pushed the technology because they want it so badly because the unmet medical need is so profound. They're so afraid of the risk, in part because we're creating that risk. But that's another story. And they wanted to have something that would be universal, that they could apply for any new pathogen and that could go straight from gene to vaccine. That's the idea.

            And what they did is they kind of rushed things without understanding it.

Now, you'll recall that we're administering, we're all receiving... Those that have received the vaccine, receive it in their deltoid. And what the FDA has told all the docs and Pfizer has told all the docs, is that that RNA, those complexes go to draining lymph nodes, and they do. The axillary lymph nodes that drain from that deltoid take that complex, it's piped into there through the lymphatics, and a lot of it does go there. Unfortunately, the data show that **it also goes all over the body**. But back in the day when this was just getting started, three years ago, well, we could argue about that, but as these particular products were being developed, they were being sold, the technology was being sold that the formulations used would only go to those lymph nodes. **Now, we know that that's not true, but that's how it was pitched.**

            Now, what happens when that's done?



The big story here underlying all this fraud **and everything that Paul is talking about** is the FDA did not do its job, I think, **because** it was being pushed into a position of having to go along with what the intelligence community wanted and all of the push from the White House and everywhere else that we needed to have this technology, we needed to have this technology deployed globally. And so, we're going to just allow a lot of corners to be cut.

#### Immune Imprinting, Dosing, et al.

            Finally, at the beginning of this year, with this paper published in January, a group from Stanford University asked the questions. How long is the RNA there? How long is the protein, spike protein being made? How much spike protein is being made? **Fundamental questions that should have been known at the very beginning. But the FDA did not force the pharmaceutical companies to do those tests** because they justified it. They did a little hand waving. They said, "These are not gene therapy products. These are vaccine products." Now that's a lie, a convenient lie, but that's what they did and that allowed them to justify **only** applying the vaccine safety checklist at the FDA **rather than also** applying the gene *therapy* checklist. This is why when I first started talking about this and I said, "This is gene therapy." I got so much blow back from all the fact checkers in the press, et cetera, is because they could not allow the narrative to come out that this is actually a gene therapy product applied for vaccine purposes. But we know that the manufacturers knew that to be the case because they had said so in their SEC filings before all this happened years ago, okay? So this is another one of the little slights of hand  [sleight-of-hand s] that was used.

            But this group at Stanford went and finally did the work that should have been done before this was administered to all of us, and what did they find? Well, among other things they documented, this is one of the first key papers that **immune imprinting is happening**, which is why when you get multiply jabbed, and I think these boosters are going to make it even worse, **you actually become more susceptible to the viral infection because your immune system is tuned to only responding to the historic strain, not the current strain.**



            But they found some other things in here, and I'm sorry this is too much text, so I'll just tell you. What they found was that the levels of protein, these are actual patients, this isn't animal models or anything else, this is patients that have received vaccine, the levels of spike protein in the blood of these patients were much higher than the levels of spike protein found after infection. With infection, the virus is slowly starting to replicate in your nose and your oral pharynx and your mouth and your upper respiratory tract and your immune system is kicking in and starting to neutralize that, and they're having a fight as a gradual balance and it results in a slow growth in the amount of antigen.

            With the RNA, when that young gentleman there that's going to sleep gets his vaccine, which hopefully he didn't take [laughter], what happens is his body gets a truckload of spike antigen that's basically dumped into his bloodstream on a very short time course, very different from natural infection. And so when people say, "Well, why would you see toxicity with the spike protein from the vaccines and not see the same... Why would it be worse with the vaccines than with the infection?" Well, **because of dosing**, there's so much more protein being produced, and by the way, it's being produced for a long time, about 60 days or longer. They didn't test beyond 60 days. Furthermore, **the RNA doesn't just go away after a few hours like real RNA**, this RNA that has pseudouridine in it lasts for up to 60 days as long as they test [for] it. Again, this is not theoretical, this is putting needles into patients axillary lymph nodes, taking a sample and asking is the RNA there and taking blood samples and asking how much protein is in those blood samples. OK so that explains a lot of what we've experienced.

### Natural versus vaccine-induced Immunity

 

            Then there's this issue, and this [too] is part of the lies that Paul was talking about that we've all experienced, that natural immunity is not as good as vaccine-induced immunity. **There are many, many papers out now that show that that's not true.** And from first principles it's easy to understand why it's not true. When they built these vaccines they chose to basically start with what had been done before **and failed** with MERS and SARS 1 vaccine development and only use a single protein, only used the spike protein and used the whole spike protein because they were in denial that the whole spike protein was a toxin and they still are, but they're kind of starting to have to concede that point.

            But they only used one antigen. When you get infected by the virus, you mount a antibody and a cellular immune response against **a whole bunch** of antigens, and so if the virus starts to evolve to evade immune surveillance on the spike protein, which is what's happened in the face of all these jabs that everybody's got all over the world, if it starts with a natural immunity, if it starts to evolve to escape that immune suppression, immune pressure on the spike, it can't do that at the same time that it's evolving to escape all the other forms of immune pressure that are there because of **all the other proteins** that it makes. This is fundamental. Everybody knows this in my field, but they've been in denial about this and this is this insistence that their approach is the best and is accurate and it won't drive the immune escape, et cetera, et cetera. But the data are in now, natural immunity is more robust, longer lasting, more protective, and likely, results in much less [inaudible 00:33:50] development.

## The KNOWN Risks (33min52sec)

 

            What are the risks? Let's see if I can read them here. This is actually the Cumulative Analysis of Post-Authorization Adverse Event Report from Pfizer, this is from the data that was forced to be released by Pfizer by court order instead of being delayed for 70 years, like Paul was talking about.

1.    Central general disorders,

2.    nervous system disorders,

3.    musculoskeletal disorders,

4.    gastrointestinal disorders,

5.    respiratory disorders,

6.    skin disorders,

7.    infections,

8.    cardiac,

9.    vascular,

10. psychiatric,

11. blood and lymphatic,

12. eye,

13. immune,

it goes on and on. **In the Pfizer disclosure, it's 11 pages. Okay?** They've **known all this** stuff. This isn't what they thought might happen, **this is coming from pharmaco vigilance at Pfizer with their licensed vaccines**, because the stuff that's here in the United States is not the licensed product, by the way. This is data coming from all over the world accumulated by Pfizer by the pharmaco vigilance team, and this is what they're reporting to the FDA, which the FDA of course then denied was actually happening.

            The list of adverse events is huge, it's like nothing any of us have ever really seen with a product like this. I've certainly never seen anything like with this vaccine, let alone the mortality. And why our government and our regulatory agencies, both in the US and globally, aren't willing to address that is another whole discussion about the politics and the corruption that's gone on, and Paul kind of touched on that a little bit, but **we could go on for hours**.

##  Platform and Payload

           Now, the last key thing I kind of want you to understand as we talk about this, we talk about these genetic vaccine technologies, and I guarantee they're going to be deployed on you f**or years now**, but you need to understand some of these fundamentals, platform versus payload, and everybody gets mixed up in this.

### Platform Technology - Assesment

**There's the platform technology**, which has the potential to enable a whole new class of pharmaceuticals, therapeutics, customized treatments for individuals for their cancer, all kinds of good stuff, this is why these companies have their market cap, potentially to enable **a new class of pharmaceuticals based on delivery of genetic information**.

            The idea, as I mentioned with the platform, is that you can go direct from genetic sequence to product and shorten the development time because the manufacturing is the same no matter what the [payload's] sequence is. You just key it into the computer. That's why they love it. They think that once they get one standard manufacturing process with all the characterization associated with it, they don't have to do it again. They can just go to the computer, key it in, sequence whatever the thing is, make customized medicines for your wife because she's got cancer or any new pathogen that's come out of Central Africa or whatever the thing is. **That's their belief system.**

The [Any] **mRNA platform** includes all of the things that are required to manufacture and deliver the [that Payload Type of] RNA, **that's separate from** the thing that's made, **the protein that's made**, that's called the **payload**. It's kind of important for you to understand going forward to make sense out of all this stuff. Okay, so you understand platform versus payload, **the spike protein and the RNA coating the spike protein is the payload.**

The way that [(the spike protein with its RNA coating, in the case of the COVIDcrisis)] it's packaged, assembled, manufactured, tested, et cetera, is **the platform**. The platform consists of

1.    these [positively charged ?] fats,

2.    the polyethylene glycol,

3.    other RNAs,

4.    the synthetic mRNA,

5.    other components.

6.    graphene oxide?

            Is there graphene oxide? The problem I have with that question, which has been coming at me for almost two years now, is there's no way for me to know whether there's graphene oxide or not. There's a lot of graphene oxide in the general environment, and the only way that this can ever be demonstrated to either true or false is either if,

1.    number one, the pharmaceutical companies come clean with the components that are in these products, and they will not release that, okay? They will not release a full component list.

2.    Or, a regulatory agency or someone else empowered will test the lots coming off of the line rigorously in a controlled way with a clear chain of custody as they have always done in the past, and which they are forbidden from doing by contract from these manufacturers.

            So the problem I have with **the graphene oxide and the other contaminants** is that in most cases there is no good way to answer that question because we are forbidden from answering that question because, through contract, the regulatory agencies aren't able to do their job all over the world and assess what's actually in those vials. Are they truly pure? Is the identity what's defined? Is the potency what's defined? The pharmaceutical companies have executed contracts that prevents that from being known.

            There's no question that we have contaminants of small glass fragments and small metal fragments in many lots, not necessarily all lots, and those are known types of contaminants that come from existing pharmaceutical manufacturing processes like fill/finish, and they're absolutely toxic. And again, that's evidence that the regulatory agencies have not been doing their job. That's their job is to ensure purity, potency, and identity.

            The payload also includes the manufacturing, purification and testing processes, which I've just talked about, have been co-opted. It includes the regulatory package, including the nonclinical testing. So this is the notorious animal testing that was done not with the spike encoding RNA, but with the firefly protein called luciferase, using the least sensitive method for detecting where the product goes, which is whole [human] body imaging as opposed to dissecting the tissues and analyzing them. Somehow the FDA allowed the wool to be pulled over their eyes by the pharmaceutical companies and they allowed them to use the **least** sensitive method for determining where this stuff goes and where it's making protein. That's another huge failure.

### Payload Technology - Assessment

            But the platform includes all of that data, fill, finish, distribution and storage, all of that goes into the platform tech. And **the payload** is, as I mentioned, the RNA, which causes your cells to become the manufacturing facilities. And that RNA itself can have biologic activity, so I've talked [already] about the pseudouridine immunosuppression, increased half life. Another major problem with these products is that during the manufacturer of the RNA itself or the pseudouridine RNA, what happens is that the polymerase, the thing that's making it in this biologic reaction stops periodically and when it does that it releases a fragment of RNA that's incomplete. Those RNA fragments are biologically active. They can interfere, they can elicit immune responses, all kinds of things. And they don't have a good way to purify those. So **the material that's being injected** [the JabJuice], it's not just a false RNA, a pseudo uridine-including RNA, but it's a whole mixture of stuff of which they **hope** the majority is the thing they want. But they haven't created any purification guidelines for all these other contaminants. If it was a normal drug or a normal biologic, the FDA would be rigorously scrutinizing and ensuring that it is only the biologic that it's claimed to be and doesn't have any other contaminants or so, if they're contaminants there's strict guidelines about how much. That doesn't exist here.

            The [injected] payload also includes the **protein**. And the primary protein in this case is **spike**. In other cases is the influenza hemagglutinin for the new flu vaccines. But **that protein we now know can have other things embedded in it. And I mentioned the snake venom story.** [?] **I don't think that the sequence analysis supports that thesis of Dr. Artis. I'm absolutely not convinced. But the possibility that these proteins can be engineered to include other antigens, or do include other antigens is absolutely feasible,** is absolutely viable. So the payload and the sequence of the payload and what it causes your cells to manufacture are **crucial**.

## How and Why is this being Pushed?

            Now, how and why is this being pushed? Obviously, we've all experienced the propaganda and censorship, and Paul's talked about that. I've experienced it personally. This is uncontrolled information warfare, unrestricted information warfare at a level the world has never seen before. We have a situation in which all of the major media is controlled by large financial entities that happen to be the same ones that control the pharmaceutical industry. And functionally, control our government. What we've seen is that the propaganda information warfare blocking of anybody disclosing adverse events, like all of you that got up and said you've known of people directly that have either died or been damaged. I've [Robert W Malone MD] been vaccine damaged. **That's not allowed to be discussed.** It's not allowed to be discussed **because of the potential impact on the deployment of this product**, which they believe that the ends justify the means. That it is absolutely essential that they get the world to be able to accept this new technology because if they don't... And there's all the other agendas about the vaccine card, and the personal ID and central bank digital currency, et cetera. But, at the fundamental level, there's a belief that this technology is so important that we have to push it through the entire population. And we have to get people to accept it. And so, that's so important that **they believe that they were justified** in deploying **the largest propaganda effort the world has ever seen**.

            Paul underestimated. **It was over a billion dollars spent by the CDC, okay? And it's still ongoing.** What that results in is that **people cannot have informed consent**. So I have a colleague who blames me, says that because I talk about mass formation psychosis, I'm saying that everybody is responsible and the global predators are not responsible. In no way is that true. That's a false narrative. And I'm in no way saying that individuals are responsible if they, like I, took the vaccine. We were not able to obtain informed consent.

            In my case, I had a teleconference because of who I am and my background. I had a teleconference specifically with Peter Marks at the FDA early on where I said, "Peter, I'm concerned about these things that are in this non-clinical package. You guys have been hoodwinked." And he told me, basically, "Robert, give me some time to get this out. I have the new data package from Pfizer. I have no concerns now. Please don't make a big issue out of this." And I stayed silent for a few months based on that, and **I took the jab. And I got the toxicity. My point is** I was fooled. We were all fooled. And we were all prevented from having informed consent. So forgive each other, please. Forgive me.

### WHO's mRMA Platform Technology Grants Monopoly in Perpetuity

            Now, this is new information that was just published. In April of 2021 there was a World Health Organization consultation. Now, that's fancy bureaucratic talk for we all get together and figure out what we're gonna do. It was chaired by Margaret Liu of Merck, who was the person that was at the forefront of the team trying to get DNA vaccines developed back in the '90s and failed. But she was the chairperson, very much an industrial scientist. In this meeting that brought together all the regulatory agencies from all over the world, it was decided to circumvent normal preclinical and clinical testing **based on this shared core platform concept**. That's why I wanted you to understand what the platform was as opposed to the payload.

            So there was a conference at WHO in which all the Western regulatory agencies got together and China, and they all agreed that we're gonna treat this as a platform technology, and we're going to push it through with very limited testing. And then once we've done that, new products can be rapidly developed by grandfathering in that old inadequate data package. Now, I'm not saying [indeed, nobody can say] this as [is] a conspiracy theory. **It's published.** And we are now seeing that being deployed. The only new data that will be required for these new vaccine and mRNA based therapeutic products is going to be that associated with the payload. So they're gonna assume that the platform is safe now because it's been deployed in billions of people. That's another reason why they have to deny all the adverse events 'cause the whole logic collapses otherwise.

            The FDA position, and we've now seen this deployed, thank you for five minutes... We've now seen this deployed with the new boosters. The FDA position is that changes in the mRNA sequence **for similar payloads** do not require substantial non-clinical or clinical data. What that means is what we've seen. They went to manufacturing, sales, and deployment of these new vaccines with virtually no real testing. To the extent that they did any testing in mice what they found was that it didn't in any way interfere with infection of those mice by the pathogen. It didn't work in the mice. It doesn't matter. They've all agreed that this is the new rules.

            So now, we have over 100 clinical trials for mRNA vaccines, 51 of which are currently enrolling, the rest are about to start enrolling in the United States, and they're all grandfathered based on what they assert is the clear evidence that there is no safety risks associated with this [platform] technology because it's been deployed in billions of people in the United States and worldwide.

            In addition, there's over 200 clinical trials for mRNA based drugs based on this same logic. This all grandfathers in a technology platform, ignores that what's being delivered is not natural RNA. And what it creates is a situation. This is how things work in regulatory space. There's only two companies right now that have those approved data packages. And what that means is that these two companies now have a monopoly on any new drugs, or vaccines developed and deployed with this technology. Because anybody else that's gonna try to come in with their own version of it is gonna have to go through all of that other testing and demonstrate that their stuff is at least as safe and effective as the stuff that's been deployed on all of us. So what the FDA has done is granted a monopoly in perpetuity to Pfizer, BioNTech and Moderna.

## Conclusion

            So I hope that instead of talking about this toxicity or that toxicity, the event rate for the cardio toxicity, or whether or not we're all going to die in five years that have taken the vaccines, what I've tried to do is to help you to comprehend **what's really going on underneath all of this**. And remember my statement at the start, that's not to say that this outbreak and the situation was not exploited for economic and power reasons by a bunch of other bad actors. It's not to say that there wasn't planning aforehand. It's not to say that Bill and Melinda Gates Foundation and Bill Gates has not made book[[i]](#_edn1) on this. It's not to say that in any way I'm denying that the corruption in the FDA, and the CDC and academia, as Paul was talking about, is profound and deep and systemic. I'm only giving you this little lens of looking through the RNA technology environment so that you can comprehend at least that part as you try to make sense out of everything else.

            I thank you for your time, I hope it was helpful.

[[i]](%22%20%5Cl%20%22_ednref1%22%20%5Co%20%22) accepted bets