from: Robert W Malone MD from "Who is Robert Malone" <rwmalonemd@substack.com>

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to: fchase@gmail.com

date: Apr 30, 2022, 7:04 PM

subject: The way we were (part 2)

mailing list: rwmalonemd@substack.com Filter messages from this mailing list

mailed-by: mg2.substack.com

Jill and I had been at the forefront of so many of these outbreaks in the past;

* HIV,
* the Anthrax spore events,
* influenza virus (multiple times),
* West Nile,
* Ebola,
* Zika.

Our initial response to Michael Callahans’ alert call was a version of “here we go again”, with a topper of “time to get going”.

There is nothing quite like drinking the heady brew of an early warning concerning an impending novel infectious disease epidemic threat.  For us, first thoughts go to the risk to our children and grandchildren, then friends, family, ourselves and the general population.  When there is something dark like this heading your way, and a possibility that you might be able to do something to avert it, suddenly 80+ hour weeks become just the way things are. The experienced know that they need to pace themselves, and those who have not previously been at the forefront through one of these often drive themselves into a semi-manic state.  After an initial deep dive into the emerging data followed by a threat assessment, one can easily become consumed with a sense of personal obligation to both alert the world while at the same time come up with a realistic plan to save as many lives as possible. Having a proven ability to make a difference is both a gift and a curse.  A sustained and addictive adrenaline rush like no other, but with risk if you lose perspective.

So, we got to work. Jill is very local community-oriented, and she decided to pour her heart, mind and soul into writing a sort of survival manual for those at risk, and self-publishing the book via Amazon. An avid reader, she had become a big fan of self-published books and her Kindle. I threw myself into getting the team assembled for the DTRA project spun up and providing direction by diving into the coronavirus literature and selecting a specific protein target to apply the repurposed drug discovery/computational docking tools to.  I helped Jill with her book by collecting and expanding some of the thoughts and comments I had been posting on Linked In to create content about the virology and immunology, and I helped her edit the text.  We worked like demons, side by side, day after day, and she was able to self-publish during the first week in February 2020. Five weeks to the finished first edition of “How to prepare and protect from the Novel Coronavirus”.  Why “Novel Coronavirus”? Because the names of SARS-CoV-2 and COVID-19 had not yet been developed and announced by the WHO.

Meanwhile, I got the scientific research group that I had been helping to lead motivated, energized and activated to volunteer their time, skills, knowledge and abilities to try to discover repurposed drugs able to act as inhibitors of the critical SARS-CoV-2 protein known as the papain-like protease, otherwise known to virology experts as the 3-chymotrypsin-like cysteine protease (3CLpro).  When the sequence of the “Wuhan Seafood Market Virus” was uploaded to the NIH sequence database, I applied computer software tools developed at UCSF to model the structure of the protein based on publicly available previously published crystal structures of the closely related 3CLpro from the SARS coronavirus. With SARS, this protein had been one of the leading antiviral drug targets, and so it was reasonable to apply what had been learned with SARS to this new coronavirus, and a specific region (binding pocket) of the protein had already been identified for drug development for the original SARS virus.  Digital libraries representing detailed models of all known licensed drugs and nutraceutical compounds were obtained. Different software tools were then used to virtually dock each drug into the binding pocket of the modeled 3CLpro, resulting in a ranked list of possible inhibitors which we then compared to the known safety profile and pharmaceutical characteristics of the leading drugs.  This began a months-long process of testing, refinement, and retesting to optimize a list of drug candidates for further testing as antiviral compounds in the “real world”.

Jill’s book was published, and as more and more people became aware of the threat posed by this novel coronavirus, the book began to sell.  The paperback and electronic edition price was set based on Amazon minimal price recommendations, so it was beginning to reach a wide audience. We first published the book February 11, 2020, the idea being that we would constantly update the editions as more data and information became available.  As Amazon allows free downloads of updated editions, that would allow those who had already purchased the book digitally to upload the most current edition.

Here is the letter from Amazon stating that the book had been published:

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Sales were modest but grew steadily.  There were no other books available at the time that had been written my medical and scientific professionals. **Most people were still unaware of what was about to hit while the virus made its way into Italy, Europe, and then the United States.**  Based on these charts taken from the KDP Amazon website, sales in February and March were moving along, and Jill had a strong sense of pride and achievement.  Her first book! Royalties hit approximately $1,700.00. The book began reaching an international audience. Reviews on the Amazon website were outstanding, all five stars, and quite a few of them.

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Then we got our first taste of what would become a major theme throughout the entire history of the COVID-19 public health event.  **Jill’s book was censored by Amazon.**  When we went to upload the most current edition in March, we received these messages (we phoned KDP Amazon and were told this was a normal process of delay due to lack of editors).

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Next we received the many messages below, stating that the book did not meet “community standards”, a phrase that many have come to recognize as what has become the standard phrase used to justify censorship in the time of COVID. We spoke with multiple people at KDP, who assured us that the reviewers would speak to us about why, as that was standard Amazon policy. That usually such problems could be worked out.

Then a few days later, people at Amazon told us by phone that the reviewers would not speak with us and that the book didn’t meet community standards.  They stated they did not know the reason the book was banned and they were “very sorry.”  Multiple phones calls produced the same results.  They refused to pass our wish to speak with a supervisor and they refused to answer our questions.  At no point did we lose our temper or raise our voice.  They just refused all inquiries and stated that the reviewers did not wish to speak with us. We could find nothing in the “community standards” statements that applied to anything we had written.

And at that moment, we knew that something very dark was happening, **something we had never seen before**.  Little did we realize that this was just a very early example of what was to become a large movement over the next two years, a global movement involving collusion between government, legacy media, social media, big technology, big finance and non-governmental organizations to completely control and shape all information and thought concerning the public health response to the novel coronavirus.

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