Subtitle: A response to the nattering nabobs of malicious defamation

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Title: Regarding COVID-19 pseudo-mRNA vax and ADE

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A certain PhD has been making wild claims concerning my supposed failure to speak up early and loudly regarding the issue of antibody dependent enhancement with these pseudo-mRNA SARS-CoV-2 vaccine products. This character has blocked me on Twitter, and so assumes I have no visibility on his constant stream of bilious and despicable character assassination attempts.

Generally speaking, I have learned to ignore those who operate using the business model of [stoking rage](https://substack.com/redirect/ea022c55-fb4d-484d-a61d-2bbf0f2be891?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg) towards others as a way to generate clicks and capture followers. But the constant drumbeat of defamatory false accusations made by certain attention seeking individuals (some of which self-describe as “journalists” but who specialize in spreading falsehoods) has been really getting Jill upset lately.

So, for Jill’s sake, **please allow me a moment to dive into this particular recent malicious, defamatory accusation for a moment of self-defense.**

Focusing for the moment on the accusations relating to **my supposed failure to adequately warn about the risks of antibody dependent enhancement with the genetic SARS-CoV-2 vaccines.**

Lets examine the history as well as the science here for a moment.

First off, [there is this paper](https://substack.com/redirect/198b4ffe-8e6f-45b1-adc1-d0db56ddd4f4?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg) .

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Taking this slowly, step by step. Yes, at the start of the outbreak, I worked for a client called Alchem Laboratories. **Alchem was owned at the time and remains owned by Dr. Jim Talton.** It has never been my company. Anyone who asserts otherwise is lying for some purpose or to support the agenda of some hidden client. Alchem was a **client** of mine, and **while assisting that client** **I briefly worked on a DTRA contract involving drug discovery for medical countermeasure identification to protect warfighters against various chemical nerve agents.** This [**anyone asserting otherwise …**] is akin to those who somehow infer that the protein subunit SARS-CoV-2 vaccine candidate developed by **Reliance industries** (a company based in India owned by one of the wealthiest individuals- Mukesh Ambani- on the planet) was developed by me.

**I was briefly a consultant for Alchem and for Reliance (of India)- that is all.**

To further illustrate the fever swamp conspiracy world, a certain self styled “journalist” has drawn the inference that since I was once a consultant for the Indian company called “Reliance Industries”, I was also affiliated with a US-based firm also named “Reliance” which does gain of function/directed evolution research, and who then aggressively spins this into a web of further conspiracy imaginings. **This is yet another false and malicious accusation which has no basis in reality.** I have literally worked for hundreds of clients over the years, as this is the nature of my consulting business. As is always the case (including with the Indian company “Reliance”), **my work for my Alchem client was covered by non-disclosure agreements. That work began in the summer/fall of 2019.**

At my urging, the Alchem team of the time, as well as colleagues at MIT Lincoln Lab (MIT-LL) including Dr. Darrell Ricke, all volunteered their time to try to identify repurposed drugs active against SARS-CoV-2 after I received a call from Dr. Michael Callahan on January 04, 2020 urging me to assemble a team to respond to the threat of the novel coronavirus that was clearly circulating in Wuhan, China during late December 2019.

During the time of COVID, I assisted Alchem in developing and capturing two substantial federal contracts- one with DTRA-Chem Bio Defense for identifying medical countermeasures to chemical nerve agents (which initiated work before the Callahan call), and the other with BARDA for managing Northwell Hospital system for clinically testing the activity of Famotidine, a repurposed drug originally identified by the informal team of volunteers and initially self-tested (by me) when I was infected by the Wuhan-1 SARS-CoV-2 strain in late February 2020. I resigned from Alchem during spring 2020 in protest concerning the Northwell mismanagement of that clinical trial, which was eventually halted in part due the very mismanagement that I had been concerned about. I have my resignation letter and can provide that if necessary during sworn testimony, but there is no reason to do so at this time. I did not receive any compensation beyond my hourly consulting rate, which has remained the same for well over a decade and is well within industry norms.

After resigning from Alchem, I assisted MIT-Lincoln Lab in capturing many tens of millions of dollars of funding from DTRA to support the drug repurposing work which I had begun while at Alchem. My consulting/subcontracting work for MIT-Lincoln Lab was also covered under a non-disclosure agreement, and remains the property of MIT-LL.

During the early months after the call from Callahan, all of my work on repurposing drugs for treating COVID, as well as that of Dr. Ricke, was performed on a volunteer basis. I had assembled a fairly large team including two other pathologists which was frantically seeking to understand the pathophysiology of COVID-19. At this point in time, the US executive branch was seemingly not even aware of the threat posed by the virus. Note the name of the virus used in the pre-print manuscript - **2019-nCoV**. The WHO had not even named the new virus (SARS-CoV-2) at that point.

**The manuscript above,** which others now seek to weaponize against me, **included over 100 references, and was one of the first to provide a structured threat assessment and to discuss the issue of known risks associated with coronavirus vaccine development.** **At that point** - whatever you may think of the pseudo-mRNA vaccines for COVID as well as any of the other “vaccine” products, **there had never been a successful human vaccine developed that was safe and effective in preventing human coronavirus infection.** The many prior failures were almost always associated with development of antibody-dependent-enhancement of disease, and **we noted this in the manuscript**. The version of this pre-print (never passed peer review) paper cited above is dated 03 March, 2020 - at which time I was deep into suffering the effects of my initial COVID infection which I had developed during or immediately prior to a trip to Boston to attend a cutting edge MIT conference on computational drug discovery. [This is a link to another version of that paper](https://substack.com/redirect/29e6e41e-4470-4a1f-8e45-f9da80250139?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg), dated 06 March, 2020.

At the time, there was no public discussion that I was aware of concerning the use of pseudo-mRNA or any other gene therapy technologies for developing a vaccine against the **2019-nCoV/SARS-CoV-2**.

Now the criticism advanced by my former PhD colleague mentioned above is that somehow this proves that I knew about the risks of ADE confronted by any seeking to develop a human coronavirus vaccine, but that I failed to adequately notify the world of these risks. Based on the above paper alone, this accusation is clearly without merit.

In actual fact, the very first podcast which I recorded - to the best of my recollection- concerned antibody dependent enhancement. [That was] Long before the 14 June 2021 Bret Weinstein “[How to save the world in three easy steps](https://substack.com/redirect/a6423870-4681-4601-85cc-04aab6faadeb?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg)” podcast with Steve Kirsh, [and] long before Joe Rogan #1757 (December 31, 2021), I recorded a podcast on February 25, 2021 with Dr. Erin Stair (“Dr. Eeks”) specifically focusing on “[**Antibody-Dependent Enhancement, Vaccine Development & COVID-19**](https://substack.com/redirect/3f27a1de-3603-4217-bedb-a965fcde500e?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg)**”.**

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Additionally, **the FDA** specifically called out the risk of ADE in its initial emergency use authorization language, **and advised Pfizer to investigate this risk.** This was not stated as a requirement, and Pfizer apparently elected to not accept the advice of the FDA.

Now **there is an additional problem with this whole tempest in a teapot**, which apparently is not within the knowledge base of the PhD making the accusation, who is apparently not trained in molecular virology, immunology and vaccinology.

Classical ADE, as discussed in the Ricke pre-print, requires that certain migratory white cells in your blood (monocytes/macrophage/dendritic cells) are able to support replication of the virus in question. As discussed in my podcast with Erin, in classical ADE, non-neutralizing or suboptimal antibodies must be formed (during infection or via vaccination) which bind the virus at one end, and which can then act to cause the virus/antibody complex to bind and infect these white blood cells due the “Fc” receptor on those types of cells, which basically bind the tail end of the antibody. The handle of the fork, in the metaphor that I explore in the “Dr. Eeks” interview. Then the virus is taken up by the white blood cell, infects that cell, the virus replicates, and this can create an explosion of virus replication all over the body. The graphic at the top of this essay illustrates this.

The only problem with this theory in the case of SARS-CoV-2, and a big reason why the Ricke paper was never published, is that **this virus (unlike Dengue and some others) does not replicate well in these white blood cells.** So even if the accusations of my detractor were valid, and that somehow I am guilty of not adequately notifying the world of the risks of ADE - despite the Ricke paper of March 2020 and the “Dr. Eeks” podcast of Feb 2021- both from a time when I was largely unknown to the world, this is all moot. ***Current data indicate that ADE is not a big issue with COVID***.

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[Link to the peer reviewed manuscript here](https://substack.com/redirect/9fc46f23-7244-4113-9229-55af287b70a5?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg).

The biological relevance of reports of **in vitro** SARS-CoV ADE remains unknown, and **in vivo** studies show enhancement of disease without clearly implicating FcγR-mediated ADE in pathogenesis. The picture of coronavirus ADE is further complicated in light of recent findings from SARS-CoV-2 studies that show no evidence of ADE. Recent preclinical evaluation studies of inactivated vaccine candidates on SARS-CoV-2 in mice, rats and non-human primates demonstrated the induction of protective IgG responses, without evidence for IgG-mediated pathology or increased susceptibility to VAERD[155](https://substack.com/redirect/5e1b9727-7901-4064-a069-ffbbd8ff6f2e?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg). Although small (mouse, hamster, ferret) and large (non-human primate) animal models of SARS-CoV-2 infection have been described[156](https://substack.com/redirect/2671b2cb-18e9-45b2-9c3f-d2b4156cbaf2?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg)–[158](https://substack.com/redirect/c129b03a-0203-4a47-91b0-300405ec8d22?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg), sequence variability in FcγR-coding genes — as well as substantial interspecies differences in FcγR structure and function — limits our ability to interpret data from diverse animal models on the mechanisms of protection by IgG antibodies[159](https://substack.com/redirect/b457ade3-3a98-457e-84fa-3f7e52e115fe?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg),[160](https://substack.com/redirect/bf8f3c50-76b4-49f2-ae68-bce41e26b8ed?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg). Such differences represent a major translational barrier for the evaluation of human IgG antibody activities in vivo, thereby limiting our understanding of the FcγR mechanisms that contribute to antiviral immunity. Recently developed transgenic mouse strains humanized for all classes of FcγRs represent a unique platform for the preclinical evaluation of human mAb-based therapeutics and vaccine-elicited IgGs[161](https://substack.com/redirect/19c7802f-fbfb-43d7-bb43-cec0b2f271b0?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg),[162](https://substack.com/redirect/20509881-a9ad-40db-879a-953deb0dd81c?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg). FcγR humanized mice should address limitations associated with interspecies differences in FcγR biology between humans and other mammalian species and could be used to dissect precisely the FcγR mechanisms by which anti-SARS-CoV-2 antibodies confer protection and further address whether anti-SARS-CoV-2 antibodies mediate ADE.

In preclinical studies, passive transfer of convalescent plasma to critically ill patients with COVID-19 had an acceptable safety profile and was not associated with accelerated disease, indicating that IgG antibodies — even given under conditions that favour VAERD, such as a high dose and low neutralizing:non-neutralizing Ab ratio — do not have pathogenic consequences following administration and instead offer meaningful clinical benefits[163](https://substack.com/redirect/862be8ae-3d63-44c1-95dc-df7985959078?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg). Finally, how pre-existing immunity to SARS-CoV may influence the response to SARS-CoV-2 infection has been explored recently[164](https://substack.com/redirect/8d8ff9b2-c800-4284-9539-e187c5d02c51?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg). Whereas anti-SARS-CoV antibodies were cross-reactive with SARS-CoV-2 S protein, they were unable to neutralize the heterologous virus, therefore approximating the conditions that favour ADE as described for DENV. Whether this has pathological consequences in vivo through a mechanism of ADE remains unknown and should be explored in further studies.

The big problem with immune response in the multiple jabbed does not appear to be ADE. There may be some minor ADE component via a non-classical pathway going on, perhaps via cells other than monocyte/macrophage/dendritic cells. But the major issue seems to be immune imprinting. A topic which I was among the first to highlight via my June 2022 substack essays [here](https://substack.com/redirect/68796bdb-c7af-4a6c-a7e0-f56abd1b2750?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg) and [here](https://substack.com/redirect/80a81ecc-ff5c-4ffb-aa6d-594044b97c12?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg), and on (also discussed in the book “Lies my government told me”) which I provided sworn testimony to the [Texas state senate](https://substack.com/redirect/58bb88f4-0ede-4775-a852-ea3a0b2d2337?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg) (also June 2022) long before the “boosters” were deployed.

All of this illustrates a couple of key points. I have recorded hundreds and hundreds of broadcasts, podcasts and documentaries. I have also written hundreds and hundreds of essays, in the Washington Times and in this substack. I have also written hundreds of peer reviewed (and preprint but not published) academic papers, abstracts and book chapters over a career spanning decades.

Pretty much everything I have written in the scientific literature (and in my patents) has been independently verified. People posing as investigative journalists continually seek to distort that record by citing fragments of text and assembling unrelated issues or facts to develop false story lines which they then sensationally announce as a great discovery and insight. This is the case with the woke “reporters” from

* Atlantic Monthly,
* Rolling Stone,
* Business Insider,
* Washington Post and
* New York Times all the way down to
* the [fever swamp conspiracy theorist fringes](https://substack.com/redirect/8e7ca147-7c52-4462-9277-6a54b88c3259?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg) of the internet/podcasting world.

But none of these people actually know what they are talking about. The passage of time has repeatedly validated my scientific positions and conclusions throughout my career, which is what gives me the confidence to trust my inferences and conclusions.

I have never claimed to be perfect, but my record is a hell of a lot better than these “scientists”, physicians and “journalists” who (for some inexplicable reason) seek to discredit me on an almost daily basis. I do not know who they really work for, or what their purpose or true agenda is.

But I do know and can readily document that their accusations are not fact based.

In my opinion, those who traffic in “conspiracies” have an obligation to invest the time to verify their facts. Otherwise they are no different from the purveyors of tabloid sensationalism who seek profit through malicious defamation of others. And many of these nattering nabobs are so lacking in legitimacy that they do not even merit the effort and expense of sending a cease and desist legal letter, let alone filing yet another defamation lawsuit. And even if I did, they would immediately turn and spin themselves as victims. I have seen this too many times already. As have many of you.

So please, check your sources. And remember, haters will continue to hate, and trolls will continue their trollery. It is both a business model as well attention seeking behavior by those who somehow feel that the world owes them more attention. Don’t feed into their unmet immature needs. And keep in mind that there is always an overlay of fifth generation warfare to this, and some of these actors are actually paid to infiltrate and disrupt.

And finally, Jill asks that I mention that this business model of stoking hate and rage against individuals with substantial reputations and internet followings represents the largest threat to our (Jill and myself) own personal health and safety. Our death threats mostly come from those influenced by these internet peddlers of hate and rage. Read that again please. AS if we do not already have enough to deal with from corporate media and big tech, we have to deal with a constant stream of vindictive hate from these ankle biters and the bots and trolls that repost their hate. I ask for a favor from you - please do not repost this garbage, and let those who traffic in hate, fear and outrage know that this is not acceptable behavior in a civilized society.

**For further on this point, please watch these comments by Gavin DeBecker, CEO of the leading global security firm**[**Gavin de Becker & Associates (GDBA)**](https://substack.com/redirect/c787593f-5149-4907-b310-e23789fa7feb?j=eyJ1IjoiZG9paTgifQ.91g_34VRuzI_MLkPmRIGM0gm4tNgR1dQS7br89dPnSg)

[](https://twitter.com/GDBAProtects/status/1628832291488243716?utm_source=substack&utm_medium=email" \t "_blank)

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1. **https://twitter.com/fchase\_n** or similar. [↑](#endnote-ref-1)