Inventor of mRNA Interviewed About Injection Dangers

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Story at-a-glance

- Dr. Robert Malone invented the mRNA and DNA vaccine core platform technology. He has grave concerns about the lack of transparency of side effects, censoring of discussion and the lack of informed consent that these bring
- Free SARS-CoV-2 spike protein is biologically active — contrary to initial assumptions — and causes severe problems. It is responsible for the most severe effects seen in COVID-19, such as bleeding disorders, blood clots throughout the body and heart problems. These are the same problems we now see in a staggering number of people who have received the COVID-19 "vaccine"
- The spike protein also has reproductive toxicity, and Pfizer's biodistribution data show it accumulates in women's ovaries. Data suggests the miscarriage rate among women who get the COVID "vaccine" within the first 20 weeks of pregnancy is 82%
- Israeli data show boys and men between the ages of 16 and 24 who have been vaccinated have 25 times the rate of myocarditis (heart inflammation) than normal
- The COVID-19 injections have emergency use authorization only, which can only be granted if there are no safe and effective remedies available. Such remedies do exist, but have been actively censored and suppressed

In the video above, DarkHorse podcast host Bret Weinstein, Ph.D., an evolutionary biologist, interviews Dr. Robert Malone, the inventor of the mRNA and DNA vaccine core platform technology,[1] and Steve Kirsch, an entrepreneur who has been researching adverse reactions to COVID-19 gene therapies.

I realize that this is an absolutely epic three-hour interview but if you ever valued what I have been teaching, you must at a bare minimum very carefully read this entire article.

Malone is the scientist that actually invented the technology that makes the COVID jab possible and he spills the beans on just how this introduction has been ethically compromised to make informed consent absolutely impossible for the average person. Watch the interview if your schedule allows, but carefully read this article for sure.

Kirsch recently published the article, "Should You Get Vaccinated?" in which he reviews how and why he has changed his mind about the COVID-19 "vaccines." This after he got both doses of the Moderna shot, as have his three daughters.

If you or someone you know is equivocal about the COVID jab, then please, you simply MUST read Kirsh's article as it is clearly one of the best pieces written on the topic and provides the other side of the story that is NEVER given in the mainstream media. Remember, without full disclosure of the vaccine's

risk, it is impossible to have informed consent.[2] If you read Kirsch's article, you will get, in great detail, the other side that the conventional media refuses to share. He writes:

> *"I recently learned that these vaccines have likely killed over 25,800 Americans (which I confirmed 3 different ways) and disabled at least 1,000,000 more. And we're only halfway to the finish line. We need to PAUSE these vaccines NOW before more people are killed.*

> *Based on what I now know about the miniscule vaccine benefits (approximately a 0.3% reduction in absolute risk), side effects (including death), current COVID rates, and the success rate of early treatment protocols, the answer I would give today to anyone asking me for advice as to whether to take any of the current vaccines would be, 'Just say NO.'*

> *The current vaccines are particularly contraindicated if you have already been infected with COVID or are under age 20. For these people, I would say 'NO! NO! NO!'*

> *In this article, I will explain what I have learned since I was vaccinated that totally changed my mind. You will learn how these vaccines work and the shortcuts that led to the mistakes that were made.*

> *You will understand why there are so many side effects and why these are so varied and why they usually happen within 30 days of vaccination. You will understand why kids are having heart issues (for which there is no treatment), and temporarily losing their sight, and ability to talk. You will understand why as many as 3% may be severely disabled by the vaccine."*

The Spike Protein Is a Bioactive Cytotoxin

As explained by Malone, many months ago he warned the U.S. Food and Drug Administration that the spike protein — which the COVID-19 "vaccines" instruct your cells to make — could be dangerous. The FDA dismissed his concerns, saying they did not believe the spike protein was biologically active. Besides, the vaccine makers specifically designed the injections so that the spike protein would stick and not float about freely.

Well, they were wrong on both accounts. It's since been well-established that, indeed, the SARS-CoV-2 spike protein gets free, and that it is biologically active and causes severe problems. It is responsible for the most severe effects seen in COVID-19, such as bleeding disorders, blood clots throughout the body and heart problems.

These are the same problems we now see in a staggering number of people having received one or two shots of COVID-19 "vaccine." For more in-depth information about how the spike protein causes these problems, please see my interview with Stephanie Seneff, Ph.D., and Judy Mikovits, Ph.D.

Using the word vaccine isn't really appropriate here, and I don't want to contribute to the misuse of that word. These injections are clearly not vaccines. They don't work like any previous conventional vaccines. As the actual inventor of the mRNA vaccines clearly says in the interview, they are gene therapy. So, please understand that when I say vaccine or vaccination, I'm really talking about gene therapy.

Spike Protein Disseminates Throughout Your Body

In a recent interview[3] with Alex Pierson, Canadian immunologist and vaccine researcher Byram Bridle, Ph.D., discussed previously unseen research obtained from the Japanese regulatory agency through a freedom of information act request.

The study was a biodistribution study done by Pfizer, which showed that the mRNA in the vaccine does not stay in and around the vaccination site but is widely distributed in the body, as is the spike protein.[4]

This is a serious problem, as the spike protein is a toxin shown to cause cardiovascular and neurological damage. Once in your blood circulation, the spike protein binds to platelet receptors and the cells that line your blood vessels. When that happens, it can cause platelets to clump together, resulting in blood clots, and/or cause abnormal bleeding. I detailed these and other findings in "Researcher: 'We Made a Big Mistake' on COVID-19 Vaccine."

Dangerous Corners Were Cut

The spike protein also has reproductive toxicity, and Pfizer's biodistribution data show it accumulates in women's ovaries. Kirsch cites data suggesting the miscarriage rate among women who get the COVID "vaccine" within the first 20 weeks of pregnancy is 82%.[5] The normal rate is 10%, so this is no minor uptick. Kirsch writes:[6]

> *"It is baffling that the CDC says the vaccine is safe for pregnant women when it is so clear that this is not the case. For example, one our family friends is a victim of this. She miscarried at 25 weeks … She had her first shot 7 weeks ago, and her second shot 4 weeks ago.*

> *The baby had severe bleeding of the brain and other disfigurements. Her gynecologist had never seen anything like that before in her life. They called in a specialist who said it was probably a genetic defect (because everyone buys into the narrative that the vaccine is safe it is always ruled out as a possible cause).*

> *No VAERS report. No CDC report. Yet the doctors I've talked to say that it is over 99% certain it was the vaccine. The family doesn't want an autopsy for fear that their daughter will find out it was the vaccine. This is a perfect example of how these horrible side effects just never get reported anywhere."*

Disturbingly, the Pfizer biodistribution data package reveals that corners were cut in the interest of speed, and one of the research facets that were skipped was reproductive toxicology. Yet, despite the lack of an initial reproductive toxicology investigation and a rapidly growing number of reports of miscarriages (which is likely to be a significant undercount), the Centers for Disease Control and Prevention is still urging pregnant women to get vaccinated. Why is that?

Is There Purposeful Suppression of VAERS Data?

What's more, as discussed in the interview, there's evidence that data in the Vaccine Adverse Event Reporting System (VAERS) is being manipulated as reports that were filed are now missing. Why were they removed? And without the filers' consent?

Israeli data show boys and men between the ages of 16 and 24 who have been vaccinated have 25 times the rate of myocarditis (heart inflammation) than normal.

Even with that manipulation, the number of deaths reported post-vaccination against COVID-19 is beyond anything we've ever seen. According to Kirsch, the rate of death from COVID-19 shots exceeds that of more than 70 vaccines combined over the past 30 years, and it's about 500 times deadlier than the seasonal flu vaccine,[7] which historically has been the most hazardous.

Other serious effects are also off the charts. For example, Israeli data show boys and men between the ages of 16 and 24 who have been vaccinated have 25 times the rate of myocarditis (heart inflammation) than normal.[8] Additionally, many young people are actually dying as a result of this myocarditis.[9]

Malone points out that, in re-reading the most current version of the Emergency Use Authorization (EUA) that governs these COVID shots, he discovered that the FDA opted not to require stringent post-vaccination data collection and evaluation, even though they had the latitude to do so.

As noted by Weinstein, this is yet another anomaly that needs an answer. Why did they opt for such lax data capture, because without it, there's no way of evaluating the safety of these products. You cannot identify the danger signals if you don't have a process for capturing effects data and evaluating all of it.

> *"The whole logic of EUA is you're basically substituting real-time capture of key information for prospective capture of key information,"* Malone explains. *"But to do that, you've got to get the information and it has to be rigorous."*

Other Anomalies

Furthermore, as noted by Weinstein, if you release a vaccine under emergency use — because you say there's an unprecedented health emergency and there are no other options, therefore it's worth taking a larger than normal risk — then you still would not give it to people who are at no or low risk of the disease in question.

This would include children, teens and healthy individuals under the age of 40, at bare minimum. Children appear naturally immune against COVID-19[10] and have been shown to not be disease vectors,[11] and people under 40 have an infection fatality ratio of just 0.01%.[12] That means their chances of survival is 99.99%, which is about as good as it gets.

Pregnant women would also be excluded as they are a high-risk category for any experimentation, and anyone who has recovered from COVID would be excluded as they now have natural immunity and have no need for a vaccine whatsoever. In fact, a recent Cleveland Clinic study[13,14] found people who had tested positive for SARS-CoV-2 at least 42 days prior to vaccination reaped no additional benefit from the jabs.

Yet all of these incredibly low-risk groups are urged and even inappropriately incentivized to get vaccinated, and this too is anomalous behavior. Part of the risk-benefit analysis is not only the risk of serious outcomes and death from the disease, but also the availability of alternative treatments, and here we have the third massive anomaly.

We've seen a clear suppression of information showing that there are not just one but several effective remedies that could reduce the risk of COVID-19 to a number of cohorts down to virtually zero. Examples include hydroxychloroquine and ivermectin, both of which have been safely used for decades in many millions of people around the world.

The precautionary principle dictates that as long as a drug or treatment strategy doesn't do harm, even if the positive effect may be small, it should be used until better data or better treatments becomes available. This is the logic they used with masks (even though the data overwhelmingly showed no statistical benefit and there are a number of potential harms).

But when it comes to hydroxychloroquine and ivermectin, they suppressed the use of these drugs even though they are extremely safe when used in the appropriate doses and have been shown to work really well in many dozens of studies. As noted by Kirsch in his article:[15]

> *"Repurposed drugs [such as hydroxychloroquine and ivermectin] are safer and more effective than the current vaccines. In general, early treatment with an effective protocol reduces your risk of dying by more than 100X so instead of 600,000 deaths, we'd have fewer than 6,000 deaths. NOTE: The vaccine has already killed over 6,000 people and that's from the vaccine alone (and doesn't count any breakthrough deaths)."*

Doctors are also being muzzled and their warnings suppressed and censored. Dr. Charles Hoffe has administered Moderna's COVID-19 "vaccine" to 900 of his patients. Three are now permanently disabled and one has died. After writing an open letter to Dr. Bonnie Henry, the provincial health officer for British Columbia, in which he stated that he's "been quite alarmed at the high rate of serious side-effects from this novel treatment,"[16] his hospital privileges were yanked.

Bioethics Laws Are Clearly Being Broken

In a May 30, 2021, essay,[17] Malone reviewed the importance of informed consent, rightly concluding that censorship makes it so that informed consent simply cannot be given. Informed consent isn't just a nice idea or an ideal. It is the law, both nationally and internationally. The current vaccine push also violates bioethical principles in general.

> *"By way of background, please understand that I am a vaccine specialist and advocate, as well as the original inventor of the mRNA vaccine (and DNA vaccine) core platform technology. But I also have extensive training in bioethics from the University of Maryland, Walter Reed Army Institute of Research, and Harvard Medical School, and advanced clinical development and regulatory affairs are core competencies for me,"* Malone writes.

> *"Why is it necessary to suppress discussion and full disclosure of information concerning mRNA reactogenicity and safety risks? Let's analyze the vaccine-related adverse event data rigorously. Is there information or patterns that can be found, such as the recent finding of the cardiomyopathy signals, or the latent virus reactivation signals?*

> *We should be enlisting the best biostatistics and machine learning experts to examine these data, and the results should — no must — be made available to the public promptly. Please follow along and take a moment to examine the underlying bioethics of this situation with me …*

> *The suppression of information, discussion, and outright censorship concerning these current COVID vaccines which are based on gene therapy technologies cast a bad light on the entire vaccine enterprise. It is my opinion that the adult public can handle information and open discussion. Furthermore, we must fully disclose any and all risks associated with these experimental research products.*

> *In this context, the adult public are basically research subjects that are not being required to sign informed consent due to EUA waiver. But that does not mean that they do not deserve the full disclosure of risks that one would normally require in an informed consent document for a clinical trial.*

> *And now some national authorities are calling on the deployment of EUA vaccines to adolescents and the young, which by definition are not able to directly provide informed consent to participate in clinical research — written or otherwise.*

> *The key point here is that what is being done by suppressing open disclosure and debate concerning the profile of adverse events associated with these vaccines violates fundamental bioethical principles for clinical research. This goes back to the Geneva convention and the Helsinki declaration.[18] There must be informed consent for experimentation on human subjects."*

Experimentation without proper informed consent also violates the Nuremberg Code,[19] which spells out a set of research ethics principles for human experimentation. This set of principles were developed to ensure the medical horrors discovered during the Nuremberg trials at the end of World War II would never take place again.

Lines Have Been Crossed That Must Never Be Crossed

In the U.S., we also have the Belmont report,[20] cited in Malone's essay, which spells out the ethical principles and guidelines for the protection of human subjects of research, covered under the U.S. Code of Federal Regulations 45 CFR 46 (subpart A). The Belmont report describes informed consent as follows:

> *"Respect for persons requires that subjects, to the degree that they are capable, be given the opportunity to choose what shall or shall not happen to them. This opportunity is provided when adequate standards for informed consent are satisfied.*

> *While the importance of informed consent is unquestioned, controversy prevails over the nature and possibility of an informed consent. Nonetheless, there is widespread agreement that the consent process can be analyzed as containing three elements: information, comprehension and voluntariness."*

Americans, indeed the people of the whole earth, are being prevented from freely accessing and sharing information about these gene therapies. Worse, we are misled by fact checkers and Big Tech platforms that ban or put misinformation labels on anyone and anything discussing them in a critical or questioning way. The same censorship also prevents comprehension of risk.

Lastly, government and any number of vaccine stakeholders are encouraging companies and schools to make these experimental injections mandatory, which violates the rule of voluntariness. Government and private businesses are also creating massive incentives to participate in this experiment, including million-dollar lotteries and full college scholarships. None of this is ethical or even legal. As noted by Malone:[21]

> *"… as these vaccines are not yet market authorized (licensed), coercion of human subjects to participate in medical experimentation is specifically forbidden. Therefore, public health policies which meet generally accepted criteria for coercion to participate in clinical research are forbidden.*
>
> *For example, if I were to propose a clinical trial involving children and entice participation by giving out ice cream to those willing to participate, any institutional human subjects safety board (IRB) in the United States would reject that protocol.*
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> *If I were to propose a clinical research protocol wherein the population of a geographic region would lose personal liberties unless 70% of the population participated in my study, once again, that protocol would be rejected by any US IRB based on coercion of subject participation. No coercion to participate in the study is allowed.*
>
> *In human subject clinical research, in most countries of the world this is considered a bright line that cannot be crossed. So, now we are told to waive that requirement without even so much as open public discussion being allowed? In conclusion, I hope that you will join me; stop to take a moment and consider for yourself what is going on. The logic seems clear to me.*

1) An unlicensed medical product deployed under emergency use authorization (EUA) remains an experimental product under clinical research development.

2) EUA authorized by national authorities basically grants a short-term right to administer the research product to human subjects without written informed consent.

3) The Geneva Convention, the Helsinki declaration, and the entire structure which supports ethical human subjects research requires that research subjects be fully informed of risks and must consent to participation without coercion."

Again, if your schedule allows, I sincerely hope you take the time to listen to Weinstein's interview with Malone and Kirsch. Yes, it is very long — about 3 ½ hours — but they are all astute in their observations, which makes for an enlightening conversation. And remember to read and widely share Kirsch's article, "Should You Get Vaccinated?"[22]