



mRNA Inventor on COVID Response: “Is This Really About the Vaccine or Is It About Something Else?”

The top federal agencies responsible for public health in the United States, the CDC and the FDA, are “profoundly corrupt” and are forcefully pushing experimental gene therapeutics, aka COVID vaccines, on the population with “grossly incomplete” data that does not meet even the “minimum standards” for safety. Moreover, the vaccination campaign and the other elements of the COVID policies that have been employed by governments worldwide have little to do with the public health at all. So says mRNA vaccine inventor Robert Malone in an exclusive interview with [LifeSiteNews](#).



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COVID Vaccines and ADE

While Malone acknowledged that mRNA technology is effective at blocking infection, when it comes to mRNA being used against coronavirus, the problem of vaccine-associated enhanced disease, or Antibody-dependent Enhancement (ADE), emerges. ADE is described in scientific literature as a mechanism that increases the ability of a virus to enter cells and cause a worsening of the disease in vaccinated people.

Malone claimed that historically, due to their biological specifics, coronaviruses are associated with ADE. While it was explicitly identified by the FDA as a risk for the COVID vaccines that were under development a year ago, the vaccine producers in the U.S. “kindly decline” to conduct studies that would make sure the vaccines do not cause ADE.

Malone noted that while there are no official studies conducted on the matter, real-world data suggest that ADE is occurring in people vaccinated against COVID.

“It’s a paradox that we’re seeing an equal or higher virus replication” in vaccinated people compared to those who did not take a shot, per Malone. The high number of the “breakthrough” infections, when people catch the virus and fall sick with it to the point when they need to be hospitalized, is a major indicator of ADE, Malone added.

“Grossly Incomplete” Pfizer Data

The scientist went on to describe how “shocked” and “demoralized” he felt when he reviewed Pfizer’s COVID vaccine data presented to the Japanese government, “presumably the same presented to the FDA.” While the FDA, tied by the confidentiality agreement with the pharma companies, does not make such data public, Japan is much more transparent.

Malone said, “The regulatory agency allowed Pfizer to proceed with the human trials and then [receive] an emergency use authorization with a set of data that was grossly incomplete, that did not even meet a



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minimum standard of what is normally required for safety, toxicology, genotoxicity and reproductive toxicity testing.”

Pfizer appeared to be allowed by the FDA to simply “cobble together information that they’d obtained with other RNAs and other vaccines and put it in as a package in lieu of doing the actual studies,” Malone added.

He stated that it was common knowledge that the vaccine development was rushed and that both Big Pharma and the government “cut corners” when reviewing the safety data.

“Profoundly Corrupt” Federal Regulators

“Pharma has bought the Hill,” the scientist stated.

Despite the irregularities of the preliminary data that disregarded many of the traditional medical norms, top regulators still allowed Pfizer to market its jab in the United States. Malone said that “shocking” and “disturbing” fact could only be explained by the FDA and the CDC being “profoundly corrupt” and “essentially acting outside any judicial restraint.”

“I don’t know that they [the FDA and the CDC] can be held accountable. I think it’s an open-ended question whether the Health and Human Services of the United States is fully extrajudicial now. Can they be held accountable in the courts? Because they’re certainly not accountable to their own policies and procedures,” Malone inquired.

Risk of Heart Inflammation in Adolescents

The potential side effects of the Pfizer shot — which include two types of heart inflammation, myocarditis and pericarditis — were known a year ago, Malone stated. Still, the CDC ignored them.

While the U.S. has databases, such as VAERS and VSafe, to track adverse reactions to vaccines, there is an unspoken agreement in the CDC that the Israeli capability in analyzing such data is “far more superior” than that of America. Therefore, the CDC mostly relies on reports from Israel.

Still, it was neither Israeli nor American scientists at the federal bodies that discovered an obvious link between the COVID jabs and increased risk of heart inflammation in adolescents, who generally don’t suffer from cardiac conditions. It was private data company Oracle, whose findings prompted the CDC and other governments, including Israel’s, to review their own data.

No healthy young man should receive a COVID vaccine, Malone argued.

Rebooting the Mass-vaccination Strategy

When asked about alternative approaches to addressing the COVID pandemic, Malone referred to one of his op-eds written in August for [The Washington Times](#), where he outlined the strategy.

First of all, only high-risk cohorts, such as obese and immunocompromised individuals among all age groups and also elderly (65 and older) people, should be vaccinated. The general pediatric population should “absolutely not” be jabbed.

Malone stated that the existing data suggests that the risks of the vaccines are much higher for adolescents than that of COVID “in terms of morbidity and mortality.”

Therefore, instead of carpet-bombing the general population with COVID shots, Malone suggested distributing them to other countries to protect those who are at high-risk of dying from COVID. “Hoarding vaccines is immoral,” he added.



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In addition to that, an existing variety of early treatments and home-diagnostic tests should be made available and popularized so people, most of whom have a “negligible” chance of dying from COVID, stop living in fear. Instead, Malone mentioned, the White House has been labeling advocates of the early treatments with proven safety track record “right-wing crazies” that needed to be “disciplined.”

Broken Medical Ethics and the End Goal of the COVID Response

In conclusion, Malone shared that he decided to speak up and warn people of the potential dangers because he saw how the political and medical establishment was breaking all fundamental rules of bioethics.

The first rule, he said, was that all potential risks of the experimental vaccines must be fully disclosed. Second, they need to be made public and explained in common language so that the public completely understands them. Third, people need to accept those risks willingly and should not be “coerced or compelled in any way.”

The enormous effort behind the whole COVID response, which involves top scientists, Big Pharma, Big Tech, the media, and, of course, political elites, goes in line with a playbook that has been developed, planned, and even practiced repeatedly, Malone remarked.

As someone who has been “deeply embedded in the biodefense community,” Malone said he witnessed a series of war games conducted by health officials and governments from multiple countries, including the United States and China, to role-play scenarios including pandemics. Almost always, he said, those scenarios ended up with the governments turning authoritarian, “enforcing something on the population that they don’t want to do.”

“Our civil rights have been trampled globally,” Malone remarked, pointing to Australia as a stark example of that.

“I really don’t like going down the conspiracy path,” Malone noted, but looking at the big picture, he wondered, “Is this really about the vaccine or is it about something else?”



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