NATIONAL CITIZENS INQUIRY

Toronto, ON **Day 1**

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EVIDENCE

Witness 2: Dr. Robert Malone
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[00:00:00]

Shawn Buckley
Welcome back to the National Citizens Inquiry. It's my pleasure to introduce our next witness, who is attending virtually, Dr. Robert Malone. Welcome, Dr. Malone.

And David, we don't have Dr. Malone on volume. Okay, we should be good to go. Can you just speak again for us, Dr. Malone?

Dr. Robert Malone
Test one, two, three.

Shawn Buckley
We can hear you. Dr. Malone, can I ask you to, for the record, state your full name and then spell your first name and last name for the record?

Dr. Robert Malone
My full name is Robert Wallace Malone, R–O–B–E–R–T M–A–L–O–N–E.

Shawn Buckley
And Dr. Malone, do you promise to tell the truth, the whole truth, and nothing but the truth?

Dr. Robert Malone
I do so swear.

Shawn Buckley
And you had provided to me earlier a copy of your CV, which I've entered as an exhibit in this matter, [Exhibit] TO-23. And can you confirm that the CV you provided is accurate?

Dr. Robert Malone
It is accurate to the best of my knowledge.

Shawn Buckley
Dr. Malone, I'm going to ask you to just take a bit of time and share with the commissioners your involvement with the mRNA technology, your initial opinion about the mRNA vaccine, and whether or not you changed your mind about it.

Dr. Robert Malone
My involvement in the platform technology of the use of mRNA for a drug, or for vaccine purposes, begins in approximately 1987 at the Salk Institute Laboratories of Molecular Virology under Dr. Inder Verma, in which I was investigating the relationship of RNA sequence in structure to retroviral packaging. In order to do those studies, I needed to develop a system for producing large quantities of purified mRNA, which had the necessary genetic elements to ensure efficient translation.

So I developed that system for manufacturing purification and demonstration of the sequences necessary, and then tested that material—that composition of matter—for delivery into a variety of cells using all known delivery methods, including liposomal delivery methods available at the time, none of which were sufficiently efficient to allow any studies of gene expression off of such an RNA and verify the functional aspect of the RNA in cells.

And then had an opportunity to test a new technology that had been developed at Syntax Laboratories in Palo Alto involving the use of positively charged fats, otherwise known as cationic lipids, and their formulations to form self-assembling particles. These are referred to as self-assembling nanoparticles and are not liposomes. They're very different in composition, but they do involve lipids.

Once that suite of technologies was assembled, and even in anticipation of future studies in collaboration with Syntax, I filed patent disclosure for the use of mRNA as a drug in all of its applications from the Salk Institute. I believe that was 1987 or 1988. I have that document. And then it was countersigned appropriately by a postdoc in the lab and then showed that this would be reduced to practice for purpose of expression in all cell types identified at the Salk Institute, including insect cells and human cells and a variety of other sources. And then demonstrated that this was able to deliver mRNA into embryos in Xenopus laevis—this is the African clawed frog model that's commonly used in embryology and create transgenic Xenopus laevis embryos, otherwise known as tadpoles. And then in chick embryos. There was an ensuing set of patent disputes between the Salk Institute and the University of California, San Diego, which I was a student at,

[00:05:00]

and various professors asserting their primacy or involvement in the invention.

I left the Salk Institute with a Masters, having passed my PhD exams in lieu of a PhD, after developing PTSD and a nervous breakdown in the midst of the battles over my invention. I then joined a company called Vical, which was initially located across the street from the Salk on Torrey Pines Road in San Diego. And there had a series of additional discoveries having to do with both the delivery into mammals in a mouse model, as well as the use of the technology for vaccination purposes and its reduction to practice to elicit immune responses against influenza and AIDS or HIV antigens.

I then left Vical and went back and finished my MD and then returned to UC Davis as an assistant professor, obtained about a million and a half dollars in grants to pursue that research, and carried on with development and testing of a variety of cationic liposome formulations, including in collaboration with Boehringer–Mannheim and Promega. Some of those compounds ended up being marketed by Promega. Many patents came from that, including the nine original patents that were filed between 1990 and 1991 that cover the use of mRNA for drug delivery purposes as well as for vaccination purposes and the demonstrated reduction to practice.

So I am, in fact, the original inventor and played a key role in the series of inventions and am a named inventor on all patents relating to these initial discoveries. So that's my contribution. And for instance, these patents that are on the wall behind me are examples of those nine issued patents having to do with DNA and RNA delivery into mammals and cells for the purpose of eliciting an immune response. This is well documented in all those patents—which, by the way, were not cited by Moderna in their patent positions, nor apparently by CureVac or BioNTech. So there is a failure to cite prior literature on the part of all three of those companies.

Shawn Buckley
If I can just interrupt you—so with that background, with mRNA technology, can you tell us what your initial opinion towards the COVID–19 vaccines with mRNA technology was, and then if your opinion changed?

Dr. Robert Malone
My initial opinion about all of these genetic vaccines, as well as the standard vaccines that include full–length spike protein, is that they are encoding a toxin. I was very early in raising concerns that the spike protein from SARS–CoV–2 is functionally toxic. It is a toxin. And I was particularly alarmed by the reports I was hearing from Canadian physicians—who I will not name because they've been attacked by the Canadian government and had their offices raided—but they reported to me very early on about the enticement, coercion, particularly of children, to accept these products, and also the suppression of information about the adverse events.

My initial objections were that when I was notified by a CIA officer who was in Wuhan apparently on January 4th, 2020 of this novel coronavirus and the biologic threat that it represented, I performed—as is my usual practice because I am an experienced leader of teams in biodefense and a response to emerging infectious disease—I performed a threat assessment and determined that the most expeditious and highest probability pathway forward to protecting the population from death and disease due to this agent was to focus on repurposed drugs.

[00:10:00]

And my determination was: the normal pathway for the internationally-accepted pathway for development of a vaccine that was safe and effective would take far too long, typically many years. When I learned that these products were being advanced as gene therapy technologies, I was very well aware of the history of relative effectiveness and safety of adenovirus-vectored products, although concerned about such vaccine products employing a full-length spike protein, whether or not it has the two proline mutations that are in these current spikes that are used in the adenovirus-vectored vaccines.

And I was also concerned about the mRNA technology. In particular, it had a long history of inflammation, both within any tissues in which it was administered, and this had been my experience as an academic researcher. And one of the reasons why I had abandoned this technology was because I could not overcome the toxicity or inflammatory responses associated with these lipid mRNA particles, assembled particles.

Early on, when I learned that this was being advanced as the primary candidate by the United States and others, I contacted the University of British Columbia investigator who is behind the most important advances associated with these newer formulations—which are an improvement for in vivo delivery on my original technology platforms—and inquired of him: what was the full composition and nature and logic of the formulations that were being advanced clinically? And was reassured by him that the inflammatory problems that I had encountered had been resolved with these newer formulations and that they had solved the problem of tissue-targeting by identifying specific cationic lipid structures that would cause the formulations to remain localized in the draining lymph nodes from the tissues at the site of injection. So I was reassured that this was the case.

And then, as this new information came out as the vaccines began to be deployed—about the adverse events associated with them and the suppression of those adverse events in a systematic way by the Canadian national health service—that's when I really became more alarmed. And wrote a key paper—I think perhaps the initial paper—concerning the bioethics of what was being done and the failure to provide informed consent and to require informed consent in deploying these products, as well as the coercion that was being deployed by the Canadian government—by many governments, particularly in the West.

And then Dr. Byron Bridle identified the Common Technical Document [CTD]—is the regulatory term—which had been filed by Pfizer with many nation-states, including the Canadian government and the U.S. government. But [it] had been placed on a Japanese regulatory authority server and was identified by Dr. Bridle, who reviewed it and then asked for a second opinion from a news organization called Trial Site News that I had some affiliation with. Those documents were passed to me for my own review and assessment, as I'm a regulatory affairs and clinical research, clinical development, specialist.

And I was shocked by what I read, in that those documents clearly demonstrated a failure to comply with international and U.S. norms for preclinical assessment of vaccine products and preclinical assessment of gene therapy products—these all being based on gene therapy and so were gene therapy products, and remain so.

Shawn Buckley
Dr. Malone, can I just interject for a second? Because we're going to segue in a few minutes.

[00:15:00]

You were going to speak about what you describe as fifth-generational warfare. But before we go there, I'm just wondering if you could comment on Canada's policy of using these mRNA vaccines on children.

Dr. Robert Malone
So in my opinion, having studied the data, the risks of hospitalized disease and death in children are statistically negligible, approximating zero, very close to the asymptote of zero. So functionally, virtually no risks of the virus in healthy children. Healthy children handle this infection extremely well. But the risks of the vaccine, particularly the mRNA vaccine: all of the genetic vaccine products that express spike protein, as well as those that have pre-manufactured whole-length spike protein, have significant risks in children.

In particular, those risks are enhanced in young males. And in particular, there is a very clear, unequivocal, well-documented risk of myocarditis that, depending on the study—Clinical myocarditis event rate in young males is in the range of one in 1,000-1,500 to one in 3,000, depending on the study. And the overall event rate or serious adverse events for these products may be as high as one in 500; that's events that would cause people to be hospitalized.

And clearly, given that there is no significant clinical risk in children associated with the virus itself, the risk–benefit ratio of these products to the risk of the virus itself absolutely does not justify vaccination in children. And the data indicate that children can be damaged in their brains, in their endocrine system, in their heart, in their reproductive system, and in their immune system responses. Particularly there seems to be a dose-dependent effect of these toxicities in children and in adults. Over.

Shawn Buckley
Thank you. Can you share with us your recent conclusions and research into what you've termed as fifth-generation warfare?

Dr. Robert Malone
Yeah, give me a moment to arrange the screen, because I'm going to have to share the screen. One moment. I'm not very facile with changing the views, so it's going to take me a minute.

I usually have the organizers run the show.

[00:20:00]

Shawn Buckley
Would it be of some assistance to have our technical person contact you?

Dr. Robert Malone
No, it's a very idiosyncratic thing having to do with "where is my mouse" because I'm using multiple displays. There we go, swap displays. Now you should be able to see this, can you?

Shawn Buckley
We're still seeing you, yes, we're now seeing a meeting chat.

Dr. Robert Malone
Okay, you should be seeing the— So now I have to find; I had activated share screen.

Yes, so let's see, Zoom.

Shawn Buckley
It may have been on our end, and we just changed the setting, Dr. Malone, so if you could try again.

Dr. Robert Malone
Okay, one moment.

Shawn Buckley
There we go, it's showing your screen now.

Dr. Robert Malone
Good. Let's see if we can make this happen.

Okay, are you seeing a splash screen that says Fifth-generation Warfare and Sovereignty?

Shawn Buckley
Yes, we are, and that's on the full screen.

Dr. Robert Malone
Okay, so proceeding with that, then. I'm going to speak now about basically the psychological operations that have been undertaken by particularly the Five Eyes nations of Great Britain, the United States, Canada, New Zealand, and Australia, and their intelligence communities and military— [break in livestream audio at 0:23:07–12], referred in the industry to fifth-generation warfare.

In the COVID crisis context over the last three years, we have had clearly documented, including in Canada, the deployment of military assets—ergo personnel and their technologies—on civilian populations under the logic that it has been necessary to coerce, compel, entice, and otherwise convince the civilian populations to accept these unlicensed medical products that are neither safe nor effective, that have been marketed as vaccines, but which do not perform as vaccines in the sense that they do not prevent infection, replication, distribution to third parties, disease or death associated with SARS-CoV-2 infection. And so in sum, what has been done to us in terms of the psyops and the general term or the technology deployed, is fifth-generation warfare.

I'm going to introduce the audience in this testimony to fifth-generation warfare and its deployment during the COVID crisis. Fifth-generation warfare is termed a war of information and perception. In order to understand it, you need to understand that fifth-

generation warfare is not a fight over— It's not used for conflict over territory, but rather it is designed for conflicts to influence thought, belief, and emotion.

[00:25:00]

The first example of fifth-generation warfare in the modern era that was deployed was Twitter and Facebook having been deployed during Arab Spring in order to influence behavior of crowds during that social protest movement in the Middle East. It is not a perfect example of fifth-generation warfare because in fifth-generation warfare, the perpetrators, the opposition, is typically unclear. Fifth-generation warfare seeks to mask the involvement of whoever it is that's waging that conflict. But absolutely, fifth-generation warfare was a component of Arab Spring. And during Arab Spring, a key fifth-generation warfare device or weapon was deployed, and that is Twitter.

Twitter is both a weapon and a battlefield in the new world of fifth-generation warfare. Twitter is specifically designed and has capabilities to map and influence behaviors of individuals and crowds and down to the level of mapping their emotions, thoughts, opinions, and their ability to influence others. This is why you experience things like shadow-banning or amplification of a given tweet or message on social media: this is typically algorithmically-based alterations in the distribution of information and its emotional content to those that are participating in social media platforms.

Of course, all these social media platforms have the ability to precisely triangulate individuals in three-dimensional space because of cell tower triangulation and they are typically integrated in the intelligence community into functions such as Gorgon Stare; that provides extremely high-resolution imaging of individuals and can be used to target individuals both emotionally, psychosocially, as well as with kinetic weapons if necessary.

Over the last three years, Western governments, non-governmental organizations, transnational organizations, and the pharmaceutical industry, together with media and financial corporations, have cooperated via public-private partnerships such as the Trusted News Initiative to deploy a massive, globally-harmonized psychological and propaganda operation—the largest in the history of the western world. With this campaign, the governments of many western nation-states have turned military-grade psyops, strategies, tactics, technologies, and capabilities developed for modern military combat against their own citizens. This is well-documented and was predicted in a series of classic texts and also discussed at length in my latest book, *Lies My Government Told Me and the Better Future Coming*.

It's also these methods— [break in livestream audio at 0:28:09–13] COVID–19, the Great Reset, and the Great Narrative— Klaus Schwab being the leader of the World Economic Forum. Before fourth- and fifth-generation warfare, modern warfare was a duel on a larger scale or a continuation of politics by other means, with core elements of rationality of the state, probability in military command, and rage of the population, according to Clausewitz in his classic text, *On War*.

Today, in the context of fifth-generation warfare, there is no clear distinction between state, non-state, combatants, and civilians. And there is absolutely no boundaries in terms of ethics or rules of engagement. It is total, unrestricted warfare. It is clear that Western nations—as I mentioned, particularly the Five Eyes nations—have deployed this military-grade psyops technology on their civilians, in many cases through the operations of military operational groups that are trained in psyops. This includes, for instance, the 77th Brigade in the United Kingdom. That's now public information.

Many of this has come out through Freedom of Information acts and Twitter File disclosures. And it has really been a central feature of governmental efforts to manipulate populations and coerce them to accepting whatever the narrative is promoted by the government and the World Health Organization.

[00:30:00]

Just to put a pin on it, the U.S. government, through the Department of Homeland Security, has defined terms which are equated with domestic terrorism that relate to this. And those are: "misinformation," that means any information being spread in public which is different from the approved narrative from the regional health authority—so, I guess that would be your NHS—and the World Health Organization; or in the U.S. that would be our Health and Human Services. Any information which is different from that approved by those agencies is defined as "misinformation." If it's spread benignly, through ignorance or whatever, that's "misinformation." If it's spread for political intent, that's defined as "disinformation." If it is information being shared which is true, but causes concerns about government and government integrity, that is called "malinformation." All three of those classifications in the United States are defined as domestic terrorism by the Department of Homeland Security.

In general, thinking about these concepts of generations of warfare as discrete entities is really misleading. They're more like generations or gradients. First generation being, you know, sticks and stones and swords and mounted combat with lances. Second generation you can think of as the First World War being a great example and the American Civil War. Third generation employed the Blitzkrieg, which allowed the decentralization of command authority to the German army, which allowed them with even inferior technology to bypass, for instance, the Maginot Line in France. So third generation is mechanized warfare, focused on speed and maneuverability. You can think of the Ukraine conflict as an example of third-generation warfare in progress. Fourth-generation warfare was designed for asymmetric warfare against large state actors. We can think of this as terrorism, or we can think of it as insurgency efforts, such as for instance, the American Revolution against Great Britain is an example. But in the modern context, fourth-generation warfare deploys both propaganda and battles over territory, including use of kinetic weapons by the likes of Al Qaeda, the Taliban, various actors in Syria, and going back to the Viet Cong. I argue that the United States military has never won a fourth-generation conflict.

In order to try to overcome that problem of the advantages posed by internet and network effects and these insurgency strategies that are highly decentralized in terms of leadership, creating a situation where state actors face kind of a whack-a-mole problem, they've developed a fifth-generation warfare, which is based on information and perception manipulation. It does not typically involve non-kinetic weapons, and is not a battleground over territory but rather a battleground over your mind and its perceptions and its availability of information.

These new tactics have created a totally new battlescape here—one that is very Salvador Daliesque, in which it's very difficult to understand the nature of the conflict, who the combatants are. And typically, the combatants that are propagating this information warfare into a population seek to become as obscure as possible and act with as little energy as possible. This is a very subtle manipulation of information. It is basically the modern epitome of psychological operations and the use of psychology to influence behavior of groups and populations.

As I say, it's very, very difficult to really come to grips with fifth-generation warfare as you begin to understand it. In particular, because there are absolutely no boundaries in terms of truth, ethics, of manipulation of media, integrity of information, social organizations, et cetera.

[00:35:00]

It is complete and total information warfare with absolutely no boundaries. This is what's been deployed against your population there in Canada.

This type of warfare targets the cognitive biases of individuals in organizations in a very strategic fashion. We're all familiar with trolls and bots, et cetera. But it's very different. It's concealed, it's impossible to attribute, and it focuses on the individual rather than on groups in many cases. It is truly a war of how you think. I argue that in the context of fifth-generation warfare, when it is being deployed by governments against their own populations, the concept of sovereignty is irrelevant. It is obsolete. It's an anachronism. There is no sovereignty in an environment in which everything which you obtain in your information space, all of your emotions, everything is manipulated towards the end of whatever the goals are of the nation-state. That is modern fifth-generation warfare, information warfare, and that is what's been done in Canada. It's well-documented.

These are key characteristics of fifth-generation warfare. I mentioned Arab Spring. The Israeli–Palestinian conflict was another example. The Havana syndrome—where we had diplomats in the United States in Havana, Cuba that experienced an unknown mental compromise or psychological state after deployment of some sort of unknown energy weapon—is a clear, explicit example of fifth-generation warfare. It was targeted, it was effective, and there is no knowledge of what caused that effect or who was deploying it on the American diplomats. Perfect example of fifth-generation warfare.

I mentioned the concept of sovereignty. What is world health when public health policy and pharmaceutical interventions are transformed into just another fifth-generation warfare weapon? How can a democratic system of government continue to exist if the existing leadership of a nation-state feels that it's acceptable to deploy these types of technologies on their own population? As I said, the idea of sovereignty becomes irrelevant.

These are examples in the lay press from Canada and the UK documenting the deployment of military campaigns involving fifth-generation psychological warfare and information warfare against the Canadian population. When you say, "conducting propaganda during the pandemic," this is fifth-generation warfare. This is what was deployed on you by your own military. This is from the Canadian Joint Operations Command, et cetera. As you notice in this article by David Pugano [sic, Pugliese], in one of your lay press publications, "This plan devised by the Canadian Joint Operations Command relied on propaganda techniques similar to those employed during the Afghanistan war." In other words, that's a euphemism. They deployed the fifth-generation warfare technology designed to combat the Taliban against you, the civilians of Canada.

Now this is an example of one of the battle groups in the United States, the 4th Psychological Operations Group based in Fort Bragg. This is a recruitment video just to give you a sense of the nature of this technology. This is the group that was developed from the ghost army of World War II that was used to fake the German army about the landing at the end of the war.

[Dr. Malone plays a recruitment video for the 4th Psychological Operations Group in the United States from 00:39:22 to 00:42:48. No exhibit number is available.]

Dr. Robert Malone
So I hope that convinces you that this is a real process, threat, and technology. As I mentioned, it's deployed in the United States, in Great Britain through the 77th Brigade—one of the members of the 77th Brigade is actually a member of Parliament—and obviously in Canada, as documented by your own press, and New Zealand and Australia, all part of the Five Eyes Alliance. There are a series of core technologies that are used. One of them is the OODA [observe–orient–decide–act] Loop, which is also a core strategy for instance in fighter pilots currently, in which there are very rapid response cycles to new information.

Another key technology and concept is the Milgram Experiment, in which people were subjected to shock—surreptitiously, not actually—and it demonstrated the willingness of individuals to deploy potentially life-threatening shocks if authority figures told them to. Another example is the Asch experiment, in which it was demonstrated that the effects of social pressure can cause a person to conform to the willingness or interests of authority figures or organizations. People are willing to ignore reality in order to conform to a group. This also relates to the work of Hannah Arendt, Joost Meerloo, and most recently Matthias Desmet involving mass psychosis or mass formation or mass hypnosis—are all three equivalent words.

Another example is the Operation Lockstep, the idea of using a pandemic to impose tighter, top-down control modelled after the Chinese social credit system, which has been foretold and evaluated in a variety of planning documents and analysis documents by the Rockefeller Foundation and the U.S. intelligence community.

[00:45:00]

I've mentioned Five Eyes Alliance multiple times here. I don't think I need to cover it again. You're aware that Canada is part of the most powerful and longest-standing intelligence organization in the history of the West. You may not understand that, for instance, Wikipedia is very actively edited by individuals who are tightly associated with MI5. What we have is reciprocal relationships between the Five Eyes Alliance countries in which, for instance, things that are prohibited from being performed by the Canadian intelligence service or the American intelligence service are performed as tasks by, say, Australian or United Kingdom intelligence services—which are not prohibited from taking those types of actions against civilian populations in other Five Eyes Alliance member states.

Another key concept is the Overton Window, which is the range of policies which are politically acceptable for discussion, known as the Window of Discourse. And fifth-generation warfare methods seek to actively manipulate the Overton Window for strategic and tactical advantage. So for instance, when you experience the "fact checkers," or the censorship, shadow-banning, et cetera on social media because you are communicating something like the slide deck from the Canadian COVID Care Alliance that technically accurately discussed the nature of the Pfizer clinical trials: that is a clear example of third-party actors constraining the Overton Window, making it so that these things are not socially acceptable to be discussed. This is a key strategy and tactic in fifth-generation warfare.

Another one is the exploitation of cognitive biases associated and described as the Dunning-Kruger Effect, the relationship between average performance and actual

performance on a college. So self-perceived performance. In other words, the difference between what people think they are able to perform and their intelligence levels and their true capabilities. People have a strong tendency to always overestimate their ability to assess information and their own intelligence, and this is actively exploited using fifth-generation warfare technology.

Another example is bad jacketing or snitch jacketing. This is this common strategy that we're seeing deployed and has been deployed for decades—for instance, by the FBI to create suspicion and division within organizations that are resistance group. And what's done is to seed the idea that members of the group are bad actors, that they in some way are actually acting on behalf of a third party, typically the state or intelligence community. And so, this is often referred to as "controlled opposition." That's the typical strategy that's propagated into a population: somebody who is being very effective as a leader within a protest group or organization, then rumors being spread about them that they are actually acting on behalf of the opponents, the state, or whomever.

And this is another video prepared by Mikki Willis that describes bad jacketing. It's called "Our Birthright," and it's another example of the fifth-generation warfare technologies that have been actively deployed, including in Canada during the trucker strike event.

[Dr. Malone plays the video, "Our Birthright" from 00:48:57 to 00:55:35. No exhibit number is available.]

Shawn Buckley
Dr. Malone, can we just let you know that we're having trouble hearing the sound on this presentation?

Dr. Robert Malone
So sorry that you didn't get adequate volume. I hope you could understand most of that. The point is that these are the technologies that have been deployed and continue to be deployed against us. There are third parties that have been clearly identified as disruptors who were involved in disruption of the Canadian trucker protests as well as the American trucker protests. We do have infiltrators. They are using these technologies. They appear to be state actors that are working as subcontractors.

How can we defend ourselves against this? We can basically learn the technologies. When we do so, we become resistant to them, just like we're more resistant to modern marketing technology, which is very closely related. As we master the technologies and understand them more deeply, we can begin to deploy them ourselves rather than just being victims.

There are many offensive ways to use this, and there are many different offensive ways that they're used against us through chaos agents, generation of fake sock puppets, bot trolls, flash mobs, et cetera. And of course, the aggressive deployment of censorship, gaslighting, and other technologies, which are used particularly on social media and in corporate media, often with a sponsorship from governments—including your own government, as I've mentioned.

I conclude this talk, then, about fifth-generation warfare with the suggestion that you seek out the variety of different sources of literature that provide more information about this. And of course, we've written about it extensively in our book, *The Lies My Government Told Me*, as well as in our Substack, rwmolonemd.substack.com, if you wish to understand more

about fifth-generation warfare, nudge technology, and associated psyops that are deployed in Twitter and other social media platforms.

With that, I thank you for your time. And let's see, I need to stop sharing my screen.

Shawn Buckley
Yes, if you can return to view of you, I think our commissioners likely have a few questions for you.

Dr. Robert Malone
I'm trying to get there.

Shawn Buckley
There we go. We can see you.

Dr. Robert Malone
Okay, we should be back, and thank you for your attention.

Commissioner Massie
Thank you very much, Dr. Malone, for your fantastic testimony. When I understand it, you did a journey from the science and the technology and how the science and the technology is being deployed for all kinds of applications, some of which we can actually question, as you mentioned in the end.

If I can come back to science and technology—because I'm a scientist; I was working in gene therapy in the early nineties and I've been following your work. If we can come back to it— If we can explain to what extent the science, for example, of the mRNA technology has not been developed to the level that would justify its use in, I would say at this point, all kinds of application, including the COVID vaccine, but now they want to move it in many other types of applications— It is my understanding based on the latest result that have been published on the quality, or lack thereof, of the product produced at large scale under so-called GMP [Good Manufacturing Practices], which we can question the quality.

Do you think, based on your expertise on the technology, that this product can actually be produced anytime soon under large-scale and GMP quality, irrespective of what kind of vaccine you might be proposing?

Dr. Robert Malone
Okay, so your question is basically—to use regulatory terminology—you're speaking about adulteration, potency, purity, and identity of the medical product.

[01:00:00]

The biological medical product, which has been marketed to us as a vaccine. Do I understand you correctly?

Commissioner Massie
Yeah, exactly. My question is: In your expert opinion are we ready to produce these products under compliant GMP? And if not, what would it take to get there?

Dr. Robert Malone
We have been told that the products are compliant with GMP. But it has not been disclosed to the general public: the contents of the material and its composition, the manufacturing process, and I'm not aware of what the release criteria are. I do know that there have been multiple independent assessments. And let's park that for a minute, I want to come back to that. There have been multiple independent assessments that document, for instance, quite a significant concentration of contaminating plasmid DNA in these preparations, which suggests that the purification process to remove the plasmid DNA template for the manufacturing of the mRNA has been—the most gentle way I could put it would be "inadequate."

Contamination of DNA in vaccines has long been a problem, no matter what the source. For instance, live attenuated or purified subunit influenza vaccines also have problems with contaminating DNA from cell lines or from chick embryos, for example. There is absolutely, based on the independent assessments, significant contamination of plasmid DNA. And it's been reported that that DNA, in the case of the bivalent products, includes a full-length plasmid that includes a simian virus—forty sequences, including promoter enhancers. And I'm not clear about replication origins.

In addition, it's very clear from the analyses that the mRNA transcripts present in these preparations of gene therapy products used for vaccination are often truncated. It's basically impossible with T7 RNA polymerase to prevent the premature termination of the growing chain of mRNA. So one ends up with a composition of matter that has significant contamination with sub-full-length transcripts, which may have their own biologic properties. And the proteins that they encode may have their own biologic properties.

In terms of the overall formulations, clearly this technology—developed at the University of British Columbia in large part—is not as advertised. It does not remain at the site of injection. It does not remain in the draining lymph nodes. It is not targeted. In fact, it is generally distributed throughout the body and seems to have some particular affinity as a formulation of the product for a variety of tissues and organs that are associated with significant pathology. And this includes brain, heart, and—most worrisome—reproductive tissues, including ovaries.

We have the inadvertent disclosure by a Pfizer global director recently, with Project Veritas, that Pfizer believes, for instance, that the reproductive complications associated with the vaccines—ergo, the dysmenorrhea and menometrorrhagia that women commonly experience—is actually due to damage to the, in their words, "hypothalamic pituitary adrenal gonadal axis." That's another way of saying damage to the endocrine system. This is apparently a leading hypothesis at Pfizer for these female reproductive consequences. And of course, women are not the only ones that have an endocrine system. And this is not restricted just to adult females. Particularly worrisome is the prospect that these materials may be damaging the endocrine system of developing children, in my opinion.

We also have the toxicity, which is unresolved and never assessed to date,

[01:05:00]

of the pseudo mRNA itself. The composition of matter of this material that is being synthesized chemically through, basically, an enzymatic reaction substitutes the normal uridine for pseudo-uridine. Pseudo-uridine is a molecule present in very precise places in natural mRNA, but it is not typically incorporated into all of the uridine-coated components of the mRNA molecule or messenger ribonucleic acid molecule. Pseudo-uridine is typically very selectively modified in cells in our bodies rather than being incorporated wholesale throughout the RNA. This is the invention of Kariko and Weissman that's used in all of the marketed or distributed mRNA-based vaccine products.

And the reason why the pseudo-uridine was incorporated was because of the problem that I mentioned previously: these formulations are highly inflammatory. And the incorporation of pseudo-uridine into mRNA acts through various cellular signaling pathways to down-regulate inflammation and immune response. Unfortunately, that has two aspects. Down-regulating the inflammatory and immune response is good in the sense of reducing the effects of the formulation itself on inflammation, but bad in that it's nonspecific.

We do know that, for whatever reason, these products when administered—these biological medical products marketed as vaccines—are eliciting damage to immune responses. And we can observe that because one of the common adverse events is the reactivation of latent DNA viruses, such as Epstein–Barr virus, cytomegalovirus, and shingles of course—which are common adverse events associated with the post–vaccination syndrome.

In short, what we have is clear evidence of unresolved and inadequately-characterized toxicity associated with the delivery formulation—with the mRNA itself and with the encoded payload spike. None of these were characterized in the way that is normally prescribed in well-established regulatory processes, in terms of characterizing the potential toxicity of all components of a final drug product. And the presence of these contaminants of DNA and sub-transcript mRNAs are clear evidence of adulteration in the final product. Unfortunately, the contract clauses of Pfizer and Moderna have been such that there has been, in general globally, a restriction on the ability of national health authorities to perform lot release-testing and characterize these contaminants.

And so governments throughout the world and their regulatory authorities have basically caved to pressure from the pharmaceutical industry to bypass their normal processes in ensuring purity, potency, and lack of contamination in the products that have been administered—often through mandates or other forms of coercion or compulsion. They have bypassed their own norms and so we're not able to really verify in a rigorous way—in a way that would normally be performed—whether or not these products are adulterated. But the current evidence suggests that they are significantly adulterated and the data are clear that they are neither safe nor effective. Over.

Shawn Buckley
Dr. Malone, thank you. And do the commissioners have any other questions of Dr. Malone?

Yes, so there's another question. Dr. Malone, we are very tight on time, so I'll ask if you can be very succinct in answering the questions.

Commissioner Drysdale
Thank you, Dr. Malone. We've had a number of witnesses talk about COVID–19 and how they recognized at a very early point in the pandemic that the disease targeted—perhaps

that's not the right term. But certain people, certain stratifications of the population were more susceptible. In other words, if you were obese, or if you were elderly, they told us that you are more susceptible to the disease.

[01:10:00]

My question is really focused at the second part of your presentation. That is: When you talk about these fifth-generation techniques, are they stratified in the population? In other words, have you seen markers that show that it's more younger people, or older people, higher population-density portions of the country are more susceptible to this technique?

Dr. Robert Malone
This is not my core competence, psychology. This is not what I was trained in— Or psychoanalysis, others have had that training. I can tell you definitively that there was a study of a randomized clinical trial with the six-month follow-up of approximately 600 subjects in 10 different groups performed by Yale University—the funding for that was not disclosed—before the vaccines were ever available. It piloted various messaging strategies and tested whether they were effective at different populations, in terms of the messaging regarding generating a willingness to accept these vaccine products and to influence other parties to accept these vaccine products. I've documented that both in Substack—it's a published peer-reviewed paper—and in my book.

So there absolutely is evidence that these campaign tactics—of, for instance, speaking about guilt, social obligations, risks to the elderly and grandparents, et cetera—were absolutely tested in a randomized clinical trial prospectively, in order to generate the message content that was deployed throughout the Western world to convince, compel, and entice different populations to accept these products. And in particular, the logic that it was necessary to vaccinate children in order to protect the elders. Over.

Commissioner Drysdale
Thank you, Dr. Malone. I have nothing else. Anyone else?

Shawn Buckley
Dr. Malone, it's truly been an honor to have you join us today. And on behalf of the National Citizens Inquiry, we thank you so very much for attending and sharing with us.

Dr. Robert Malone
Thank you for the opportunity. I hope it was helpful, and I wish you the best of luck there in Canada.

Shawn Buckley
Thank you.

[01:12:44]

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The evidence offered in this transcript is a true and faithful record of witness testimony given during the National Citizens Inquiry (NCI) hearings. The transcript was prepared by members of a team of volunteers using an "intelligent verbatim" transcription method.

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