

Robert Malone statement 21 juni 2021

https://www.linkedin.com/posts/rwmalonemd_sciencefact-activity-6812703149678243841-B3wS



[Robert Malone • 1st RW Malone MD, LLC: Consultancy and Analytics in the Biosector 56m • Edited •](#)

[56 minutes ago](#)

Once again I feel it necessary to make a clear and unambiguous statement. The data strongly indicate that the experimental genetic vaccines, including the mRNA and recombinant adenoviral vaccines, have saved lives. Many lives.

But it is also increasingly clear that there are some risks associated with these vaccines. Various governments have attempted to deny that this is the case. But they are wrong. Vaccination-associated coagulation is a risk. Cardiotoxicity is a risk. Those are proven, and discussed in official USG communications, as well as communications from a variety of other governments.

Based on what I have seen, I believe that other toxicity risks will become more apparent. These include menstrual irregularities, development of thrombocytopenia, cerebrovascular effects, and reactivation of latent viruses such as clinical shingles.

But we do not know how prevalent these are, and the spectrum of severity is unknown and possibly unknowable because the V-Safe database is not being shared outside of CDC, the VAERS systems is deeply flawed, and we just do not have the comprehensive safety data necessary to accurately evaluate risk/benefit for the various cohorts - elderly, healthy normal adults, immunocompromised, pregnancy, adolescents, children, and infants.



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

34m

At this point, I think that a reasonably objective scientific perspective is that the first generation genetic vaccines for SARS-CoV-2 need to be modified and re-engineered to yield second generation products which do not express biologically active spike protein. There are other antigens - Spike is not the only one. I am concerned that locking spike into a pre-fusion conformation may not have been such a good idea, and that there is a need to investigate the ACE2 binding activity of these engineered spike proteins and their activity relative to native spike for the phenotype of induction of coagulation in animal models. So, we really need to think about re-engineering these genetic vaccines so that they are expressing either spike subunits, engineered spike that is not biologically active, expressing other SARS-CoV-2 antigens etc. And we really need to look hard at the data to determine what we can do in the interim to reduce the risk of these rare adverse events. What could be done? Drop the dose. Go to a single jab. That sort of stuff. But the decisions need to be evidence-based. No more of this "fake it till you make it" decision making!

Evidence - based medicine. Please. Lets get back to normal decision making.



Nik Wells 2nd degree connection 2nd Managing Director Regulatory Index and IPC

48m

I think you make some good points here Dr Malone and it is important that you raise them openly, as there seems to be very little balanced discussion in the mainstream media.

From my analysis of the available data and information (both on the vaccines and disease), there is nothing to warrant the use of the experimental genetic vaccines you refer to in children. And there is clearly no justification for talk of requiring individuals to prove vaccine status to go about their lives.

2 Replies 2 Replies on Nik Wells' comment



Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector

28m

completely concur regarding pediatric vaccination.



0 suggestions found.



Andrew Lees, Ph.D. 2nd degree connection 2nd Scientific Director at Fina BioSolutions LLC and Owner, Fina BioSolutions LLC

1h

Robert: Thank you for your clarification. The back & forth posts on Linked-in are not always nuanced & it is uncertain who to trust.

It is clear the vaccines work. I have no expertise in the number of people under 65 who were extremely sick, died or had lingering effects (brain fog, etc) from Covid but I know many. The low # of vaccinated in the hospital vs unvaccinated Covid cases is highly indicative of vaccine efficacy. . Vaccine risks should be discussed & studied. The stirring up of distrust and politicizing medical information along with poor understanding of risk add to the communication challenges.

The mRNA vaccines have turned back the devastating tide of the pandemic. A lot of guesses needed to be made in order to roll them out with such amazing speed. As newer & hopefully safer vaccines are developed, they should replace the first generation. I

2 Replies 2 Replies on Andrew Lees, Ph.D.'s comment



[Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector](#)

57m

Hi Andy - second time I have posted this position. I guess I will have to do this weekly, if for no other reason than to mitigate risk of me being booted off of linkedin for **openly discussing the science of the vaccines and the associated toxicology data.**



[Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector](#)

1h

At this point, I think that a reasonably objective scientific perspective is that the first generation genetic vaccines for SARS-CoV-2 need to be modified and re-engineered to yield second generation products which do not express biologically active spike protein. There are other antigens - Spike is not the only one. I am concerned that locking spike into a pre-fusion conformation may not have been such a good idea, and that there is a need to investigate the ACE2 binding activity of these engineered spike proteins and their activity relative to native spike for the phenotype of induction of

coagulation in animal models. So, we really need to think about re-engineering these genetic vaccines so that they are expressing either spike subunits, engineered spike that is not biologically active, expressing other SARS-CoV-2 antigens etc. And we really need to look hard at the data to determine what we can do in the interim to reduce the risk of these rare adverse events. What could be done? Drop the dose. Go to a single jab. That sort of stuff. But the decisions need to be evidence-based. No more of this "fake it till you make it" decision making!

Evidence - based medicine. Please. Lets get back to normal decision making.
2 Replies 2 Replies on Robert Malone's comment



[**Teresa T. 2nd degree connection 2nd Risk Transformation | Collaborative & Transparent Leadership | Aligning Strategy, Talent, Data, Process, Control & IT to Surpass Expectations | Governance | Financial Modeling | ALM | GARP NY Director | CFA, FRM, CAIA**](#)

18m

Thank YOU! 🙏

[**C. R. Rund 2nd degree connection 2nd Anatomical and Clinical Pathologist**](#)

14m

Unfortunately I have read nothing from the CDC or FDA that indicates anything more than a fake it till you make it approach. Plus their actions speak volumes with slow walking the "emergency" meeting to review vaccine induced myocarditis as a recent example. They went all in with Operation Warp Speed. Nothing will slow it down. Not even vaccine adverse events.



[Nik Wells 2nd degree connection 2nd Managing Director Regulatory Index and IPC](#)

1h

I think you make some good points here Dr Malone and it is important that you raise them openly, as there seems to be very little balanced discussion in the mainstream media.

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3 Replies 3 Replies on Nik Wells' comment



[Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector](#)

1h

completely concur regarding pediatric vaccination.



[Scott Oliver 2nd degree connection 2nd Founder of BestSleepDoctor.com and Co-Founder of Best Sleep Magazine](#)

49m

[Robert Malone](#) And now this...

A new, totally MORONIC and unscientific reason to vaccinate healthy young people who have zero

chance of dying from this ..

'... it may be worth vaccinating youngsters to stop chaos, warns professor...'

<https://www-telegraph-co-uk.cdn.ampproject.org/c/s/www.telegraph.co.uk/news/2021/06/17/scrap-covid-tests-schools-says-oxford-vaccine-pioneer/amp/>

[Scrap Covid tests in schools, says Oxford vaccine pioneer](#)

[Scrap Covid tests in schools, says Oxford vaccine pioneer](#)

[telegraph.co.uk](https://www.telegraph.co.uk)



[**Robert Malone Author RW Malone MD, LLC: Consultancy and Analytics in the Biosector**](#)

15m

roger that



[**Merko Tigelaar 1st degree connection 1st Toezicht & Advies**](#)

1h

Very good and clear. Hope 'they' are listening!



[Ari Trachtenberg 2nd degree connection 2nd Professor at Boston University](#)

1h

On what basis do you conclude that the vaccines have saved lives? This would require a proper control, long-term followup, etc.

1 Reply 1 Comment on Ari Trachtenberg's comment

[C. R. Rund 2nd degree connection 2nd Anatomical and Clinical Pathologist](#)

12m

Thank you!!! 🙏 🙏 🙏



[Shayne Whitehouse 2nd degree connection 2nd Future proofing businesses by guiding them on their journey to the cloud](#)

1h

Dr Malone, have I got this correct? The risk to the average person below 70 with no co-morbidities of CoVid is very low both as an infection requiring hospital treatment and even lower for death. If repurposed drugs such as Ivermectin are also available and used there is virtually no risk and not dissimilar to a flu season.

Vaccines lower the risk but its off essentially a very low base. They do however have a known risk that seems to be increasing as we learn more.

2 Replies 2 Replies on Shayne Whitehouse's comment



[Gert Lykkesfeldt 2nd degree connection 2nd Chief Gynecologist, MD, DMSc \(ret.\)](#)

37m (edited)

I think you have got it right. But even among the best of the genuine expert scientists it is still heresy to indicate that these “vaccines” have saved but a very few, or even ask them to prove that without doubt. I can understand the reasons for that just by looking at the fate of Dr. Byram Bridle (sic!). So they seem to play safe and try to minimize the damage already done and plead for exclusion of kids and pregnant women from the vaccine-roulette. That plea will I fear be ignored by the decision centers. Besides the potential but unknown long term calamities caused by this shoot from the hip “medical” approach are almost never addressed.

ARRs [absolute risk reduction]tend to be ignored because they give a much less impressive effect size than RRRs: 1.3% for the AstraZeneca–Oxford, 1.2% for the Moderna–NIH, 1.2% for the J&J, 0.93% for the Gamaleya, and 0.84% for the Pfizer–BioNTech vaccines.

[https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247\(21\)00069-0/fulltext](https://www.thelancet.com/journals/lanmic/article/PIIS2666-5247(21)00069-0/fulltext)

[COVID-19 vaccine efficacy and effectiveness—the elephant \(not\) in the room](#)

[COVID-19 vaccine efficacy and effectiveness—the elephant \(not\) in the ...](#)

[thelancet.com](#)



[Shayne Whitehouse 2nd degree connection 2nd Future proofing businesses by guiding them on their journey to the cloud](#)

22m (edited)

[Gert Lykkesfeldt](#) thanks for your insights. My concern is that we are being taken down a path that Michael Yeardon, the former CSO of Pfizer described as "standing at the gates of hell". If a 30 year expert on vaccination says that I will take note.



[Branko Boshkovikj 2nd degree connection 2nd Cyber Security Consultant - Kuwait](#)

1h

Yeah... Guns have also saved many lives .. Vaccines are not going anywhere near me or my family...



[Steve M. 2nd degree connection 2nd President | Founder at Combilytics Corp](#)

43m

Glad I got my shingles vax 3 months before my Phizer vax :-)



[Niklas Holck 2nd degree connection 2nd Founder & CEO at Tradeworks.vc](#)

1h

Have they saved any lives that e.g. Ivermectin based treatment or prevention protocols couldn't have saved?



[Steven Coble](#) **2nd degree connection 2nd *I help Home/Office/Remote workers thrive using telecoms, technology & ergonomics* *Offering the best options for meeting solutions, large or small* *Teams/Zoom/Starleaf Certified Products* *Less stress-more value***

47m

[Robert Malone](#) I know that this will be difficult to answer but I did read that some of the adverse events had something to do with people that had injected Heparin?

My wife, in order to avoid miscarrying injected Heparin as it was found that she had blood clotting factors, Factor V Leiden and Pro Thrombin Gene Variant which I believe 5% of the population has. Might this be a condition where the vaccines are avoided? Particularly bothered that they will want to be injecting my teenager next and he may have this condition.



[Krista S.](#) **2nd degree connection 2nd Rare Disease Family Access Manager at Biogen**

8m

I'm often baffled at the fear and covert nature of our government agencies to allow us the ability to decide risk/benefit for ourselves and our families. Many have completely lost trust in public health because of it. Thank you for your bravery in sharing facts! The vaccine has saved lives, BUT with that comes risk and many unknowns.



[Debbie Black 2nd degree connection 2nd Independent Scientist & Executive. Passionate about Global Health & Environmental Sciences.](#)

1h

We've been assisting long haulers for more than 5 decades. If this really does cause a spike in such cases we will know very early from our own data.



[Yama Taj 2nd degree connection 2nd Technical Project Manager at Vestas Offshore Wind](#)

4m

Lets see if these posts will stay here on LinkedIN. I can imagine that some 23 years old with an IT degree will "fact check" them; the posts from a senior scientist who literally invented the mRNA and DNA vaccine technology. Would be laughable.



[Chris Nanna 2nd degree connection 2nd Manager, Radiation Oncology Services/ William E Kahlert Regional Cancer Center/ Lifebridge Health](#)

11m

Possibly a. Hard stop on distribution of the shots should be considered until further studies are conducted and science is confirmed?



Claudia Armani 2nd degree connection 2nd Health & Nutrition Coach, TOP10 UK Health Coach Blogs 2018, 2019 & 2020, Pilates Teacher.

1h

Very clear Dr. Malone.