

Robert Malone: An Enigma Wrapped in Many Unanswered Questions

Robert Malone: An Enigma Wrapped in Many Unanswered Questions

The prominent Covid-vaccine sceptic has taken two doses of the Moderna vaccine. And that's just one of many inconsistencies between his words to the Covid-sceptic crowd and his actions.

by Miriam Walton and Alan Goater with Rosemary Frie
July 18, 2022

Introduction by Rosemary Frei:

This is a guest post by Miriam Walton and Alan Goater in Derbyshire, U.K. Over the last year they've been closely following interviews and articles by and about Robert Malone. And that's left them with more questions than answers.

I also have raised questions about Malone: see my Oct. 24, 2021, article titled, '[The Vanden Bossche Caper Continues.](#)' In it, I focus on a high-profile interview of Malone and Vanden Bossche, in which Malone boosts and extends Vanden Bossche's disinformation and fear-mongering. (I first exposed Vanden Bossche's deliberate disinformation in my March 2021 article, '[The Curious Case of Geert Vanden Bossche.](#)')

Below is Walton and Goater's email to Malone in February 2022 with questions about information in the public domain about Malone. (I've added hyperlinks to the source material, photos from that source material and, in square brackets, some clarification/comments.)

Malone still hasn't responded to the U.K. couple's questions.

Dear Dr. Malone,

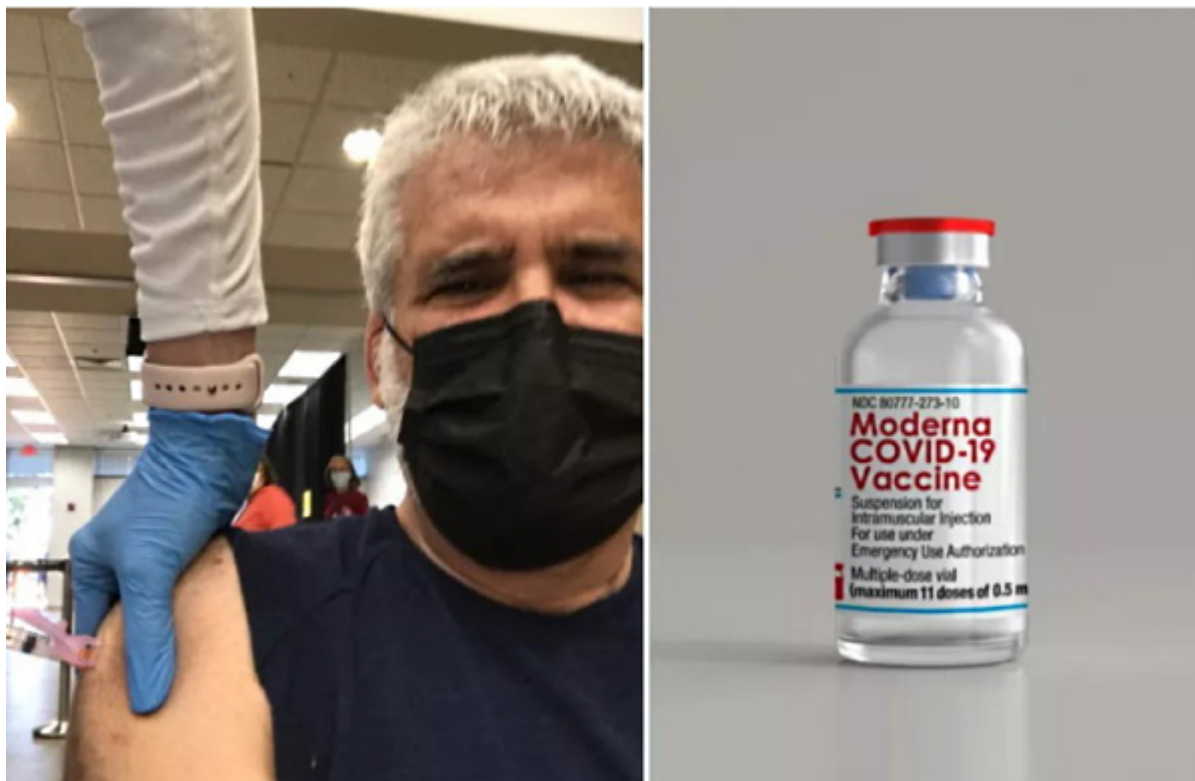
From the Pennine foothills of the UK we have followed with interest your public and media appearances in connection with your opposition to current US (and global) public health policies, in particular the controversies which have arisen concerning possible misinterpretations of your position. We have it in mind to write (and possibly publish) about these issues and would be very grateful for some clarifications from you in the interests of fairness and accuracy to all parties. Please find our questions below.

We appreciate that you must be exceedingly busy at this time but would hope that you could respond within, say, 7 days.

Best wishes,

Miriam Walton and Alan Goater

1. You are on record as saying that you had two doses of the Moderna Covid vaccine some months after being infected with the disease because a) you had heard rumours that your long-haul symptoms might be helped by the vaccine and b) you wanted (needed?) to travel abroad.



Questions:

1. Has any vaccine ever been successfully deployed to mitigate current patient symptoms of anything?
2. What, in all your training and experience as a physician and scientist, informed your decision to take an experimental injection (twice) on the basis of a rumour and a desire to travel?
3. Is a desire to travel a good reason for participation as a subject in a medical experiment?
4. Why were high-quality photographs taken of you on both occasions of vaccination?

2. There exists online footage of professor Mattias Desmet asking you not to use the word 'psychosis' in connection with his theory of mass formation. ['online footage' refers to this interview of Malone and Desmet on Tommy's Podcast; in it, Malone starts speaking at 4:33 and at 15:25 Desmet finally gets a chance to correct Malone by saying his theory is termed mass formation, not mass psychosis.]

You said, on the same occasion, that you had come to “*sit at the feet of the master*” (Desmet) and to learn from him.

However, you have been speaking and writing about ‘mass formation psychosis’ since then, including on your own Substack (i.e., your reformulation of Desmet’s mass formation with reference to Dr. Mark McDonald’s work on ‘mass delusional psychosis’ – a different phenomenon).

Questions:

1. Can you provide the rationale for ignoring the express wishes of ‘the master’?
2. Have you said or done anything to remedy the debunking of professor Desmet’s theory of mass formation because of its unauthorised association with ‘Psychosis’? [i.e., has Malone admitted – and attempted to rectify the effects of – his changing of Desmet’s theory to supposedly be about ‘mass psychosis’ that in turn caused Desmet and his theory to be pumeled by baseless attacks/’debunking’?]
3. You are on record as identifying both Michael Callahan and Daryl Galloway as CIA agents. [For example starting at 1:00:07 in this video interview of Malone in which he talks about outing Callahan.]

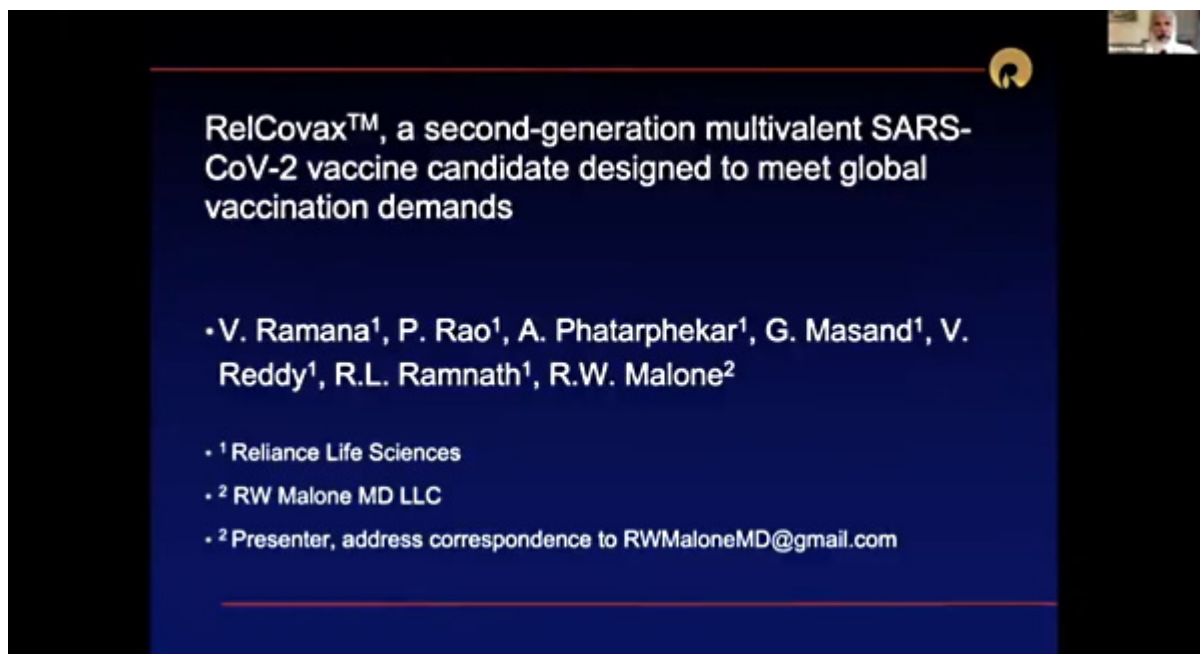
Questions:

1. Was that information [i.e., about Callahan and Galloway being CIA agents] available to you as a result of your own security clearance status?
2. Do you expect an investigation into these revelations under the Intelligence Identities and Protection Act of 1982? [This Act “amends the National Security Act of 1947 to establish criminal penalties for any person who knowingly discloses information which identifies a U.S.

covert intelligence agent.”]

4. [Background to this point: 1. Malone being actively involved currently or in the recent past in the development of a Covid jab called RelCoVax made by India-based Reliance Life Sciences; and 2. a Substack article by a member of an organization called ‘Health Freedom for Humanity;’ the article apparently points out that Malone in his Dec. 2021 interview by Joe Rogan didn’t mention this vaxx or his involvement with it, and also posed other questions such as whether there is graphene oxide in the vaxx. (We couldn’t find the article online; the information about the article in the question below comes from Malone’s Jan. 26, 2022, Substack post about it.)]

Screenshot of the beginning of this video Malone’s presentation about the vaxx at the Vaccines Summit 2021



In your recent robust dismissal of criticism from the ‘Health Freedom for Humanity’ organisation you answered in respect of Statement #2 – “it [RelCovax] allegedly has Darpa (graphene oxide) Hydrogel in it” in the following terms:

*“Hydrogel, and other alum-based adjuvants, are among the best characterized of the traditional adjuvants. DARPA had nothing to do with developing Alum or Alhydrogel adjuvants. Alhydrogel has nothing to do with Graphene Oxide. This “Relcovax” vaccine product using Alum + CpG for its adjuvant system. **The vaccine candidate is designed to be a very low cost, traditional alternative to the genetic vaccines, and employs much more traditional methods than, say, the Novavax product.**”* [Bolding in the original.]

Screenshot of the part of Malone’s Substack article with this information

This is not my vaccine, and never has been.

Statement #2- “it allegedly has Darpa (graphene oxide) Hydrogel in it”.

Hydrogel, and other alum-based adjuvants, are among the best characterized of the traditional adjuvants. DARPA had nothing to do with developing Alum or Alhydrogel adjuvants. Alhydrogel has nothing to do with Graphene Oxide. This “Relcovax” vaccine product using Alum + CpG for its adjuvant system. **The vaccine candidate is designed to be a very low cost, traditional alternative to the genetic vaccines, and employs much more traditional methods than, say, the Novavax product.**

This statement clearly demonstrates the profound ignorance of the author, and his willingness to use the same fearporn and hyperbole which I find so offensive in so many of the attack articles that seek to damage my reputation.

Statement #3- “No mention of this vaccine was ever made on the Joe Rogan interview, bringing the question of conflict of interest”

Question:

1. Does/will the ‘RelCovax’ product contain ‘Darpa Hydrogel’ or graphene oxide in any form?

5. During your Lincoln Memorial speech on January 22, 2022, you said *“Now we have Omicron. These vaccines were designed for the Original Wuhan strain, a different virus.”* [At 4:35 in this video of Malone’s speech]

Question:

1. On what basis do you assert that 'Omicron' and 'the Original Wuhan strain' are two different viruses?

6. During that same [Jan. 22, 2022] speech you asserted twice, in support of your not wanting to see them used on children, that the *genetic vaccines* are not 'completely safe,' [At 4:19 and 5:37 in [this video](#) of Malone's speech (the same video cited in point 5 above).]

Question:

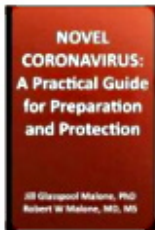
1. In view of the universal awareness among health professionals that no medication is 'completely safe,' why do you single out these *genetic vaccines* for censure?

7. On 12 February 2020 you and your wife's book, '[The Novel Coronavirus](#)' was published. The synopsis refers to the 'coming epidemic'. [It appears to now be impossible to find a copy of the book. Therefore the hyperlink and mention is to a synopsis.]

Screenshot of [the synopsis](#) of [The Novel Coronavirus](#)

Novel Coronavirus: A Practical Guide for Preparation and Protection

by Robert W. Malone MD and Jill Glasspool Malone PhD



• Comment on this title
• Synopses & Reviews

ISBN13: 9781648267031
ISBN10: 1648267033

All Product Details

Synopses & Reviews

Synopsis

This book provides a pragmatic, practical guide full of everyday tips for living in the real world, while doing what you can to avoid contracting the novel coronavirus (2019-nCoV). The most important thing that anyone can do to reduce the spread of novel coronavirus infection and disease among your community is to protect yourself, and this book is designed to empower each of us to accomplish this. It is also intended to help you to recognize the signs when you or someone else has become infected, but is should not be used as a substitute for proper diagnosis, evaluation, and management by a trained and licensed medical caregiver in the event that signs and symptoms of 2019-nCoV infection or disease develop. It is also absolutely not intended as a "doomsday", "survivalist" or "prepper" manual. It is written for average people; mothers, fathers, relatives and families, young and old, singles and couples, workers and retired, well off and living from paycheck to paycheck. At various points, this book does delve into more technical aspects of virology, epidemiology and the biology of novel coronaviral disease. These sections are written for the more scientifically adept and literate reader. However, if you are not scientifically minded, please do not let that scare you off. Discussions on how to protect yourself and your family, and how to prepare for the coming epidemic, are written for and easily understood by those without a strong scientific background. The book also has concrete suggestions on how to mitigate risks associated with businesses and the workplace. This includes risk management and continuity planning for businesses. Finally, an introduction to medical countermeasure (drugs, vaccines, antibodies etc.) development options for this novel coronavirus are discussed. A word of caution: overreaction triggering unnecessary panic can be extremely damaging - economically and in other ways. Just as under-reaction is a problem. Please remember to Keep Calm and Carry on.

Questions:

1. How reliant were you, in the absence of real-world data at that time, on modelling, planning and/or role-play exercises like the 'DOMANE' project [see also information about Malone's involvement in DOMANE in the sixth and seventh paragraphs of this April 2020 Science article] and 'Event 201' for material and information for the book?
2. If you did not rely on such exercises how, otherwise, were you able to confidently predict the eventuality and write about likely countermeasures?

[Miriam and Alan wish they'd also asked Malone how he and his wife knew in advance that the World Health Organization would name the virus 'COVID-19.' See for example this abstract of the book posted on researchgate.net – it shows the table of contents, with the second chapter titled, 'Epidemiology of COVID-19' and the second-last titled, 'Clinical Characteristics and Medical Countermeasures for COVID-19.']

8. You are on record advocating for continuing/increasing testing for SARS-COV-2 and for these to be self-administered. [Malone does this in many places – as just one example, at 1:13:35 in [this interview](#).]

Question:

1. To your knowledge, have the medical risks associated with the test equipment itself and its unsupervised use by untrained people ever been assessed?

9. You have advocated ‘active surveillance’ and ‘tracing’ as appropriate countermeasures to Covid-19 (along with self-testing).

Question:

1. In your view is the imposition of the infrastructure of population surveillance really an appropriate step for a government of a democratic country to take, ever?

10. You are on record advocating the use of the vaccines on the elderly/vulnerable. [See for example [this interview](#) (the same article is cited in point 9 above).] You are also (famously!) on record deploring their use on children because of the known, and unknown, dangers. [He has done so many times, such as in [this video](#) of his Jan. 22, 2022, Lincoln Memorial speech (which was also linked to in points 5 and 6 above).]

Question:

1. How can anyone provide informed consent to a medical intervention that carries unknown dangers? Why, in your view, should the elderly/vulnerable populations, in particular, be exposed to these dangers?

11. All expert opinion at the outset of the public-health emergency agreed that respiratory-disease pandemics, epidemics and outbreaks end in 18-24 months. [See for example the [CDC web page titled 'Past Pandemics'](#) and note that none of the highlighted outbreaks lasted longer than two years.]

Question:

1. Why, in your opinion, did so many pharmaceutical companies (including Reliance Life Sciences!) at that time invest in the development of medications, particularly vaccines, that were not expected to be available until after the expected pandemic end date?

12. Your knowledge, credentials and experience are second to none in the field of public health. Your reputation is well established in the US and internationally.

Question:

1. Can you see yourself in a leadership role at, say, the CDC [U.S. Centers for Disease Control and Prevention] in the future?

Connect with Rosemary Frei

cover image based on creative commons work of [congerdesign](#) / pixabay