Exhibit 260

Senate Roundtable Part 1 and Part 2

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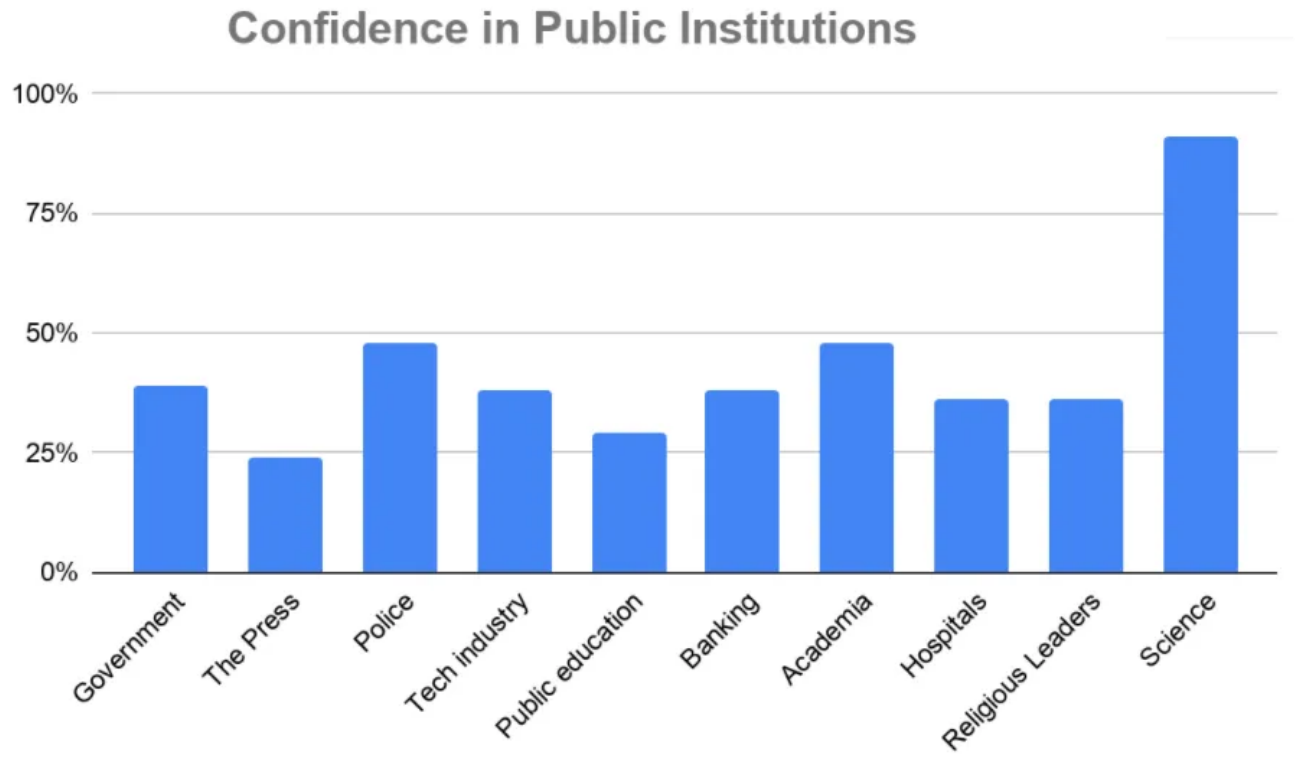
Senate Roundtable, part I

An all-star panel describes the opposition's view of the pandemic

Josh Mitteldorf
Dec 7

A discussion was held in the US Senate today with distinguished doctors and scientists from major universities and medical centers. The story they told of corruption and mismanagement of the COVID pandemic is a turning point for humanity. I summarize some of the highlights here, and plan to conclude tomorrow.

Most of the people on today's panel suffered loss of income, loss of status, or loss of their jobs because they publicized truths about COVID and COVID policies that were anathema to the medical establishment and detrimental to pharmaceutical profits.



COVID policy has been a crime against humanity, and underlying that crime has been a crime against science. Science is held in high public regard, even as the reputations of

most other institutions have declined in recent decades. The reputation of science is based on open debate and logical evaluation of evidence. Debate has been stifled by people with money and power, and those same people then claim to speak for "science". The public is gradually recognizing the enormity of this fraud. I fear the public support for science will crumble.

Sen Ron Johnson introduced the hearing by reminding us that promising drugs for early treatment of COVID were made known to him by some of the people at today's hearing already in the spring of 2020, and yet our government agencies were advising against their use, despite long and assuring safety records.

Liz Willner created a website to make the CDC's vaccine safety data available in a more accessible format. According to VAERS data reported to CDC, vaccine injuries increased twenty-fold in 2021 and vaccine-related deaths increased fifty-fold.

Aaron Siri, a lawyer for Del Bigtree's ICAN, described how the CDC created a system called V-Safe for recording a large sample of vaccine safety data, and then hid the data from the public. Siri pressed through the Freedom of Information Act to obtain that data for more than 1½ years before some of it was released. Much still remains secret.

Risk of myocarditis, Guillain-Barre syndrome, and autoimmune disorders was recognized and reported early in the Pfizer trials, and these conditions were in early specifications for the V-Safe system. In the end, none of these conditions were included, suggesting that CDC made a deliberate decision not to create a paper trail for them.

Ed Dowd, a securities analyst, reported data from Group Life insurance policies that cover healthy, employed people ages 18 to 64. The death rate in this group jumped 40% in the third quarter of 2021, coincident with Federal vaccine mandates for large employers who buy these Group Life policies. [Note: The death rate for healthy, employed people is quite low, so the absolute number of deaths continued to be dominated by people who are old and sick. The overall death rate in America increased only a little during this time, but the Group Insurance companies took a big hit. —JJM]

Josh Stirling, another security analyst, summarized data from Britain's Office of National Statistics. To date, vaccinated people in the UK are dying at a rate 26% higher than the unvaccinated. The increase was concentrated in young people, who have suffered 49% increased risk of mortality to date.

Lt Col Theresa Long, MD, MPH, reported that alarming increases in disabling conditions for the US Army were reported right after vaccination was mandated, and these signals were dismissed as a "computer glitch". The glitch was fixed, abut disabling illnesses and injuries continue in the Army, where they are now occurring at almost twice the pre-vaccination rate of 2020. The number of military deaths from the COVID vaccines is about 50% higher than the deaths from COVID itself.

Dr Ryan Cole reported that coronaviruses as a class mutate rapidly, and that's why we have never had a vaccine for any coronavirus in the past. A largely vaccinated public drives the virus to mutate even faster. The current COVID vaccines immunize against a variant of COVID that was extinct more than a year ago.

Dr Harvey Risch, MD, PhD, emeritus professor of epidemiology from Yale, reminded us that for young, healthy people, the risk of serious COVID is lower than the risk of injury from the COVID vaccines. Vaccine mandates can only be justified for vaccines that lower risk of ***transmitting*** the virus, and the current vaccines do not prevent

transmission, even in the old and vulnerable groups where they protect against serious COVID.

Dr Pierre Kory specialized in pulmonary medicine and critical care as a professor at University of Wisconsin before he was dismissed from the UW medical school for advocating early treatment for COVID. He reminded us that early treatment has always been our best line of defense for everything from the common cold to cancer. (This include the original SARS virus of 2003.) 30% of the world's people live in countries where hydroxychloroquine or ivermectin is taken daily as preventives, and these countries have had much lower rates of COVID mortality than the "developed world", where these medicines were discouraged. Why were early treatments for COVID disparaged by the authorities?

Dr Paul Marik, with 300 peer-reviewed publications, is the second most published expert on critical care in the world. He estimated that hundreds of thousands of American deaths would have been avoided if HCQ and IVM had been adopted as early treatments beginning in 2020. He reported that in his hospital, he was forbidden from using safe, effective treatments for COVID, including vitamin C. Instead, he was encouraged to prescribe Remdesivir. Remdesivir is a patented antiviral drug and costs about $3,000 per patient. But Remdesivir can only be administered in a hospital, and antivirals are useless by the time a patient gets to the hospital, because he is well past the stage where the virus has been vanquished, and the patient is threatened by its after effects, including lung damage, low blood oxygenation, and sepsis. Remdesivir is highly toxic to the kidney. According to WHO, Remdesivir increases risk of kidney failure twenty-fold. Dr Marik claimed that there are no legitimate medical uses for Remdesivir, and yet Federal reimbursement to hospitals is boosted 20% (for the entire bill) if Remdesivir is included in the treatment plan.

Dr Kory talked straight to doctors and medical researchers: "High-impact journals have been under the control of the pharmaceutical industry…We've seen repeated cases of manipulation of the data to show that a company's product is effective and, conversely, manipulated trials to try to prove to everyone that safe, effective repurposed drugs that offered no profit were ineffective or dangerous. There is an immense amount of corruption in medical publishing and in the conduct of science."

Dr Peter McCullough, MD, MPH is a heart specialist with a degree in epidemiology, and was professor at Baylor College of Medicine before he was dismissed for his vocal stance on early treatment of COVID. America suffered 250,000 deaths before the COVID vaccines. Normally, the second year of a pandemic is milder, both because the virus evolves to be less deadly and because the most vulnerable people were killed in the first year. But since the vaccine rollout, we have had 750,000 additional COVID deaths in America. This is not the record of a successful vaccine.

Paul Alexander, PhD, reported that the COVID vaccines lose their efficacy and dip into negative efficacy after a few months, such that people who have been vaccinated are more likely to get COVID multiple times. Vaccinated individuals only have immunity to the part of the virus that is mutating most rapidly. As long as we keep boosting people every few months, the virus will continue to mutate and the pandemic will continue for many more years. “Had we not mass vaccinated, it is probable that we would have achieved herd immunity in the United States in the winter of 2021.”

Dr Robert Malone, MD, who holds the patent as the original inventor of mRNA technology, changed his perspective on the COVID vaccines after he had a near-fatal response to vaccination. Vaccine development is a very slow process, and viruses mutate rapidly. The hope for mRNA technology was that a generic vaccine platform could be developed so that a new viral genome could just be plugged into an existing technology and vaccines could be developed at warp speed. This very promising idea has not panned out, but those who are heavily invested in the paradigm refuse to recognize the failures and the danger of mRNA vaccine technology.

Dr Malone described the innovation of using pseudouridine instead of natural uridine as one of the four nucleotide bases in mRNA vaccines. This is a trick that causes the body not to degrade mRNA as it normally would, so the mRNA stays around much longer. The upshot is that once the body is injected with an mRNA vaccine, the mRNA stays around and continues to generate spike protein for at least 60 days. We have no data beyond 60 days, so it is “at least” 60 days. The vaccine was designed to do its job of stimulating immunity in the first 48 hours. After this, the continued production of spike protein serves no protective purpose, but it can continue to be toxic.

Dr Janci Lindsay, professor of toxicology, reported on the vaccines' effects on fertility, and evidence that the mRNA can incorporate into the genome and be passed through sperm or egg to the next generation. As long as the mRNA is turned to DNA, it can be passed to the next generation through plasmids in the sperm. The spike protein might become a part of the human genome.

David Wiseman (PhD pharmacologist from Johnson & Johnson) told us that FDA has strict standards for safety testing of "vaccines" and much stricter standards for "gene therapies", including 5 to 15 years of follow-up for cancer and DNA damage. The FDA did not even apply the looser "vaccine" standards when evaluating the COVID vaccines, even though these mRNA products meet the definition of "gene therapies".

Dr Ryan Cole reported on the change in definition of "vaccine" that made possible the approval of the mRNA products, which have a very different mechanism from traditional vaccines. They should have been tested with standards appropriate for gene therapies.

Dr McCullough emphasized that immunity provided by the COVID vaccines does not extend to the nose or throat, so that vaccinated people are exhaling a viral load that is no different from unvaccinated. This is why the current crop of vaccines cannot stop transmission, and why any argument for mandating vaccination as a public health measure is flawed. "These vaccines have no support for reducing transmission of the infection." So the justification for vaccination must be lowering the risk of hospitalization and death. And yet, the only clinical trials that we had were not designed to measure rates of hospitalization and death. [NB Data from the Pfizer trial showed a higher death rate among the vaccinated compared to the control group — JJM]

Dr Malone and Dr Alexander raise the subject of "original antigenic sin". In teaching the body to respond to just one part of the virus with one arm of the immune system, we hijack the body's response when a COVID virus comes along a few months later that has a mutated spike protein. The immune system is fixated on the original spike protein, and its response to the altered virus is impaired. This is a well-known mechanism for several decades, so we should not be surprised when COVID vaccines show negative effectiveness after a few months.

Senate Roundtable, Part II

Vaccine mechanisms, vaccine injuries, and implications for our future

Josh Mitteldorf
Dec 8

This is the content of the second half of a 3-hour event organized by Sen Ron Johnson yesterday. My summary of Part I is here. Before beginning I take the liberty of inserting my personal perspective on a topic that was avoided, advisedly I am sure: the origin of SARS-CoV-2 as a bioweapon.

> One reason the laboratory origin of COVID is important is that it implies there are people who designed the SARS-CoV-2 virus, who know what it does and does not do, and probably know how to treat it. Why weren't these scientists located, offered protection, and subpoenaed to tell public health officials what they knew?
>
> Natural viruses don't want to hurt you. Fitness, for a virus, is the ability to spread from host to host. Viruses are evolved to make copies of themselves and maybe to make you sneeze to disperse the virus through aerosols, but they don't have any interest in causing permanent harm, in infecting your heart or causing blood clots or infertility.
>
> For this reason, the vast majority of viruses are harmless. There are some that get too enthusiastic about making copies and hijack enough of the body's machinery that they can make us very sick, but always this is an evolutionary miscalculation and it doesn't last long.
>
> A bioweapon is engineered, not evolved. It may have features that are gratuitously toxic to the host (that's us) even though they confer no adaptive benefit for the virus. In the case of the SARS-CoV-2 virus, evidence points to the spike protein as the part of the virus that is different from other coronaviruses, the part of the virus that was likely engineered, and this is the part that is highly toxic. The spike is designed to break off into bloodstream when it comes in contact with a common human enzyme

> (furin). The spike is neurotoxic and damages heart muscles and attacks the epithelium of our blood vessels.
>
> Consider now that ***all*** the COVID vaccines were designed to deliver spike protein to the body. In the hearing, Dr Malone cites a Stanford study demonstrating that the average vaccinated individual get larger doses of spike protein from the vaccine than the average COVID patient gets from the virus.
>
> In an evolved virus, the spike protein would be optimized for connecting to the human receptor (in this case ACE-2) that allows it entry into the cell. It would likely be harmless in itself. But this is not an evolved spike protein. It has been engineered and weaponized.
>
> Thousands of scientists worked on the COVID vaccines and they innocently played their parts. They did not know that the spike protein that they were delivering was designed to do damage. But a few people at the top knew this, and made the decision nevertheless to base their vaccine development on the spike protein. This was a heinous crime. The first publications I know which gave evidence that the spike protein was toxic came out in June, 2020, when vaccines were still in the early stage of warp-speed development. Dr Malone says there are studies on toxicity of coronavirus spike proteins going back to 1992.
>
> The people who made the decisions to proceed nevertheless with a vaccine for universal distribution that was based on the spike protein were burying the first red flag, and starting their companies and their governments down a path of dissembling a great many more safety signals over the ensuing 2 years.

Hearings, part II

David Gortler, PhD, former faculty member at Yale School of Pharmacology, recently from the center for Ethics and Public Policy within the FDA, told us he was fired for being one of the few persons within FDA who called out the leadership and asked them to follow their own procedures for evaluating vaccine safety. Usually, FDA starts by getting an ingredient list, knowing contents and dosage quantities for any medication

before even considering approval. In the case of the COVID vaccines, this rudimentary information was withheld by the manufacturers, and they still maintain ingredients lists as a trade secret..

Del Bigtree showed a short video, a composite of journalists and public officials who stated unequivocally that the COVID vaccines would prevent a vaccinated person from passing the virus to anyone else. But assessing transmission of the virus was not part of the protocol when the vaccines were being tested. The question was not even asked. Despite protests about the "speed of science", all they would have had to do was to collect PCR samples from family members when they tested the experimental subjects.

Sen Johnson listed some of the officials who had been invited to come to this event to give balance and present their perspective on the story. The list included Anthony Fauci, Rochelle Walensky, Albert Bourla (Pfizer), Stefan Bancel (Moderna), Robert Califf (FDA) and Peter Marks (FDA). and Robin Baily (CDC). All of them declined to appear or to send a representative. Sen Johnson indicated that this is consistent with his experience in the past. The people who are making COVID policy avoid debating the issues with other scientists.

Dr McCullough outlined normal procedures for establishing safety monitoring boards and critical event committees, ethics committees, and institutional review boards whenever a new drug is released. None of this was done with the COVID vaccines, despite the fact that these vaccines were released to the public with far less testing than any approved product in the past.

Dr Wiseman reported on the gap between Pfizer's vaccine insert which says there is no data establishing safety for pregnant women and CDC's guarantee that the vaccines are safe for pregnant women in their public promotions. (The vaccine insert was added last summer. For the first 19 months of the vaccines, they were distributed with a large, folded package insert saying only "This page intentionally left blank.")

Dr Gortler went into the history of the testing procedures that were established in the 1930s through the '60s to back up the words "safe and effective" with explicit tests that a product would have to pass. This has always included long-term studies in a diverse population, but these were bypassed when COVID vaccines were approved under

"emergency" rules. He described the dangers of our country sourcing most of our drugs from India and China, where they are produced cheaply. We should be inspecting these foreign manufacturing facilities and randomly sampling their products for analytic testing to assure that the vials contain what the label says. Not enough of this is currently in done with respect to common drugs, no inspection or testing is being done for the mRNA vaccines. There is no excuse for not collecting data on quality control and making it public.

Dr Malone added that the mRNA vaccines are made from lipid nanoparticles that require exacting conditions far beyond the normal organic chemistry that is involved in making a drug. There are dozens of sites around the world where the vaccines are being manufactured, and FDA is not inspecting any of them. How-bad-is-my-batch is a website that compares safety results from different vaccine batches, and there is wide variation by lot number in the number of vaccine injuries reported.

In the next segment of the hearings, a few people who had been injured by the COVID vaccines described their experience. (Dr Malone mentioned in passing that his diastolic blood pressure rose to a life threatening level of 230 mm after vaccination.)

Brianne Dressen, a 42-year-old mother and classroom teacher, had been healthy before volunteering for the AstraZeneca vaccine trials. After vaccination, her immediate symptoms included double vision, tingling and numbness in her arms, followed by paralysis in her left leg the next morning. She is now unable to work or engage in normal household activities because of nerve damage. Doctors tell her that the damage is progressive. In the reported results of AstraZeneca trials, her case was not even mentioned as a safety concern. This, unfortunately, was typical. Adverse reactions to the vaccines during the test phase were routinely understated or ignored. A woman in the Moderna trials developed lymphoma (blood cancer), but in Moderna's write-up she was listed as fully recovered. A 12-year-old from the Pfizer trials who has been confined to a wheelchair and feeding tube the rest of her life was coded as a "stomach ache". Ms Dressen became aware of these cases and many others when she and her husband organized an online support group for the vaccine injured, which quickly grew to 20,000 members.

NIH has protocols for the vaccine injured that have been disclosed privately to a few of those injured by vaccines, but these remedies are not being shared with the public.

Dr Joel Wallscog was an orthopedic surgeon in Madison, WI before nerve damage from a Moderna shot ended his career. Symptoms include balance problems, dizziness, and weakness in both legs. His diagnosis was transverse myelitis, [an injury to the spinal cord that is related to multiple sclerosis]. Dr Wallscog has created an advocacy network, support group, and funding source for people who are vaccine injured. Of course, Federal agencies should be providing medical care for people who are injured by vaccines, but this would require recognition of the vast scope of the project, which is politically inexpedient. One result of this is that most GP doctors don't know about vaccine injuries, don't recognize them when they appear, and don't believe their patients when injuries are reported. 90% of vaccine-injured patients report being gaslighted when they came to their family doctors for medical care. They were diagnosed as psychosomatic disorders. People who are called "anti-vaxxers" were not born that way.

Sen Roger Marshall made a cameo appearance and expressed concern that the government agencies which people trusted to protect them were withholding information and lying outright during the pandemic.

Dr Kirk Milhoan, a pediatric cardiologist, defined myocarditis as inflammation of the heart muscle. The spike protein which is manufactured by our bodies in response to vaccination, has been found to cause myocarditis. Rates of myocarditis following vaccination are not being measured or reported in this country. A study from Thailand indicates a rate of 2 to 3% of adolescent males with myocarditis following vaccination. For college students, the risk of hospitalization after COVID is about 0.002%. The risk of myocarditis from vaccination is about a thousand times higher. Yet our governments and our universities are demanding that students be vaccinated as a condition of enrollment. 90 days after vaccination, damage to the heart was still detectable in more than half of those who suffer myocarditis. We do not know for portion of myocarditis patients the injury will be permanent, or eventually fatal.

Dr Renata Moon, a pediatrician, had seen only 3 cases of myocarditis in her 20 year career. Now she sees myocarditis routinely.

Dr James Thorp is an ob-gyn in St Louis. He reports a "substantial, massive, unprecedented increase in menstrual abnormalities, infertility, miscarriage, fetal death, and fetal malformation. We have published many studies over the last two years based on data from VAERS and CDC."

Dr Long (the Army Colonel) listed some of the injuries she has seen personally, including strokes, clotting in the spleen and liver, spinal tumors, brain tumors, sarcoidosis [a once rare condition, involving warts that grow on internal organs], lupus, cognitive impairment, myocarditis, pericarditis, avascular necrosis [dying bone that has been deprived of blood supply] that required hip replacement, and a "shocking, pervasive" suppression of the immune system.

Dr Cole said that the nanolipid particles that deliver mRNA in the COVID vaccines were designed to bypass the body's barriers, including cell walls and blood-brain barrier. The toxic spike protein goes to the hear, the brain, the reproductive organs, and all the most sensitive areas of the body, where it causes inflammation and autoimmunity. We were told that the vaccine stays in the deltoid muscle of the arm, and this is just wrong. Sen Johnson then pointed out that "stays in the arm" was not a mistake but a deception. Companies that produced the vaccines had results from animal tests that showed presence of the spike protein in sensitive areas of the body.

A discussion of the toxicity of the spike protein ensued. Dr Malone reported being censored when he mentioned this fact in a September, 2001 podcast. Dr McCullough cited a 1992 paper by Ralph Baric [virologist and bioweapons expert from University of NC] that detected heart damage from a coronavirus spike protein. The virus and the vaccine both dose the body with spike protein, and the damage compounds. For this reason, COVID-recovered people were excluded from the vaccine trials; and yet, the vaccines are now being recommended, even mandated, for people who have recovered from COVID.

Dr Malone cited a paper in which spike protein levels were measured in people who had the COVID virus and others who had been vaccinated. Higher levels of spike protein were reported in the vaccinated.

Sen Johnson asked, where do we go from here?

Dr Malone said there are 200 trials listed in ClinicalTrials.gov for mRNA based vaccines. The original plan was to demonstrate that the mRNA platform is intrinsically safe, and then new products that are based on plugging different sequences into the RNA could be rapidly approved without testing. Of course, the mRNA platform has not been proven safe — quite the opposite, the current mRNA vaccines have by far the highest rates of associated complications and death of any vaccine product in history. Still, the medical establishment is so committed to their paradigm and a new, profitable industry that they are conducting accelerated trials of over 200 new products (not just vaccines), for which they will cite the record of the COVID vaccines as a safety precedent. With their patents, Moderna and Pfizer-BioNTech hope to lock in a duopoly on a lucrative pipeline of future products. NIAID gets royalties on these patents, and is motivated to help them, safety be damned.

Dr McCullough concluded:

> "In order to prevent future harm, all these vaccines need to be withdrawn from the market. That needs to happen immediately. All the vaccine mandates should be dropped. We need requests for applications and immediate funding for vaccine injury. Centers of excellence across the United States for screening, detection, and diagnosing of vaccine injuries. We need a massive shift in our healthcare system towards managing this large number of vaccine-injured people. What is at stake here is increased risk of death."

Amen.

10 Comments

Write a comment...

Josh Mitteldorf Dec 9 Author

Dr Malone is one of the most articulate and outspoken members of our team. Because of his position and his history, he commands an audience that you or I cannot hope to reach. If he stakes out positions that are less radical than mine, I nevertheless welcome and