Exhibit 2

Message

From: Steven Hatfill [redacted]
on behalf of Steven Hatfill <[redacted]> [redacted]
Sent: 2/29/2020 4:26:07 PM
To: [redacted] Peter Navarro [redacted] @protonmail.com]
Subject: Re: Urgent Things to Buy

[redacted] Cell number
Steve Hatfill

On Sat, Feb 29, 2020 at 9:29 AM [redacted] Peter Navarro [redacted] @protonmail.com> wrote:
What is your cell number ?

Sent from ProtonMail Mobile

On Sat, Feb 29, 2020 at 3:54 AM, Steven Hatfill <[redacted]> wrote:

Problem; The CDC has made a series of critical mistakes in implementing the most basic measure in infectious disease control, when it distributed ineffective test kits for coronavirus diagnosis. This served to limit our ability to screen individuals for COVID-19 infection and containment. In truth we do not have a clue how many infected are in the USA. We are expecting the first wave of spread in the US within the next 7 days.

This will be accompanied by a massive loss of credibility and the Democratic accusations are just now beginning. This must be countered with frank honesty about the situation and decisive direct actions that are being taken and can be seen in the broadcast news.

The following measures need to be taken at once.

From now on, the Government must be honest about the situation and show it is undertaking major decisive actions.

1. Imminent FDA evaluation of data and adoption of Chest CT scans as sufficient alternate diagnostic criteria for Coronavirus infection

Correlation of Chest CT and RT-PCR Testing in Coronavirus Disease 2019 (COVID-19) In China: A Report of 1014 Cases Tao Ai, Zhenlu Yang, et.al.

2. Immediately provide funding for Rapid IgM and IgG Antibody ELISA Testing Kit development. Evaluate NYC developed PCR Test Kit and install new team at CDC for PCR rapid test kit manufacture and distribution through the National Laboratory Response Network.

2. Imminently task NORTHCOM CBRN Response Enterprise to be prepared to provide Civil Support to California and Oregon for pandemic preparedness assistance.

Areas for special attention are the poor, low-resource communities.

3. Task the National Guard Bureau to assign CST Teams to assist overstretched state Public Health teams with additional rapid PCR diagnostic testing.

There are multiple people per CST team trained and certified to use PCR in the CST mobile labs. Recommend getting each CST some RT-PCR test kits so they can work with the LRN/CDC as a quick reaction force. There's already a backlog, so this just makes sense.

There is a serious shortage of N95 fit test machines and a lot of people do not know how to use them. This is an urgent matter for nearly every federal agency. CST Teams will also use their advanced communications capability to inform the CDC EOC of testing numbers and results.

Steve Hatfill

Message

From: Steven Hatfill [redacted]
on behalf of Steven Hatfill [redacted]
Sent: 3/16/2020 8:27:40 AM
To: [redacted]Peter Navarro[redacted]@protonmail.com]
Subject: memo 3 2/16/2020

3.16~~2~~.2020

MEMO THREE ~~TO COVID-19 TASK FORCE~~
THROUGH ~~COS, NSA~~
FROM ~~PETER~~ NAVARRO
RE: URGENT DMRO INVENTORY AND REFURBISHMENT OF ALL RESPIRATORY VENTILATORS OF ANY TYPE~~RECLASSIFICATION OF N-95 SURGICAL MASKS (RESPIRATORS)~~

Recent data suggests the imminent need for intensive care beds with ventilation support may be 5% higher than previously estimated for some areas.[1] We therefore ~~–~~face an urgent and immediate ~~need~~ , need to ensure an adequate supply of mechanical ventilators and their tubing accessories.~~the most basic medical equipment such as the normal N-95 HEPA (High Efficiency Particulate Air) (HEPA) surgical-type mask. This N-95 mask is necessary for all individuals working with a coronavirus-infected patient at any stage of the patient's infection. Somehow, these simple devices have been formally classified as a "Respirator". This means that under Occupational Safety and Health Administration (OSHA) standards, these simple devices must now be Fit-Tested for maximum protection. under OSHA standards.~~

The Defense Logistics Agency - *Defense Reutilization Management Office*, maintains large warehouses containing older, but still functional equipment. This equipment can be rapidly refurbished, tested and returned to service.
~~Fit-Testing requires a $300 (+/-) Test Kit which is nothing more than a plastic bag and a few cheap plastic atomizers (probably most likely with components or component parts made in China). In addition, the test kits contain several small bottles with a sweet and bitter test solution. Refills of these simple solutions are around $19 Dollars.~~

~~OSHA has gone to maximum lengths to complicate a pandemic response by requiring that institutions using these simple face masks must, have their employees Fit-Tested by a Certified "Fit-Tester". A paper or electronic record must then be filled out and signed by the Tester and thenthis form must be retained by the institution to prove the employee hads been tested. This process but must be repeated every year.~~

~~There is a more complicated Electronic Fit-Testing machine that can be used, but installing the probe into the mask destroys the mask for use once it has been tested.~~
~~So theretested, meaning that there is no way to know that the mask the employee is actually using, is actually working.using is actually working.~~
~~These Electronic Testers cost $335 to $2000 Dollars each, plus the costs of the Tester performing the tests.~~

~~Fit-Testing was originally designed for working with dangerous chemical agents for industry and the military, . nNot for simple surgical masks with an advanced filtration area. This is a prime example of over-regulation, and these masks should never have been classified as respirators in the first place.~~

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Recommendations

1. The President, through the SecDef, should immediately task the Defense Logistics Agency - *Defense Reutilization Management Office*, to conduct an immediate inventory of all mechanical respiratory ventilators of all makes and models located in DRMO and other federal agency warehouses. ~~1 (of 1). Have the FDA urgently reclassify the N-95-type surgical masks as "Enhanced Surgical~~

2. All still serviceable items should be refurbished and tested as quickly as possible and added to the Strategic National Stockpile as a backup inventory.

3. This needs to be a crash program.

~~Masks". They are not respirators.~~

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Message

From: Steven Hatfill [redacted]
on behalf of Steven Hatfill <redacted>
Sent: 3/16/2020 1:31:01 AM
To: Peter Navarro [redacted]@protonmail.com]
Subject: Rapid ICU AUGMENTATION

Scaleable ICU Support for High Risk Inland Areas

Ship utilization to follow

RAPID CIVIL SUPPORT OF INTENSIVE CARE UNITS BY TITLE-10 RAPID, AIRMOBILE, MILITARY *INTENSIVE CARE ASSISTANCE TEAMS*

Successful management of the CoV-19 pandemic requires local authorities to have a surge medical personnel and surge Intensive Care Unit (ICU) capability. However, many hospitals remain deficient in both these areas. In addition, recent data suggests the imminent need for intensive care beds with ventilation support may be 5% higher than previously estimated for some areas.[1]

One solution is to rapidly create and prepare to deploy small airmobile, National Guard quick-reaction medical teams to those cities projected to experience the worst numbers of severe COVID-19 cases. This recent projection is based on the now recognized risk factors of advanced age demographics and community hypertension.[1] APPENDIX A.

On arrival, each deployed, airmobile 24-person medical ICU assistance team will be supported by a local National Guard unit. Each team will bring 50 ventilators and assist select medical facilities in the management of 50 extra ICU cases requiring ventilator support. APPENDIX B

The ventilators will be drawn from the National Strategic Stockpile well before team deployment along with the necessary drugs and other equipment. Upon the impending failure of an existing Healthcare Coalition area, these teams will fly directly to developing ICU overflow situations.

When the intensive care situation is stabilized in this area, these medical teams will restock and redeploy to another designated Civil Support area under threat.

Recommendations

1. The President via the SecDef should task the National Guard Bureau to immediately assemble 10 teams of 24-personel each (outlined in Appendix B).

2. Each team will be issued 50 ventilators, drugs and accessories from the Strategic National Stockpile or near-expired drugs from the Veteran's Administration system.

3. These teams will be based at a central location with an attached rapid military airlift capability and their deployment coordinated through the National Guard Bureau.

4. Pre-planning should be made to create 30 additional teams (each with 50 ventilators, drugs, and equipment).

5. As the current pandemic progresses through the U.S. there will likely be a need to quickly assemble and activate these additional units for Civil Support. The proposed ability to assemble 40 teams would provide a total of 2000 ICU beds to local authorities accompanied by a medical surge of 960 medical personnel.

Appendix A

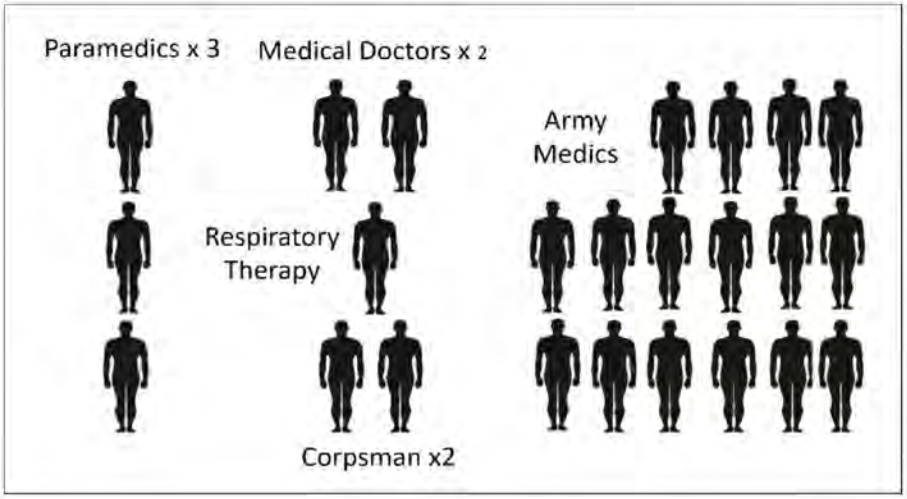
Areas With Projected 3.0-4.0 ICU Patients per 10,000 Adults During the COVID-19 Event Based on Wuhan, Chinese Data

Based on Age Census and Regional Hypertension Incidence.

[1]*Li., C. Rivers, The demand for inpatient and ICU beds for COVID-19: Lessons from Chinese cities. Pre-print*

Appendix B

Airmobile Quick-Reaction ICU Assistance Team / 50 Ventilators



1 Team would consist of 24 personnel and 50 ventilators
10 Teams would consist of 240 personnel and 500 ventilators
40 Teams would consist of 960 personnel and 2000 ventilators
The number of teams can be quickly scaled to the developing pandemic

Ships

Hospital ships - claim within 5 day departure timeline, if the full medical staff is available the vessel is a hospital with over 1000 patient capacity with 300 of those beds being capable of supporting more severe patients and roughly 80 beds for severe patients (the vessel and her medical department was designed for trauma and not infectious patient treatment).

Roughly 100 intensive care and 300 of total intermediate-? I am not sure about ventilator support aboard total patients 1000 (in their wildest dreams, if all beds are being used) they don't have the staffing- I'll get the real numbers in a bit

Medical staff will require enough training and equipment to seal and operate in proper ppe (MOPP gear is not currently maintained aboard for all).

Camp PENDLETON, Calif. (NNS) -- The Naval Expeditionary Medical Training Institute (NEMTI) on Camp Pendleton, California, Expeditionary Medical Facility (EMF) basically a Tent hospital - once manned up and constructed, can handle scalable patient load similar to the hospital ships. These facilities compete for manning with the hospital ships, other military hospitals and various civilian hospitals since most of the crews are drawn from the reserves. There are three that are available but would have to be built and manned. There are additional storage locations, but these are at various levels of equipment needs. Army has similar.

There are a number of medical items (unknown number and type) at DRMO lots around the nation that should be put back in service ASAP.

The military morbidity will be same as civilian numbers, this is due to most service people now having families and living off base. On base housing and barracks are no longer adequate to house a full base of troops. Tents would have to suffice. Housing barges are available at most Navy ports and harbors these can house several hundred people in relative isolation in shared cabin spaces.

Recommendation from me,
Military medicine suffered a large number reduction due to consolidation of service medical departments, immediate re assignment of basic trainees to be re ordered to the medical programs instead of their selected fields ie. infantry etc. this would train a number of basic technicians in the 16 weeks it takes a hospital corpsmen to be a corpsman. Army medics are not trained as broadly, but could be re targeted for hospital duty asap.

Immediate mobilization of US vacuum cleaner manufacturing to support PAPR production.

The big one is the immediate training of All recruits in bootcamp as Hospital Corpsmen, corpsmen should still be getting nursing in corpschool, and medics as LVN LPN etc. but we will need medical bodies and that'll buy you immediate several thousand good quality folks FAST corpschool used be 16 weeks before they dumbed it down. I still think the old navy model HM was best for this work.

pa

Message

From: Steven Hatfill [redacted]
on behalf of Steven Hatfill <redacted>
Sent: 5/19/2020 12:21:34 PM
To: Peter Navarro [redacted]@protonmail.com]
Subject: Re: Fw: Re: Fwd: HCQ

Morning Peter

- Hassett is correct in his assessments. Dr O'Neill tried to take account of the younger age of patients in his statistics as well as the racial preponderance of the patients. These were detailed to as much as possible and did not seem to be a major factor in this study.
- The same factors were present in Fauci's study but were never once mentioned by anyone.
- Hydroxychloroquine is safe and cheap and suitable for mass production and dissemination by Doctor's prescription.
- It has a major positive clinical effect if given early and from what can be discerned from South Korea and Detroit data-it is useful for prophylaxis.

I would be interested in Mr Hassett's thoughts on the accidentally released remdisavir trial. Remedesivir shows little effect and Fauci moved the goalpost for his study when he saw that the drug was not working. That is against the rules and it is evidence of outrageous bias, yet no one says anything about this. In addition, some patients had to be taken off the drug because of severe side effects. Fauci has publically counted his trial as successful with a significant finding that it shortens hospital stay by 4 days. The same reduction in hospital stay has been shown with hydroxychloroquine in some studies but this is ignored. Remdesivir **must be given IV and it is not** suitable for general physician use in patients.

Peter
i've been working tracking down some Irsaeli data indicating that this Coronavirus thing may have now essentially run its 8 week course in most of the US.
Genetic bottlenecking of the virus may be underway now.
Mbx

On Tue, May 19, 2020 at 9:07 AM Peter Navarro [redacted]@protonmail.com> wrote:
HASSETT FEEDBACK. THOUGHTS?

> only bone one could pick is that the hcq arm was younger patients, but stats can account for that at the margin. assume stay is longer because the other stays end with death.
>
> only thing the nay sayers can say is that its not a controlled trial. but its very compelling.
>
> Sent with ProtonMail Secure Email.
>
> ------- Original Message -------
> On Tuesday, May 19, 2020 7:51 AM, Peter Navarro [redacted]@protonmail.com> wrote:
>
> > Thoughts?

---------- Forwarded message ----------
From: Peter Navarro @protonmail.com>
Date: On Sat, May 16, 2020 at 3:27 PM
Subject: Fwd: HCQ
To: joanna.miller
<joanna.miller
Cc:

Sent from ProtonMail Mobile

---------- Forwarded message ----------
From: Steven Hatfill<
Date: On Sat, May 16, 2020 at 12:07 AM
Subject: Fwd: HCQ
To: Peter Navarro @protonmail.com>
Cc:

The New England Journal of Medicine is very strict on press announcements
before publication. This must be kept quiet until the paper is published.
This is what Dr O'Niel says can be said;

1. The Henry Ford Hospital System which encompasses 5 hospitals, has completed a Hydroxychloroquine patient
treatment study involving 2662 patients.
2. **This study demonstrated significantly improved survival in patients placed on Hydroxychloroquine measured against patients that did not receive the drug.**
3. A separate large scale prophylactic trial of Hydroxychloroquine involving 1700 individuals shows **no unfavorable outcome** as a result of taking HCQ.
4. **This is a safe drug.**

As per our discussions, If Fauci, Rick Bright, and Hann had done their jobs, 30,000 less people would have died and it is likely we
could have been back to work and not have had to spend billions on ventilators. These 3 have blood on their hands.

Message

From: Peter Navarro @protonmail.com]
on behalf of Peter Navarro @protonmail.com> Peter Navarro @protonmail.com]
Sent: 5/27/2020 10:05:57 AM
To: shatfill[redacted]
Subject: edit

Play with this:

Now here's the most important thing I'm going to tell you in this presentation: To best evaluate the possible therapeutic benefits of QQ, it is critical to understand the importance of distinguishing between "early treatment" and "late treatment" use of the drug.

Now here's the most important thing I'm going to tell you in this presentation: Much of the confusion over the possible therapeutic benefits of QQ both within the media and elements of the medical profession stems from the failure to clearly distinguish "early treatment" and "late treatment" use of the drug. This failure is evident both in many of the studies that have been conducted as well as in much of the media's reporting of the scientific evidence.

As a rough rule of thumb, "early treatment" means that a patient who becomes infected with the virus is treated within the first seven days of exhibiting symptoms. During this initial phase of the disease, the patient may experience xx, xx, xx,. However, during this critical early treatment phase, at least xx lobes of the lungs remain fully functional, xx, and xx.

In contrast, "late treatment" means that the patient is treated after the seven day period; and during this late treatment phase, the patient typically experiences xx, xx, or xx.

Importantly, during this phase, the patient may also be subject to what is called a "cytokine storm." In effect, a cytokine storm is a condition in which a patient's immune reaction to a disease like the China virus is so strong that it not only attacks the virus itself but also the body. During a cytokine storm, the benefits of QQ will simply be overpowered.

To understand why this early vs. late treatment distinction is so important in evaluating and interpreting the flood of scientific studies that have come onto the market, one needs to clearly understand just how QQ is

thought to work in combatting the China virus.

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To understand why this early vs. late treatment distinction is so important in evaluating and interpreting the flood of scientific studies that have come onto the market, one needs to clearly understand just how QQ is thought to work in combatting the China virus.

Message

From: Steven Hatfill [redacted]
on behalf of Steven Hatfill [redacted]
Sent: 5/28/2020 9:33:11 AM
To: [redacted] Peter Navarro [redacted] @protonmail.com]
Subject: Re: talk with diagram

O n my way in
Will write the anti-inflammatory stuff in about 30 min.
Here is Word Doc
FIgures were moving out of place when I sent it so went tp PDF
HBX

On Thu, May 28, 2020 at 9:02 AM [redacted] Peter Navarro [redacted] @protonmail.com> wrote:
great stuff. always send as word doc files, not pdf

Also, can you write up a few paragraphs on the importance of hcq as an antiinflammatory in the therapeutic process?

Sent with ProtonMail Secure Email.

------- Original Message -------
On Thursday, May 28, 2020 12:37 AM, Steven Hatfill <[redacted]> wrote:

Message

From: [redacted]@protonmail.com]
on behalf of [redacted]@protonmail.com> [redacted]@protonmail.com]
Sent: 5/29/2020 11:16:36 AM
To: shatfill[redacted]
Subject: read and edit

Here are the topline points:

QQ is on the World Health Organization's list of essential medicines and the Center for Disease Control describes it as a "relatively well tolerated medicine." It has been used with generally mild side effects for more than six decades for diseases that began with malaria and now include Lupus and rheumatoid arthritis.

QQ works through at least two biological pathways as both a prophylactic and therapeutic antiviral.

QQ helps block the entry of the virus into your cells by decreasing the sugar content of the ACE-2 receptors.

If the virus penetrates your cells, QQ also helps kill the virus or slow down its replication by raising the alkalinity within your cells.

Here are the two most important points to understand:

One: QQ is likely to work as a therapeutic only if it is administered as an "early treatment" medicine within the first seven days of the onset of COVID-19 when symptoms such as fever, cough, and fatigue are relatively mild.

Two: QQ is likely to fail as a "late treatment" therapeutic if it's administration begins only after local inflammation develops inside the lungs, at least three of the five lobes of the lungs develop lesions, and/or the body suffers from an over-reaction of the immune system known as a "cytokine storm." In this late treatment phase of the disease, QQ simply does not have the medicinal strength to overcome the virus.

The most common mistake of medical researchers, as well as the mainstream media reporting the results of their studies, is a failure to properly distinguish between early versus late treatment use of QQ.

Here's a third important key point:

Studies that find negative effects associated with late treatment use of QQ do not rule out safety or efficacy for QQ's use in early treatment and their results should be appropriately discounted or dismissed.

Another common mistake by by researchers is to ignore, or under-report, and thereby confound the possible negative effects of other drugs such as azithromycin or xx that may be tested in combination with QQ. Each of these so-called macroclides have known cardiac side effects that may inadvertently be blamed on QQ.

What does the research show to date?

Xx of the xx studies conducted between xx and xx find possible positive therapeutic effects from the use of QQ to treat COVID-19 without negative safety effects.

Of the xx studies that purport to find no therapeutic value or an increased mortality rate, none fail to properly distinguish between early and late treatment use and each is seriously flawed. These flaws range from dangerous overdosing and skewed or biased sampling to use primarily as a "late treatment" medicine without proper acknowledgement of that fact.

By failing to accurately report the scientific evidence and by using scare tactic headlines and cable news rhetoric to instill fear in the public, the mainstream media has created an "hydroxi hysteria." The resultant culture of fear has significantly reduced the use of QQ in hospitals in America and around the world.

Hyroxi hysteria is also crippling the ability of the scientific ability to conduct blind, randomized, xx clinical trials that might settle the question of QQ's safety and efficacy as a prophylactic and therapeutic once and fall.

To the extent doctors and nurses at the front lines and others exposed to the China virus are reluctant to use QQ as a prophylactic because of hydroxi hysteria, this may lead to higher infection and mortality rates.

To the extent patients that develop symptoms are not prescribed QQ as an early treatment as a result of hydroxi hysteria and a range of new restrictions placed on QQ's use by the World Health Organization, the French government, and America's own FDA, this, too, may lead to higher mortality rates.

It has only been after President Donald J. Trump endorsed the use of QQ to combat the China virus that the medicine has come under attack by both the mainstream media and partisan elements within the medical community.

This politicization of QQ in the media and ostensibly objective medical journals like Lancet – in truth, a highly partisan publication -- may well turn out to be one of the great tragedies of the China virus pandemic.

The nature of this tragedy should be clear: If studies ultimately show that QQ does indeed have prophylactic and/or therapeutic value, the media's hydroxi hysteria will have cost the world tens of thousands of lives by stunting the use and study of this potential life-saving drug.

Two of the latest, and most scientifically rigorous, studies on QQ – one from xx, the other from xx -- provide clear, compelling and statistically significant evidence of the possible prophylactic and therapeutic uses of QQ.

If the results of these studies hold in subsequent studies, blood will indeed be on the hands of those in the mainstream media and medical profession that have contributed to hyroxi hysteria with bad journalism, poor research designs, and partisan reporting.

QQ is a medicine that has been used for more than xx decades for diseases that include Lupus, malaria, and rheumatoid arthritis. It is on the World Health Organization's list of essential medicines, the Center for Disease Control's XX, and it is endorsed by xx.

As demonstrated in tissue culture studies, QQ works through at least two biological pathways to combat the China virus. It helps block the entry of the virus into your cells by decreasing the sugar content of the ACE-2 receptors. If the virus penetrates your cells, QQ also helps kill the virus or slow down its replication by raising the alkalinity within your cells.

QQ is likely to work only as an "early treatment" medicine when symptoms are mild. It must be administered within the first seven days of the onset of symptoms.

QQ is likely to fail as a "late treatment" medicine. Once a patient suffers a high viral load, lung damage, and xx, QQ simply does not have the strength to overcome the virus.

The results of studies that fail to clearly distinguish between patients using QQ as an "early treatment" medicine versus a "late treatment" therapy should be discounted appropriately.

Here are the topline points:

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Message

From: Steven Hatfill [redacted]
on behalf of Steven Hatfill [redacted]
Sent: 7/13/2020 8:12:11 PM
To: Miller, Joanna R. EOP/WHO [redacted]@who.eop.gov]
Subject: Fwd: Info from [redacted]re PPE

---------- Forwarded message ---------
From: **Greg Autry** <[redacted]>
Date: Sun, Jul 12, 2020 at 10:44 PM
Subject: Info from [redacted]re PPE
To: Peter Navarro [redacted]@protonmail.com>, Steven Hatfill <[redacted]>

Peter, Steve,

I know you get lots of these but this one is from [redacted] who Chairs the Committee on the Present Danger - China (I'm a member) a stand up guy who backs your efforts. His message below. I suspect he will email you direct as well.

Peter:

[redacted] here. Because of your good offices, and a contract with HHS, there is a PPE manufacturer, VPL Labs, that has been built here in Southern California. It is the largest, or second largest, manufacturer of three ply surgical face masks now in the USA. The have just begun production for the national stockpile and now the FTC is trying to kill it. This looks to be political in nature.

I just heard this story from one of the owners.

Do you have a minute to discuss? Now or tomorrow?

Best,

[redacted]

Greg Autry, PhD
[redacted]