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HOUSE COMMITTEE ON OVERSIGHT AND REFORM
UNITED STATES HOUSE OF REPRESENTATIVES
WASHINGTON, D.C.

SELECT COMMITTEE ON CORONAVIRUS CRISIS

REMOTE INTERVIEW

INTERVIEW OF: SCOTT ATLAS, M.D.

FRIDAY, JANUARY 7, 2022

The interview in this matter was held, all parties
appearing remotely via ZoomGov Videoconference, commencing at
9:58 a.m.

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85 P R O C E E D I N G S

86 MS. MUELLER: This is a transcribed interview of
87 Dr. Scott Atlas conducted by the House Select Subcommittee on
88 the Coronavirus Crisis. This interview was requested by
89 Chairman James Clyburn as part of the committee's oversight of
90 the Federal Government's response to the Coronavirus.

91 I would like to ask the witness to state his full
92 name and spell his last name for the record.

93 THE WITNESS: My name is Scott William Atlas. My
94 last name is spelled A-T-L-A-S.

95 MS. MUELLER: Thank you, Dr. Atlas. My name is Beth
96 Mueller. I'm chief investigative counsel for the Select
97 Subcommittee and Majority staff. I would like to thank you
98 for appearing virtually today for this interview. We
99 recognize that you're here voluntarily and we appreciate that.

100 Under the committee's rules, you're allowed to have
101 an attorney present to advise you during the interview. Do
102 you have an attorney representing you today?

103 THE WITNESS: Yes, I do.

104 MS. MUELLER: Would counsel for Dr. Atlas please
105 identify themselves for the record.

106 MR. DASGUPTA: Hello. My name is -- good morning.
107 Thank you for having us. My name is Sohan Dasgupta and I'm
108 representing Dr. Atlas today.

109 MS. MUELLER: Thank you.

110 Can the additional staff in the room introduce
111 themselves for the record. Let's start with the Majority
112 staff.

113 MS. GASPAR: Good morning, Dr. Atlas. This is
114 Jennifer Gaspar. I'm chief counsel for the Majority.

115 MR. RECHTER: Good morning. This is Peter Rechter,
116 Majority counsel.

117 MS. MUELLER. And can we have the Minority staff
118 identify themselves for the record.

119 MR. BENZINE: Good morning, Dr. Atlas. This is
120 Mitch Benzine, senior policy counsel for the Minority.

121 MR. DAVIS: This is Carlton Davis for the
122 Republicans.

123 MS. MUELLER: Before we begin, I would like to go
124 over the ground rules for this interview. The way this
125 interview will proceed is as follows: The Majority and
126 Minority staffs will alternate asking questions, one hour per
127 side per round until each side is finished with their
128 questioning. The Majority staff will begin and proceed for an
129 hour and the Minority staff will then have an hour to ask
130 their questions.

131 We'll alternate back and forth in this manner until
132 both sides have no more questions. We've agreed that if we're
133 in the middle of a line of questioning, we may end a few
134 minutes before or a few minutes past an hour just to wrap up a

135 particular topic.

136 In this interview, while one member of the staff may
137 lead the questioning, additional staff may ask questions from
138 time to time.

139 There is a court reporter taking down everything I
140 say and everything you say to make a written record of the
141 interview. For the record to be clear, please wait until I
142 finish each question before you begin your answer and I will
143 wait until you finish your response before asking the next
144 question.

145 The court reporter cannot record nonverbal answers
146 such as shaking your head. So it's important that you answer
147 each question with an audible verbal answer. Do you
148 understand?

149 THE WITNESS: Yes. I understand.

150 MS. MUELLER: We want you to answer our questions in
151 the most complete and truthful way possible. So we're going
152 to take our time. If you have any questions or do not
153 understand any of our questions, please let us know. We will
154 be happy to clarify or rephrase our questions.

155 Do you understand?

156 THE WITNESS: Yes, I do.

157 MS. MUELLER: If I ask you about conversations or
158 events that happened in the past and you are unable to recall
159 the exact words or details, you should testify to the

160 substance of those conversations or events to the best of your
161 recollection. If you recall only a part of a conversation or
162 an event, you should give us your best recollection of those
163 events or parts of conversations that you do recall.

164 Do you understand?

165 THE WITNESS: Yes, I do.

166 MS. MUELLER: If you need to take a break, please
167 let us know. We're happy to accommodate you. Ordinarily, we
168 take an approximately five-minute break at the end of each
169 hour of questioning, but if you need a break before that, just
170 let us know; however, to the extent there's a pending
171 question, I would just ask that you finish answering that
172 question before you take a break.

173 Do you understand?

174 THE WITNESS: Yes, I do.

175 MS. MUELLER: Although you are here voluntarily and
176 we will not swear you in, you are required by law to answer
177 questions from Congress truthfully. This also applies to
178 questions posed by congressional staff in an interview.

179 Do you understand?

180 THE WITNESS: Yes, I do.

181 MS. MUELLER: If, at any time, you knowingly make
182 false statements, you could be subject to criminal
183 prosecution. Do you understand?

184 THE WITNESS: Yes, I do.

185 MS. MUELLER: Is there any reason that you would be
186 unable to provide truthful answers in today's interview?

187 THE WITNESS: No.

188 MS. MUELLER: The Select Subcommittee follows the
189 rules of the Committee on Oversight and Reform. Please note
190 that if you wish to assert a privilege over any statement
191 today, that assertion must comply with the rules of the
192 Committee on Oversight and Reform.

193 Committee Rule 16(c)(1) states, quote: For the
194 chair to consider assertions of privilege over testimony or
195 statements, witnesses or entities must clearly state the
196 specific privilege being asserted and the reason for the
197 assertion on or before the scheduled date of testimony or
198 appearance.

199 Do you understand?

200 THE WITNESS: Yes.

201 MS. MUELLER: Do you have any questions before we
202 begin?

203 THE WITNESS: No questions.

204 MS. MUELLER: Great.

205 EXAMINATION BY THE MAJORITY

206 BY MS. MUELLER:

207 Q. To start off, I'd like to ask you a little bit about
208 your background. Before you came to the White House, where
209 were you working?

210 A. Sure. For the past 10 years, I've been a full-time
211 healthcare policy researcher and scholar at Stanford
212 University in the policy institute called the Hoover
213 Institution. Before that, I had a long career, approximately
214 25 years, before I moved over to the Hoover Institution for
215 the endowed chair as a medical scientist first in 13, 14 years
216 as chief of neuroradiology and a professor at the School of
217 Medicine of Stanford University, and before that, I was mainly
218 at the University of Pennsylvania Medical Center, UCSF, and
219 went to medical school before that at University of Chicago
220 where I was born and raised.

221 I did my residency training, first a year in
222 internal medicine in California and then three more years of
223 radiology, at Northwestern University where I was named chief
224 resident and then did my fellowship for two more years at
225 University of Pennsylvania before I began my academic career
226 in these medical centers.

227 During my radiology career, my background is as
228 follows: I was visiting professor at most of the nation's top
229 medical schools throughout the country for many years. I've
230 trained over a hundred neuroradiology fellows, many of whom
231 are in leading institutions all over the world, and my job was
232 really to integrate very complex clinical research and
233 research information from a variety of subspecialties,
234 including but not limited to neurology, neurosurgery, trauma,

235 infectious disease, pediatric and adult autoimmune disorders;
236 and during that, I would integrate that information and
237 consult with other subspecialty doctors to determine and
238 deduce the correct diagnostics, the correct
239 diagnosis -- excuse me -- and then advise on a treatment plan.

240 During my career, besides being in 25 years of
241 clinical medicine, I also led a robust research program. I
242 was a grant reviewer. I was on editorial boards of journals,
243 scientific journals. I received grants, including NIH grants,
244 and reviewed such grants and published papers on a variety of
245 entities, over a hundred peer-reviewed papers, including on
246 infectious diseases, on sequelae of infectious diseases, on
247 long-term sequelae of infectious diseases in pediatrics and
248 adult patients, and lectured on these topics, and a variety of
249 other things that I could go into.

250 Q. Thank you. At the Hoover Institution, what was your
251 title?

252 A. My title is Robert Wesson Senior Fellow in Health
253 Policy.

254 Q. Can you tell us a little bit more about what that
255 role entailed? Did you have any particular area of focus?

256 A. The role entails researching and formulating
257 healthcare policy in a variety of settings, not the least of
258 which was on healthcare system reform. Particularly, one of
259 my particular interests was in formulating healthcare policy

260 so that low-income people, including those in -- particularly
261 those on government insurance would get the same access and
262 quality as people who could afford private insurance, but I
263 researched a variety of issues.

264 Q. What were you working on in the months before you
265 joined the White House?

266 A. Right before, well, so the early pre-pandemic
267 months, the immediate pre-pandemic months, which I consider
268 the end of 2019, very early 2020, I had begun revising a book
269 I have on reforming the healthcare system, but when the policy
270 issues became problematic and the pandemic was dominating the
271 news, I worked full time on researching and devising policies
272 and writing and speaking from the sort of end of February 2020
273 for the next six months until I was -- and very actively so,
274 full time, not doing anything else until I was contacted to
275 ask if I wanted to speak with the President sometime later in
276 July of 2020.

277 Q. You mentioned that you were writing and speaking on
278 issues related to the pandemic. What specific issues were you
279 focusing on?

280 A. Well, it became obvious by March of 2020 that the
281 policy in place, that is the lockdowns, the severe
282 restrictions, the idea that the virus could be eliminated or
283 eradicated or completely stopped by restricting closing
284 businesses, closing schools, restricting individual movements,

285 that was both illogical and failing because people were dying,
286 even the highest risk people. We knew a lot of information by
287 then, such as who was at risk, from the world literature,
288 including the CDC literature, but also the world literature.

289 We knew a lot of information, and so in March,
290 April, May and onward, I was researching and writing what was
291 going on with the pandemic in terms of who was at risk, who
292 had very, very low risk, what the appropriate policies would
293 be to stop people from dying, because the policies that Drs.
294 Birx and Fauci were recommending, which were the severe
295 restrictions, the lockdowns, the business closures, the severe
296 restrictions on individual movement, the school closures,
297 these were failing to protect the elderly who were dying even
298 though we knew who was the highest risk group to die from the
299 world's literature.

300 So I was focusing on what would be a way to stop
301 people from dying and simultaneously stop the enormous harms
302 that were coming from these lockdown policies.

303 Q. On March 15th, the White House announced an
304 initiative that was called 15 Days to Slow the Spread.
305 Shortly thereafter, most states issued Coronavirus
306 restrictions and lockdown orders, as you just mentioned.

307 At that time, mid-March 2020, what was your view on
308 the restrictions?

309 A. Well, to the best of my recollection, at the time, I

310 wasn't surprised that there would be an immediate short-term
311 restriction. It seemed on one hand reasonable, because still
312 not everything was known about the virus and the infection
313 fatality rates. Some of the early data from the World Health
314 Organization was clearly going to be wrong because it was
315 misestimating the way -- the infection fatality rate by a lot,
316 but the original reaction that I had was, I think, was, Okay,
317 it may be reasonable to do a very short-term restriction, but
318 the problem was it was not -- I thought there was a better
319 way, which was to focus on actually protecting the people who
320 we knew were at highest risk to die rather than assuming that
321 everyone should have these broad blunt restrictions.

322 It didn't make logical sense. It was
323 scientifically -- it didn't make sense, and by that time, I
324 was also having conversations and, of course, reading all the
325 literature constantly, 24-7, as much as I could, but also
326 having conversations with some of the top epidemiologists and
327 infectious disease medical scientists and going through the
328 data.

329 Q. You said over time, you developed the view that the
330 lockdown restrictions weren't working. What was that based
331 on?

332 A. Well, based on the fact that we knew who were the
333 high-risk people were to die and they were the ones who were
334 dying and what the egregious failure there was that these

335 people, nursing home people in particular, were already in a
336 highly restricted environment. So what we saw not just in the
337 United States, but particularly in the United States, because
338 that's my country and that's my main concern, was that 50
339 percent -- in some cases, some states had 80 percent of
340 death -- were in the very people we knew from the get-go were
341 at the highest risk to die and these people were already in a
342 controlled environment, meaning they were living in a nursing
343 home.

344 So that's a failure. That's an overt failure to
345 people. These policies were in place and it was failing to
346 protect the people known to die.

347 MS. MUELLER: I would like to refer you to Exhibit 1
348 which you should have received prior to the interview.

349 [Exhibit No. 1 was
350 identified for the record.]

351 MS. MUELLER: I'll give you a moment to take it out,
352 but it is -- well, the top email is an August 13, 2020 email
353 from Seema Verma to Dr. Deborah Birx, Dr. Anthony Fauci, and
354 Dr. Robert Redfield, but there is an email that you sent to
355 Ms. Verma on March 21, 2020 that I would like you to focus on.

356 For the record, this is Bates numbered SSCC 0037245.

357 Do you have that email in front of you?

358 MR. DASGUPTA: One question I have, Beth, is that I
359 thought we were focusing today on Dr. Atlas' engagements and

360 advice given during his service in Washington. This email
361 seems to precede that.

362 So I just wanted to kind of understand the scope of
363 the inquiry.

364 MS. MUELLER: We are focusing on Dr. Atlas' role in
365 the federal response as well as the advice he was giving to
366 other government officials. So advice that he was giving, for
367 instance, to Seema Verma prior to formally joining the
368 Administration fits squarely within the context of what we
369 requested, the subject matter of the interview.

370 MR. DAVIS: Beth, I have a question. All of the
371 interviews that we've conducted, it's pretty clear that the
372 time frame has been from December of -- well, I'll let you
373 guys continue.

374 MS. MUELLER: Okay. Thank you.

375 BY MS. MUELLER:

376 Q. Dr. Atlas, do you have Exhibit 1 in front of you?

377 A. Yes, I do.

378 Q. In the email that you wrote to Ms. Verma on March
379 21, 2020, you wrote: "Total lockdown is a massive
380 overreaction and super harmful to the entire society,
381 destroying the economy, inciting irrational fear, and even
382 diverting medical care away from other people."

383 You go on to note that Dr. John Ioannidis estimated
384 that the fatality rate was between 0.5 percent to one percent

385 and that, quote, "using his midrange fatality rate, this virus
386 would cause about 10,000 deaths."

387 You went on to state, quote: "The panic needs to be
388 stopped both about the need for lockdown and even a frantic
389 need for urgent testing."

390 Is that correct?

391 A. That's what I'm seeing here.

392 Q. What prompted you to send this email?

393 A. I was extremely worried that what I saw was people
394 were dying. We were locking down and destroying low-income
395 families, particularly, but all families because of the
396 lockdown, middle class working families, low-income families.

397 We were closing schools and, yet, we knew who was
398 the highest risk group, which were the elderly with
399 comorbidities, particularly people like nursing home people
400 and, in addition to being extraordinarily harmful to people
401 who were not at high risk from this illness. We knew that by
402 then. We had a tremendous amount of fear in society that was
403 also extraordinarily harmful. Fear is very harmful.

404 So I took it upon myself as an extremely concerned
405 American and as somebody who I had previously had a dialogue
406 or two in the past about something totally irrelevant about
407 healthcare system Medicare reform with Seema Verma. So I took
408 it upon myself to email it to her.

409 Q. What action were you hoping that were Ms. Verma

410 would take based on the email?

411 A. I don't remember if I had a specific action. I
412 don't think I had a specific action, but I wanted to -- I
413 don't remember the specific reason, honestly, of what I was
414 hoping to get.

415 Q. Did you receive a response from Ms. Verma?

416 A. I don't remember.

417 Q. Did you have any further communication with
418 Ms. Verma prior to joining the White House?

419 A. I really don't remember exactly. I certainly didn't
420 have many. I don't remember if I had one or not.

421 Q. Apart from this email from Ms. Verma, did you
422 communicate with anyone else in the Federal or State
423 Government about your views on 15 Days to Slow the Spread or
424 state lockdown orders?

425 A. When are you talking about?

426 Q. In the early months of the pandemic.

427 A. I don't remember doing that.

428 Q. Were you doing any research on what policies would
429 be most effective to respond to the Coronavirus crisis during
430 this period?

431 A. Yes.

432 Q. What were you working on?

433 A. Oh, I was basically -- like I said, full time, I was
434 reading the literature, going through the data, and having

435 discussions for months with epidemiologists and medical
436 scientists and others about how to stop the death from the
437 virus and to stop the massive destruction from the lockdowns.

438 Q. Who were you working with?

439 A. Well, I was working, I mean, more independently
440 mainly, but communicating frequently with others.

441 Q. Were there any key resources or collaborators that
442 you were speaking with related to these issues?

443 A. To the best of my recollection, I would have
444 dialogues with John Ioannidis at Stanford epidemiology and Jay
445 Bhattacharya at Stanford and other medical scientists who
446 worked in epidemiology and other things, but I don't remember
447 exactly who I was -- if I spoke to other people and discussed
448 scientific papers or whatever.

449 Q. Did you share your views on these policies publicly
450 during this period?

451 A. During what period?

452 Q. During the early onset of the pandemic.

453 A. Well, in March, April, May, I wrote pieces in the
454 public domain, and when asked, I did interviews about the
455 pandemic, and the more of those pieces were read, the more
456 interviews I did, but also continued to work with various
457 people on various writings.

458 Q. Do you try to influence official action as to these
459 policies in any way?

460 A. Not other than what we do in public policy, which is
461 be out there, no. I mean, I didn't have any specific attempt
462 to influence anything.

463 Q. Prior to joining the White House, did you have any
464 communications with Federal or State Government officials
465 related to the Coronavirus?

466 A. Can you say it again? I'm sorry.

467 Q. Prior to joining the White House, did you have any
468 communications with Federal or State Government officials
469 related to the Coronavirus?

470 A. I had -- I remember having a couple of calls, no
471 federal officials that I remember. I don't remember that.

472 I remember getting -- having a couple of
473 conversations with a couple of state officials.

474 Q. Who did you have those conversations with?

475 A. I remember having a couple with Governor DeSantis of
476 Florida.

477 Q. When?

478 A. Sometime over the -- sometime over the summer, but
479 before I came to Washington.

480 Q. What did you --

481 A. I don't remember exactly when.

482 Q. Of course. Thank you.

483 What did you discuss with Governor DeSantis?

484 A. Well, I don't remember the specifics, but the

485 general -- my general remembrance is he called me up and he
486 would ask -- basically, he would have a take on the data and
487 what things are happening and how things are proceeding, and
488 he generally would say am I correct? That's sort of the gist
489 of the conversations.

490 Q. Of course. What particular questions or policies
491 was he asking for your input on?

492 A. I don't remember the details of the conversations,
493 honestly.

494 Q. In your book, you mention that prior to joining the
495 White House, you, quote, "began having informal conversations
496 with State and Federal Government officials." And on April 23,
497 2020, you said on Steve Deace show that you had been "advising
498 some State Government elected officials and federal officials
499 on how to reopen." Does that refresh your recollection?

500 A. I don't remember ever --

501 MR. DASGUPTA: One second. Could we please get the
502 exact transcript of what Dr. Atlas said on the show? Do you
503 have an excerpt from that?

504 MS. MUELLER: I do not. It was from, I think, a
505 YouTube video from April 23, 2020.

506 THE WITNESS: Yeah. I don't remember advising any
507 federal official. I don't know if that -- yeah. If I said
508 that, I don't remember advising any federal official.

509 If I made a statement about general talking to state

510 officials, you know, I have a recollection of speaking with
511 Governor DeSantis.

512 BY MS. MUELLER:

513 Q. Was how to reopen the focus of some of your
514 conversations with Governor DeSantis?

515 A. You know, I honestly don't remember the detail of
516 the conversations beyond what I said.

517 Q. In your book, you mentioned, quote: "DeSantis
518 expressed great concern about the harms of mis-medical care,
519 enormous damage to kids from school closures, the impact of
520 isolation on the elderly, and the damage to working family
521 from societal shutdowns."

522 Is that correct?

523 A. If that's what I wrote, at the time of writing,
524 that's what I remembered, yes.

525 Q. Did you discuss the targeted protection strategy
526 with Governor DeSantis?

527 A. I honestly don't remember the details of the phone
528 calls at that time.

529 Q. Approximately how many calls did you have with
530 Governor DeSantis prior to your time at the White House?

531 A. I don't remember the number, but certainly less than
532 five, for instance.

533 Q. Did you continue advising Governor DeSantis during
534 your time at the White House?

535 A. Well, not that I -- I don't remember exactly except
536 that I remember he called me to ask if I would be interested
537 in coming down while I was in Washington, and that was rather
538 quickly followed with a visit sometime around the end of
539 August.

540 Q. Did you continue communicating with Governor
541 DeSantis after leaving the White House?

542 A. After leaving the White House?

543 Q. Yes.

544 A. Yes.

545 Q. Now, you mentioned that you don't recall advising
546 any Federal Government officials. Did you communicate with
547 any Federal Government officials more generally prior to your
548 time at the White House?

549 A. I have a recollection of having some sort of an
550 email with somebody who I knew in the White House, yes, but I
551 don't remember more than -- exactly what I said, but I do
552 remember having some sort of email with someone in the White
553 House, John Rader specifically.

554 Q. John Rader?

555 A. Yeah.

556 Q. When, approximately, was that communication?

557 A. Probably -- I don't remember exactly. My guess is
558 July. I don't know. I don't remember.

559 Q. Did you produce a copy of that email to the Select

560 Subcommittee?

561 A. I sent everything that I had. I don't remember
562 specific documents.

563 Q. We'll talk a little bit about document collection
564 later in the interview, but turning back to that communication
565 with Mr. Rader, do you know what, generally, the subject
566 matter of communication was?

567 A. I don't remember, but I'm sure it was about the
568 pandemic.

569 Q. How did you come to join the White House?

570 A. I was called sometime in, roughly, the third week of
571 July, mid-July of 2020 by someone in the Office of Personnel
572 and they asked if I would come to Washington to speak with the
573 President.

574 Q. Who contacted you?

575 A. John McEntee.

576 Q. And I apologize. Did you say that that
577 communication was in July?

578 A. I'm pretty sure it was sometime in July.

579 Q. What did you discuss with Mr. McEntee?

580 A. My recollection is it was not a very long
581 conversation. He asked me a couple of questions, for
582 instance, if I was advising anyone during the campaign, what
583 I -- he sort was asking me a little bit about the pandemic,
584 mainly, telling me what he thought.

585 You know, I don't remember the details of the
586 conversation, basically. It was something -- it wasn't a long
587 conversation, I don't think.

588 Q. You said that he asked you if you would come to
589 speak with the President. Did you understand that to mean a
590 single meeting or to potentially be considered for a job with
591 the Administration?

592 A. I took it at face value, that it was a single
593 meeting. I didn't really know what the purpose was of it
594 honestly, but I assumed, you know, it was a single meeting and
595 I didn't know beyond that.

596 Q. Are you aware as to why Mr. McEntee came to call
597 you?

598 A. I don't know exactly why. You know, by that time, I
599 was writing things that were very widely read and I was
600 on -- being interviewed about things I was writing, but, you
601 know, I didn't ask him.

602 I don't know. I don't remember asking why are you
603 calling me.

604 Q. Are you aware if anyone recommended you, for
605 instance?

606 A. I don't know how he ended up calling me.

607 Q. What happened next?

608 A. Well, I got that first call and then I got -- there
609 was a second call, I think. I don't have a great recollection

610 of it, but, specifically, he actually asked me to come. I
611 think there were two calls, but then I came. That was on or
612 around July 20th.

613 Q. And you came to the White House?

614 A. Yes. I flew to Washington and met with -- had a
615 bunch of individual meetings, including one with the
616 President.

617 Q. Okay. I'd like to talk a little bit about those
618 meetings and conversations. We can start with the President.

619 Who attended that meeting?

620 A. Are you saying who attended the meeting in the Oval
621 Office with the President.

622 Q. Yes. Was it just you and the president?

623 A. There were others there. I remember being seated in
624 the chairs in front of the desk, and McEntee was there. Jared
625 Kushner was there, and I don't remember who else was in the
626 room, because I was talking front facing to the President. So
627 I don't remember others, if there were others, and if there
628 were, I don't remember who else was there.

629 Q. What did you discuss in that meeting?

630 A. Well, the President asked me several questions about
631 a variety of things about the pandemic and I answered to the
632 best of my ability.

633 Q. What were the questions that he asked you?

634 A. Well, I don't remember the exact questions and

635 wording of questions, but they were things like who's at risk,
636 what's the risk to children, do I agree with the
637 initial -- the lockdown, questions about what I thought about
638 a variety of things, you know, how did -- what I thought about
639 what other countries did, what about that Sweden did, what I
640 thought about hydroxychloroquine, a variety of questions like
641 that.

642 Q. What did you tell the President?

643 A. About each one of those?

644 Q. Yes. We can go in order.

645 A. Well, I don't remember the exact wording, but I went
646 through, you know, who was -- what the data showed about who
647 was at high risk, because by then, there had been a tremendous
648 amount of data all over the world, including the CDC in the
649 United States, and I went through the data to some extent and
650 on who was -- the risk to children, the damage of what has
651 happened with closing schools, the enormous damage, the
652 enormous loss of life that we were going to have from missed
653 medical care from the lockdowns.

654 I don't remember the exact statements I made. He
655 asked me what I thought about hydroxychloroquine, and I said
656 something like there's no proof that it works; there is a
657 mechanism of action of the drug that suggested it might work
658 by looking at what it does in the lab, but the data is mixed
659 and I did not think it was advisable to say that it worked,

660 because it wasn't proven to work.

661 What else? He asked me how I thought Sweden did,
662 and I said something like, Well, they did some things right
663 and they did some things very wrong, because they failed to
664 protect the elderly. At that time, my recollection is that
665 something like 70 percent of the deaths in Stockholm were in
666 nursing homes. That's an abject failure, as I said many
667 times.

668 So they did that terribly wrong. They did not
669 protect the vulnerable.

670 They did something right, which was they kept their
671 schools open. They kept their children in schools. They did
672 not suffer, therefore, the enormous damage from closing
673 schools.

674 So the data was mixed on that.

675 Q. You mentioned you discussed who was high risk. What
676 did you tell him? Who was high risk?

677 A. Well, I told him the data that was shown all over
678 the world, which was that the elderly people, particularly the
679 elderly with underlying illnesses or what are called
680 comorbidities are at high risk, and I likely said, you know,
681 about 80 percent of deaths are in people over 65. More than
682 90 percent of the deaths are people over 55, and most of those
683 people have significant comorbidities and, you know; whereas,
684 people under 18, particularly young children, have extremely

685 low risk from COVID and, you know, I'm sure I cited some
686 statistics on that.

687 Q. Did you discuss any policy recommendations that you
688 had related to the pandemic policy that the United States,
689 perhaps, should be implementing?

690 A. I don't remember the details, but I said my policy
691 advice would be using something that is basically focused,
692 which is increasing the protection, on significantly
693 increasing the protection of the elderly, because we weren't
694 protecting the elderly enough. They were dying and
695 particularly people in nursing homes were dying.

696 The policy was a failure, and we also -- so I said
697 we should increase the protection of the elderly and I said we
698 should also re- open schools, because we were inflicting
699 enormous harm on children and the young people in the country.

700 Q. Did you discuss testing during that meeting?

701 A. I don't remember the details of that specific
702 meeting with regard to testing.

703 Q. How long did the meeting last?

704 A. I don't remember, but I'm going to guess that it was
705 something like, you know, 20 minutes. I don't remember.

706 Q. Did you discuss you potentially taking on a role in
707 the Administration during that meeting?

708 A. No.

709 Q. Did you discuss during any other time during that

710 day potentially taking a role in the Administration?

711 A. At the end of the day, I had a meeting with Jared
712 Kushner and that came up.

713 Q. What did you discuss with Mr. Kushner?

714 A. Jared Kushner asked me if I would be interested
715 in -- if I would help advise the President, and this was at
716 the end of that day, towards -- you know, right sort of the
717 last meeting or at the end of that day, and I said, Well, I
718 want to make sure you know what you're getting here and I said
719 I'm never going to -- this, I remember very clearly, because I
720 don't think people get asked to advise the President very
721 commonly. Certainly, it was new to me.

722 I said I just want to make sure that you understand
723 what you're getting here and what I am. I said, I'm never
724 going to say something that I don't believe is true no matter
725 who tells me to. I'm never going to sign on to some sort of a
726 group statement if I don't agree with that statement. I'm
727 never going to agree with someone else's statement if it's
728 incorrect no matter who tells me to and I'm not going to
729 change what I say if I think I'm right, period.

730 Q. Did Mr. Kushner have a reaction to that?

731 A. Yeah. He immediately said something like that's
732 exactly why we want you.

733 Q. What else did you discuss during that meeting with
734 Mr. Kushner?

735 A. Well, then after that, he said I'm concerned if it
736 becomes public that you're advising the President, they're
737 going to destroy you -- meaning, presumably, the media, the
738 public, the people who are the political opponents. So I
739 said, Well, maybe I'll try to do this from home then,
740 because -- you know, that's what followed the conversation
741 about when I said this is what you're going to get here.

742 Q. What did Mr. Kushner say in response to that, to
743 your suggestion that you could work from home?

744 A. He said, Okay, why don't we try that.

745 That was the end of the meeting.

746 Q. During that meeting, did Mr. Kushner tell you why
747 you were needed to advise the President?

748 A. No.

749 Q. Did he tell you what function you were going to
750 assume that wasn't perhaps being fulfilled?

751 A. No, not really.

752 Q. What were you told about the role?

753 A. Not much, just would I be willing to help advise the
754 President. That's what I was told at that meeting.

755 Q. How did you expect to contribute at that time?

756 A. I really wasn't sure, but I thought I would be
757 literally just doing that. If there was a question, I would
758 try to answer. If there was advice needed on -- basically,
759 again, people were dying. The policy of -- the Birx-Fauci

760 lockdowns were failing.

761 So I wanted to help. I wanted to stop people from
762 dying, basically. So I thought, Okay, if I get a chance to do
763 that, I'm going to try to do that.

764 Q. Did you understand at that time whether you would be
765 formally joining the Administration or, perhaps, just
766 providing informal advice to the President?

767 A. I did not have an understanding of that.

768 Q. What happened next?

769 A. Well, I went home. I flew back to California and I
770 was trying to pay attention to what was going on.

771 I don't remember if I had any communication, or if I
772 did, it wasn't much in the next few days, but, clearly, it
773 wasn't working, meaning there was no -- it's impossible to
774 advise -- this is an emergency here, a public health
775 emergency. It was a crisis, and to do it from California,
776 you're not exactly in the room. It's impossible to be an
777 effective advisor, really, not to mention the time zone
778 difference, the whole thing. So it wasn't working.

779 So then I had a communication by phone, I
780 think -- again, my recollection is with McEntee, John McEntee,
781 and I said, Okay, I would be willing to come out there and see
782 how it goes.

783 Q. At what point did you come to understand that you
784 were taking a formal position in the White House?

785 A. Well, I came out there. I had to fill out
786 paperwork. Now we're talking like July 30th. So we're
787 talking like the last day or the last couple of days of the
788 month of 2020, and then within the first day or so or two -- I
789 don't remember exactly -- when I got an ID card, that was the
790 understanding, that I was taking some sort of position, but
791 the position was -- yes.

792 Q. I'd like to unpack a few of those things you just
793 mentioned, but, first, when did you receive that ID card?

794 A. Within the first couple of days of getting there. I
795 don't remember exactly.

796 Q. Is that late July or early August?

797 A. Well, I didn't -- my recollection is I got
798 there -- my first day there was July 30th. So I don't
799 remember the calendar, you know, the exact date of getting the
800 ID, but it was within the first couple of days. I don't
801 remember.

802 Q. Is it fair to say that when you got the ID, only
803 then you understood that you were taking a formal position in
804 the White House or was there some other conversation that made
805 that clear to you?

806 A. No. That was sort of it, although, I distinctly
807 remember having no idea if this was going to be one-week thing
808 or there was no concrete definition of time or what I was
809 going to do.

810 Q. You mentioned you had to submit paperwork. What
811 paperwork?

812 A. Well, I had to fill out, you know, the various, I
813 assume, standard paperwork when you are getting some sort of a
814 position, which was like, you know, FBI clearance and, you
815 know, background information. These were just like the
816 personnel sort of stuff.

817 Q. Do you recall if you had to submit a financial
818 disclosure?

819 A. I had to submit something along the lines. I don't
820 remember exactly what was required of me.

821 Q. Do you recall if you had to provide copies of any
822 documentation, such as tax records or property ownership
823 records or anything else along those lines?

824 A. I don't think I did. Yeah.

825 Q. I'm sorry?

826 A. I don't think I did.

827 Q. Do you recall if you had to go through an ethics
828 clearance process?

829 A. I had to sign -- I don't recall exactly what I had.
830 I had to sign documents and there was -- I think there was
831 some sort of ethics forms and the discussion with an attorney
832 or something, a White House, you know, Executive Office of the
833 President people and paperwork to do. I did that, but I don't
834 remember exactly what.

835 Q. You mentioned having to submit some background
836 materials. Did you understand that they were performing a
837 background check on you?

838 A. Yes.

839 Q. You mentioned you had to speak with counsel in the
840 Executive Office of the President. How would you characterize
841 that meeting? What did you discuss?

842 A. I don't remember.

843 Q. Do you recall who it was with?

844 A. I don't know their names, no.

845 Q. I would like to back up to your first meeting at the
846 White House during your first day at -- let me backtrack.

847 I would like to discuss the first time that you went
848 to the White House, which you said was in July. You mentioned
849 that you had a number of other meetings that day. Who did you
850 meet with apart from the President?

851 A. Well, my recollection is my first meeting or met was
852 with John McEntee and I was walked around a variety of people.
853 Not in order this order -- I don't remember, but I met Stephen
854 Miller. I met Vice President Pence. I met Mark Meadows. I
855 met Jared Kushner. I met Kayleigh McEnany. I don't remember
856 who else.

857 Q. Do you recall what you discussed during those
858 meetings?

859 A. They asked me questions about the pandemic. I don't

860 remember the exact detail of every meeting though, no.

861 Q. What do you recall today, sitting here today?

862 A. Well, the same sort of questions. Generally, you
863 know, who was at risk, what was the risk to children, you
864 know, how we could -- what were my ideas on how we could
865 improve, stop people from dying, the damages of keeping
866 schools closed, the damages of shutting down all businesses
867 and restricting people indoors, etc.

868 Q. So you mentioned a number individuals. I'd like to
869 go through them one by one and understand were these
870 individual meetings or was it just one big group meeting with
871 all of these individuals?

872 A. These were all individual meetings.

873 Q. How long did each meeting last, approximately?

874 A. Oh, I don't remember exactly. I mean, you know, my
875 recollection is 15 to 30 minutes, something like this.

876 Q. In your book, you detailed a conversation that you
877 had with Mr. Kushner, Mr. Rader, and another White House
878 staffer about a draft tweet for President Trump, instructing
879 that everyone should wear a mask; is that correct?

880 A. Yeah. That was a meeting that there was more than
881 one person as opposed to most of the other meetings.

882 Q. Thank you. What did you discuss during that
883 discussion?

884 A. Well, that was a meeting, again, on some of these

885 other topics, and then my recollection somebody walked in with
886 the draft of that tweet and handed it to Jared Kushner, and
887 Kushner read it and asked what I thought, read it out loud and
888 asked what I thought.

889 Q. What did you tell Mr. Kushner?

890 A. Well, my recollection is that I said -- the tweet
891 said everyone should wear a mask or something. I don't
892 remember the exact wording of it, but he said what did I
893 think. I said, Well, it's not -- there's two things: "A",
894 it's not consistent with what he said before, because the
895 President had been saying you should wear a mask when you're
896 close to people, basically, in a variety of ways that he said
897 things; but, also, that it was -- I said I don't think the
898 President should say something that's scientifically not
899 consistent with what the official policies were of the major
900 science public health agencies, like the World Health
901 Organization, the NIH guidance, as well as the CDC data that
902 was posted on their website.

903 Q. You mentioned, and I'm paraphrasing, but that it
904 didn't comport with the recommendations that were out there.
905 What was your interpretation of the scientific data on
906 masking?

907 A. Well, at the time, the CDC had published a review in
908 May 2020, an extensive review of all the studies, including
909 several what I'll call randomized control trials of general

910 population mask in influenza virus. Influenza virus is
911 relevant because it's spread through breathing and coughing
912 and the virus size is very similar to the size of this virus,
913 and their review published in May 2020, the CDC's review of
914 all the scientific literature said that general population
915 masks do not prevent the spread of the infection of the virus,
916 nor do general population masks prevent the receiving of the
917 infection, the transmittance or the receiving of the
918 infection.

919 That was one major part of the study. The Center
920 for Evidence-Based Medicine at Oxford University had published
921 saying that the question of whether general population masks
922 work or not in controlling viral illnesses is not proven. The
923 WHO said in their guidance that at that time was dated June of
924 2020, said that masks should be -- general population masks
925 should be worn if you cannot socially distance, basically.

926 I'm paraphrasing. I don't remember the exact quote.
927 I would have to look it up.

928 And the NIH guidance on the pandemic itself posting
929 was that you should -- again, this is their document. I'm
930 just not seeing it in front of me to quote it exactly, was
931 that masks should be worn if you cannot socially distance,
932 meaning not all the time, not by everybody, general population
933 masks.

934 So that was the science.

935 Q. I guess to cut to the chase, was it your view that
936 masks didn't work or they worked in certain circumstances?

937 A. My view was what I had written and said many times,
938 which was symptomatic people should be strictly isolated, and
939 if you're going to have to walk in and come near a symptomatic
940 person, you should both wear masks, but in terms of general
941 population masks or other use of masks, the science that was
942 consistent was that masks should be worn if you cannot
943 socially distance, meaning if you can socially distance, you
944 don't need a mask. That's the logical equivalent of that.

945 Q. So what's the definition of "socially distance" in
946 this context?

947 A. Well, the definition at the time in the United
948 States -- the definition of socially distance varied in the
949 world. Some countries used one meter or, roughly, three feet
950 for socially distancing. Many countries used that. The World
951 Health Organization recommended three feet, one meter. The
952 United States and many countries recommended six feet.

953 Q. I guess I'm just trying to understand. If people
954 were in line at a grocery store, for instance, and standing
955 six feet apart from each other, would you have suggested that
956 they did not need a mask in that circumstance?

957 A. I suggested what I said, which you should wear a
958 mask if you cannot socially distance.

959 Q. Okay. Apart the individuals you mentioned earlier,

960 did you meet with anyone else at the White House?

961 A. I had lunch with John Rader in his office, I think.
962 I don't remember. I think I may have met -- I don't remember
963 if I met with Derek Lyons. I don't remember.

964 I don't remember if I met with other people beyond
965 what I said.

966 Q. Actually, turning back very briefly to that
967 conversation with Mr. Kushner and the other staff about the
968 tweet, what was the outcome?

969 A. The outcome was that I think Jared decided, Jared
970 Kushner decided, to write wear a mask if you cannot socially
971 distance.

972 Q. Who was the staffer who was part of that discussion
973 who brought the tweet in?

974 A. I think it was Adam. I don't remember his exact
975 last name.

976 Q. Approximately how long were you at the White House
977 that first day?

978 A. Most of the day. I don't remember exactly.

979 MS. MUELLER: Okay. I think we are nearly at an
980 hour. So we can go off the record.

981 [Recess.]

982 BY MS. MUELLER:

983 Q. Dr. Atlas, following your initial meeting at the
984 White House, when did you receive your email address

985 associated with the Executive Office of the President?

986 A. I don't remember.

987 Q. Do you recall if it was in July when you were
988 working remotely from California or later --

989 A. No.

990 Q. -- in D.C.?

991 A. No. That definitely was not when I was home. I
992 remember not having it when I -- yeah. I definitely did not
993 have it before I got there. I don't remember when I got it
994 though.

995 Q. In the period between that first meeting at the
996 White House and then you coming to Washington, how were you
997 communicating with individuals from the White House?

998 A. I don't remember. I don't remember having much
999 communication. That's one of the problems.

1000 Q. Do you recall if you were sending and receiving
1001 emails?

1002 A. I don't recall. I don't remember.

1003 Q. After you came to Washington -- scratch that.

1004 Did you have discussions about what your title would
1005 be during this period?

1006 A. I remember not knowing a title, but I don't remember
1007 a discussion.

1008 Q. When did you approximately learn what your title
1009 would be?

1010 A. I don't remember learning a concrete thing other
1011 than, you know, being the de facto assumption that I was an
1012 advisor to the President since I was told I was going -- I was
1013 asked if I would be an advisor to the President.

1014 Q. And was that your ultimate title?

1015 A. Yeah. I think so, yes.

1016 Q. How was your position classified?

1017 A. I was told I was a special government employee, SGE.
1018 Is that what you mean?

1019 Q. Yes. Did you receive any compensation?

1020 A. Yes.

1021 Q. How much?

1022 A. I don't remember the details. I remember it wasn't
1023 enough to pay my bills.

1024 Q. Do you have documentation indicating how much you
1025 were paid?

1026 A. Well, I received the sort of end-of-year whatever
1027 the form is. I don't know if it's called a W-2 or something.
1028 I don't know what it's called, but I did get a financial, you
1029 know, tax filing paper.

1030 Q. Okay. Thank you. Who did you report to at the
1031 White House?

1032 A. I don't really know who I formally reported to. I
1033 sort of assumed I was reporting -- I don't know. I never had
1034 a discrete line of, Okay, this is the person you report to.

1035 No one ever said that to me.

1036 Q. What about in an informal sense; who did you seem to
1037 take supervision from?

1038 A. I don't know if anybody was really -- I wouldn't use
1039 the word "supervision". I don't know how to answer that,
1040 really.

1041 Q. Did anyone report to you?

1042 A. No.

1043 Q. Did you have walk-in privileges for the Oval Office?

1044 A. What does that mean, "walk-in privileges"?

1045 Q. Have you ever heard the phrase "walk-in privileges"?

1046 A. No.

1047 Q. Were you required to make an appointments through
1048 President Trump's chief of staff, Mark Meadows, to meet with
1049 the President?

1050 A. No. I mean, I -- let me answer it this way: I
1051 never made an appointment. I don't recall having to meet with
1052 the President except -- can I rephrase that? I mean except
1053 when I said I wanted to go home for the Thanksgiving break and
1054 I wanted to tell him. I wanted to ask. I wanted to go home.

1055 Other than that, I don't remember ever
1056 saying -- making an appointment or asking to meet with the
1057 President.

1058 Q. If you wanted to speak with the President, how would
1059 you go about doing so?

1060 A. I don't know. A hypothetical like that never came
1061 up.

1062 Q. Well, were you talking to the President regularly
1063 during your time you were in the White House?

1064 A. No.

1065 Q. How often did you meet with the President?

1066 A. Well, I met the first time when I -- you know,
1067 before I was there, you know, just that first meeting of the
1068 initial trip. Then I returned home.

1069 When I came back, I was -- I would meet with the
1070 President when I was asked to in what was called a
1071 pre-briefing before he went out and did his press briefing,
1072 and that was -- I don't know how often, maybe half a dozen
1073 times. You know, there were no regularly-scheduled meetings
1074 that I recall.

1075 I mean, and that was -- you know, that was the
1076 extent of it. I was generally -- when I was asked to come up
1077 to the Oval Office, I would come and that would be most
1078 commonly, if not exclusively, during these so-called
1079 pre-briefings.

1080 Q. Can you tell us more about the purpose of the
1081 pre-briefing?

1082 A. The purpose of the pre-briefing was when the
1083 President was going to have one of these press briefings in
1084 that room. I guess it's called the Brady Press Room.

1085 There would be a small group of people that would be
1086 up in the Oval Office in case there was a question as he would
1087 read through his remarks, and so if there was something that
1088 was relevant to the pandemic or to something that I might have
1089 some knowledge about, the pandemic, obviously, then I would be
1090 asked to go up there beforehand.

1091 Q. So I think you said that you met with the President
1092 approximately half a dozen times for these pre-briefings; is
1093 that correct?

1094 A. Well, I mean, it was sporadic. I don't remember,
1095 honestly, the exact number, but I would say it was something
1096 on that order.

1097 Q. Do you recall having other meetings with the
1098 President apart from the pre-briefings?

1099 A. I don't recall. Again, I had a meeting when I said
1100 I wanted to go home for Thanksgiving, basically, the second
1101 half of November. I left mid-November.

1102 I don't remember having other meetings. I don't
1103 remember the detail, honestly, of other meetings. It was
1104 roughly that sort of number.

1105 Q. For the pre-briefings, who --

1106 A. I'm sorry. Can I correct myself now?

1107 I just remembered, of course, I had a meeting,
1108 involved in a meeting, with the President when I had a group
1109 of some of the nation's top medical scientists and

1110 epidemiologists and infectious disease doctors meet the
1111 President and I was in that meeting.

1112 Q. Okay. We'll turn to that in a bit.

1113 Back to the pre-briefings with the President, who
1114 was generally in attendance at those briefings?

1115 A. These pre-briefings? You know, it varied. There
1116 were, if I had to estimate, six to twelve people in the room.
1117 I don't know the exact number, honestly, and the meetings
1118 included various people like, for instance, Kayleigh McEnany
1119 would have been there. This is, again, the pre-briefing for
1120 the press conference, but it varied.

1121 Q. Would it predominantly be communications staff or
1122 were staff from other departments also sometimes at these
1123 pre-briefings?

1124 A. No. Yeah. I think it -- my deductive sort of
1125 conclusion was it had to do with what the topics of the
1126 briefing were that he was going to cover.

1127 Again, I only went to the ones I was asked to. So I
1128 don't know who was at the ones I wasn't at, but, you know, if
1129 there was a -- I remember having one where Secretary Mnuchin
1130 was there because there was going to be something about
1131 economics. There was one where some of the Operation Warp
1132 Speed people were there because that was going to be talked
1133 about.

1134 There were a variety of people there. The staff

1135 secretary, Derek Lyons, was there at most of these. It
1136 varied.

1137 Q. When was your joining the White House publicly
1138 announced?

1139 A. I wouldn't use the word "announced", because it
1140 wasn't announced in a sense. It was in -- my recollection
1141 is -- I don't know the exact date, but something like the
1142 second week of August and that was done when I came up to
1143 the -- I was talking -- okay. I'll go through the detail of
1144 this.

1145 I was talking to Kayleigh McEnany and she showed me
1146 something the President was going to say in his remarks, and I
1147 said that's wrong, that's mistake and it needed to be
1148 corrected, because you can't have the President of the United
1149 States say something that's not accurate, and so she said,
1150 Well, then you better go tell him.

1151 So then I said, Okay, and I said, Walk me over
1152 there. I didn't know what was going on, and I walked in and
1153 he -- I have a recollection of this, that he had his booklet
1154 of his remarks. There were other people there. I don't
1155 remember who was there, and I said that there's a mistake in
1156 the remarks, and he said, What mistake?

1157 So the mistake was there was a remark in there,
1158 something about the number of deaths or something that were
1159 occurring, and I said -- and it was like it was written -- to

1160 the best of my recollection, the remark said there were no
1161 increased deaths. This was in a sentence. I don't remember
1162 the detail, and I said, Well, that's not true. There were no
1163 significant -- that's all I remember about that, no
1164 significant increased deaths, but I don't remember the end of
1165 that; but the point of this is that as he said -- walking out,
1166 he said, Do you want to go in there with me, meaning the press
1167 room, and I said okay and so that was it.

1168 That was in that press briefing. I walked in and
1169 was seated on a chair alongside the podium next to Kayleigh
1170 McEnany, and there was no real announcement except the
1171 President's sort of very casual remark at the meeting of
1172 saying I was there.

1173 Q. You mentioned previously that in your first meeting
1174 with Mr. Kushner, he expressed some concern about publicly
1175 revealing that you were working at the White House. Are you
1176 aware of why Mr. Kushner was concerned?

1177 A. Well, he was obviously correct, because his concern
1178 was that I'm a regular person. I'm not a politician. I'm not
1179 politically even interested, had nothing to do with politics
1180 and had no interest in being involved in politics, but the
1181 climate in Washington, D.C. is extremely political and the
1182 media is pretty rough, and that was just a personal expression
1183 that he was saying, that he's concerned that media would
1184 attack me and the political opponents of a President who is,

1185 obviously, you know, disliked, to say the least, by many, many
1186 people, and I'm not -- that's not my world. I had no interest
1187 in -- no motivation that was political.

1188 I was just there because people were dying and I was
1189 a health policy expert and there was a need for more expert
1190 opinion in there.

1191 So that was it. I assumed he meant, and he was
1192 right, that I would be attacked by the media simply because I
1193 had the audacity to help a President that people despised.

1194 Q. Was any action taken as a result of that concern?

1195 A. Well, the action was I said, Well, maybe I'll do
1196 this from home. That was my action, but I don't know you mean
1197 otherwise.

1198 Q. Were you instructed to keep your role at the White
1199 House confidential?

1200 A. No.

1201 Q. Did you have any discussions suggesting that,
1202 perhaps, you shouldn't announce yourself publicly on calls
1203 with folks in the Administration?

1204 A. Announce myself publicly? No, except in the
1205 beginning, I was asked by Jared Kushner to listen in on these
1206 what were called -- on these COVID meetings from his office
1207 and just listen in.

1208 Q. When did you receive this instruction?

1209 A. For the -- I mean, in the beginning when I first,

1210 you know -- I got there, I think, July 30th. So at these
1211 meetings, they were, I think, generally scheduled for three
1212 times a week, maybe. The first week, I don't remember, the
1213 first couple that I was listening to on the phone, on a
1214 conference phone.

1215 Q. Did this last until the President referenced you
1216 during this press briefing or did you start to attend meetings
1217 and announce yourself on the phone calls prior to that time?

1218 A. I don't remember exactly.

1219 Q. But you said it was approximately a week or two?

1220 A. Oh, I don't think -- yeah. I think it was not two
1221 weeks. Those are the only meetings that I did what we just
1222 described, of listening in on the phone. It was just a couple
1223 or a few of those COVID meetings.

1224 Q. What does "listening in" mean? Does that mean that
1225 you didn't announce yourself to the participants on the call
1226 or in the meeting?

1227 A. Yeah. It mean literally just listen in.

1228 Q. You said they were COVID meetings. Were they
1229 meetings with particular people?

1230 A. These were scheduled meetings called COVID Huddles
1231 that had a variety of people. I subsequently went to these
1232 meetings, you know, many of them.

1233 So I'm going to make an assumption that they were
1234 like the meetings I saw in terms of the participants, but they

1235 were generally meetings of, well, Dr. Birx, who would go
1236 through some data trends. Kushner would sort of run the
1237 meeting -- would run the meeting.

1238 There were a variety of people in the communications
1239 side that were in the meetings. I mean, the room was -- there
1240 were probably a lot of aides and assistants there. So I don't
1241 know who was who, but there were people from a variety of
1242 parts of the Administration in there.

1243 Q. What was the purpose of these COVID Huddle meetings?

1244 A. Those COVID Huddle meetings were to sort of get
1245 people up to speed to know what was happening that week or two
1246 in terms of events that were related to COVID to get an update
1247 on variety of some of the resources that were being developed,
1248 like personal protective equipment, to get the staff who had
1249 to go and communicate to the American people, I think,
1250 was -- you know, sort of the speed on things to learn what
1251 events were planned, to learn about what was happening.

1252 For everybody to learn, I'm saying, like the sort of
1253 status of the Operation Warp Speed activities of drugs or
1254 vaccines and that kind of stuff.

1255 Q. Are you aware why Mr. Kushner asked you to merely
1256 listen to these calls or meetings for that initial period
1257 after you joined the White House?

1258 A. Yeah. My impression was that Dr. Birx would be
1259 extremely sensitive to having someone else come in.

1260 Q. How did you get that sense?

1261 A. Well, I mean, that was what was told to me, was
1262 that, you know, Birx ran these meetings and would be extremely
1263 sensitive and upset and threatened if I came in. That's what
1264 was told to me.

1265 Q. Who told you that?

1266 A. I think it was Jared Kushner who thought it would be
1267 advisable to do that.

1268 Q. What else --

1269 A. Also, it was -- yeah.

1270 Q. Please continue.

1271 A. Well, I also had a meeting with -- a very brief
1272 meeting with Dr. Birx the first day or two. I forget exactly
1273 when, and we talked for a few minutes and then we had a
1274 subsequent meeting in her office to sort of introduce myself
1275 and talk about a few things about the pandemic.

1276 Q. Did you tell Dr. Birx at that meeting that you had
1277 joined the White House as an advisor to the President?

1278 A. The first meeting, no. I was told to -- at the
1279 first brief meeting, I was told to just, you know, sort of
1280 just say hello. I wasn't sure how long I was going to be
1281 there in these early days at all and I was told to keep that,
1282 you know, as the status of me, which was uncertain, and that
1283 was true.

1284 Q. Did Mr. Kushner instruct you to do that?

1285 A. Yes.

1286 Q. Were you advised to take any other steps to keep
1287 confidential or hidden the fact that you were advising the
1288 President?

1289 A. Well, only in that meeting with Dr. Birx, that first
1290 very short meeting that I was told just keep your ID in your
1291 briefcase.

1292 Q. And why? Do you understand why Mr. Kushner said to
1293 do that?

1294 A. Because Dr. Birx would be extremely sensitive and
1295 threatened if there was the idea that I was going to come and
1296 help.

1297 Q. What did you think of the efforts to keep you
1298 hidden?

1299 A. I thought it was bizarre and I thought it was
1300 nothing I had seen before, and I was -- yeah. I just -- it
1301 was not something I was used to.

1302 Q. Are you aware of whether others were given similar
1303 instructions?

1304 A. No. I don't know.

1305 Q. How would you describe your role as an advisor to
1306 the President?

1307 A. My role was I was one of many people who were giving
1308 my interpretation of the data and what the policy suggestions
1309 were to the President when asked. You know, I was

1310 also -- when asked my opinion, I would give my opinion.

1311 My role was to do the best job I could at bringing
1312 the data, the science, the most recent publications to get
1313 more and more information in to the President, because this
1314 was the biggest healthcare crisis in the century and people
1315 were dying and the Birx-Fauci lockdowns were failing by
1316 August, which is when I really started.

1317 It was clear that people were dying. The elderly
1318 people were still dying. The infection was still spreading.
1319 It was a failure, and there was enormous harms inflicted on
1320 our children and on families by this total broad lockdown.

1321 So I did my best to bring not only the data to the
1322 table, and I would routinely bring a dozen or 15 scientific
1323 publications and printouts of the latest data to the meeting.
1324 When I was asked my opinion, I would bring in any meeting -- I
1325 would carry around these papers and I would speak from the
1326 data and critique the data and analyze the data.

1327 Of course, I was the only one who did that even in
1328 the Task Force, the medical side of the Task Force. I was the
1329 only one who brought in a dozen papers to answer the
1330 questions.

1331 I would cite the literature. I would critique the
1332 studies that were either methodologically flawed so
1333 that -- you know, this is what a medical scientist does. You
1334 have to use critical thinking on the data. You have to be up

1335 to speed.

1336 I also brought in outside experts, because my
1337 feeling was we had the biggest healthcare crisis in a century.
1338 The more information, the better. We needed to be able to use
1339 critical thinking and get the best experts that we had in the
1340 country to have input, if at all possible.

1341 So that was my role. I was there to stop people
1342 from dying.

1343 Q. What were your responsibilities? Did you have a
1344 specific portfolio of issues that you were responsible for?

1345 A. No.

1346 Q. What did your day-to-day look like?

1347 A. My day-to-day life was I would get up at 5:30 or 6.
1348 I mean, you really want my day-to-day life. Right?

1349 Q. No. I meant your day-to-day responsibilities
1350 specifically at the White House.

1351 A. Okay. Well, so I would start my day by going
1352 through and analyzing every new study. This was, you know, a
1353 lot of information that was coming out every day.

1354 I would get into the White House around -- I don't
1355 know -- 7:30, 8, into my office, and then I would, you know,
1356 try to work on understanding what was going on, be prepared if
1357 there were remarks that the President was going to give at his
1358 press briefing. These remarks were routinely circulated among
1359 many people and I was often -- I was on that long list of

1360 people that were providing remarks and it was sort of an ad
1361 hoc sort of thing.

1362 You know, if there was some specific thing that
1363 would be needed, I would, you know, give my input, and then if
1364 there were COVID Huddle meetings, I would go, and if there
1365 were Task Force meetings, because I was asked to also sit in
1366 on the Task Force, then I would go to those.

1367 Q. I want to break a few things down. First for the
1368 COVID Huddle meetings, approximately, how often were they held
1369 each week?

1370 A. I was there from, really -- I began going sometime
1371 in August, early August or so and through, say -- I don't
1372 think I went beyond November. I don't remember. Beyond
1373 November 1st, I don't remember going, even beyond sort of late
1374 October.

1375 So during that time frame, depending upon people's
1376 schedules, they were supposed to be, I think, three times a
1377 week, but it wasn't always that. Some were cancelled or
1378 whatever.

1379 Q. Other than the COVID Huddle meetings and the Task
1380 Force meetings, were there any other regular meetings that you
1381 typically attended?

1382 A. No.

1383 Q. You mentioned that you were on a long list to review
1384 and approve remarks. Apart from that, were there other

1385 documents, work product, messaging that was coming out from
1386 the White House that you would review and approve during this
1387 period?

1388 A. Well, what I remember was there was an -- there was
1389 going to be event about opening schools in early on when
1390 I -- in August, and I was involved in giving input into that
1391 event. That was held in the White House. I don't remember
1392 exactly where it was, what room or anything, but there was a
1393 public event on that, but, I mean, I don't remember specific
1394 documents or anything. No.

1395 Q. Did you have a role in reviewing public health
1396 guidance related to the Coronavirus?

1397 A. There was a document that was originated by Dr.
1398 Giroir, who was the -- I guess you would call him testing czar
1399 on the Task Force that he and Dr. Redfield originated about
1400 testing guidance, and that was circulated around. So I
1401 had -- when I was asked to give opinion on that, I did.

1402 Q. Did you review and comment on other pieces of public
1403 health guidance apart from the testing guidance?

1404 A. Not that I remember.

1405 Q. Did you have any role in devising public health
1406 policy more broadly?

1407 A. Well, I mean, I just want to go back to the previous
1408 question. I was also asked for input into that school opening
1409 guidance for that school opening event.

1410 Q. Okay.

1411 A. Sorry. What is the new question?

1412 Q. I'm just trying to understand more about your role
1413 at the White House. So I wanted to understand in devising or
1414 developing public health policy related to the Coronavirus,
1415 what was your role?

1416 A. Yeah. So there was another example of what I was
1417 involved in, was the guidance for opening universities. The
1418 Vice President asked for a document to be drafted by Dr. Birx
1419 and myself, but it was circulated around, and so I was
1420 involved in that. That was the end of August, the first
1421 couple of days of September, and we had a call to universities
1422 and higher education officials, me, Dr. Birx, Dr. Redfield,
1423 the Vice President, and I think Secretary DeVos was in the
1424 room, a big video conference call to hundreds of leaders.
1425 That was in the first few days of September.

1426 So that was public health sort of guidance.

1427 Q. Apart from testing and schools and colleges, did you
1428 work on any other public health policies closely during your
1429 time at the White House?

1430 A. Not really.

1431 Q. Who did you work with closely during your time at
1432 the White House?

1433 A. Nobody really. I mean, in -- you mean in terms of
1434 inside the White House, who was I working with?

1435 I mean, you know, I was, you know, in on the Task
1436 Force meetings that I went to. I was in on the COVID Huddle
1437 meetings.

1438 If I submitted an op-ed, which I did, that would go
1439 in to the staff secretary, but I wasn't working with anybody
1440 else. I had no one. I was not working with anyone.

1441 Q. You mentioned the pre-briefings, the list where you
1442 would review and approve remarks. Did you have any other role
1443 with respect to public messaging?

1444 A. I was asked to edit a speech that the President was
1445 going to give, but the speech was never given, I mean, if you
1446 want to the call that public messaging. I was -- yeah. I
1447 mean, I don't think there was any other real -- not that I
1448 recall. I don't think so.

1449 Q. That speech that was never given, what was the
1450 subject matter?

1451 A. I think was an overall strategy speech. Actually,
1452 you have it in the -- I saw it in the exhibits briefly. I
1453 hadn't seen the exhibits before I sat down here, but when I
1454 first opened it up, it's in there.

1455 The subject matter is the basic overall, sort of an
1456 overall document. It was handed to me. I made some
1457 corrections, partial, and partial edits and things. It was
1458 never a finalized thing and it was never used.

1459 Q. Which exhibits is it? Let's pull it up.

1460 [Witness peruses documents.]

1461 THE WITNESS: Okay. I think it's this one, Exhibit
1462 3. The title of the document that I'm looking at, which I
1463 think is on page 7 of this packet, is "Strategy for Moving
1464 Forward". There is a note on the top, 8/3-SWA.

1465 [Exhibit No. 3 was
1466 identified for the record.]

1467 BY MS. MUELLER:

1468 Q. So does that denote that this is your copy of the
1469 speech or does that denote something else?

1470 MR. DASGUPTA: Sorry. My version is still loading.
1471 If you could give me a quick second. I apologize.

1472 MS. MUELLER: That's fine.

1473 MR. DASGUPTA: Thank you. I appreciate it.

1474 BY MS. MUELLER:

1475 Q. My question was just you mentioned, Dr. Atlas, that
1476 the topic says "8/3-SWA". What would that message denote?

1477 A. I would guess it means the date and those are my
1478 initials.

1479 Q. Sorry. That was a bad question. I meant is this
1480 your working version or -- actually, let's just strike that.

1481 You mentioned that this was a speech; is that
1482 correct?

1483 A. I think it was going to be a speech. That's my
1484 recollection.

1485 Q. Who asked you to prepare this?

1486 A. Jared Kushner.

1487 Q. And what did he tell you?

1488 A. I don't remember the detail, but it was something
1489 like here's the document that we might use, you know, and what
1490 should we say. It was a vague sort of a thing that was never
1491 used.

1492 Q. I guess I'd like to understand was this your
1493 strategy or was this something that the Administration gave
1494 you and asked you to just write a speech about it? How did
1495 that all come about?

1496 A. They had strategic sort of speech and he asked me to
1497 make edits.

1498 Q. And so was this -- this was not entirely your work
1499 product?

1500 A. Not entirely.

1501 Q. So was this version the version that you were given
1502 or the version that you worked up?

1503 A. Well, this was a version that had edits by me.

1504 Q. What was the purpose of the speech? What was your
1505 understanding?

1506 A. Well, to outline what was happening with the
1507 pandemic and what's going to be done and, you know, to make
1508 sure that the American people understood the facts about the
1509 pandemic, because fear and panic is a negative. It was sort

1510 of -- it was a problem. So the more the President could
1511 articulate what was going on, the better off people in the
1512 country are.

1513 So that's sort of the point.

1514 Q. You mentioned that it would discuss what was going
1515 to happen going forward. Was it your understanding that the
1516 speech would announce new policy or new initiatives for
1517 combatting the Coronavirus?

1518 A. I don't know what the -- I really don't know. I
1519 don't have an understanding of that.

1520 Q. On the second page of Exhibit 3, maybe the second to
1521 last paragraph, it reads: "Today, we are entering the next
1522 phase with a new, smarter strategic approach. It is based on
1523 the data and based on what we have learned. This strategic
1524 approach will improve protection of the most vulnerable
1525 Americans while safely and confidently reopening society."

1526 Do you see that?

1527 A. Yes, I do.

1528 Q. So was it that this was a new approach? Is that
1529 correct?

1530 A. Well, at the time, the Birx-Fauci lockdowns were in
1531 place for five, six months before I got to Washington and
1532 throughout, essentially, almost the entire nation with some
1533 rare exceptions, and that was the guidance given to the
1534 states, because, of course, Dr. Birx was the formal head of

1535 the Task Force medical side, and her writing, she wrote all of
1536 the advice to every state. All the written advice coming out
1537 of the White House was Dr. Birx's written advice or guideline.

1538 She visited dozens of states before I got there,
1539 during the time I was there, and after. So all, literally
1540 all, of the formal White House Task Force guidelines were
1541 Dr. Birx's guidelines and that's what was implemented.

1542 So, you know, that implementation existed before I
1543 got there, for five, six months since she was the head of the
1544 Task Force, frankly, on the medical side at least. That
1545 guidance to the governors was followed by the governors
1546 throughout the country before I got there, during the time I
1547 was there, and, frankly, all the entire year after I left
1548 without a significant change.

1549 This was implemented and, you know, regardless of
1550 the fact that it failed to stop the virus from spreading. It
1551 had failed the stop the dying of the elderly, and it was
1552 destroying all the young people and are sacrificing our
1553 children.

1554 So in that sense, when you say the words "the next
1555 phase", I think that looking at this means, "A", it's not
1556 March, March 2020. There's data that's been learned. So this
1557 was outlining a way to get to a strategy that would save
1558 lives.

1559 Q. So if Dr. Birx was responsible for the policies that

1560 were implemented previously, who was responsible for
1561 developing this new strategy?

1562 A. Dr. Birx was responsible for the policies that were
1563 implemented previously and also during my time there and also
1564 after I left. The entire time, the policies were directly
1565 from Dr. Birx to the governors and that never changed.

1566 So what's your question?

1567 Q. So the draft speech that you were referencing says
1568 it was a new strategy. So was that something that Dr. Birx
1569 was responsible for developing or was this new strategy
1570 developed by someone else?

1571 A. This was an idea of how to do more of a focused,
1572 targeted protection that would stop people from dying and stop
1573 the failure of the existing strategies or Dr. Birx and Fauci.
1574 This was a document. This speech was never given.

1575 Q. But who came up with the ideas in it? Was it you or
1576 was it someone else?

1577 A. Well, I was handed a document that was sort of a
1578 partial draft from -- or a full draft. I don't remember
1579 exactly -- from Jared Kushner and I was asked to edit it. I
1580 don't remember who had the exact ideas.

1581 Q. Had you been discussing these ideas with Mr. Kushner
1582 or with others prior to getting the draft of the speech?

1583 A. When I was writing all throughout the five to six
1584 months prior to coming to Washington, I was visibly writing

1585 and producing research documents, opinion pieces, and
1586 interviews that talked about increasing the protections of the
1587 elderly because they were dying and safely reopening schools
1588 and society to stop the massive harms from the lockdowns and
1589 the school shutdowns for months.

1590 So that's what I had been doing for months.

1591 Q. So did this draft speech, did the strategies in
1592 it -- were they consistent with what you had been writing
1593 about prior to joining the White House and what you were
1594 advising should be done?

1595 A. Let me look at it. This was a work in progress
1596 document, from my recollection, number one.

1597 Q. Yeah. Well, let me direct your attention to the
1598 bottom of -- it's marked as page 8.

1599 In bold, it says: "The strategic focus of our
1600 targeted strategy is threefold."

1601 Then it mentions -- I won't read everything, but No.
1602 1: "We will protect the high-risk group with an unprecedented
1603 focus."

1604 It continues, No. 2: "We will carefully monitor
1605 hospital and ICUs in all states with precision."

1606 It continues, No. 3: "We will guide businesses,
1607 transportation, and schools to reopen."

1608 At a high level, is this consistent with the
1609 strategies that you were advising should be implemented?

1610 A. Yes.

1611 Q. Let go through this one by one. So No. 1, what
1612 would highly-detailed real-time monitoring and heightened
1613 guidelines for nursing homes and long-term care residents and
1614 the elderly, what would that specifically entail?

1615 A. Well, this was sort of -- this No. 1 paragraph here
1616 are some of the ways to increase the protection of the elderly
1617 to stop them from dying as opposed to what was being done with
1618 these broad Birx-Fauci lockdowns.

1619 So, for example, the data that was being brought in
1620 that I saw at the Task Force meetings and at the COVID Huddles
1621 by Dr. Birx were simply -- most of them were reproductions of
1622 publicly-available websites rather than very detailed data,
1623 and so I wanted to have -- and they were also -- some of them
1624 were misleading.

1625 For instance, they were documenting cases per day or
1626 deaths per day, but they were inaccurate, because they were
1627 actually based on the date of recording the death rather than
1628 the date of the death, for instance. This is a widely known
1629 problem with the data.

1630 I wanted to have very -- you know, very much more
1631 detailed, more accurate monitoring, particularly of what's
1632 going on in nursing home facilities, long-term care
1633 facilities, and facilities that seniors frequent, because we
1634 needed to be on top of this. So that meant, you know, very

1635 precise, accurate data. It meant better, more focused
1636 guidelines.

1637 Again, the guidelines for nursing homes were
1638 inadequate and failing. For instance, when I got there, the
1639 guidelines for testing in the nursing homes were the
1640 recommendation was once per week for testing nursing home
1641 staff. That's not adequate. That's nowhere near adequate.

1642 Number one, the staff bring in virtually all of the
1643 cases into nursing homes. Nursing homes are filled with the
1644 highest-risk patients. Nursing homes are known, because they
1645 have comorbidities and they're very old and frail typically,
1646 nursing homes are the sites of where previous outbreaks
1647 happen, and every medical student in the country knows that
1648 these are the sites where even not just flu, not just
1649 Coronavirus, but even the common cold has been documented to
1650 kill people in nursing homes.

1651 So this was a tinderbox of risk. We needed to have
1652 far more rigid guidelines about that. We needed to have far
1653 more testing in the nursing homes of the nursing staff.

1654 I said, What are you doing to protect the nursing
1655 homes? Well, we're recommending once per week. Well, that's
1656 nowhere near adequate. I said it must be three times, five
1657 times a week. If there's a high activity of the disease in
1658 the community, we need to alert the nursing homes, because the
1659 nursing home workers are coming from the community and, in

1660 fact, the nursing home workers are often working in more than
1661 one nursing home. So they're seeding -- they're planting and
1662 inadvertently infecting if they're not being tested every
1663 single time they walk into a nursing home.

1664 We needed to have -- I'm going on in this paragraph
1665 here. We needed to have proactive identification of high-risk
1666 people that were not living in nursing homes. That was not
1667 being done, for instance, senior centers where seniors
1668 frequent, nonresidential senior facilities. I want to get
1669 more testing there. I wanted to get more monitoring,
1670 particularly in the community where there was high disease
1671 activity.

1672 We needed to get not just testing. We needed to get
1673 much more personal protective equipment prioritized to these,
1674 not just the nursing homes, but in addition, senior centers
1675 and, you know, visiting nurse companies that come and visit
1676 seniors who are residing at home, but not necessarily in a
1677 nursing home.

1678 We needed point of care testing done in these
1679 facilities. We needed to distribute testing. We needed to
1680 make sure, by the way, that seniors were able to visit and see
1681 their children. These were -- we were having an unspoken
1682 nightmare of seniors being unable to see their children when
1683 they were dying, their children and grandchildren. So we
1684 needed to get up some special distancing materials, as I'm

1685 reading here, into the nursing homes.

1686 We needed to have a rapid mobilization of ways to
1687 protect these people who were the people known to be high risk
1688 and, yet, they were the people that were not being adequately
1689 protected.

1690 That's what paragraph 1 is about.

1691 Q. I would like to ask a few follow-up questions about
1692 what you just said. That was very helpful. Thank you.

1693 I guess, first, it sounds like you're saying that
1694 you thought that the real-time monitoring and the data that
1695 was available with respect to nursing homes and surrounding
1696 communities was insufficient at this time; is that correct?

1697 A. What I'm saying is that the data that I saw being
1698 gone over at the Task Force or in the COVID Huddle meetings or
1699 whatever from Dr. Birx was very unsophisticated and inaccurate
1700 and that wasn't the detailed enough, and I did not -- and
1701 whether or not it was being done, I didn't know it was being
1702 done with the nursing home data per se, but I was pointing out
1703 here, if I wrote this sentence, that we needed, absolutely
1704 needed, the best, most accurate, most detailed information on
1705 the nursing homes, and they needed heightened guidelines.
1706 When I say heightened guidelines here, I'm talking about
1707 heightened protection. That's what heightened guidelines
1708 means, because these people were dying.

1709 Q. And so is it fair to say that you thought that the

1710 guidelines were then in place were insufficient and were
1711 leading to deaths of nursing home residents?

1712 A. The guidelines of, for instance -- well, I mean, the
1713 bottom line was nursing home residents were dying and they
1714 were the known high risk and they were in a controlled
1715 environment, and they were dying in high numbers and the high
1716 percentage of people that were dying were the nursing home
1717 patients. So that was a failure.

1718 Now, what I'm saying here is that when you have what
1719 I came to understand, and I don't remember the data of this,
1720 when the recommendation was testing nursing home staff once
1721 per week, that is wholly inadequate, and the proof of it is
1722 they were bringing in infection and the people were dying.

1723 Q. Yes or no, did you think that the guidelines that
1724 were in place for nursing homes at that time were sufficient?
1725 Yes or no?

1726 A. I just gave you my answer.

1727 Q. Did you think more needed to be done to protect
1728 nursing home residents?

1729 A. I think, as I said and, in fact, I worked very hard
1730 on this, I personally worked to get more tests to nursing
1731 homes, more frequent testing to nursing home staff, real-time
1732 assessments of clinical activity in the community and then
1733 warning the nursing homes that they better increase their
1734 testing of the nursing home staff.

1735 I worked hard to get more -- not just nursing homes,
1736 but where seniors are. There are plenty of seniors that live
1737 outside of a nursing home. I wanted to get more testing to
1738 senior centers. I wanted to get warnings to senior centers
1739 where seniors frequented to do increased testing. I wanted to
1740 get proactive identification of Medicare patients who were at
1741 the highest risk, like, for instance, people on dialysis, to
1742 have this sort of -- to have a record of this. As I came to
1743 know it, I wanted to get them warned.

1744 I wanted to get increased testing to historically
1745 black colleges and universities where the elderly faculty have
1746 higher numbers of comorbidities. This wasn't being done.

1747 So I had a whole list of things here that I worked
1748 very hard on getting, and some of them, actually, we did get
1749 done.

1750 Q. What policies were you advising should be taken that
1751 were not implemented?

1752 A. Okay. I sort of -- as I said, I wanted to get
1753 increased frequency of testing to three times a week, five
1754 times a week, if necessary, every day of the nursing home
1755 staff. I wanted to get a correlation of increased testing in
1756 nursing homes and nursing home staff when the community
1757 disease activity was going up, which you can judge by the
1758 COVID illnesses presented to the emergency rooms, which was
1759 compiled by the CDC routinely in all of these states and

1760 regions.

1761 I wanted to get increased tests, point of care
1762 tests, to senior centers where seniors frequent, to
1763 historically black colleges and universities for their faculty
1764 who were at higher risk.

1765 I wanted to get infection alliances with hospitals
1766 that knew how to control infection better than a nursing home
1767 so that they could teach these people in the nursing homes how
1768 to do infection control. I wanted to get, you know, very safe
1769 visitation places set up so that the seniors in nursing homes
1770 that were otherwise very isolated could at least see their
1771 children and their grandchildren somehow in a very safe way.

1772 These were all policies that I pushed for and some
1773 were eventually instituted.

1774 Q. I'm just trying to disentangle the ones that were
1775 implemented versus not. So just focusing specifically on the
1776 policies that were not implemented, can you briefly list them?

1777 A. You know, I don't have a list of those things. I
1778 don't have a specific list. I'm telling you what I suggested
1779 needed to be done.

1780 Q. We're almost out of time. So I guess as my last
1781 question, why was this speech never given?

1782 A. I don't know.

1783 Q. Did you have any discussions with anyone about it?

1784 A. No.

1785 Q. Were the policies later implemented and, if so,
1786 when?

1787 A. The national policies that were implemented were the
1788 Birx-Fauci lockdowns, because that was official policy of the
1789 White House Task Force, the school closures, the business
1790 restrictions and closures, the severe limit on personal
1791 movement. All of those activities, all of those policies were
1792 the written guidance that were before I came, for the five-six
1793 months before I was in Washington, during the three and a half
1794 months I was there, and afterwards for the rest of the year.

1795 Those were written directly by Dr. Birx. She was
1796 the Task Force coordinator. She was the official person
1797 doling out the advice. She visited dozens of states. Those
1798 were the official policies that were implemented by almost all
1799 the governors in the entire country.

1800 That was the policy before, during, and after I
1801 left.

1802 Q. Did you work on other speeches for President Trump?

1803 A. Not that I recall, no.

1804 Q. Just to --

1805 A. I don't recall, really, but to the best of my
1806 recollection, no.

1807 Q. Just to clarify, were you asked for input on other
1808 speeches that were prepared for President Trump that, perhaps,
1809 others had worked on?

1810 A. Well, like I said, documents were sent around. For
1811 instance, as an example, on the press briefing remarks that
1812 the President would give, these documents were sent around to
1813 a variety of people, including -- at least some of them, I saw
1814 and was asked my opinions or edits or whatever, suggestions.

1815 There may have been others like that that were
1816 outside of the press briefings. I don't specifically have a
1817 recollection of which or what.

1818 MS. MUELLER: Okay. We can go off the record.
1819 Thank you.

1820 [Recess.]

1821 MS. MUELLER: I'm going to turn it over to the
1822 Minority staff, but thank you, Dr. Atlas.

1823 THE WITNESS: Okay.

1824 EXAMINATION BY THE MINORITY

1825 BY MR. BENZINE:

1826 Q. Hi, Dr. Atlas. Mitch Benzine of the Minority staff.

1827 A. Hello.

1828 Q. So we spent the significant part of the past hour
1829 talking about Exhibit 3, particularly in nursing homes. I
1830 want to talk about something you wrote in your book about
1831 state policy and then I'll get into federal policy in a
1832 minute.

1833 You wrote the New York Governor's directive, and
1834 that would have been Andrew Cuomo at the time, his ordering

1835 that COVID-positive patients discharged from hospitals and
1836 returned to nursing homes was "totally inexplicable, grossly
1837 incompetent and, in my opinion, a complete disqualifier for
1838 anyone in a leadership position".

1839 Do you stand by that comment?

1840 A. Oh, yes. It's obvious to me.

1841 Q. Can you explain why putting potentially
1842 COVID-19-positive patients, especially prior to even testing
1843 them, back into a nursing home could cause issues?

1844 A. Sure. Well, as I explained, I mean, everyone knew
1845 from the beginning, but it became obvious all over the world
1846 that the highest-risk group for dying from COVID were nursing
1847 home patients because, "A", they were very elderly and they
1848 were infirm. They were frail. They had a lot of underlying
1849 comorbidities or they, obviously, wouldn't have been in a
1850 nursing home.

1851 This was also documented in every previous virus,
1852 that when a nursing home gets an infection, it is what I call
1853 a tinderbox of risk. These people, they have massive death,
1854 and this was already shown in this virus across world and even
1855 in the United States. I think the first state that had a
1856 nursing home outbreak was the State of Washington. I don't
1857 remember.

1858 This is like first year medical student level. It's
1859 really high school biology level, who's at risk, and so this

1860 sort of --it's inexplicable that when you have a virus that
1861 has -- this virus is extraordinarily dangerous for people like
1862 this, for elderly people in nursing homes. I mean
1863 extraordinarily dangerous where estimated fatality rates are,
1864 depending on what you read, maybe 15 percent; whereas, you
1865 know, it's orders of magnitude lower than that for everybody
1866 else, particularly younger people or more healthy people.

1867 So this sort of lack of awareness and then you must
1868 be hyper-diligent about the nursing homes in particular,
1869 not -- this is, like I say, a group of people that is
1870 extraordinarily endangered by this virus. So it is literally
1871 inexplicable to ignore that and to have COVID-positive
1872 patients being put back into nursing homes. That is just
1873 grossly, grossly incorrect, completely defies all logic and
1874 medical science about viruses, about infections, about risks
1875 in elderly people; and, you know, this was done by a handful
1876 of governors in the United States, completely -- it's worse
1877 than a disqualifier of public leadership. That's just my
1878 opinion.

1879 This is a complete, you know, abrogation of the
1880 fundamental goal of what we do as a society to protect the
1881 vulnerable, the most vulnerable, and when we say the most
1882 vulnerable, we're generally talking about people nursing home
1883 people as well as children, of course.

1884 So it is not just a grossly incorrect policy. It's

1885 immoral. There's profound -- this is one of the most
1886 egregious failures of public health policy in history.

1887 Q. Thank you for that answer.

1888 So you said it was a handful of governors. I mean,
1889 it was, I think if my memory serves me, New York, New Jersey,
1890 Pennsylvania, and Michigan. Does that sound about right?

1891 A. Yes. I mean, I don't remember the details of what I
1892 wrote in the book and the dates about their orders, but the
1893 states, remember the policies are under the direction, yes, of
1894 the states and that's correct, that those are the states
1895 that -- at least those states did that. Yes, they did.

1896 Q. You also said in your book that it was your opinion
1897 that this policy, the direction of potentially COVID-positive
1898 patients back to the nursing homes would be and likely already
1899 was responsible for killing nursing home residents. Do you
1900 still agree with that?

1901 A. Absolutely. I don't know how anyone could disagree
1902 with that.

1903 Q. Do you think there would have been less nursing home
1904 deaths if these policies had not been in place, especially New
1905 York which was the epicenter of the virus at the time?

1906 A. The logic says yes. There would be fewer.

1907 Q. Now on to kind of federal policies. You were asked
1908 pretty directly if the federal nursing home guidance at the
1909 and concerning the White House was insufficient and you said

1910 that you had some recommendations to do. If it was -- well,
1911 first, who would have designed at that time kind of the
1912 federal recommendations? Would it have been the Task Force?

1913 A. Yeah. I think it's fair to say it would be the Task
1914 Force that would be discussing the federal guidelines, but the
1915 CDC is in charge of the guidelines, I think, although, I'm not
1916 sure how it works with Medicare, but I think the CDC would be.

1917 Q. All right.

1918 A. And the Task Force.

1919 Q. Which was Dr. Birx?

1920 A. Dr. Birx was in charge of the medical side of the
1921 Task Force guidance.

1922 Q. Would Dr. Birx have had the ability to change the
1923 nursing home guidance, nursing home suggestions?

1924 A. Well, given that Dr. Birx occupied the single
1925 authoritative position of the medical doctors on the Task
1926 Force, being the formally named Task Force coordinator, the
1927 one doling out the advice on the ground to the dozens of
1928 states, the one visiting the states, sometimes with the Vice
1929 President, sometimes not, the one doing the regional meetings
1930 with the public health officials and the nursing homes, the
1931 answer would be yes.

1932 Q. In your time at the White House, did you -- in any
1933 of the meeting you had with Dr. Birx, did she recommend any of
1934 the things that you're recommending here?

1935 A. Not that I heard.

1936 Q. So any insufficiencies in the guidance leading up to
1937 you and after would have been at the recommendation of
1938 Dr. Birx?

1939 A. Dr. Birx, I assume because Dr. Birx was one who was
1940 the main medical voice on the Task Force. Of course,
1941 Dr. Redfield was in charge of the CDC, specifically, and he
1942 was also on the Task Force.

1943 MR. BENZINE: Okay. That's all I have for now.
1944 Thank you.

1945 THE WITNESS: Okay.

1946 MS. MUELLER: Thank you. Dr. Atlas, would you like
1947 to take the customary five-minute break or just plow ahead?

1948 THE WITNESS: If it expedites the day, I'd rather
1949 plow ahead.

1950 MS. MUELLER: Okay. Thank you.

1951 FURTHER EXAMINATION BY THE MAJORITY

1952 BY MS. MUELLER:

1953 Q. You mentioned earlier that you attended Task Force
1954 meetings; is that correct?

1955 A. I attended some Task Force meetings.

1956 Q. How often did you attend?

1957 A. I think my first Task Force -- I'm going to
1958 recollect to the best of my ability. My first Task Force
1959 meeting was something like the second week or mid-August,

1960 roughly, and I went to -- they were irregularly scheduled, and
1961 I did not go to any Task Force meetings after the early part
1962 of October.

1963 So for the three months, roughly, I went to the Task
1964 Force meetings, and I don't exactly recall how many, but they
1965 were variably scheduled, I think to some extent depending upon
1966 when the Vice President was in town, because he was in
1967 charge -- obviously, he was the head of the Task Force.

1968 So I don't know if it was once a week. I don't
1969 recall, really.

1970 Q. You mentioned that you ceased to attend Task Force
1971 meetings in early October. Why did you do that?

1972 A. Well, because -- I don't remember the exact date of
1973 when I stopped, but it was somewhere in that roughly time
1974 frame, because, basically, I was the only one presenting
1975 actual publications, data, arguing -- not arguing, but
1976 discussing things on the basis of a scientific critical
1977 thinking exchange, and what I saw at the Task Force was a
1978 shocking lack of that.

1979 I was only doctor who brought in scientific
1980 publications. I was the only doctor that brought in data
1981 beyond what was available, you know, the sort of sophomoric
1982 tabulations of cases and cases per day and these arbitrary
1983 color codings of cases.

1984 So it was really -- and then whenever I would be

1985 asked my opinion, I would go through the data. For instance,
1986 on the risk to children, I would go through the studies. I
1987 would have in my briefcase 12, 15 different publications, and
1988 Drs. Birx and Fauci would sit there and say either nothing or
1989 just claim I was an outlier.

1990 They had nothing to offer. There was no
1991 rigorous -- evidence of rigorous thinking or critical thinking
1992 and, frankly, it was shocking lack of knowledge, lack of the
1993 scientific process, a lack of critical thinking, and it became
1994 sort of a total exercise in futility, that they were basically
1995 refractory effects.

1996 Q. I understand that different Task Force members had
1997 different responsibilities. For instance, Admiral Giroir was
1998 the testing czar. Did you have a particular core function or
1999 responsibility with respect to the Task Force?

2000 A. No.

2001 Q. Were there any particular subgroups or working
2002 groups that you were a member of?

2003 A. Not that I was a member of.

2004 Q. Were there any subgroups or working groups that
2005 you're aware of?

2006 A. I mean, I'm not -- okay. So I'm not aware of it in
2007 the structure you're saying, although, it was obvious that
2008 some people -- the Task Force, there was a medical side of the
2009 Task Force, which were the doctors, and in the variety of the

2010 doctors that I said, which was Deborah Birx was the Task Force
2011 coordinator, the formal head of the medical side. We had
2012 Dr. Fauci, who was the director of NIH, the National Institute
2013 of Allergy and Infectious Disease, who was there. There was
2014 Dr. Redfield, who was the head of the CDC. There was Dr.
2015 Giroir, who was sort of the so-called testing czar, although,
2016 I don't know if that was a formal title. I have my doubts,
2017 but that was his responsibility.

2018 Then so they may or may not have had a group. I was
2019 not part of a group at all, and then there were other people
2020 that were in charge of things, like the FEMA people that were
2021 in charge of various logistical things. There were people in
2022 the room that were from other parts of the Administration.

2023 There were a lot of people. I mean, the Task Force
2024 was actually a certain group of people around table, a group
2025 of people around the periphery of that room. There was an
2026 overflow room. There were people on videoconferencing. It
2027 was a large heterogeneous group of people.

2028 So I assume, as a long-winded answer -- that there
2029 were people that had certain responsibilities, because they
2030 were not medical people. Of course, they didn't have the
2031 responsibility for the medical guidance from the Task Force
2032 and, therefore, the White House was Dr. Birx's guidance.

2033 Q. Were you a member of the Task Force?

2034 A. I think I was. You know, I didn't have a label on

2035 my chest saying I was a member of the Task Force, but I was
2036 told that I would be on the Task Force.

2037 So, you know, I don't know other than that if I was
2038 a de facto member of the Task Force at the time I was there.

2039 Q. Who had the authority to decide who would be on the
2040 Task Force?

2041 A. I don't know the answer to that. I mean, the head
2042 of the Task Force was Vice President Pence, but, you know,
2043 Washington has a lot of hierarchical components. I don't
2044 know.

2045 Q. Would you say that -- is it fair to say that the
2046 President ultimately had authority over the composition of the
2047 Task Force?

2048 A. I don't know the answer to that.

2049 Q. Are you aware if the President could add members to
2050 the Task Force or fire a member from the Task Force?

2051 A. Well, I don't know. I might assume that. I don't
2052 know.

2053 I don't really know how the structure of much of
2054 Washington works, frankly. I don't know.

2055 Q. I mean, it's fair to say he's ultimately above the
2056 Vice President in the chain of command. Correct?

2057 A. Well, I think that's obvious, yes. In the general
2058 chain of command, the President is above the Vice President.

2059 Q. Did you have any conversations about changing the

2060 composition of the Task Force?

2061 A. I don't remember having those conversations.

2062 Q. In your book, you suggested that you had
2063 conversations with Ms. Verma and Admiral Giroir about whether
2064 Dr. Birx should be fired. Do you recall that?

2065 A. I recall being called by --

2066 MR. DASGUPTA: Excuse me. Excuse me. Could that
2067 particular excerpt of the book be used to refresh Dr. Atlas'
2068 recollection?

2069 MS. MUELLER: I don't have it in front of me. So
2070 just generally speaking, I would like to ask Dr. Atlas to
2071 answer that question.

2072 THE WITNESS: Well, so what I recall, really, is
2073 just what I said in the book, but, you know, I'd have to look
2074 and see the exact detail of what you're talking about if
2075 you're going to reference part of the book.

2076 BY MS. MUELLER:

2077 Q. Do you have any reason to suspect that the
2078 information in the book is inaccurate in any way?

2079 A. No. It was absolutely accurate to the best of my
2080 recollection when I wrote the book. There's no question about
2081 that.

2082 Q. Apart from Ms. Verma and Admiral Giroir, do you
2083 remember having any other conversations about possibly
2084 changing the composition of the Task Force?

2085 A. I don't recall having any direct conversations about
2086 explicitly changing the Task Force.

2087 Q. Do you have any indirect conversations about it?

2088 A. I don't know what an indirect conversation is.

2089 Q. You had just mentioned you don't have any direct
2090 conversations. So I just wanted to clarify that.

2091 You said on a recent podcast with Steve Hilton that
2092 you were shocked that President Trump didn't fire Dr. Fauci or
2093 Dr. Birx; is that correct?

2094 MR. DASGUPTA: Again, what was the exact quote?

2095 MS. MUELLER: I believe "shocked" is a quote, but I
2096 do not have a full transcript in front of me.

2097 MR. DASGUPTA: It's very difficult for Dr. Atlas
2098 to -- you know, for his recollection to be refreshed if we
2099 don't -- I mean, I'm sure he'll try his best, but just putting
2100 it in context.

2101 BY MS. MUELLER:

2102 Q. Just to be clear for the record, I'm not asking you
2103 for a memory test about what you said on Steve Hilton's
2104 podcast specifically. I'd just like to understand, generally,
2105 did you feel shocked that President Trump did not fire Dr.
2106 Fauci or Dr. Birx during the time that you were at the White
2107 House?

2108 A. Well, here's what I thought: "A", the Birx-Fauci
2109 lockdowns were implemented all over the country with rare

2110 exception. They were failing. They failed to stop people
2111 from dying. They failed to stop the infection from spreading
2112 and they were destroying and children and inflicted enormous
2113 harms on the younger generation that are going to take decades
2114 to dig out. That was the background.

2115 That was going on for six months before I got there,
2116 during the three months I was there, and after I left, without
2117 change, and so that was one place for the information. The
2118 part of the information was the President had a reputation of
2119 firing people when he wanted to. That was his sort of
2120 signature persona that was depicted in the media. I don't
2121 know that.

2122 So in that sense, if I said I was shocked that that
2123 wasn't done, what I mean by that is that they were failing.
2124 The Birx-Fauci policies, the guidelines that were implemented
2125 all over the country were failing, and so I think they should
2126 have been -- that should have changed. The policies should
2127 have been changed.

2128 It wasn't so much that people should have been fired
2129 as much as the policy guidance was wrong coming out of Birx
2130 and Fauci.

2131 Q. Were you ever given a reason as to why a change was
2132 not made in the composition of the Task Force or the policies
2133 that were being made?

2134 A. Well, I don't remember having such conversations

2135 about changing the members of the Task Force, about firing
2136 people on the Task Force. I already said that.

2137 Can you repeat the question?

2138 Q. Were you ever given a reason as to why these changes
2139 were not made?

2140 A. In the policy guidance? Well, I mean, the way it
2141 worked was that Birx was the one who was given the policy out
2142 as the official White House Task Force policy. As I said, in
2143 writing to all the governors, the only written guidance was
2144 hers, in visits, in personal visits, in flights over all the
2145 country in meeting with the local officials.

2146 So that happened. I don't know if anyone ever told
2147 her or advised her about changing that guidance. I was giving
2148 the case for an alternative, increasing protection because
2149 those policies were failing.

2150 Q. Were you ever informed that changes in the
2151 composition of the Task Force or the policies being made, that
2152 the reason those things didn't happen was because of the
2153 election?

2154 A. Well, what I was told when I was going on
2155 media -- okay. What I heard what was said when I was going on
2156 media was, quote -- and I said this in the book - "don't rock
2157 the boat." My inference was that that was because this was an
2158 election year.

2159 Q. Who told you not to rock the boat?

2160 A. You know, I don't remember. I don't remember the
2161 details of who said what to me. I was, you know, busy trying
2162 to sort out what was going on and what should be done to stop
2163 people from dying. I don't remember the detail of it.

2164 Q. What can you recall about those conversations?

2165 A. What conversations?

2166 Q. Where you were told not to rock the boat. Was it in
2167 connection with any specific proposal that you wanted to make?

2168 A. No. I don't remember that.

2169 Q. In your book, you wrote that: "Marc Short and Mark
2170 Meadows both emphasized to me that regardless of any policy
2171 disagreements between myself and Dr. Birx or Dr. Fauci, even
2172 in the face of the overt distortions of my views, I must not
2173 say a word, quote, we cannot rock the boat, to which I would
2174 reply, quote, the boat has freakin' capsized."

2175 Is that correct?

2176 A. Yes. If that's what I wrote, that's correct.

2177 Q. Did Marc Short or Mark Meadows -- strike that.

2178 What was the context to those conversations?

2179 A. I think that was sort of in the middle of a
2180 tremendous amount of media attack on me based upon a total
2181 distortion of what I was saying, and I was, of course, going
2182 on the media to articulate to the American people about the
2183 pandemic, and so because I was doing interviews, that was sort
2184 of the context of that.

2185 Q. You wrote in your book that Mark Meadows told you
2186 several times that your views of the Birx-Fauci lockdown and
2187 the failure of their policies were correct. Is that accurate?

2188 A. Yes, it is.

2189 Q. You continued in your book: "I was, frankly,
2190 dumbstruck at the lack of leadership in the White House."

2191 What did you mean by that?

2192 A. Well, what I saw was that you had a policy that was
2193 being doled out by Birx to the governors that was failing,
2194 that was wrong, that was incorrect and it was, frankly, a
2195 disaster; and Fauci was the public face of that on media, not
2196 so much directly to the governors visiting like Dr. Birx did.
2197 So I thought it was, "A", an epic failure and wrong, because
2198 as I said, people were dying. Massive numbers of people were
2199 dying and there was enormous harms from the lockdowns
2200 themselves, destruction including death, missed medical care,
2201 etc. and, yet, the President, in his words, was saying that we
2202 should make -- he was on record saying that schools should be
2203 safely opened, for instance.

2204 Okay. Birx and Fauci and Redfield were saying
2205 schools should stayed closed, and those were massive harms,
2206 even as outlined as recently as the end of January, toward the
2207 end of January, by the CDC itself in a long document that was
2208 posted on the website. So the massive harms of the policy, I
2209 mean, you had two-thirds of people who were cancer patients on

2210 chemotherapy. About half of -- 650,000 people. About half of
2211 them skipped their chemotherapy.

2212 Okay. You had more than a quarter of a million
2213 cases of child abuse from the spring closures alone went
2214 unreported even though they existed, because child abuse is
2215 mainly picked up, or at least the number one agency for that,
2216 is in the schools.

2217 You had a massive absence of necessary medical care
2218 because of the lockdowns, not the virus, the lockdowns, the
2219 policy. You had 85 percent of living organ transplant didn't
2220 get performed for the previous year.

2221 Okay. You had two-thirds of cancer screenings not
2222 get done. More than 40 percent of the most common cancers
2223 were never diagnosed. These people are going to come back
2224 with metastatic disease. A lot of them are going to die.

2225 You had a massive amount of explosion of teenagers'
2226 suicidal ideation in college students. One in four college
2227 students, according to the CDC, because of the isolation
2228 contemplated killing themselves in June 2020. You had a
2229 tripling of self-harm of teenagers' visits to the doctors.
2230 Those are people putting out cigarettes on their skin and
2231 cutting their wrists.

2232 So we had a massive destruction of young people who
2233 were at extremely low risk from COVID because of the lockdown
2234 policy of Birx and Fauci's guidance that was implemented by

2235 the governors. So, you know, this was, you know, a tremendous
2236 error.

2237 Now, what was the question that I was trying to
2238 answer?

2239 Q. You know, I think it got lost in there, but we can
2240 move on.

2241 I think you mentioned that there was a disconnect
2242 between President Trump's policies and those of Dr. Fauci and
2243 Dr. Birx; is that correct?

2244 A. Well, the policies that were advised formally out of
2245 the Federal Government were the Birx-Fauci policies done by
2246 Dr. Birx. The President was saying something contrary to some
2247 of that, to lot of it. Yes.

2248 Q. Who, ultimately, had the authority to develop the
2249 policy of the Federal Government?

2250 Was there a decisionmaking structure?

2251 A. I don't know. The policy advice was the advice from
2252 the Task Force. That's the purpose, I assume one of the main
2253 purposes of the White House Task Force to have been formed.
2254 The ultimate implementation of the policy was the
2255 responsibility of the governors and, therefore, each state had
2256 their own nuance of what was going on, their own guidelines.

2257 For instance, as we said, certain governors ordered
2258 nursing home patients who had COVID back into the nursing
2259 homes, for instance. That's under the guidance of the

2260 governors.

2261 The federal policy guidelines were under the -- were
2262 being doled out by Dr. Birx.

2263 Q. Was there a review and approval process for
2264 guidelines, policies, and other advice being given by the Task
2265 Force?

2266 A. The written guidance to the states was directly from
2267 Dr. Birx. I never saw them. There was no draft. That was
2268 not a document that was sent around, at least that I ever saw,
2269 to my knowledge.

2270 Those documents were routinely given to the states
2271 with sort of summaries of their cases and, in fact -- yeah,
2272 and then guidance as to -- that was all done by Dr. Birx
2273 directly or from she and her staff. That kind of guidance to
2274 the states, I never saw that to be a subject of discussion.

2275 Q. To be clear, are you referencing the governors
2276 reports that were issued on a weekly basis to each of the 50
2277 states?

2278 A. I don't remember. I don't know the detail of how
2279 frequently these reports were issued and if they were called,
2280 quote, the governors reports. I don't know that.

2281 I don't know if you're talking about the same thing.

2282 Q. What were -- you said you never saw it, but can you
2283 describe generally what you understood to be in these?

2284 A. No. I said I never was in a discussion about them.

2285 I never was involved in the drafting of them or editing or
2286 anything else. That's what I said.

2287 I did see some of them and because sometimes they
2288 were brought in by Dr. Birx or distributed either at a Task
2289 Force meeting and/or COVID Huddle meeting. So I did see some
2290 of them, but that does not mean I saw them in advance of them
2291 being sent out. No. That's different.

2292 The structure, from what I recollect of what they
2293 were, were various sort of simplistic listings of cases and
2294 percentages and then a list of guidelines, recommendations.
2295 They were on a state level. In other words, the state of, you
2296 know, Georgia, the State of Mississippi. That was at the top
2297 of the page.

2298 Q. Did you ever discuss the fact that you disagreed
2299 with any aspect of those reports?

2300 A. Yes.

2301 Q. With whom?

2302 A. I'm sure -- you know, I'm sure I said it to some
2303 extent at the meetings when it would come up. I don't have a
2304 specific recollection of with whom or when, but because I
2305 disagreed with the general broad lockdown policy, because it
2306 was failing and it was destroying people, of course, those
2307 were inherently in those reports.

2308 Q. Did you ever seek to make changes to the reports,
2309 whether directly or indirectly?

2310 A. Well, the reports were already out by the time I saw
2311 them.

2312 Q. On a forthcoming basis?

2313 A. I never tried to change a report, no.

2314 Q. Dr. Birx told us that she received a list of
2315 proposed changes each Monday to these reports, such as
2316 suggestions to delete recommendations, and that in certain
2317 states, she was also instructed to remove more aggressive
2318 mitigation measures and make other changes that she disagreed
2319 with.

2320 Were you aware that Dr. Birx was asked to make
2321 changes to these reports?

2322 A. Well, I don't remember that. You know, Birx was the
2323 one in charge of the policies. I was not doing any writing to
2324 the states or anything on policies. I was not officially
2325 informing states, you know.

2326 So Birx, I don't know what she may or may not have
2327 claimed about things. I don't know what she saw. I don't
2328 know who things came from.

2329 Q. So just to be absolutely clear, you were not
2330 providing proposed changes to the recommendation in those
2331 reports; is that correct?

2332 A. Well, my advice, I don't have a specific
2333 recollection of specifically what you're saying, but my advice
2334 was that we should, as I've said several times, increase the

2335 protection of the elderly because they were not being
2336 adequately protected, increase the frequency of testing,
2337 increase the variety of maneuvers to make sure that older,
2338 high-risk people were protected.

2339 I also wanted to end the destruction of the
2340 lockdowns and particularly of the school closures that we
2341 were, you know, doing in defiance of what most of western
2342 Europe was doing and in total defiance of the data on the risk
2343 of children. So I was opposed to the recommendation that
2344 would do that, that would keep insisting that schools should
2345 be closed, and I wanted to increase the testing.

2346 So I don't know -- and increase the other guidance
2347 to keep seniors and elderly safer in the nonresidential
2348 places, like senior centers, as I mentioned before. So, you
2349 know, I don't know exactly what you're referring to or if
2350 there is something you're referring to.

2351 Q. I would like to move back to your early days in the
2352 White House. What was your view of most pressing needs when
2353 you started?

2354 A. The most pressing needs were generally what I'm
2355 saying, was that the older, high-risk people were not being
2356 adequately protected with the policies of Birx and Fauci, as
2357 evidenced by the dying and the inflicted harms on,
2358 particularly children. That was a very urgent problem there.

2359 I mean, you know, the documentation of the tragic

2360 harm to children from closing schools, particularly low-income
2361 and minority children, was, just simply -- you know -- that
2362 was emergent to me. That was an emergency to fix that.

2363 Q. In your book, you discuss the targeted protection
2364 strategy. Is this what you've been describing as the
2365 recommendations that you made should protect the high risk and
2366 then allow schools and society to reopen for those who are low
2367 risk? Is that accurate?

2368 A. Well, that's incomplete, your characterization. The
2369 accurate characterization of what I said was to increase the
2370 protection of the elderly and the high risk, meaning all high
2371 risk, not just elderly, to open schools, but with mitigation
2372 and to open businesses, again, but as I said on the record
2373 many, many times in written documents and speeches -- not
2374 speeches, in interviews. Excuse me -- and in internal advice,
2375 of course, including in the President's own remarks to make
2376 sure that we of course advise on the CDC guidelines and
2377 mitigation strategies, but that did not mean closing schools.

2378 That did not mean destroying all working family by
2379 shutting down, because that impact was tremendously harmful,
2380 and it was not succeeding in stopping the virus. It did not
2381 succeed in stopping the infection. It did not protect the
2382 high-risk people. They kept dying.

2383 Q. I would like to drill down a little bit more on this
2384 targeted protection strategy. Who counts as the most high

2385 risk under this strategy?

2386 A. The highest risk people?

2387 Q. I apologize. I mean which people, which

2388 comorbidities, did you recommend increasing or heightening the
2389 protection of?

2390 A. Okay. So, I mean, the data shows the following: It
2391 shows that, roughly, two-thirds of people that died had six or
2392 greater comorbidities. That's from the CDC. That's Point No.
2393 1.

2394 Point No. 2 is that we know that age is the number
2395 one risk factor. Okay. Eighty percent, roughly, of people
2396 who died are over 65. When you look at the people -- the
2397 infection fatality rates from multiple publications, including
2398 several by John Ioannidis of Stanford, the infection fatality
2399 rate is .01 percent for people under 70, but it's dramatically
2400 higher for people over 70 or over 75.

2401 So age is the number one risk factor with a greater
2402 than thousand-fold higher risk of fatality compared to
2403 children, for instance. So age is number one.

2404 The comorbidities that are important, it's just not
2405 the old people, by the way, of course. Young people, if you
2406 look at the data from who's died who are under 18, children,
2407 the overwhelming majority are not healthy people, and the risk
2408 factors that older people as well as else that dies from it
2409 includes things significant obesity, depending upon -- and the

2410 higher the level of obesity, the more the risk factor for
2411 death.

2412 There are complicated diabetes as a significant risk
2413 factor. That means controlled diabetes without a significant
2414 secondary consequence of diabetes is less of a risk factor
2415 than complicated diabetes, much less risk.

2416 What is complicated diabetes? That means people who
2417 have chronic renal failure. That means people who have severe
2418 cardiovascular disease. That means people who have had
2419 peripheral vascular disease.

2420 You know, there are a variety of things that
2421 constitute complicated diabetes, and then after that, you have
2422 things like significant heart disease. You know,
2423 there's -- but on other hand, not all risk factors are risk
2424 factors. Individuals -- or significant chronic lung disease,
2425 for instance, and then it's typically multiple risk factors
2426 that are important, multiple comorbidities.

2427 So, simple, an adult with controlled hypertension,
2428 the data from the epidemiology literature is that isolated
2429 alone is not a significant risk factor, but when you have
2430 somebody with hypertension, diabetes, congestive heart
2431 failure, renal insufficiency, you get into a severe high,
2432 high, high risk.

2433 Q. Is it fair to say that there could be tens of
2434 millions of Americans who were classified as high risk?

2435 A. Well, it depends what you're talking about. There
2436 are a third -- up to a third -- it's fair to say that tens of
2437 millions of people have comorbidities, but not all
2438 comorbidities are alike and not all more people have multiple
2439 comorbidities.

2440 As I said, the data, the most recent data from the
2441 CDC shows that 63 percent of people who died have six or more
2442 comorbidities. So to just give a blanket statement of, Oh,
2443 "X" number of people have hypertension, for instance, that's
2444 not that meaningful, particularly when you look at the
2445 epidemiology literature and you see that isolated hypertension
2446 with no other comorbidity is not a significant risk factor for
2447 dying.

2448 Q. Well, approximately --

2449 A. So it's a more complicated question than what you're
2450 asking.

2451 Q. Approximately, what is your best approximation of
2452 how many Americans would fall into the high-risk category?

2453 A. I don't have a good handle on how many American have
2454 greater than or equal to six comorbidities. I don't know the
2455 answer.

2456 Q. You've been mentioning nursing homes as a high-risk
2457 area and other long-term care facilities. Were there other
2458 locations that were similarly high risk?

2459 A. Well, sure. I mean, when you have sick people or

2460 people with high-risk characterizations, okay, because sick
2461 people by definition are potentially immunologically impaired
2462 or weakened in a variety of medical ways. So if you're
2463 talking about healthcare facilities, for instance, it would be
2464 a significant risk setting.

2465 People that are in homes with very high risk
2466 relatives who are confined indoors, one of the reasons that
2467 nursing homes are high risk is because cases generally spread
2468 in order of magnitude more indoors than outdoors and, of
2469 course, nursing home patients are confined indoors. So when
2470 you have a situation like -- so my point is that, yeah, there
2471 are other high-risk settings in addition to nursing homes.

2472 Q. What other are examples of some of those high-risk
2473 facilities? For instance, would a congregate living situation
2474 at a prison potentially be classified as high risk?

2475 A. Potentially. I mean, you know, there's a lot of
2476 things that go into if something is high risk. If you have
2477 people confined indoors and you have people who have those
2478 risk factors, that would compose a high-risk setting.

2479 Q. You were talking about some of the measures you were
2480 recommending for long-term facilities and nursing homes. What
2481 other strategies were you recommending to protect the
2482 high-risk populations that, perhaps, lived at home in the
2483 community?

2484 A. Yeah. There were several. So I wanted to have all

2485 the senior centers where seniors frequented that were not
2486 living inside a nursing home get more testing, get guidelines
2487 and updates on the activity of the infection in their area,
2488 because, you know, when people are working in those areas,
2489 they need to be tested very frequently. When people are
2490 visiting those areas, they need to be testing very frequently.
2491 I mean very frequently.

2492 I wanted to get a notification system in place so
2493 that people that are known to harbor these multiple risk
2494 factors that I mentioned earlier -- and remember, since age is
2495 a significant risk factor, people over 65 in the country are
2496 generally known because they're on Medicare. So Medicare and
2497 Medicare-affiliated agencies have databases where they know
2498 that, for instance, in an electrical outage, the people that
2499 are dependent on dialysis machines or electrical apparatus,
2500 they're known. So I wanted to get those people, make sure
2501 they have personal protective equipment, make sure they have
2502 updates about the disease activity and which I say is readily
2503 available because of the people coming into the emergency
2504 rooms in the area with symptoms.

2505 I wanted to get historically black colleges because,
2506 you know, minorities have high levels of these risk factors
2507 and so are generally at higher risk. They have older people.
2508 The faculty members here, I'm talking about mainly at
2509 historically black colleges and universities.

2510 We need to make sure that these people are
2511 protected, and one of the ways is to make sure they have
2512 access to testing, make sure they have -- and I'm talking
2513 about testing with rapid turnaround times for result.

2514 We want to make sure they have protective equipment.
2515 We want to make sure that they have guidelines in place. We
2516 want to make sure that all universities have guidelines in
2517 place to protect their high-risk faculty or their high-risk
2518 staff that work there, because, of course, not everybody on a
2519 university campus is a young healthy person.

2520 So those are some of the things and, like I said, I
2521 wanted the alliances with hospitals that are very proficient
2522 and very sophisticated at dealing with infection control. You
2523 can imagine -- of course, it's common sense -- that they know
2524 how to do that better than a typical nursing home.

2525 So Seema Verma and I were working on some of these
2526 measures to get better protection even in the nursing homes.
2527 So it was a combination. There were a lot of things to be
2528 done in the communities where older people lived and
2529 congregated, and where families who had high-risk older people
2530 in their homes, they needed to be protected, and where the
2531 people who were living and working in nursing homes, we needed
2532 to be monitoring them at a very high level.

2533 I can't hear you.

2534 Q. Sorry about that. Thank you.

2535 What were you recommending for high-risk people who
2536 lived in multigenerational households or worked outside the
2537 home or otherwise had to leave the home to get groceries or
2538 other essentials; how would you recommend that they --

2539 A. Well, there's a couple of answers to that. Number
2540 one, everything I wrote or many times said and wrote, we
2541 wanted to make sure that, "A", people that were sick and known
2542 to be sick needed to be strictly isolated from them. "B", we
2543 needed to made sure that particularly the high-risk people,
2544 but anyone around a high-risk person, if you cannot socially
2545 distance, you should wear a mask.

2546 I wanted to get them, again, notified. I wanted a
2547 notification system to be put in place that would
2548 notify -- again, these people are over 65, generally. They're
2549 not all, of course, to be notified of the activity in their
2550 communities and have their family members be extra cautious
2551 with extra sanitization, extra testing, extra protective
2552 equipment, particularly be very aware of social distancing and
2553 masking when you cannot social distance.

2554 I said this repeatedly in writing as well as in
2555 many, many interviews and, of course, to pay attention to the
2556 CDC -- which I'm outlining here, the CDC mitigation
2557 strategies.

2558 Q. Did you have conversations with President Trump
2559 about implementing these strategies and recommendations?

2560 A. Well, I wrote -- I put in these kinds of things when
2561 I saw these documents going around and, you know, the
2562 documents, what I mean by the documents in this context are
2563 these briefing press conferences that he would give. So in
2564 that sense, I was putting in these things whenever I could
2565 into any of those kinds of things, and if I was asked a
2566 question at a pre-briefing, I would answer appropriately.

2567 Of course, I -- so that's the answer. Yeah.

2568 Q. Did you have conversations with others in the Trump
2569 Administration about implementing these strategies?

2570 A. Well, for instance, the school strategy, we
2571 did -- there were documents that went around. I'm talking
2572 about now the K through 12 school issue preceding the actual
2573 event that the White House put on. There were documents that
2574 went around with guidelines, and I had input into those
2575 recommendations for increased -- specific recommendations
2576 about increasing sanitization, increasing availability of hand
2577 sanitization in the schools, increasing mask availability in
2578 the schools, a guidance for monitoring illness and who should
2579 stay home, a guidance for testing, making sure we had the
2580 option of having distance learning for anyone who -- making
2581 sure that the immunocompromised students or students that were
2582 high risk or staff that were high risk, making sure very
2583 strict social distancing, mask when you cannot socially
2584 distance.

2585 All of these things, I had input into for the
2586 schools, and in that, there were documents generated relevant
2587 to that opening, I think that were posted on the website of
2588 the White House about school opening in a safe way. Then I,
2589 of course, had the discussion about universities opening.
2590 Well, that discussion also ensued inside the Task Force, about
2591 schools opening, and then we had similar -- we had, as I
2592 mentioned, I was asked to co-draft some sort of guidelines
2593 about universities opening by the Vice President and I was
2594 involved in that, and then we had the discussion, me,
2595 Dr. Birx, Dr. Redfield, Vice President Pence -- I'm trying to
2596 remember -- and probably Secondary DeVos to hundreds of
2597 university leaders about the guidelines in which I explicitly
2598 said that we have to make sure we follow the CDC mitigation
2599 strategy and also make sure that we do everything we can to
2600 keep colleges and universities open, because that's a
2601 relatively lower risk environment than sending asymptomatic
2602 infected college students out back into the community of where
2603 they would often live with high-risk family members, for
2604 instance; whereas, at least in the colleges, there was sort of
2605 a semi-isolated community that was necessarily, therefore,
2606 less dangerous than sending them back into an unrestricted
2607 community, meaning their homes where there was some high-risk
2608 people, potentially.

2609 Q. Who was supportive of the targeted protected

2610 strategy at the White House?

2611 A. That's a good question. Well, I was, and as I've
2612 said, people did intermittently come up to me and say, Yeah,
2613 that makes sense, we agree with you; and judging from the
2614 President's own words about opening schools and about
2615 protecting the highest-risk people, doing more to protect the
2616 highest-risk people, I would infer that he was in agreement,
2617 but that's not the guidance that came out of the Federal
2618 Government.

2619 Q. Who specifically told you they were supportive of
2620 these policies?

2621 A. Mark Meadows, as I said in the book and you read the
2622 segment to me from the book.

2623 Marc Short, who was the Vice President's chief of
2624 staff, said to me a couple of times I agree with what you're
2625 saying. I'm trying to remember who else.

2626 There were people that said I was correct after the
2627 Task Force meeting that were in the Task Force meetings, but
2628 they generally came up to me afterwards privately and said
2629 that. There were various other people.

2630 Q. Who were all of those other people that came up to
2631 you after Task Force meeting or in other contexts?

2632 A. Well, I remember Task Force people would say to me,
2633 Yeah, that's what I thought, that makes a lot of sense, I've
2634 been thinking that for months.

2635 I'm not talking about the medical side of the Task
2636 Force here. I'm talking about other people or people that
2637 were in the -- like, for instance, although I got asked a lot
2638 of questions about people that were in the Executive Office of
2639 the President, the West Wing, would say it, but I never heard
2640 that from Birx or Fauci or Redfield.

2641 Q. I just want to ask my question again. Who
2642 specifically? Who were the people that were coming to you and
2643 expressing these sentiments?

2644 A. You know, I don't remember specifically except what
2645 I said already. I noticed -- I mean I remember Marc Short
2646 said it to me and Mark Meadows said it to me, but I don't
2647 remember exactly. You know, I don't remember exactly. I
2648 would have to think about that.

2649 Q. Did Secretary Azar?

2650 A. I don't remember him saying that, no.

2651 Q. Dr. Hahn?

2652 A. I don't remember speaking to Dr. Hahn about policy.

2653 Q. Dr. Kadlec?

2654 A. I'm not sure I know who that is.

2655 Q. Admiral Giroir?

2656 A. I never spoke to him other than what I said
2657 generally about these policies in the Task Force as a group.
2658 I don't remember him and I having a specific dialogue about
2659 this policy, the general policies.

2660 Q. Ms. Verma?

2661 A. No. I don't remember having a specific discussion
2662 about the general policy, no, with her.

2663 Q. You mentioned specifically --

2664 A. I mean, again, these people were in the room when I
2665 was saying stuff.

2666 Q. You mentioned specifically that you heard this from
2667 some of the nonmedical facing Task Force members. Do you
2668 remember any names?

2669 A. Well, not other than what I said. Of course, a lot
2670 of people were in the Task Force room. So when I say the
2671 people in the Task Force, I mean in the Task Force room.

2672 Q. Steve Mnuchin?

2673 A. I don't remember having a discussion him about this.

2674 Q. Larry Kudlow?

2675 A. I never -- I don't remember having any discussion
2676 with him about this.

2677 Q. Betsy DeVos?

2678 A. The only recollection I have about her is -- the
2679 only interaction, really, that I can remember was she
2680 participated in the school opening event, that K through 12
2681 thing, and she presumably agreed with what was being said.
2682 She was an active participant in that, and she was an active
2683 participant in the university teleconference call with
2684 university and the upper, higher-level education officials.

2685 So I assume that, but I never had any discussion
2686 with Secretary DeVos about policies.

2687 Q. Was Paul --

2688 A. At least not that I recall.

2689 Q. Apologies. Was Paul Mango supportive of targeted
2690 protection strategy?

2691 A. Paul Mango was often saying what I said was correct.
2692 I don't remember a specific, you know, individual point or a
2693 specific conversation with him about it.

2694 Q. Do you recall anyone else at HHS who expressed
2695 support for targeted protection?

2696 A. Well, I never discussed policy with people in HHS.
2697 I didn't work with anybody in HHS. I don't even know if I
2698 know people in HHS except, of course, Secretary Azar and Paul
2699 Mango. Those are the two people I know.

2700 Q. Did anyone ever express disagreement with you, for
2701 instance, at Task Force meetings when you would discuss
2702 targeted protection strategies?

2703 A. Yes.

2704 Q. Who?

2705 A. Well, particularly, Dr. Birx. I mean, the way it
2706 worked was that, as I mentioned, for instance, when I said we
2707 could do more focused protection, increased, heightened
2708 protection of the people who were at highest risk, she said,
2709 No, we're already doing everything we could do, and then I

2710 said, Well, really? I said, Okay, how often are you testing
2711 in nursing home the staff, and then the answer was once per
2712 week. That is a recollection that I have.

2713 I said, Well, no, that's not everything you could
2714 do. Everything you could is not once per week. That's not
2715 even adequate, and there were -- we had a meeting -- we had a
2716 discussion with the Task Force about opening schools and the
2717 risk to children, and they went on about how -- Dr. Birx and
2718 others went on at the Task Force meeting about how we should
2719 keep the school closed, it's very dangerous, and I was asked
2720 if I agreed by the Vice President Pence, and I said, No, I
2721 don't agree. Then went through all the data from all over the
2722 world, from all the western European peer nations from our own
2723 CDC, including I had at least a dozen publication of
2724 scientific journals with me.

2725 So I disagreed and the answer was -- I was met with
2726 silence by Drs. Birx and Fauci and a statement like, Well,
2727 you're an outlier by Dr. Birx.

2728 I mean, this is -- so the answer is yes. There was
2729 disagreement.

2730 Q. You mentioned Dr. Birx specifically. Who else
2731 raised concerns about targeted protection?

2732 A. Well, you mean, in the Task Force?

2733 Well, while I was there, you know, Fauci, Dr. Fauci,
2734 basically and Dr. Redfield, they were always in sync with

2735 Dr. Birx no matter what was said, no matter what she said, no
2736 matter what any of them said. There was never any
2737 disagreement with the three of them, which is, of course,
2738 counter to typical scientific discussions, but yes.

2739 So that sort of, you know, disagreement was
2740 generally all of them, and when asked about what I said, that
2741 disagreement was voiced.

2742 Q. I forgot to ask earlier, but did Vice President
2743 Pence indicate that he was supportive of targeted protection
2744 strategy?

2745 A. It was hard to say. He was very pleasant and nodded
2746 and understood everything, but it's hard to say exactly.

2747 There was never a -- I never asked a statement, do
2748 you or do you not disagree, yes or no. That statement was
2749 never asked.

2750 Q. In your book, you wrote: "The President, most of
2751 the inner circle of his advisors, and a contingent of those
2752 leading the agencies on the Task Force agreed with my logic of
2753 focusing protection on the high-risk population while opening
2754 society."

2755 Is that correct?

2756 A. That's correct if that's what I wrote.

2757 Q. Who else from his inner circle of advisors was
2758 indicating that they agreed with your logic of focused
2759 protection or targeted protection?

2760 A. Well, the logic of the concept and the data, of
2761 course, indicated that that was correct. It was agreed upon
2762 by a lot of people.

2763 I mean, you know, there were several people. There
2764 were so many people that had -- everybody had an opinion on
2765 the pandemic, pretty much. Yeah. There were a lot of people.

2766 Q. Who specifically?

2767 A. I already mentioned Mark Meadows, Marc Short, the
2768 V.P.'s chief of staff. There were people -- the people I had
2769 often complained to would agree with me. So that meant people
2770 like John Rader, Derek Lyons.

2771 A lot of people came up to me after Task Force
2772 meetings, saying you're correct, that's true. So that, at
2773 times, was Paul Mango. I don't remember others.

2774 MR. DASGUPTA: Sorry, Beth. I didn't mean interrupt
2775 you. I was just saying that we've been going for, I think, 66
2776 minutes. Should we take a lunch break?

2777 MS. MUELLER: Let me finish this line of
2778 questioning. It should be brief, and then we can take a
2779 break. Thank you.

2780 MR. DASGUPTA: Okay.

2781 BY MS. MUELLER:

2782 Q. I just want to run through a few names, Dr. Atlas,
2783 to see if it jogs your memory. Did you have any discussions
2784 with Jared Kushner that suggested he was supportive of

2785 targeted protection strategy?

2786 A. I would say I don't remember a long or a significant
2787 conversation about targeted protection with Jared Kushner.

2788 Q. Hope Hicks?

2789 A. I don't know who that is.

2790 Q. Hope Hicks?

2791 A. Oh, I'm sorry. I thought you were saying Copex.

2792 I'm sorry.

2793 I didn't talk policy with her, but I don't remember.
2794 I voiced the policy views in the COVID Huddles and there were
2795 a lot of people in there, but I don't remember a specific
2796 conversation with her.

2797 I mean, you know, it seemed to me I do have a
2798 recollection of a conversation now where she said this makes
2799 sense and I was sort of surprised, because she's not a policy
2800 person, but it just pointed to the obvious logic of it given
2801 also that the Fauci-Birx lockdowns were failures.

2802 Q. Kayleigh McEnany?

2803 A. I didn't have a specific conversation, did you agree
2804 or do you agree, although, when I went to the first visit at
2805 the White House, she showed some of the points on her computer
2806 that was -- I had been making in written and interview
2807 segments. Before I came to the White House, I'm talking
2808 about, on the first day I visited.

2809 So she was aware of what I was saying, but I don't

2810 remember having a specific discussion of if she agreed with me
2811 or not.

2812 Q. Did aspects of the targeted protection strategy get
2813 incorporated into the messaging from the President?

2814 A. Well, I mean, yes. That was in the remarks that he
2815 gave in these -- in several of these press briefings. He was
2816 talking about things like that.

2817 MS. MUELLER: Okay. We can go off the record.
2818 Thank you.

2819 [Whereupon, at 1:26 p.m., a lunch recess was taken,
2820 to reconvene at 2:15 p.m. this same day.]

2821 A F T E R N O O N S E S S I O N

2822 [2:16 p.m.]

2823 FURTHER EXAMINATION BY THE MAJORITY

2824 MS. MUELLER: Dr. Atlas, I would like to discuss

2825 something you mentioned earlier, which is your role in

2826 updating the testing guidance. First, I would like to direct

2827 your attention to the document that we've marked as Exhibit 5.

2828 [Exhibit No. 5 was

2829 identified for the record.]

2830 BY MS. MUELLER:

2831 Q. This starts on page 16 of the exhibits that we sent

2832 over earlier today. While you're pulling that up, for the

2833 record, this is a document entitled "Specific Notes on

2834 Prioritized Testing". It's undated, but it has a handwritten

2835 note in the top corner "8/3 SWA".

2836 Dr. Atlas, have you been able to pull that up on

2837 your screen?

2838 MR. DASGUPTA: I'm still looking for it myself. Do

2839 you know what page it is, exactly?

2840 MS. MUELLER: Yes. The document should start on

2841 page 16.

2842 MR. DASGUPTA: Okay. Thank you. I apologize my

2843 computer is being a little slow.

2844 Okay.

2845 THE WITNESS: Okay. I've got it.

2846 BY MS. MUELLER:

2847 Q. My first question is just what is this document?

2848 A. Yeah. These are my summary thoughts on the
2849 role -- on testing at that point in time.

2850 Q. Why did you prepare this?

2851 A. Because I thought that one of the main ways, that
2852 one of the main problems with the Birx-Fauci policy failure of
2853 lockdowns was that testing -- one way to stop people from
2854 dying the way they were was if there could be a better use of
2855 testing. It struck me that the Administration had a big
2856 testing capability that they had eventually made by the time I
2857 was asked to come to Washington, but I didn't think it was
2858 being used to make sure people weren't dying.

2859 There were ways to improve how it could be used, to
2860 get more testing done to protect the people who were going to
2861 die, and I didn't -- so that was my impression. You know,
2862 that impression was what I had on my first visit. I think I
2863 related that story in my book.

2864 Q. What are you referencing?

2865 A. Well, what I'm referencing right now is that when I
2866 met Dr. -- sorry -- when I bumped into Vice President Pence in
2867 the hall before my meeting with him, he showed me a list, a
2868 printout of number of tests per day, and that's fine, but that
2869 was a big testing capability.

2870 The goal is to stop people from dying, not just to

2871 do numbers of tests. So the point is who's being tested, when
2872 it's being used, this kind of sort of common sense logic.
2873 That's all.

2874 Q. Did you share your concerns with how testing was
2875 being performed with Vice President Pence during that
2876 conversation?

2877 A. I don't remember, honestly, the exact conversation I
2878 had with Vice President Pence at the time.

2879 Q. Did you at any time express your concerns about
2880 testing to Vice President Pence?

2881 A. We had a discussion with Vice President Pence in the
2882 room at the Task Force on the testing guidelines.

2883 Q. We will talk about the testing guidelines
2884 momentarily. So we can come back to that.

2885 Moving back to this document, Exhibit 5, how was
2886 this document to be used? Did you give it to anyone?

2887 A. Let me look at the document to make sure I know what
2888 I'm talking about here.

2889 I don't remember, actually. Honestly, I don't
2890 remember if I gave it to somebody or not. This is a
2891 compilation of what I thought about testing, that it was sort
2892 of for that reason.

2893 Q. The document reads: "It is harmful to do massive
2894 testing, especially, since actions on many positive tests are
2895 not always necessary."

2896 What do you mean by that?

2897 A. Can you point to where you're looking?

2898 Q. I apologize. I actually have lost my place in the
2899 document.

2900 If you look at the last page, it should be the
2901 second to last page, Bullet 3.

2902 A. You're saying page 17 in the exhibit?

2903 Q. Let me check.

2904 Let's go off the record very briefly. I'm having a
2905 computer problem and I'm having a problem all of a sudden with
2906 my PDF. Just a second.

2907 [Recess.]

2908 BY MS. MUELLER:

2909 Q. Looking at page 17, let's just take this in order
2910 using the asterisked bullets. It says -- in the second
2911 bullet, it says: "Those exposed, but asymptomatic do not need
2912 testing as a priority except high-risk people as above since
2913 the overwhelming majority of people do fine."

2914 It continues: "Broad population testing of
2915 asymptomatic people is not a priority. Tens of millions of
2916 people have been infected. The action item if positive,
2917 quarantining asymptomatic low-risk people would be both hugely
2918 disruptive to society and interfere with the critical
2919 population immunity needed to eradicate the threat, not to
2920 mention contrary to American values of personal freedom and

2921 the perception of needing a test adds to the fear and subsumes
2922 needed resources for priority tests."

2923 How would testing and quarantining asymptomatic
2924 people be disruptive to society?

2925 A. Well, I mean, that's -- okay. How would testing and
2926 quarantining people be disruptive to society? That's
2927 lockdowns. If you test and quarantine everybody who has been
2928 exposed or even not exposed, since more than 50 percent or
2929 rough 50 percent, at least, of people who had this infection
2930 are asymptomatic, you're going to lockdown everybody.

2931 That's -- you know, the lockdowns are extraordinarily harmful.

2932 It's not just the lockdowns. I mean, here's the
2933 problem: When you have a public health policy that's focused
2934 on stopping a single virus without regard to the impact of the
2935 policy, that is extraordinarily harmful. What's what we see.
2936 That's why there are massive deaths from the lockdowns
2937 themselves. That's the psychological harm that we get.

2938 So in a general sense, lockdown of healthy people
2939 has a significant cost. Now, this was the whole point of the
2940 Birx-Fauci lockdowns, is that their focus seemed to be
2941 stopping COVID-19 at all costs. That's an inappropriate and
2942 harmful way to have public health policy.

2943 The public health policies that are used must always
2944 include the impact of the policy itself, and so we see the
2945 impact of the policy itself. We saw it done when the suicide

2946 rates were going up and the drug abuse rates were
2947 skyrocketing, when the psychological harms when the visits for
2948 anxiety and depression of young people were skyrocketing, when
2949 one in four college-age students are thinking of killing
2950 themselves, like the CDC reported even back in June of 2020,
2951 that lockdown is extraordinarily harmful.

2952 Moreover, the fear introduced into people to not
2953 seek medical care when you have 50 percent, roughly, of acute
2954 stroke patients and heart attack patients not calling the
2955 ambulance because fear of going into a medical facility, when
2956 you have people not getting urgent, significant things like
2957 organ transplants because of fear of going into a medical
2958 facility, the lockdown themselves are killing people.

2959 The second part of this about testing is that, you
2960 know, at the time, back in the summer of 2020, the testing was
2961 not as available as it -- it was not immediately available.
2962 In fact, every resource was somewhat limited. So the point is
2963 that we were not testing enough where people were high risk
2964 were living or people were getting in contact with very
2965 high-risk people, as I mentioned many times already.

2966 So when you're not doing enough testing to protect
2967 the people who are dying and they're dying, but you're just
2968 sort of having tests done just because people are afraid, I
2969 mean, that's just not the best, most efficacious use of
2970 testing.

2971 Q. You mentioned that it would interfere with critical
2972 population immunity needed to eradicate the threat. How would
2973 testing asymptomatic people interfere with that goal?

2974 A. Yeah. I'm sorry. Can you point me to where I wrote
2975 again? Are we in the bullet point "Broad Population"?

2976 Q. That's right. It says --

2977 A. Okay. Yeah. I got it.

2978 Q. The third sentence.

2979 A. Yeah. Well, that's just a biological fact. If
2980 you're quarantining, if you're isolating everyone in the
2981 world -- isolating literally everyone is extreme -- you're
2982 not -- just biologically, no one will have immunity to the
2983 infection.

2984 If you raise people in a bubble, as the extreme
2985 example, that's just a biological fact. I think, you know,
2986 we're seeing that now, how, you know, immune protection from
2987 an infection is a -- that's basic biology.

2988 Q. So you prepared this document, and is it fair to say
2989 that outlines your thoughts on the appropriate testing
2990 strategy that should be implemented going forward?

2991 A. I don't know about that. I would say that it's fair
2992 to say that these were some of my thoughts on testing.

2993 Q. This is dated August 3, 2020 or August 3rd. I
2994 assume that's 2020. Is that correct?

2995 A. Yeah. It says 8-3 on here.

2996 Q. Were you having any conversations apart from the
2997 Task Force meeting specifically about the guidance? Were you
2998 having general discussions about testing strategy with anyone
2999 at the White House during this time?

3000 A. Well, not really with anybody in the White House per
3001 se, no. I mean, no. I had just the discussion in terms
3002 of -- okay. So, for instance, the work on the school opening,
3003 there were suggestions in there about using testing, for
3004 instance, but in terms of a specific discussion about testing,
3005 I don't remember having a discussion specifically about
3006 testing with people in the White House.

3007 We did have a discussion in the Task Force. There
3008 was a document about testing circulated by Drs. Giroir and
3009 Redfield and a bunch commented on that, and I was one of the
3010 people that was asked to comment on. I don't know that that
3011 constitutes a discussion.

3012 Q. In your book, you discussed a phone call that you
3013 made from John Rader's office in, I think, your first few days
3014 at the White House with Admiral Giroir and Dr. Redfield was
3015 added in and it was about testing. Do you recall that call?

3016 A. Yes.

3017 Q. When did that take place?

3018 A. That was early in August. I don't remember the
3019 exact date, but it was early. It was before I was in on the
3020 Task Force. I mean before I sat in on a Task Force meeting,

3021 is what I mean by that.

3022 Q. What did you discuss during this phone call?

3023 A. Well, you know, as I mentioned, my focus was
3024 stopping people from dying, and I thought that testing was
3025 going to be a critical tool to do that, to be more effective
3026 so that instead of just doing a bunch of tests, we would use
3027 the tests to stop people from dying. That was purpose of all
3028 of these. It should have been the purpose of all the public
3029 health measures, in my opinion. It seems obvious.

3030 So you earlier asked me what my priorities were, and
3031 one priority was how to do that, how to stop people from
3032 dying, how to increase the protection of the elderly, the
3033 high-risk people, and that, I thought, was by increasing the
3034 testing, and I've outlined this several times, specifically in
3035 nursing homes, but not just in nursing home, for visiting
3036 nurses to elderly people who were outside of nursing homes.

3037 So I thought, Okay, John Rader was somebody who I
3038 knew from earlier, and so I had lunch with him or sat in his
3039 office and, basically, I said, Well, I would like to get
3040 increased testing; I would like to advocate for increased
3041 testing in older people that are high risk. And he said maybe
3042 should call up Dr. Giroir; he's the guy who is doing testing.

3043 So I did call up Dr. Giroir. I think I related this
3044 quite a bit in the book.

3045 So I called up Dr. Giroir. He was in charge of

3046 testing. That was my understanding, and he said, Yeah, that
3047 sounds good, because I was telling him about how, you know, we
3048 increase the testing and, Okay, you did a great job -- I'm not
3049 saying this verbatim, what I said. I'm just saying the gist
3050 of it was you have a great big testing apparatus. They were
3051 doing something like 700,000 tests a day when I got to
3052 Washington, after their initial whatever happened before I got
3053 there, and I said now, you know, what about increasing the
3054 testing.

3055 This is where it also became apparent that they were
3056 testing nursing home stuff staff once a week kind of thing.
3057 So I said -- you know, I was asking questions and I was also
3058 talking about how there's also problems. This was widely
3059 known at this time about PCR tests that were being done in a
3060 way that, technically, detects tiny bits of virus after
3061 they're dead, tiny bits of virus that are noncontagious. This
3062 was already written about and anyone who was following in
3063 detail the scientific detail of testing knew that.

3064 So testing was being sort of -- has had its issues,
3065 and one the issues was not only is it detecting people who are
3066 not contagious, that's an example of how you would be
3067 quarantining people and disrupting their lives and societies
3068 and closing down businesses and schools. For people who were
3069 not contagious, that's what a positive PCR test does if it's
3070 done in the way that most PCR tests were being done, frankly.

3071 So I also knew that it was taking several days to
3072 turn around some of the test results at that point in time,
3073 and when you have a person who's a worker in a nursing home
3074 and you say, Oh, I'm testing them and you don't know if their
3075 test is negative or positive, but you have a virus that half
3076 the people are asymptomatic -- I'm making a general rough
3077 guesstimate there -- you don't know that person is cleared to
3078 go into a nursing home, yet, the people were going into the
3079 nursing home because they weren't blocked from going into the
3080 nursing home for several days, and if you were going to block
3081 them from going in, even if they were exposed, by the way,
3082 because they should have been tested working in a nursing
3083 home, you know, it's not being used to the beset of its
3084 ability and the empirical fact is that the Birx-Fauci
3085 lockdowns were not stopping people from dying in the nursing
3086 homes.

3087 I remember at the time -- I don't know if it was
3088 Minnesota. I think it might have been where 80 percent of the
3089 deaths were inside the nursing homes.

3090 So you had this massive -- what I considered a
3091 massive apparatus potentially available to stop people from
3092 dying to shelter people who were at significant risk, but it
3093 wasn't being used to the best that it could be, and so I
3094 called up Giroir and introduced myself and he said, Yeah, this
3095 is a good discussion we should have about testing, he said.

3096 He said he will get Dr. Redfield and set up the call.

3097 I don't remember if it was the second call or the
3098 details of it, but we quickly soon thereafter had a call with
3099 the three of us about testing.

3100 Q. So that was helpful, Dr. Atlas, but if you could
3101 answer my questions specifically, I think we'll be done a
3102 little bit more quickly today.

3103 So I just want to ask what, specifically, did you
3104 discuss with Admiral Giroir and Dr. Redfield during that call?
3105 Was it all of those concerns and was it something else?

3106 A. No. That's sort of what I remember as pretty much
3107 the gist of conversation, to the best of my memory.

3108 Q. Did you discuss updating the testing guidance
3109 released by the CDC specifically?

3110 A. No, I didn't. What I remember what happened was Dr.
3111 Giroir, you know, we had this conversation that's sort of
3112 along the lines of what I just articulated, and Dr. Giroir
3113 said he's going to initiate a document to optimize the testing
3114 and he's going to draft it. This was him talking, not me. I
3115 didn't ask for that.

3116 He's going to draft the document. He's going to
3117 send it to Dr. Redfield and then they will circulate it around
3118 to various people who are knowledgeable, basically, medical
3119 side of the Task Force and others. Again, this was sort of a
3120 routine. When documents were circulated around, I didn't know

3121 who was getting it or whatever.

3122 Q. I just want to make sure that the record is clear.

3123 Was it your understanding that Dr. Giroir was going to update
3124 CDC's testing guidelines or he was going to create a different
3125 document related to testing?

3126 A. My understanding was that Dr. Giroir and
3127 Dr. Redfield were going to draft a document that was
3128 either -- I don't know if it was a testing sort of guideline
3129 or what. I don't know. I don't remember the detailed word of
3130 exactly what that was going to be.

3131 MS. MUELLER: I would like to direct your attention
3132 to Exhibits 6, 7, and 8.

3133 [Exhibit Nos. 6, 7 and 8 were
3134 identified for the record.]

3135 MS. MUELLER: For the record, Exhibit 6 is titled
3136 "Coronavirus Disease 2019 Overview of Testing for SARS-CoV-2"
3137 and it lists the date January 17, 2020.

3138 THE WITNESS: July 17th.

3139 MS. MUELLER: Oh, I'm sorry. Yes, July 17, 2020.

3140 Exhibit 7 is entitled "Coronavirus Disease 2019
3141 Overview of Testing for SARS-CoV-2" and has an updated date of
3142 August 24, 2020.

3143 Then Exhibit 8 is the same document, but it has an
3144 updated date of September 18, 2020.

3145 BY MS. MUELLER:

3146 Q. Do you recognize these documents, Dr. Atlas?

3147 A. I don't have a recollection of these specific
3148 documents, but I assume these are the documents that they are
3149 stated to be.

3150 So sort of, yeah. I mean, in other words, what I'm
3151 trying to say is I don't remember. I don't have the
3152 photograph of these documents that I looked at the time, but I
3153 assume these are what they look like, which are the CDC
3154 guidelines.

3155 Q. Were you involved in updating these testing
3156 guidelines in August 2020?

3157 A. Well, my opinion was sought on the document that was
3158 circulated around like, of course, everybody who was in on the
3159 chain of people who were -- you know, had documents circulated
3160 to were asked for their comments, and in the Task Force
3161 meeting on that document that I just spoke about, when I was
3162 asked my opinion, I gave my opinion, but I was not responsible
3163 for this document or any other CDC document. That's the CDC
3164 document.

3165 Q. What do you mean you weren't responsible for it?

3166 Did you provide input and comments on the proposed
3167 language?

3168 A. The input and comments that I provided about testing
3169 were on the document circulated by Giroir and Redfield before
3170 the Task Force meeting, and then when I was asked about what

3171 the CDC had written and brought -- that Dr. Redfield brought
3172 to the Task Force meeting in August before it was published, I
3173 was asked for my opinion, as was everybody, every medical
3174 doctor, meaning me, Birx, Fauci, Redfield, and Giroir by Vice
3175 President Pence, as he specifically said do you have a comment
3176 or whatever.

3177 So in that sense, you know, I gave my opinion.

3178 MS. MUELLER: I would like to direct your attention
3179 to Exhibit 9, which is on page 35.

3180 [Exhibit No. 9 was
3181 identified for the record.]

3182 BY MS. MUELLER:

3183 Q. It's entitled "Considerations for COVID-19
3184 Diagnostic Testing". The document itself has a date of August
3185 4, 2020, but there's a handwritten notation at the top of the
3186 page that says "CDC-G/SWA August 5th".

3187 Do you recognize this document, Dr. Atlas?

3188 A. Wait. I'm still scrolling. I'm sorry.

3189 Q. Oh, of course.

3190 A. You're talking about Exhibit 9?

3191 Q. Correct.

3192 A. Okay. Yeah. I see it. It looks a working
3193 document, because I see these comments in track changes.

3194 Q. Who prepared this and made the changes that are
3195 marked in track changes?

3196 A. Well, I think this is the document that I'm talking
3197 about that was circulated around before the Task Force meeting
3198 by Dr. Giroir and Dr. Redfield. They initiated the documents.
3199 So they prepared the document. That's what that means.

3200 You're asking me who made the comments. Okay. It
3201 looks like some of these have handwritten comments that I
3202 recognize as my handwriting. I'm looking at page 36. That's
3203 not a computer document. That's just strictly my own
3204 handwriting, and it looks like it has to do with something
3205 else. I'm sorry. I'm just looking at this document here for
3206 the first time.

3207 I don't know who made these comments. It looks like
3208 one of the comments, which is page 35, bullet point "If your
3209 symptoms are mild", this is all under the bigger bullet point
3210 "If you have symptoms of COVID-19". Then it says if your
3211 symptoms are mild, you should self-isolate for 24 days and at
3212 least 10 past since your system began -- your symptoms began,
3213 and I'm looking here.

3214 It says commented -- let me look. I think it says
3215 S.A. Am I right?

3216 It looks like something I would have said, because
3217 I'm asking a -- it says here 10 or 14 days that you should
3218 self-isolate. It says: 10 or 14, question mark, just a
3219 question, I know that no contagious virus is identified after
3220 nine days.

3221 I don't know if I wrote that. S.A. are my initials.
3222 S.A.- 1, I don't know what that refers to for the author of
3223 that comment, but that comment looks like a question that I
3224 might have asked, because it is consistent with what I know
3225 and I would have asked 10 or 14 days. Yeah. I'm asking a
3226 question there.

3227 Q. Sitting here today, do you recall who inserted the
3228 language that's indicated by the track changes?

3229 A. Which language?

3230 Q. For instance, "you do not necessarily need a test".
3231 It's No. 5.

3232 A. I see it. Page 36?

3233 Q. Yes. Thirty-five. Excuse me.

3234 A. Thirty-five? Where are you?

3235 Oh. If your symptoms are mild, yeah. You did not
3236 necessarily need a test.

3237 I don't remember. I don't think it was me, but I
3238 don't remember.

3239 Q. You said that Admiral Giroir and Dr. Redfield were
3240 also working on this document?

3241 A. They generated the original document.

3242 Q. And was this consistent, were the changes in this
3243 document consistent, with the discussion that you had with Dr.
3244 Redfield and Admiral Giroir that you mentioned a few moments
3245 ago?

3246 A. Which? Is that specific change or everything?

3247 I mean, there's a lot of comments on here. I don't
3248 know.

3249 I mean, it looks like it's consistent with what Dr.
3250 Redfield and Giroir said at the Task Force meeting subsequent
3251 to this document when they both explained -- and then in the
3252 post-document publication, when Redfield and Giroir publicly
3253 explained that you don't necessarily need a test, but you can
3254 get a test, and they wanted to invite -- introduce public
3255 health or doctors into the decision to get testing, this is
3256 what they personally discussed at the Task Force meeting. So
3257 it sounds system to that wording that they repeatedly used.

3258 MS. MUELLER: I would like to direct your attention
3259 to Exhibit 11, which starts on page 43.

3260 [Exhibit No. 11 was identified
3261 for the record.]

3262 THE WITNESS: Wait a second.

3263 MS. MUELLER: Just while you're bringing it up, for
3264 the record, this is an August 20, 2020 email from the staff
3265 secretary to a long list of individuals, including Dr. Atlas
3266 with the subject "For Quick Review: Updated CDC Testing
3267 Guidance-Final". It has Bates number of OMB-SSCC-0010102.

3268 BY MS. MUELLER:

3269 Q. Dr. Atlas, please let us know when the document is
3270 front of you.

3271 A. I'm on page 43. Is that where you want me?

3272 Q. Correct.

3273 A. I'm looking at it. Got it.

3274 Q. Do you recognize this email chain?

3275 A. I don't remember it specifically, but I'm looking at
3276 it.

3277 Q. It appears to be a number of emails discussing
3278 updated CDC testing guidance. Does that appear to be correct?

3279 A. Yeah. I'm reading it.

3280 Yeah. It looks like it's emails about the testing
3281 document, about that the Task Force is or has discussed or is
3282 going to discuss or has discussed.

3283 Q. I would like to direct your attention to page 45.
3284 In the middle of the page, the staff secretary wrote on August
3285 11th at 8:07 p.m.: "For your awareness, attached in the near
3286 final version of the guidance that we plan to move forward.
3287 Please let the staff sec know if you have any concerns."

3288 Do you see that?

3289 A. I see it.

3290 Q. Do you recall if the version of the guidance was
3291 then taken to the Task Force for review and approval?

3292 A. I honestly don't recall what version is this
3293 document talking about and compared to the document that was
3294 at the Task Force. I don't know is the answer.

3295 Q. Was the guidance ultimately discussed at the Task

3296 Force?

3297 A. Yes. There was a document brought in by Dr.
3298 Redfield. It's a CDC document, of course. He brought in the
3299 document and we all, as I said, were asked -- we discussed it.
3300 Vice President Pence went around the room and asked for all
3301 the doctors opinions individually and a discussion ensued at
3302 the Task Force meeting.

3303 Q. Who was in attendance at that meeting on the medical
3304 side?

3305 A. Birx, Fauci, Giroir, Atlas, and Redfield. I don't
3306 remember if anyone else who was medical was there, but I don't
3307 remember anyone else being there who was medical, medical
3308 meaning an M.D. I'm sorry.

3309 Q. Right. Thank you.

3310 What was discussed with respect to the testing
3311 guidance at that meeting?

3312 A. Well, Dr. Giroir and Dr. Redfield held the floor,
3313 meaning led the discussion.

3314 Okay. I mean, Pence gets to the agenda item and
3315 says, you know, so and so -- typically, will you
3316 say -- basically introduces you and then you say what you're
3317 going to talking about.

3318 So the testing guidance is CDC guidance, and Dr.
3319 Redfield and Giroir, who's the head of testing, it was their
3320 document and they started to go through it and discuss it, and

3321 remember by this time medical had already seen it and edited
3322 it and signed onto what was being brought into that room. I
3323 mean, I think you might even be to able discern that from
3324 these emails.

3325 Anyway, the discussion ensued from Giroir and
3326 Redfield that, you know, it's very important that we made sure
3327 we're using the testing more effectively and better, and there
3328 was -- one of my comments was I wanted -- you know, we're not
3329 protecting the old people in the nursing homes, elderly people
3330 in nursing homes and other seniors enough and that should be
3331 increased. That was my main input.

3332 Giroir and Redfield were discussing how this is
3333 different, and yes. It was making some changes, but most of
3334 the changes, Redfield, I particularly remember commenting and
3335 Giroir that this was not reducing testing. It was actually
3336 making testing better and increasing testing in certain
3337 situations, because remember, and this was mentioned there,
3338 there was a couple- to three-day delay in getting test results
3339 for the people who were critical to understand if they were
3340 positive or not, like I mentioned in the nursing home
3341 population as just one example and that part of the delay was,
3342 Okay, there's 700,000-plus testing done, but the results are,
3343 you know, not quickly delivered if you're busy doing tests
3344 without having a prioritization.

3345 So they also, Giroir and Redfield -- Redfield,

3346 particularly, I remember talking about he wanted to get
3347 doctors, medically-knowledgeable people, public health
3348 officials, local or whatever, involved in deciding if a person
3349 actually needed a test, because just random getting tested
3350 when you have -- of course, it's a limited resource. I mean,
3351 there's 700,000 tests a day. That's a lot, but that doesn't
3352 mean unlimited. It's not, you know, 350 million every five
3353 minutes.

3354 So the way to save lives is to make sure that the
3355 tests were being done, that appropriate testing was being
3356 done, and Dr. Redfield specifically wanted to introduce
3357 medically-knowledgeable people into do you need a test or not.
3358 So he viewed that as a very important change and everybody
3359 agreed with that, to my recollection.

3360 MS. MUELLER: Let me turn your attention to the next
3361 exhibit, Exhibit 12, which starts on page 49.

3362 [Exhibit No. 12 was identified.
3363 for the record.]

3364 MS. MUELLER: For the record, this is a document
3365 entitled "Overview of Testing for SARS-CoV-2 Testing
3366 Overview". It's dated August 12, 2020.

3367 THE WITNESS: Page 49? I'm on it.

3368 BY MS. MUELLER:

3369 Q. Correct. Do you recognize this document, Dr. Atlas?

3370 A. I don't really specifically recognize it. I don't

3371 remember it is my point.

3372 Q. Looking at the last section on page 50, the bullet
3373 in bold says: "If you've been in close contact, within six
3374 feet, of a person with a COVID-19 infection for at least 15
3375 minutes and do not have symptoms, you do not necessarily need
3376 a test unless you're a vulnerable individual or you're a
3377 medical provider or state or local public health officials
3378 recommend that you take one."

3379 Do you see that?

3380 A. I see it.

3381 Q. Is that consistent with your recollection of the
3382 change in policy that was discussed at the August 12, Task
3383 Force meeting?

3384 A. I really don't remember.

3385 Q. Is it your recollection that Dr. Birx, Dr. Fauci,
3386 Admiral Giroir, Director Redfield, that they reviewed and
3387 signed off, though, on whatever version of the guidance was
3388 presented at that meeting?

3389 A. If you're asking me -- my recollection is and it's
3390 absolutely definite, is that all the doctors in the meeting
3391 signed off at the end of that, by the end of discussion of the
3392 testing guidance. My recollection is that people agreed with
3393 what was signed off on. I mean agreed with the testing
3394 guidance that Giroir and Redfield presented.

3395 Q. Did anyone express any disagreement with the revised

3396 guidance?

3397 A. There was some discussion. I particularly remember,
3398 although not completely in detail, Dr. Birx was questioning
3399 some of the guidance about testing in that discussion and
3400 those questions were, you know, mainly discussed with Dr.
3401 Redfield and Dr. Giroir. I mean, it was their document.

3402 Q. What was the specific concern that was raised during
3403 that discussion?

3404 A. Yeah. My recollection is that she wanted to make
3405 sure there was not a decrease in testing, and my recollection
3406 is that both Dr. Giroir and Dr. Redfield were answering the
3407 question, said there is no intent on decreasing testing.
3408 There is an intent on both increasing testing, but increasing
3409 it -- and increasing the effectiveness of the testing and
3410 increasing the -- you know, getting results quickly where it
3411 was needed.

3412 Q. Following the Task Force meeting, were additional
3413 drafts of the guidance circulated? What happened next?

3414 A. Okay. So at the end of that discussion, but before
3415 the end of it, everyone had agreed. Vice President Pence went
3416 around and asked if everybody agreed, and in the end, everyone
3417 agreed, and Dr. Redfield -- and, again, I suggested, you know,
3418 during this discussion about increasing the testing in nursing
3419 homes, because this was to me inadequate what was being done,
3420 and Dr. Redfield agreed and everything, and then Dr. Redfield,

3421 I think -- I don't remember if it was him -- said it's
3422 important to -- it may be better to have a specific section
3423 that is about nursing home testing guidance to clarify,
3424 because it's so important, and that we all agreed with that,
3425 my recollection; and so he said he will get back with a final
3426 version at the next Task Force meeting, which was soon
3427 thereafter.

3428 I don't remember the date. It included that
3429 extracted section.

3430 Q. Did Director Redfield, in fact, circulate an updated
3431 version of the guidance at that next Task Force meeting?

3432 A. Well, not exactly. That's not what happened. I
3433 mean, so my recollection is that we had a busy Task Force
3434 meeting. I don't remember what the topics were, and then at
3435 the end, he said, Well, here's the testing guidance with the
3436 new section, meaning the sort of consolidated section on
3437 nursing home guidance, and so that -- and he showed it, and
3438 this is sort of at the end of the Task Force meeting, and I
3439 quickly looked at it and I remember saying, Well, this isn't
3440 the guideline that was used at the last meeting.

3441 In fact, it looked very much like the original
3442 pre-discussion, pre-Giroir-Redfield revision, and I said,
3443 Wait, this doesn't look right, and this was sort of at
3444 the -- toward the end of the meeting, and I said -- I
3445 turned -- I remember turning to Dr. Giroir and said this

3446 doesn't look right, and he was confused, looking at it, and I
3447 said this doesn't look right, it doesn't look like it was the
3448 changes that we had all -- that they had constructed, that
3449 they had written.

3450 So, you know, that was sort of people were walking
3451 out. That was the end of it and then there was no further
3452 discussion. I don't remember any further discussion. I don't
3453 remember any further circulation of the document. I don't
3454 remember anything else happening until it was published by Dr.
3455 Redfield and the CDC, the CDC guidelines, the updated CDC
3456 testing guidance.

3457 Q. And was the guidance that was released to the public
3458 the version that Director Redfield had showed you on the 12th
3459 or this other version that you had seen more recently that you
3460 said did not appear to be what was --

3461 A. Yeah. Sorry.

3462 What I was saw published was the CDC guidance that
3463 did include the updated guidance approved by all the doctor at
3464 the second to previous -- second to last Task Force and also
3465 included -- to my recollection, I think it included this
3466 clarified section on nursing home guidance. That's what I
3467 recall.

3468 Q. Did you ever receive any explanation about what this
3469 version was that was shown to you prior to the finalization
3470 and the release?

3471 A. No. I don't remember receiving anything, but when
3472 the guidance was published, it was the guidance that
3473 Drs. Redfield and Giroir wrote. You know, Redfield as the
3474 head of the CDC wrote it and published it and it was the
3475 guidance that Drs. Birx, Fauci, myself, Redfield, and Giroir
3476 had agreed to at the Task Force meeting.

3477 I'm talking about the one where we actually
3478 discussed it, you know, the second to last Task Force meeting
3479 at the time.

3480 Q. After the release of the guidance on August 24th,
3481 were there any further discussions that you were involved with
3482 about the testing guidance?

3483 A. I don't remember having more discussions, because it
3484 was published. The CDC published our guidance.

3485 Q. The guidance ultimately was updated again and
3486 released on September 18th. Did you have any discussions
3487 between August 24th and September 18th about the need to
3488 update the guidance?

3489 A. No. Not that I remember, no. I don't remember
3490 anything.

3491 That was just a new guidance that was posted by the
3492 CDC. It's CDC guidance. They post it.

3493 Q. If you'd like to refer back, the updated guidance on
3494 September 18th is Exhibit 8. It starts on page 30, but I just
3495 want to discuss it at a very general level. That September

3496 18th guidance reverted back to the original --

3497 MR. DASGUPTA: I'm sorry. Just one second, Beth. I
3498 do apologize. What page is this again?

3499 MS. MUELLER: Thirty, page 30.

3500 MR. DASGUPTA: Okay. Thank you.

3501 MS. MUELLER: Of course.

3502 BY MS. MUELLER:

3503 Q. Just at a very high level, Dr. Atlas, that guidance
3504 was changed to reflect the asymptomatic persons who were in
3505 close contact with someone with a documented COVID infection
3506 need a test, which is different from the August 24th guidance
3507 which said you do not necessarily need a test. Did you have
3508 any involvement in the decision to update that guidance?

3509 A. No.

3510 Q. Do you understand who did have involvement in making
3511 that change?

3512 A. Well, Dr. Redfield made the change. I mean the CDC
3513 made the changes, but I did ask Dr. Redfield what happened,
3514 what happened with this guidance. I mean not what happened,
3515 but I asked him, you know, this is not the same guidance. The
3516 guidance was not discussed. There was no discussion at the
3517 Task Force or anywhere else that I ever heard, and he said he
3518 had a discussion with him -- and his words, because they were
3519 so specific, I remember them. He said, Yeah, the ambassador
3520 and I decided to change the guidance, and I didn't know what

3521 he was talking about, who he was talking about, and then I
3522 later realized -- I don't remember at what point -- that he
3523 meant Dr. Birx.

3524 So he said and he and Dr. Birx decided to change the
3525 guidance.

3526 Q. Do you understand why the change was made?

3527 A. I don't know why the change was made, although,
3528 there was a tremendous amount of pushback in the media after
3529 the guideline was published toward the end of August. The CDC
3530 published their guidelines, and there was a lot of media
3531 controversy -- let's put it that way -- about that, and then
3532 the CDC tried to do that, but I don't -- I can't speculate on
3533 why things were done or what went into changing the guideline.

3534 I don't know.

3535 Q. Did you discuss the revised guidance with anyone
3536 other than Director Redfield?

3537 A. I don't remember. I don't remember any detailed
3538 discussion of it or a discussion of it. I don't remember.

3539 Q. Were there any discussions of making additional
3540 changes to the CDC's testing guidance after September 18th?

3541 A. Not that I heard.

3542 MS. MUELLER: I'd like to direct your attention to
3543 Exhibit 17, which starts on page 64.

3544 [Exhibit No. 17 was identified.
3545 for the record.]

3546 THE WITNESS: Okay.

3547 MS. MUELLER: For the record, this appears to be a
3548 White House Task Force agenda dated September 29, 2020. It
3549 has the Bates No. P003020.

3550 Let me know when you have it open in front of you,
3551 Dr. Atlas.

3552 THE WITNESS: Give me it again. What exhibit?

3553 MS. MUELLER: Page 64, Exhibit 17.

3554 THE WITNESS: Okay. I see it.

3555 BY MS. MUELLER:

3556 Q. If you look at Roman 5, it reads "CDC Testing
3557 Guidance -- "Guidelines" -- excuse me -- Dr. Scott and Dr.
3558 Robert Redfield, CDC.

3559 Do you recall what this agenda item referred to?

3560 A. No.

3561 Q. Do you recall what may have been discussed at this
3562 meeting?

3563 A. I don't. I mean I don't recall. A lot of things on
3564 agendas at the Task Force meeting, I do recall were never
3565 discussed, but I don't remember the specific meeting.

3566 Q. Earlier, you mentioned arranging calls and meetings
3567 between Administration officials and scientists who were
3568 proponents of the targeted protection strategy. I would like
3569 to ask you, first, which scientists were you referencing?

3570 A. Well, first of all, I didn't say I arranged calls

3571 and meetings. I didn't arrange any calls, just a small point
3572 there.

3573 I thought that it was in the interest of the country
3574 to have the President hear from people who were actually doing
3575 research on the pandemic and were world class expert
3576 scientists, active scientists doing research and looking at
3577 the pandemic. I thought that was one of my role in service to
3578 the country, was to do that, and because I was actually active
3579 in academics, I had people available to me and also because I
3580 was actually doing research on the pandemic for six months
3581 before I walked into Washington. Rather than being in some
3582 sort of political administration position or bureaucrat, I was
3583 in contact with people. I was reading all the literature for
3584 months.

3585 So I was aware of who was doing research, and so I
3586 thought it would be very beneficial to have experts, meaning
3587 real researchers doing the science come in and at least meet
3588 with the President, if it was possible, and the Vice
3589 President. So I had several people that understood the
3590 importance. This was a crisis. This is an emergency. People
3591 were dying in this healthcare crisis, and these people were
3592 some of the most brilliant, accomplished people that there
3593 were in the country.

3594 So I had Dr. Jay Bhattacharya of Stanford
3595 University. He's a professor of medicine, also an economist.

3596 He's a health policy guy, but he does a lot and was doing
3597 research on the pandemic and antibody seropositivity studies,
3598 specifically they're called, very active who I knew slightly
3599 from Stanford, but not a lot. He's an M.D./Ph.D.

3600 I got Dr. Martin Kulldorff, who's a Ph.D. professor
3601 of medicine at Harvard Medical School, who's one of the world
3602 experts on virology, epidemiology, statistical analyses, and I
3603 got -- by the way, Dr. Kulldorff and Dr. Bhattacharya were
3604 active consultants to the CDC, the FDA, and HHS, at least one
3605 if not all of those organizations, including on the committees
3606 that we're talking about, the vaccines and the virus and this
3607 pandemic. Particularly Dr. Kulldorff, I'm talking about.

3608 And I had Dr. Cody Meissner, professor of pediatrics
3609 at Tufts University Medical Center come in, who is also a
3610 consultant to the CDC on the vaccines and the virus,
3611 specifically, who was the Chief of Pediatrics, Infectious
3612 Disease at Tufts University, and I had Dr. Joseph Ladapo,
3613 who's an M.D./Ph.D., associate professor at the time at UCLA
3614 in the Department of Medicine and also was doing research on
3615 the pandemic, was a public health policy expert on all kinds
3616 of various issues, particularly in minority communities and
3617 elsewhere, and I thought, Okay, this is a great opportunity
3618 for the country and for the President to hear from experts,
3619 academic active researchers and scientists from coast to coast
3620 at the highest levels.

3621 So I asked these people if they would come in and be
3622 willing to speak with the President and the Vice President,
3623 and they were despite their extenuating personal
3624 circumstances, which a lot of people have, of course, and so
3625 that was a meeting that I set up, and that meeting was set up
3626 and put on the agendas at the COVID Huddles and discussed
3627 opening by many people. For a couple of weeks, it had been an
3628 anticipated date, and the date when the original date was
3629 chosen, it was determined that Dr. Birx would be traveling,
3630 because she did a lot of traveling. As I said, she was
3631 visiting all these states, dozens of states and public health
3632 officials to give out the official policy of the White House.

3633 So she couldn't be there, and we all recognized
3634 right away that we wanted her there, and she was -- you know,
3635 but she had a very busy travel schedule because she was going
3636 to all these states, giving out public health advice.

3637 So in any event, the original date was cancelled
3638 because she needed to be at the meeting. It was good that she
3639 was at the meeting, and so then we did find a date -- "we", I
3640 mean I didn't do the exact scheduling. I'm not a
3641 scheduler -- of the date that she would attend and was
3642 available, because she was on the road often with the Vice
3643 President and often on her own, flying all over and visited
3644 almost all the states.

3645 You know, the only single state that visit at all

3646 during my time in Washington was Florida. I was never -- I
3647 did not invite any other state and so I didn't go to any other
3648 state.

3649 In any event, the date was picked for -- I think my
3650 recollection is for this meeting with the President, August
3651 26th, and then it was determined that the Vice President was
3652 out of town or busy that day. I don't remember. So his
3653 meeting with the same group of people was the next morning.

3654 And then, if I should go on, the meeting was
3655 scheduled so that Dr. Birx could attend, and the day right
3656 before the meeting and some of these people were already in
3657 flight to Washington, because as I said, these people were
3658 from UCLA, University of Pennsylvania, Harvard, and Tufts,
3659 they were headed to Washington and then there was an email
3660 sent around by Dr. Birx that she didn't want to attend the
3661 meeting. So then I was -- so, anyway, that's the sequence of
3662 events of what happened up until the meeting.

3663 MS. MUELLER: Thank you, Dr. Atlas. We are just at
3664 time. So let's go off the record.

3665 [Recess.]

3666 BY MS. MUELLER:

3667 Q. Before the break, Dr. Atlas, you were discussing a
3668 roundtable meeting that was held on August 26 with the
3669 President. You also mentioned that Dr. Birx was invited to
3670 the meeting. Who else was invited to the meeting at

3671 the -- maybe starting at the White House?

3672 A. No one by me. I don't know if anyone else was
3673 invited.

3674 Q. Did you understand that other Task Force members
3675 were invited to the meeting?

3676 A. I didn't have any idea who else was invited to the
3677 meeting.

3678 Q. How did you come to learn that Dr. Birx was
3679 declining to attend?

3680 A. I was told. I went in -- I went in -- I was asked
3681 to go in to see Jared Kushner sometime the day before the
3682 meeting. I don't know the time, and he said we're not going
3683 to have the meeting. I mean something to the effect of the
3684 meeting had to be cancelled because Dr. Birx refused to come.

3685 So that's how. Yeah. I forget. I forgot. I can't
3686 remember if I had heard that already by somebody else. I
3687 don't remember.

3688 It may have been that the meeting, that I also heard
3689 that from somebody in the Vice President's office, because
3690 that was also going to, in theory, cancel the Vice President
3691 meeting too. So I don't remember the sequence of exactly
3692 first hearing.

3693 Q. So Mr. Kushner mentioned that Dr. Birx was declining
3694 to attend and he suggested that the meeting had to be
3695 cancelled?

3696 A. Yeah.

3697 Q. Did you have any response to that?

3698 A. Did I have any response? Yes. If you read my book,
3699 I was very upset. I mean, I thought it was a huge -- I
3700 thought it was a mistake, because this was an opportunity to
3701 have the nation's, some of the nation's top medical
3702 scientists, the most knowledgeable medical scientists, the
3703 scientists who were doing the actual research on the pandemic,
3704 the most experienced scientists who were working on things
3705 like this directly, including today, with the CDC and FDA have
3706 a direct sort of discussion, available for questions by the
3707 President and Vice President in the biggest healthcare crisis
3708 in the century.

3709 I thought, Okay, if somebody don't want to come, for
3710 whatever reason, you know, this is just way too important.
3711 The country is in bad shape. People are dying. It has to
3712 occur. We need the best people there to give input.

3713 Q. What was your response to Mr. Kushner?

3714 A. I said that's unacceptable or something like that.
3715 I said we have to have the meeting.

3716 Q. And how did he respond?

3717 A. And I remember saying some of these people
3718 are -- you know, some of these people are already en route,
3719 you know. So, anyway, I was really sort of, you know, adamant
3720 about that we really should have the meeting.

3721 Q. And what happened next?

3722 A. And he called in one of his staff and we had a short
3723 discussion again about that, and the person said something
3724 like we can't afford to upset Dr. Birx, something like that.
3725 I don't know the exact quote; but, anyway, I kept, you know,
3726 saying that we really need to have the meeting; it's so
3727 important.

3728 You know, these are people who are the top of the
3729 medical science community, and so then Jared Kushner said to
3730 me, Okay, we'll have a short meeting; we'll at least have five
3731 minutes with the President. And so I said, Okay, five minutes
3732 is a lot better than zero.

3733 Q. Were any other changes proposed to be made to the
3734 meeting at that time or any other time?

3735 A. Well, the meeting wasn't set to be -- there wasn't a
3736 lot of structure. It was really just -- I mean, my view was
3737 there wasn't a lot of structure to it. There wasn't anything
3738 really set except introducing -- there was never a lot of
3739 structure to the meeting, in my recollection, at least at the
3740 point at which, you know, we were about to have it, by the day
3741 before.

3742 Q. Was the meeting intended to be open to the press?

3743 A. I thought it would be a good idea to have had a Q
3744 and A or something, because I thought another positive of it
3745 was the American people were afraid that the President wasn't,

3746 quote, listening to the science or listening to the
3747 scientists. I don't think fear is a good thing for the
3748 American public or for any public. I don't think panic is a
3749 good thing, and I think it would have been a positive to have
3750 the American people understand that, Hey, there were some
3751 super good researchers and scientists who had direct
3752 input -- or not input, but at least discussing things with
3753 people in the White House.

3754 So that was my theory. I'm not -- you know, that's
3755 not my area of what's good, but I thought that made sense to
3756 me.

3757 By the time the meeting was going to be held, there
3758 was not going to be, to my recollection, any kind of press or
3759 anything else at that event. I'm talking about even like the
3760 day before, before I heard that Dr. Birx wasn't going to come
3761 and, therefore, it had to be cancelled. I'm saying even at
3762 that point, before I heard that, there was no expectation that
3763 there was going to be press or something.

3764 Q. Did you learn why Dr. Birx declined to attend the
3765 meeting?

3766 A. I never had a discussion with it. I've only seen
3767 some of the excerpts or notes from your committee.

3768 Q. Did anyone else express -- scratch that.
3769 Did anyone else decline to attend the meeting?

3770 A. Not that I'm aware of.

3771 Q. Were there any other discussions about cancelling
3772 the meeting?

3773 A. Not that I recall.

3774 Q. Are you aware of --

3775 A. Once it was so told to me that the meeting was going
3776 to occur, there were no further discussions that I was privy
3777 to.

3778 Q. Were you aware whether there were any discussions
3779 expressing concerns about holding the meeting?

3780 A. Not that I was privy to. I mean, this discussion
3781 with Jared Kushner was, you know, literally less than 24 hours
3782 before the meeting. I don't remember anything else being said
3783 to me about the meeting.

3784 Q. Apart from Mr. Kushner, did you work with anyone
3785 else at the White House or any of the agencies to set up this
3786 and put this together?

3787 A. Yeah. I remember communicating with Hope Hicks
3788 about setting up the meeting.

3789 Q. And what did you discuss with Ms. Hicks?

3790 A. And, also, before I answer, like I say, it was on
3791 the agenda at the COVID Huddles for a few COVID Huddle
3792 meetings -- I don't remember the number -- in anticipation of
3793 the meeting. So in that meeting, that's the kind of meeting
3794 where there were a lot of people there, including
3795 communications people, etc.

3796 So comments may have been made, but I don't remember
3797 them.

3798 Q. So do you recall any specific discussion that you
3799 had with Ms. Hicks related to this meeting?

3800 A. No, other than showing her the resumes of the people
3801 that were -- the doctors, the medical scientists, the
3802 professors that were coming. I don't remember any other -- I
3803 don't remember any discussion.

3804 Q. Did you prepare any materials in advance of this
3805 meeting?

3806 A. Their bios. They had like a short one-pager sort of
3807 thing on each person and maybe an introductory remark or
3808 something, some very minimal introductory remarks. It was
3809 meant, really, to be just whatever the President wanted to
3810 talk about, information gathering for him.

3811 Q. And did the meeting ultimately go forward with
3812 President Trump?

3813 A. Yes, it did.

3814 Q. Who was in attendance?

3815 A. Well, me, Drs. Ladapo, Meissner, Bhattacharya, and
3816 Kulldorff. There were other people in the room, but I
3817 honestly don't remember. Oh, the President, of course. We
3818 were sitting there, facing the President and, again, I
3819 don't -- I don't know. There were other people in the room,
3820 as usual. I don't know who was there. I didn't look around.

3821 I don't remember except I know that toward the end
3822 of the meeting, when I was -- it was going on much longer than
3823 the five minutes. It went on far longer than five minutes,
3824 but, of course, the President of the United States has a busy
3825 schedule. So I was sort of reminded to sort of wrap it up as
3826 if -- you know, not that I was controlling meeting. I wasn't
3827 controlling the meeting, but this is a -- you know, "five more
3828 minutes" was handed to me on a card or "let's wrap it up;
3829 there's a schedule".

3830 In that, I remember that Mark Meadows was standing
3831 there towards the end. I don't know if he was there during
3832 the meeting. I don't remember, but he said, Okay, we have to
3833 wrap this up, and I think it was -- it may have been Hope
3834 Hicks or someone else that handed me the five more minutes
3835 note.

3836 Q. What was discussed at the meeting?

3837 A. So, basically, that day, we talked about the same
3838 sort of topics that were asked in the meeting that I had that
3839 I recounted earlier with the President when I visited, which
3840 was it was things like -- you know, this is not the order, but
3841 do you agree with the original shutdown, what's the risk to
3842 children, who's at the most risk here, what about, you know,
3843 opening schools or closing schools, these kinds of topics,
3844 what do you think about -- you know, and by the way, the
3845 questions were asked to individual doctors by the President.

3846 So it wasn't that everyone answered the same
3847 question or whatever, and I think he asked, you know, how are
3848 other countries doing or something like this.

3849 Q. Did President Trump express his support for any
3850 policies that may have been discussed during the meeting?

3851 A. It was more that he was asking questions and then
3852 listening to the answers.

3853 Q. How long did the meeting last?

3854 A. I think the meeting lasted something like 40
3855 minutes, 45 minutes. I don't remember, of course, the detail
3856 of it, but I remember thinking, Well, it certainly didn't last
3857 only five minutes.

3858 Q. Was there any outcome from the meeting?

3859 A. No. We had a meeting next morning with the Vice
3860 President, the same group of people, but there was no outcome
3861 from the meeting that I recall.

3862 Q. Talking specifically about the meeting with
3863 President Trump, were there any action items or policy changes
3864 that were discussed at that meeting?

3865 A. No. There was not, not like that. It was just
3866 questions and answers.

3867 Q. You mentioned the following day, there was a second
3868 meeting with Vice President Pence. Did all the same
3869 individuals attend that meeting or was the attendance list
3870 slightly different?

3871 A. In that meeting, it was me, Dr. Ladapo from UCLA,
3872 Dr. Bhattacharya from Stanford, Dr. Kulldorff from Harvard,
3873 Dr. Meissner from Tufts, the Vice President, and I think there
3874 was a staff person of the Vice President's in the room. I
3875 don't know his name, and the best I can recall, no one else
3876 was in the room.

3877 Q. Do you recall the area that that staffer worked in
3878 or any other specifics?

3879 A. No. I don't remember.

3880 Q. What was discussed at the meeting with the Vice
3881 President?

3882 A. I think the same sorts of issues, the various -- the
3883 fact that there is, you know, very high-risk people and
3884 lower-risk people. The Vice President had an interest in
3885 schools, and so there was some discussion about the risks in
3886 schools and school openings.

3887 It was that sort of -- and it was a give and take,
3888 again, where he would ask questions of the experts in the
3889 room.

3890 Q. How long did that meeting last?

3891 A. I don't remember, but it was probably -- my
3892 recollection is it was probably a half-hour or so.

3893 Q. Were there any action items or policy changes that
3894 were discussed during that meeting?

3895 A. I only remember the Vice President asked for a

3896 document and the data on the risk to children and the issues
3897 with schools opening that the world's data had shown, and Dr.
3898 Bhattacharya and I said we will get that together and send it.
3899 There was no -- nothing else was -- there was no action item,
3900 as your words were, or a policy item or something to be done
3901 after that meeting.

3902 Q. Did you end up providing that document to the Vice
3903 President?

3904 A. Yes. There was a summary document provided of
3905 research on children with citations that was mainly written,
3906 and then I looked at it and made some edits, also mainly
3907 written by, my recollection is, Jay Bhattacharya.

3908 Q. Apart from the meetings with President Trump and
3909 Vice President Pence, did you have any other meetings on
3910 August 26th or August 27th with these scientists?

3911 A. No. Other than lunch, no.

3912 Q. Did they meet with any other members of the White
3913 House or Federal Government at that time?

3914 A. Not that I'm aware of.

3915 Q. Did there come a time where you convened a second
3916 meeting with some of the scientists?

3917 A. Yes. It was a different meeting, an overlapping
3918 group, but not the same completely, and this was a
3919 meeting -- I don't remember the exact date. It's the first
3920 week of October, I think, with Secretary Azar, a meeting where

3921 there were three doctors plus me, four total, me, Dr.
3922 Bhattacharya of Stanford, Dr. Kulldorff of Harvard Medical
3923 School, and Dr. Sunetra Gupta, who is a professor and the
3924 world-renowned epidemiologist, specifically in infectious
3925 disease and virology at the University of Oxford. So we had
3926 Harvard, Stanford, Oxford, and me, also Stanford. There was,
3927 I thought, a good group of people that were also actively
3928 doing the research on the pandemic.

3929 These people had a highly sophisticated
3930 understanding about all the issues in the pandemic, and we met
3931 at HHS in their conference room -- I don't know which -- with
3932 Secretary Azar and there were a couple of other -- there were
3933 one or two staff people in that conference room with Secretary
3934 Azar.

3935 Q. Do you recall who those staff members were?

3936 A. Well, Paul Mango was there. He's one of the -- I
3937 think he was senior a senior advisor to Secretary Azar. I
3938 think there was one other person. I don't recall who or,
3939 frankly, if there was. I just don't remember.

3940 Q. How did that meeting come about?

3941 A. I was hopeful to have more experts come in and meet
3942 with Secretary Azar, because he's the Secretary of Health and
3943 Human Services, and he was, I thought, a very smart guy. I
3944 was frequently in meetings with Paul Mango, who was Secretary
3945 Azar's advisor, because Paul Mango was sitting in on some of

3946 the Task Force meetings or many of them and, also, he was
3947 often in the COVID Huddles.

3948 So I saw -- and he was very knowledgeable, Paul
3949 Mango, about the timelines for vaccines and things, and so I
3950 suggested to him would Secretary Azar be interested meeting
3951 with some of these very prominent epidemiologist and
3952 infectious disease researchers and he thought he would be. He
3953 checked and he said, yes, he would be very interested, and so
3954 we set that meeting up.

3955 Q. What was the purpose or goal that you hoped to
3956 achieve with the meeting?

3957 A. My goal was to have as much information as possible
3958 from the top levels of scientists and experts in the country
3959 and, in this case, in the world, because, again, the
3960 Birx-Fauci policies were failing and they were in place and
3961 that wasn't s changing, and I thought the more expert
3962 information, the better. I mean, this is how science is
3963 conducted in a very complex situation. You have a lot of
3964 people who know a lot at the table and you get a chance to
3965 ask, affirm, or refute or whatever you want to do, understand
3966 better, and I thought the more information, the better.

3967 This is the one of the things that I had a unique
3968 possibility of providing, because I was in academics at the
3969 highest levels in the university. I was doing the research.
3970 I was in contact with people all over the world, and you're

3996 for the record.]

3997 MS. MUELLER: For the record, Exhibit 23 are two
3998 tweets from Secretary Azar's Twitter account.

3999 MR. DASGUPTA: Just one second. I apologize. Just
4000 one second. My computer is giving me a little bit of trouble.

4001 I'm sorry. What page is that?

4002 MS. MUELLER: It is page 97, Exhibit 23.

4003 MR. DASGUPTA: I'm sorry. I apologize.

4004 MS. MUELLER: So while you're pulling that up, I'm
4005 just going to put this on for the record. Exhibit 23 is two
4006 Tweets released on Secretary Azar's Twitter account, @SecAzar,
4007 on August 5, 2020.

4008 I apologize. I misspoke. I said August. I meant
4009 to say October 5th.

4010 THE WITNESS: I'm on it.

4011 BY MS. MUELLER: So we'll come back to this in a minute, but
4012 does this refresh your recollection that the meeting occurred
4013 -- on October 5, 2020?

4014 A. Well. It says it did.

4015 Q. Was there --

4016 A. It's dated October 5. I have no reason to think
4017 that it wasn't October 5.

4018 Q. Thank you. Was there a particular reason the
4019 meeting was scheduled for October 5th?

4020 A. No. I mean, not specifically, to my recollection,

4021 other than the availability of people.

4022 Q. Dr. Kulldorff, Dr. Gupta, and Dr. Bhattacharya
4023 released the Great Barrington Declaration on October 4, 2020.
4024 Was this meeting scheduled to coincide with that release?

4025 A. No. No. In fact, when I was thinking about having
4026 Dr. Gupta come, Professor Gupta, I was talking to -- I talked
4027 to Kulldorff on the phone or by -- yeah. I think on the
4028 phone, and I asked if he knew her, and he said he could
4029 contact her, and I said would she be willing to come.

4030 This is roughly how the conversation went, and the
4031 answer was, Well, yes, I mean, it would be difficult, and I
4032 was told, Well, I mean, he might be able to arrange her -- it
4033 could be worked out that she would come because he wanted to
4034 have some kind of a conference with her, and so I said, Okay,
4035 great; you know, if she's going to be in the U.S. for
4036 something else, that's fantastic.

4037 Q. I assume you're familiar with the Great Barrington
4038 Declaration; is that correct?

4039 A. Am I? Yes. I am familiar with it.

4040 Q. At a very high level, the Great Barrington
4041 Declaration advocated for a focused protection strategy of
4042 protecting vulnerable individuals, but allowing those who are
4043 not vulnerable to resume life as normal. Do you agree with
4044 the goals of the Great Barrington Declaration?

4045 A. Yeah. My take on the Great Barrington Declaration

4046 is that it calls for focused protection, meaning increased
4047 protection of people who have high risks and ending the harms,
4048 the severe harms and deaths caused by the lockdowns
4049 themselves, the so-called collateral damage of the pandemic if
4050 you're going to use lockdowns.

4051 So that, I agree with those two points.

4052 Q. Do you view the Great Barrington declaration to
4053 outline the same strategy as the targeted protection strategy
4054 that we have been discussing throughout today?

4055 A. Well, the Great Barrington, I don't speak for what
4056 Great Barrington Declaration represents. I didn't write it.
4057 I didn't sign it and it didn't exist when I arranged this
4058 meeting.

4059 So I wasn't familiar with it at all. I didn't even
4060 know there was going to be any kind of declaration written
4061 when I arranged this meeting.

4062 So I'm familiar with the broad parts of it that I
4063 just stated.

4064 Q. Sitting here today, do you believe that it's
4065 outlining the same general strategy that you referred to as
4066 targeted protection?

4067 A. I think it's outlining the general strategy of
4068 increasing the protection of the high-risk people and ending
4069 the harms of the lockdowns. So in that sense, yes.

4070 Q. Are there any differences between the two?

4071 A. I'm not -- I don't really -- you know, like I say, I
4072 didn't sign the Great Barrington Declaration. I haven't
4073 really -- I don't know what's the details of it. I never read
4074 the full Great Barrington Declaration website and everything.

4075 Q. Did you review or provide any input on the Great
4076 Barrington Declaration prior to its release?

4077 A. No. Like I said, I wasn't even aware it was being
4078 written.

4079 Q. Did you have any conversations about it at a broad
4080 level prior to its release?

4081 A. No. In fact, I was never -- I'm not even sure there
4082 was a known intent to write something. I don't know what they
4083 were doing. I wasn't involved, they being the group of people
4084 who were writing the Great Barrington Declaration.

4085 Q. Sitting her today, can you recall if there's
4086 anything that you disagree with in the Great Barrington
4087 Declaration?

4088 A. Well, like I say, I haven't read the detail of it.
4089 I'm not intimately familiar with every single detail. I've
4090 never really read through everything in the Great Barrington
4091 Declaration, but the general thrust of Great Barrington
4092 Declaration that I said already of increasing the protection
4093 of the high-risk people and reducing and getting rid of the
4094 massive harms of the lockdowns, those two things, I absolutely
4095 agree with.

4096 Q. What was ultimately discussed during the meeting
4097 with Secretary Azar?

4098 A. Okay. So the same general points, really, because
4099 everyone has the same questions, typically, which is, you
4100 know, who's really at risk, what's the risk to children,
4101 what's the risk of opening schools, what's the harms of the
4102 lockdown, what's the harms of the abrupt broad closures of
4103 businesses, restrictions of people indoors, what's the harms
4104 of school closures. You know, that was the thrust of the
4105 discussion and those kinds of questions, the same kinds of
4106 questions.

4107 Q. Was anyone outside of HHS invited to the meeting?
4108 Anyone from the White House?

4109 A. Not that I know of. I wasn't in charge of an
4110 invitation list of the meeting.

4111 Q. Who was?

4112 A. I don't know.

4113 Q. Did you discuss the meeting with anyone at the White
4114 House?

4115 A. I mentioned that I was going to have the meeting to
4116 a couple of people.

4117 Q. Who did you mention it to?

4118 A. I mentioned it to John Rader and I mentioned it to
4119 Jared Kushner.

4120 Q. What did you discuss?

4121 A. I don't remember if there were other people. I may
4122 or may not have mentioned it to other people.

4123 Q. What did you discuss with Mr. Rader?

4124 A. I didn't discuss anything with him, nothing. I
4125 mean, you know, it was my idea and these people were absolute
4126 experts. There was nothing to discuss.

4127 Q. Did he have any reaction?

4128 A. Yeah. His typical reaction to me was good luck with
4129 a smile on his face.

4130 Q. What did you discuss with Mr. Kushner?

4131 A. Just that the meeting was going to occur.

4132 Q. Did he have any response?

4133 A. No, not really, not that I remember.

4134 Q. How long did the meeting with Secretary Azar last?

4135 A. Probably -- I mean, I don't remember, but it was
4136 probably in the order of a half-hour.

4137 Q. What was the outcome of the meeting?

4138 A. Unfortunately, not much. The Birx-Fauci policies
4139 persisted throughout the entire time I was there and the rest
4140 of the year, but in terms of -- I don't know what other
4141 outcomes.

4142 Q. Were any action items or policy changes discussed?

4143 A. No.

4144 Q. Are you aware whether there were any discussions at
4145 the White House, the Task Force, or HHS about whether it was a

4146 good idea to have this meeting?

4147 A. No.

4148 Q. Did anyone raise concerns?

4149 A. No. Not that I remember, no.

4150 Q. Did anyone decline to attend?

4151 A. Not that I'm aware of, but I didn't set up that side
4152 of it. I just set up these experts coming in.

4153 Q. Looking back at Exhibit 23, Secretary Azar's tweets
4154 read: "Today, I met with Dr. Atlas and three distinguished
4155 infectious experts to discuss COVID-19 science data from
4156 around the world as part of our commitment to ensure we hear
4157 broad and diverse scientific perspectives. In the
4158 conversations with Martin Kulldorff, Ph.D., Harvard, Jay
4159 Bhattacharya, M.D./Ph.D., Stanford, and Sunetra Gupta, Ph.D.,
4160 Oxford, we heard strong reinforcement of the Trump
4161 Administration's strategy of aggressively protecting the
4162 vulnerable while reopening schools and the workplace."

4163 Do you see that?

4164 A. I see it.

4165 Q. What did you understand to be the strategy that
4166 Secretary Azar was referring to here and how was it being
4167 implemented?

4168 A. Well, it wasn't being implemented. I don't know
4169 what Azar really meant by this. What was implemented was the
4170 Birx-Fauci lockdowns.

4171 Q. Did you provide input on these tweets?

4172 A. I remember having a discussion. The answer is yes,
4173 but I don't remember exactly what I said.

4174 Q. Who did you have a discussion with?

4175 A. With Paul Mango, not with Secretary Azar.

4176 Q. What was discussed with Mr. Mango?

4177 A. Well, he wanted to get tweets out. I don't remember
4178 the details of what was discussed. I mean, they were just
4179 supposed to be a general tweet that the meeting occurred and,
4180 again, my take on things is that people are -- the population
4181 was extremely nervous. The population was sort of panicking
4182 and were very nervous in a healthcare crisis like this, and
4183 it's good to know for everyone that experts, true experts and
4184 medical scientists, are at least involved in discussing things
4185 with people in the Federal Government.

4186 So I viewed it as good that there was some
4187 visibility to this.

4188 MS. MUELLER: I would like to direct your attention
4189 to the next exhibit. It's Exhibit 24 starting on page 99.

4190 [Exhibit No. 24 was identified
4191 for the record.]

4192 BY MS. MUELLER:

4193 Q. Starting on page 99, while you're bringing that up,
4194 just for the record, this is an email exchange dated October
4195 5, 2020. The last message was from Mr. Mango and it was sent

4196 to the distribution list that included Michael Pratt. The
4197 subject line is "New Wording for Tweet", and the Bates number
4198 is SSCC 0035955.

4199 Now, you're not -- you don't appear to be a
4200 recipient of the emails, but I would like to direct your
4201 attention to the earliest emails in the chain, which are on
4202 page 101.

4203 On October 5, 2020 at 6:02 p.m., Mr. Mango wrote:
4204 "Just off the phone with Atlas. He helped shape the
4205 following. I like it."

4206 Is that what you were referring to previously, Dr.
4207 Atlas?

4208 A. When I said that I had a conversation with Paul
4209 Mango about the visibility of the meeting and the tweets, I
4210 guess. Yes. It's redacted here. So I don't see anything.

4211 Q. Do you recall providing specific language or
4212 comments on specific language for the tweets?

4213 A. I don't recall.

4214 Q. If you page forward to page 100, at the bottom of
4215 that page, Mr. Mango wrote on October 5, 2020 at 6:20 p.m.:
4216 "See below with edits. Atlas just called and he excised some
4217 language."

4218 Then if you keep reading up, Michael Pratt
4219 responded: "Here's what I suggest."

4220 And then Paul Mango responded again at 6:30 p.m. and

4221 said: "Just one small edit from Atlas."

4222 Does this refresh your recollection of whether you
4223 may have been more involved in making language changes or
4224 suggestions for the tweets?

4225 A. Well, I did have these conversations, obviously. I
4226 don't know exactly the detail of what I was talking about
4227 here.

4228 Q. Was there any debate about whether having the
4229 meeting or making the release -- strike that.

4230 Was there any debate about the meeting or the
4231 release?

4232 A. Not that I remember.

4233 Q. Are you aware whether anyone expressed concern that
4234 publicly releasing information about the meeting might draw
4235 negative press?

4236 A. I don't remember that. About this meeting, no. I
4237 don't remember.

4238 Q. Following the October 5th meeting with Secretary
4239 Azar, did you have any other discussions about targeted
4240 protection with anyone in the Trump Administration?

4241 A. So this meeting was October 5th. No. I don't
4242 remember any further discussions.

4243 Q. Did you facilitate any additional meetings for
4244 government officials with components of targeted protection or
4245 focused protection strategies?

4246 A. Did I facilitate any other meetings? No.

4247 Q. Were there any other meetings with Dr. Bhattacharya,
4248 for instance?

4249 A. No.

4250 Q. Or Dr. Gupta?

4251 A. No.

4252 Q. Or Dr. Kulldorff?

4253 A. No.

4254 Q. Did you facilitate any meetings with these
4255 individuals with state or local officials?

4256 A. No.

4257 Q. Were any policy changes implemented relating to the
4258 targeted protection strategy following these meetings?

4259 A. No, unfortunately. The policies, no.

4260 Q. Were you involved in public messaging advocating for
4261 ending lockdowns while you were at the White House?

4262 A. When I asked to comment on remarks that the
4263 President gave, I commented on that, but, you know, I don't
4264 remember.

4265 I mean, whatever I had comments on, the dangers of
4266 the lockdowns and the harms that were known that were piling
4267 up, I commented when I was asked my opinion.

4268 Q. Earlier, I believe that you mentioned that you wrote
4269 one or more op-eds while you were at the White House; is that
4270 correct?

4271 A. Yes. That's correct.

4272 Q. Generally, what was the process from start to finish
4273 of publishing an op-ed?

4274 Would someone ask you to write an op-ed on a
4275 particular topic or would you come with the idea and seek
4276 permission to publish it?

4277 A. I came with the idea.

4278 Q. And what would be the next step?

4279 A. Well, the next step would be I would draft -- I
4280 mean, we could -- yeah. I'd draft an op-ed and then I would
4281 send it in to the staff secretary's office, and then like all
4282 the other processes that I saw, it would sent around to a
4283 variety of people who, you know, commented, edited, whatever.
4284 It's just the standard operating procedure of the way it
4285 worked.

4286 Q. So you would present it to the staff secretary.
4287 Would he give approval to move forward or was there some other
4288 chain of command that was involved in this process of writing
4289 op-eds?

4290 A. I wasn't aware of anything after I would submit it.
4291 It would be sent around. It wasn't my -- I don't know what
4292 happened to it.

4293 You know, it would circulate around for a while. I
4294 had no idea who was involved.

4295 Q. After you would come up with a draft, would others

4296 review and provide comments?

4297 A. Well, that was that process.

4298 Q. Do you recall, generally, who it would be sent to?

4299 A. No. I mean, there were people, many people, who
4300 were on the list, but I don't know. I had no selection of
4301 them or anything. It wasn't my domain.

4302 Q. Got it. Could White House officials release op-eds
4303 under their own names without clearance from the staff
4304 secretary or others in the Administration?

4305 A. I don't know. I can't speak for other White House
4306 officials, but I wouldn't do that.

4307 Q. On October 12, 2020, the White House convened a
4308 press call during which two senior Administration officials
4309 voiced support for the Great Barrington Declaration. Are you
4310 aware -- strike that.

4311 Did you participate in that press call on October
4312 12, 2020?

4313 A. I don't remember.

4314 Q. Are you aware who expressed support for the Great
4315 Barrington Declaration?

4316 A. That, I really don't remember.

4317 Q. Did you have any discussions with others in the
4318 White House about the Great Barrington declaration?

4319 A. I don't remember if I did.

4320 Q. Are you aware whether anyone in the White House was

4321 supportive of the Great Barrington Declaration?

4322 A. I really don't remember.

4323 Q. What about at HHS?

4324 A. I don't remember. I don't think I had the
4325 discussion, but I don't remember.

4326 MS. MUELLER: I would like to direct your attention
4327 to Exhibit 27, which is on page 110.

4328 [Exhibit No. 27 was identified
4329 for the record.]

4330 BY MS. MUELLER:

4331 Q. For the record, this is an email exchange dated
4332 October 15, 2020 from the HHS staff secretary to the White
4333 House staff secretary, copying a number of individuals, and
4334 the subject is "For Review-Draft Op-ed by Dr. Atlas Re: The
4335 Harms of Lockdowns", and it's Bates numbered --

4336 MR. DASGUPTA: One point of clarification: Maybe
4337 you know, Beth, or maybe others. Is the HHS staff secretary
4338 the same as the executive secretary, who's called the
4339 executive secretary in various agencies?

4340 MS. MUELLER: I would ask that question to the
4341 witness.

4342 BY MS. MUELLER:

4343 Q. Dr. Atlas, are you aware of the answer to that
4344 question?

4345 A. No, I'm not aware.

4346 MR. DASGUPTA: Because the witness is not
4347 copied -- is he copied to this correspondence? I don't see
4348 it.

4349 So that's why I was wondering. I know that many
4350 agencies -- because I wasn't sure if this is the chief of
4351 staff or the executive secretary and, usually, the executive
4352 secretary is a -- you know, can be a career official or
4353 political appointee. It just depends.

4354 Anyway, all right.

4355 MS. MUELLER: I'm not -- it does not appear that Dr.
4356 Atlas is on this.

4357 BY MS. MUELLER:

4358 Q. But my question for you, Dr. Atlas, is just are you
4359 aware of whether this is, generally, the type of process that
4360 was in place for approving op-eds, that it would be sent --
4361 that drafts would be sent to a large distribution list for
4362 comments before it would be finalized?

4363 A. Well, I don't know what the HHS general procedure
4364 was. I wasn't even in that loop, but my understanding of when
4365 I -- the op-eds, the two op-eds, that I wrote while I was in
4366 Washington were sent around, that was general operating
4367 procedure, but I don't know -- for what I saw, but I don't
4368 know about HHS or other agencies or anything else.

4369 Q. Do you recall the subject of this op-ed, on the
4370 harms of lockdowns and what it discussed?

4371 A. Yes.

4372 Q. What was that?

4373 A. Well, it's exactly what you said, which is,
4374 basically, the lockdowns -- what we know about the virus by
4375 this time -- this is already October, it looks like -- as sort
4376 of an update the state of things, including new drugs, how
4377 people are doing better in hospitals, and the enormous
4378 harms -- and the progress in the vaccine development and the
4379 harms of the lockdowns, and so it was sort of an update on the
4380 status of things.

4381 So that's it.

4382 Q. You mentioned you wrote two op-eds during your time
4383 at the White House. Were both of those op-eds published?

4384 A. Well, I had two published op-eds. One was the one
4385 that your committee referred to in the "New York Post" on
4386 opening schools in September, roughly, mid-September, and the
4387 other op-ed was an op-ed in "The Hill" that was, I think, also
4388 published. I don't remember the date.

4389 Those the only two op-eds that were actually
4390 submitted for publication.

4391 Q. Did you write other op-eds that were not ultimately
4392 submitted for publication?

4393 A. I don't remember, actually. I don't remember if I
4394 actually put forward an op-ed in addition to the two that I
4395 mentioned.

4396 MS. MUELLER: Just a moment. Excuse me.

4397 I'd like to very briefly direct your attention to
4398 Exhibit 28 on page 113.

4399 [Exhibit No. 28 was identified.
4400 for the record.]

4401 BY MS. MUELLER:

4402 Q. This is a document entitled "Restoring Our Lives
4403 Using Evidence, Medical Science, and Logic". My question is
4404 just is this another op-ed that you may have drafted during
4405 your time at the White House?

4406 A. It may be. I honestly don't remember.

4407 Q. Do you recall why any of the other op-eds that you
4408 wrote were not ultimately submitted for publication?

4409 A. I don't think there were other op-eds that I wrote.

4410 Q. On January -- strike that.

4411 In public interviews, Dr. Birx stated that you
4412 presented, quote, a parallel data stream about the pandemic to
4413 President Trump. What do you think she was referring to?

4414 A. Well, she, apparently, was referring to data that
4415 she didn't present to President Trump.

4416 I mean, this is the way it -- you know, Dr. Birx
4417 was -- one example of what she might be talking about is these
4418 expert doctors, you know, nationally prominent medical
4419 scientists from the nation that were presenting and there for
4420 question and answer with the President. She decided not to go

4421 to the meeting, for whatever reason. I'll leave the
4422 speculation about why she wouldn't go to other people, but my
4423 goal was to present the information to the President, as much
4424 data, as much current science, up-to-date studies on the
4425 literature whenever and wherever I could, including in the
4426 Task Force meetings.

4427 Whenever I was asked my opinion, if the President
4428 asked me my opinion, I gave him the most up-to-date science
4429 the best that I could to of my knowledge to stop people from
4430 dying. I was not interested in restricting information flow
4431 to the President at all. That's not the role, the appropriate
4432 role, of an advisor on a crisis.

4433 The way you devise the correct solution in a crisis
4434 is to get more information. You have an exchange of ideas,
4435 and the way you win the argument is to know more and to
4436 critically think on what's being said.

4437 So my goal, my only interest, was to present as much
4438 expert-level information, as much current thinking, what we
4439 know, what we don't know to the President. That's why I was
4440 there.

4441 I was asked to stop people from dying. I was asked
4442 to come in to do the best I could to get that done. My goal
4443 was, like I say, not to worry that other people were
4444 presenting information to the President. That's not the
4445 appropriate goal.

4446 MS. MUELLER: I would like to your direct your
4447 attention to Exhibit 16, which starts on page 61.

4448 [Exhibit No. 16 was identified
4449 for the record.]

4450 MS. MUELLER: For the record, this is a September
4451 16, 2020 email from Dr. Atlas to Marc Short, Jared Kushner,
4452 Derek Lyons, and CCing John Rader, Adam Boehler, and Scott
4453 Atlas. The subject is "Please read 16 SWP data and daily
4454 report".

4455 BY MS. MUELLER:

4456 Q. I would like to direct your attention to the first
4457 email in the chain. It's from Deborah Birx, sent earlier that
4458 same day, September 16th.

4459 My question is, Dr. Atlas, did you typically receive
4460 emails like this from Dr. Birx each morning? Was this her
4461 typical practice, to send an update or a daily report?

4462 A. Okay. I'm looking at an email from me.

4463 Q. If you go slightly down the page, it looks like
4464 you're replying to an email that Deborah Birx wrote.

4465 MR. DASGUPTA: I'm sorry. What page is this again?
4466 Sixty-one?

4467 MS. MUELLER: Sixty-one and sixty-two, yes.

4468 THE WITNESS: Okay. So yes. It was common that
4469 Dr. Birx -- it was rather routine that Dr. Birx would send out
4470 an email very early in the morning to a long list of people,

4471 including me.

4472 BY MS. MUELLER:

4473 Q. Including you?

4474 A. I mean, I'm on this one. So yes.

4475 Q. It looks like you responded or forwarded your
4476 thoughts to a smaller distribution list. Was that your
4477 typical practice?

4478 A. I didn't typically respond. So there was no typical
4479 practice.

4480 Q. In your email, it starts, quote: "The
4481 interpretation of the information is seriously incorrect and
4482 leads to wrong harmful policy decisions."

4483 Is it fair to say that you're rebutting the
4484 information that was in Dr. Birx's daily report for that day?

4485 A. It sounds like it.

4486 Q. You said that this wasn't your typical practice, and
4487 that's paraphrasing, but did you occasionally send emails
4488 rebutting Dr. Birx's daily report or other communications that
4489 she sent?

4490 A. I don't recall doing that, not really. I think I
4491 did it here, but I don't remember doing that in any routine
4492 way or frequency, no.

4493 Q. Did you do it on more than one occasion, on more
4494 than this occasion?

4495 A. I don't remember.

4496 Q. What was the purpose for sending this email?

4497 A. Well, it's outlined in the first sentence. Birx's
4498 interpretation of the information was seriously incorrect and
4499 leads to wrong harmful policy decisions and people were dying
4500 and they continued to die.

4501 Q. How would you describe your working relationship
4502 with Dr. Birx?

4503 A. I would say that we attended the same -- we were
4504 both in on meetings in the Task Force of the short time that I
4505 was there as medical side Task Force members, if she was also
4506 in town, and when she was in the COVID Huddle meetings, which
4507 she typically introduced everyone with a data synopsis, I was
4508 there, sitting at the table. So we were sort of members of
4509 the same meetings.

4510 I mean, you know, we spoke at those meetings when it
4511 was appropriate.

4512 Q. Would some of those meetings get contentious?

4513 A. Well, there were disagreements at the meeting.

4514 Q. Would they get heated?

4515 A. I don't know. It depends on your definition of
4516 "heated", I guess.

4517 MS. MUELLER: Okay. We are at time. So we can go
4518 off the record.

4519 [Recess.]

4520 MR. BENZINE: I would like introduce what will be

4521 marked as Minority Exhibit A. I sent it to Sohan and I sent
4522 it to the Majority Staff.

4523 [Minority Exhibit A was
4524 identified for the record.]

4525 FURTHER EXAMINATION BY THE MINORITY

4526 BY MR. BENZINE:

4527 Q. Dr. Atlas, do you have it in front of you?

4528 The first page is an email from Dr. Fauci to Greg
4529 Folkers and Bates numbered FOIA 1008.

4530 A. I'm looking. Are you talking about Fauci sent
4531 Monday 2 November?

4532 Q. Yes.

4533 A. 2020.

4534 Q. Yes. So if we want to scroll down to the bottom of
4535 page 24 of the packet, the first email in the chain is from
4536 Dr. Francis Collins, the now former director of NIH, to
4537 Dr. Fauci, Cliff Lane, and CCing Dr. Lawrence Tabak with the
4538 subject line "Great Barrington Declaration" on October 8,
4539 2020.

4540 Have you seen this email before?

4541 A. No. Well, I should say now that I'm reading it
4542 here, this was in the news recently.

4543 Q. So as the Majority established last hour, you were
4544 aware of the Great Barrington Declaration, but not directly
4545 involved or, I guess, fully in tune with what it said?

4546 A. That's right.

4547 Q. So in this email, Dr. Collins writes in the second
4548 to last sentence: "There needs to be a quick and devastating
4549 published takedown of it's the premises", it referring to the
4550 Great Barrington Declaration.

4551 Disregarding the actual substance of the
4552 declaration, what do you think about scientists like
4553 Dr. Collins trying to take down other scientists, using his
4554 own words?

4555 A. It's stunning. It's not the behavior that I've seen
4556 in my career in academic medicine, in medical science. I have
4557 never seen anything like that before and it's a huge problem,
4558 because the way to -- in places that I've worked, scientific
4559 exchange is the essence -- the free exchange of ideas is the
4560 essence of arriving at a scientific truth, and you win an
4561 argument or the debate is either won or evolved on the basis
4562 of the science, of the evidence, of knowing the data; and it
4563 is never -- in my 30-year career, I've never seen something
4564 like this sort of thing, that you need to do a takedown or
4565 you're directed to be a takedown, to do a quick and
4566 devastating published takedown of a scientific viewpoint.

4567 I think it's frightening to see something like this
4568 from somebody who is so powerful as the director of NIH.

4569 Q. So he continues: "I -- being Dr. Collins -- "don't
4570 see anything like on line yet - is it under way?"

4571 To you, does that imply that Dr. Collins either
4572 wanted Dr. Fauci, Cliff Lane, and Dr. Tabak to work with the
4573 media to get a takedown piece published or, possibly, use
4574 NIAID or NIH resources to write it themselves?

4575 A. It seems to indicate at least one, if not both of
4576 those. I don't know. I wasn't privy, but, obviously, it
4577 seems like that would be a reasonable conclusion.

4578 Q. In your opinion, would it be appropriate for the
4579 director of NIH the to direct government resources to author a
4580 takedown piece of fellow scientists?

4581 A. It would be grossly inappropriate and beyond.

4582 Q. The same question, but would it be appropriate for
4583 them to work with a member of the media to offer a takedown
4584 piece of follow scientists?

4585 A. It would be absolutely a shocking violation of
4586 standards.

4587 Q. Reading this email today, do you take this as an
4588 attempt to silence scientific debate?

4589 A. Absolutely.

4590 Q. I'm going to scroll up to page 21 of the packet.
4591 This is an email from Dr. Collins to the same people,
4592 Dr. Fauci, Cliff Lane, and Dr. Tabak. The one below it is
4593 from Dr. Fauci and it says: "Francis, I am pasting below a
4594 piece from 'Wired' that debunks this theory. Best, Tony."

4595 Dr. Collins responds "Excellent".

4596 I want to scroll up now to page 18 of the packet.
4597 It's another email from Dr. Fauci to Dr. Collins and Cliff
4598 Lane. It says "Another repudiation of the herd immunity
4599 approach" except this time, it has a picture of you in what
4600 appears to be the White House briefing room on the article.

4601 Dr. Collins responds: "Indeed and well said."

4602 These emails were sent October 8, 2020. Were you
4603 still a White House employee at that time?

4604 A. Yes.

4605 Q. How do you feel, looking at these emails now,
4606 knowing that a member of the Task Force was trying to take you
4607 down?

4608 A. This is first I'm aware of this. I think it's
4609 revolting, repulsive. It's outrageous. It's contrary to the
4610 public good of science, of scientific exchange of ideas. It's
4611 a gross misrepresentation of anything I ever did or said
4612 during my time in Washington, and it's completely -- it's
4613 inexcusable.

4614 I don't how to -- I just don't -- I don't even know
4615 how to react to something like this in a dignified way.

4616 MR. BENZINE: Well, I appreciate that answer,
4617 especially with this being the first time you've seen that.
4618 That's all the questions I have for this hour, Dr. Atlas.

4619 MS. MUELLER: Dr. Atlas, would you like to take a
4620 five-minute break or should we plow ahead?

4621 MR. DASGUPTA: Let take a quick break.

4622 THE WITNESS: Yeah. Let's take a break.

4623 MS. MUELLER: Should we come back in five minutes or
4624 ten?

4625 MR. DASGUPTA: Ten would be great.

4626 MS. MUELLER: Okay. We will be back on the record
4627 at 4:52. Thank you.

4628 [Recess.]

4629 FURTHER EXAMINATION BY THE MAJORITY

4630 BY MS. MUELLER:

4631 Q. Briefly, I wanted to discuss your efforts to collect
4632 documents responsive to the request in Chairman Clyburn's
4633 letter to you from April 2021; but backing up, prior to
4634 joining the White House, did you use any personal cellphones
4635 or email accounts to communicate with Trump Administration
4636 officials?

4637 A. No.

4638 Q. During your time at the White House, did you use any
4639 personal cellphones or email accounts to communicate with
4640 Trump Administration officials?

4641 A. The only thing, I submitted the emails that I
4642 communicated. No. The answer is no, just to myself when I
4643 was forwarding a document to myself.

4644 Q. While working in the White House, what devices did
4645 you use to communicate regarding official business?

4646 A. My White House cellphone and my White House email.

4647 Q. Did you ever use any personal cellphone, email
4648 accounts, or messaging applications to communicate with any
4649 other government official?

4650 A. No.

4651 Q. You mentioned that you would occasionally forward
4652 emails to yourself. Did you use any personal computers,
4653 iPads, or other devices for official business, such as
4654 preparing memoranda?

4655 A. No, not that I remember.

4656 Q. Did you save any files to personal hard drives,
4657 cloud storage, or other locations?

4658 A. Not that I remember.

4659 Q. While working at the White House, did you bring home
4660 any hard copy documents with you?

4661 A. The documents that I had sent to me after I quit, I
4662 submitted. Other than that, no.

4663 Q. Just to be clear, who sent those documents to you?

4664 A. There was some stuff in my desk, like scientific
4665 papers mainly, that were sent to me by the secretary sitting
4666 outside my room.

4667 Q. And by "submitted", do you mean that you produced
4668 that to the Select Subcommittee?

4669 A. Everything I had, yeah, I gave.

4670 Q. Without discussing any communications with counsel,

4671 what steps did you take to search for documents that were
4672 potentially responsive to the Select Subcommittee's request?

4673 A. I went through everything I had. I don't have my
4674 White House computer or my White House cellphone, but I went
4675 through everything I had.

4676 Q. Did you search both the sent boxes and the emails
4677 that you received in your inbox when you were searching for
4678 email communications?

4679 A. Yes.

4680 Q. Did you use -- how did you do that? Did you use
4681 search terms or did you just manually review everything?

4682 A. I used multiple different search terms, including,
4683 you know, email addresses and phrases of email addresses that
4684 would be sure to catch everything.

4685 Q. Did you look for text messages or in other places
4686 just out of an abundance of caution to make sure you weren't,
4687 perhaps, misremembering whether you had any other responsive
4688 materials?

4689 A. Yes, I did.

4690 Q. Where did you look?

4691 A. I looked on my computer and my cellphone.

4692 Q. Did you keep a record of all the search terms that
4693 you used to search your email and the any other locations?

4694 A. No.

4695 Q. Do you have any other documents or communication in

4696 your possession that are responsive to the Select
4697 Subcommittee's request that have not been turned over?

4698 A. No.

4699 Q. Which email addresses did you search or which of
4700 your email accounts did you search for communications?

4701 A. You know, the only emails that I had, it's, you
4702 know, my email account that I use to communicate.

4703 Q. I understand that you had both a Stanford account
4704 and a Proton mail account. Do you have any other email
4705 accounts that you may have used to communicate with --

4706 A. I didn't have a Proton mail account back then.

4707 Q. Okay. Did you hear of any White House officials
4708 that may have used personal devices or personal email accounts
4709 to communicate regarding official business?

4710 A. I don't remember hearing that.

4711 Q. Did you ever hear of anyone using Protonmail?

4712 A. No. I don't remember hearing that.

4713 Q. Did you ever hear of anyone using Signal?

4714 A. I don't remember hearing that.

4715 Q. Did you ever hear of anyone using their personal
4716 cellphone to text message?

4717 A. I don't remember hearing that, no.

4718 Q. Okay. Just a few more topics that I would like to
4719 cover: In the fall of 2020, what issues were you focusing on
4720 at the White House?

4721 A. Everything that I already spoken about. I mean, I
4722 was focusing on the idea that people were dying because the
4723 wrong policies were given out by Drs. Birx and Fauci and that
4724 was not changing. No policy was changing. No policy guidance
4725 from the Federal Government was changing from that of Dr. Birx
4726 and Fauci. It didn't change before I got there, during my
4727 entire time, and even, frankly, after I left.

4728 So that's it, I mean.

4729 Q. Was there any change in your focus or your role and
4730 responsibility compared to, perhaps, the first two months that
4731 you were at the White House?

4732 A. Well, when you say the fall, what specific -- I
4733 mean, I'm not sure exactly the timing that you're talking
4734 about, just so I understand what the question is. I'm sorry.

4735 Q. Of course. Let's focus on October and November
4736 2020.

4737 A. Well, mid-November, I left. I'm working my way
4738 backwards here.

4739 Around November, I think it was November 16, 15-16,
4740 I went into the President, as I said. I said I'm going to go
4741 home to take a break with my family. I hadn't seen them for
4742 three and a half months, and that would be my Thanksgiving
4743 break, after which time, I didn't go back. I mean I didn't
4744 return to Washington at all.

4745 So that was November 15. My time that was

4746 spent -- I did not go to any Task Force meetings from
4747 mid-October on, as I had already mentioned. I don't remember
4748 if I went to COVID Huddle meetings at that time. There
4749 was -- I just don't remember, and I was focusing on doing what
4750 I thought was important, particularly, working with people to
4751 get more, like I said, more protection to the high-risk
4752 people. So I was working pretty frequently with Seema Verma,
4753 the head of CMS, trying to get this idea that we should do far
4754 more frequent testing, and she was very positive about that,
4755 into the nursing homes.

4756 So I would be checking data every day in various
4757 states and communicating with her as much possible about where
4758 there was a lot of disease activity and where, therefore, the
4759 staff in those nursing homes would have to increase their
4760 frequency of testing, because the staff were coming from the
4761 community. So we were doing that.

4762 I was focusing on getting more tests. You know,
4763 this was the time where -- sometime in September -- I
4764 forget -- these new antigen tests, rapid tests, were
4765 developed, and so I was working with people, trying to get
4766 more, and we did succeed, I think, in getting tens of millions
4767 of more tests to seniors, to senior -- to more vulnerable
4768 settings for seniors, including visiting nurse, including
4769 senior centers, including nursing homes, including
4770 historically black colleges.

4771 So I was really focused on increasing whatever we
4772 could do to protect the high-risk people. That's my
4773 recollection.

4774 Q. Did you see any change in focus more broadly at the
4775 White House in October and November 2020?

4776 A. Well, I wasn't involved in anything that I saw. So
4777 I don't remember that.

4778 Q. Were people focused on the election who had been
4779 previously more involved in pandemic response efforts?

4780 A. I don't remember that.

4781 Q. On November 30, 2020, you tweeted a copy of a
4782 resignation letter addressed to President Trump. Why did you
4783 resign?

4784 A. Well, there were two reasons. One was I was a
4785 special government employee that was almost finished or
4786 essentially finished with my 130 days or whatever the number
4787 is. I don't remember if that's the exact number; and the
4788 vaccines were approved, which I think was a big milestone, and
4789 they were being -- you know, the logistics had already been
4790 planned to get them out, and so that was, you know, both the
4791 sort of -- I was done with what my small time of service was
4792 supposed to be.

4793 I had no interest in continuing anything in
4794 Washington, and so that was it.

4795 Q. Did you communicate your resignation to President

4796 Trump directly?

4797 A. Yes, I did. I called him up.

4798 Q. And, briefly, what did you discuss with President
4799 Trump?

4800 A. You know, I thanked him for giving me the
4801 opportunity to serve the country and I said that I'm
4802 resigning, I'm calling him to resign. It wasn't a long
4803 conversation.

4804 Q. When was your last day in the White House?

4805 A. Well, I left Washington on, say, November 15-16 to
4806 fly home, and I never went back. On November 30th, basically,
4807 at the end of November, that was my resignation, but I
4808 resigned from my California home.

4809 Q. Were you working remotely during that period or were
4810 you, essentially, taking vacation for those days?

4811 A. I took a break to some extent, but I was
4812 constantly -- I mean, it's a full-time endeavor, from my point
4813 of view, to be aware of what's going on with the pandemic. So
4814 I was spending all of my time from early morning until late at
4815 night, as I had been doing for the previous, basically, nine
4816 months, looking at all the data, reading all the new science,
4817 reading the literature, you know, discussing things with other
4818 medical scientists.

4819 That's what I was doing.

4820 Q. When was your last day working as a special

4821 government employee for the Trump Administration?

4822 Or, perhaps, let me rephrase that. What day was
4823 your resignation effective?

4824 A. It was effective, I think it was, November 30 when I
4825 had the call with the President and that was it. There was no
4826 notice. There was no advance notice. That was it.

4827 Q. Okay. Thank you.

4828 Moving back in time a little bit, you were asked
4829 some questions by me earlier about some op-eds that you wrote
4830 last fall. You were also asked some questions from Minority
4831 staff about this as well.

4832 How would you distinguish those emails from
4833 Dr. Collins about the Great Barrington Declaration and the
4834 op-eds that you were writing that advocated against what you
4835 called Dr. Birx's and Dr. Fauci's lockdown policies?

4836 A. They're completely different. I mean, I was writing
4837 data-filled scientific reference-link statements about what
4838 data showed and, in fact, I was doing exactly what should be
4839 done, which is engaging in the debate about the evidence and
4840 the science. That's what I was doing.

4841 What was done in -- you're asking what about those
4842 emails that I was just shown in this last session emanating
4843 from Francis Collins. Those were entirely different. That
4844 was a behind the scenes -- my interpretation was it was a
4845 behind the scenes effort to get people, third parties, to

4846 write hit pieces in the media. That's what it seemed like.

4847 There was no engagement of science with me or even
4848 citing data. Those were third-party journalistic pieces, I
4849 think, you know, not evidence-based stuff from Dr. Fauci or
4850 Dr. Collins.

4851 Q. You didn't agree with Dr. Birx's or Dr. Fauci's
4852 views though. Correct?

4853 A. I absolutely did not agree with the views of the
4854 Birx-Fauci lockdowns. That's correct.

4855 Q. And you wrote emails during your time at the White
4856 House that were designed to rebut their scientific views and
4857 that offered your own contrary views. Correct?

4858 A. Well, I expressed my views with the data in person
4859 in front of them at Task Force meetings. I at least wrote
4860 that email that you showed me that refuted statistically and
4861 with the evidence what I thought. I was asked my opinion. I
4862 thought that's why I was there.

4863 Q. Are you referring to Exhibit 16, the September 16th
4864 email that you wrote to Marc Short and Jared Kushner and some
4865 other officials?

4866 A. Sorry. Let me look now. I have to go back.

4867 Exhibit 16 is the email that you put forward in the
4868 exhibits from me, and what I'm doing is citing here the
4869 interpretation of the information is incorrect and I'm
4870 explaining point by point with the data what's going on.

4871 Q. Did you also write op-eds designed to publicly
4872 advocate for policies contrary to Dr. Birx's and Dr. Fauci's
4873 views?

4874 A. I wrote op-eds to put forward the correct policies
4875 to save people's lives, because the policies of Birx and
4876 Fauci, the guidance they gave, were failing to stop the people
4877 from dying and they were failing to stop the virus and they
4878 were introducing enormous harm, the lockdown themselves.

4879 I wrote policy op-eds explaining the evidence and
4880 putting forward what I thought were the correct policies.

4881 Q. And you also collaborated with outside scientists to
4882 write op-eds rebutting their views. Correct?

4883 A. I never wrote an op-ed collaborating with an outside
4884 scientist while I was in Washington.

4885 Q. Did you ever contribute to op-eds without affixing
4886 your name?

4887 A. Not knowingly. I mean, I'm sure people took what I
4888 said. I hope I had enough influence from what I was saying in
4889 the public forum, but the answer is no.

4890 Q. In your book, you reference that after the meeting
4891 with Vice President Pence and some of the advocates for
4892 targeted protection policies that, quote: Jay and Martin
4893 quickly co-authored an op-ed for the 'Wall Street Journal'
4894 published on September 3rd entitled 'The Case against COVID
4895 Tests for the Young and Healthy' which discussed why schools

4896 should be reopened, explained the flaws and the principle of
4897 testing young healthy people and emphatically endorsed the
4898 new, but controversial CDC testing guidance."

4899 You mention in the subsequent pages that you
4900 provided some data to Dr. Bhattacharya and Dr. Kulldorff that
4901 was incorporated into that op-ed. Correct?

4902 A. I don't remember if I did give something that was
4903 incorporated into that op-ed. That op-ed was not after the --

4904 MR. DASGUPTA: Excuse me one second, Doctor.

4905 Is there -- what exactly did he say in his book?

4906 Can you point us to the page number or the quote?

4907 MS. MUELLER: Yes. It looks like it's approximate
4908 around page 260. It covers a few pages, but amongst other
4909 things, you mentioned Drs. Bhattacharya and Kulldorff. I'm
4910 sorry.

4911 "The Vice President received my analysis a few days
4912 after our meeting. Bhattacharya and Kulldorff included it in
4913 their op-ed on testing asymptomatic young people."

4914 BY MS. MUELLER:

4915 Q. So is it fair to say that there was some
4916 collaboration on material or information that was included in
4917 that op-ed?

4918 A. No. What that, I think, is referring to is what I
4919 said, which is the document that Jay Bhattacharya and I gave
4920 to the Vice President on the Vice President's request. That

4946 Q. Dr. Atlas, do you have this in front of you?

4947 A. I do.

4948 Q. The first question is did you communicate with
4949 Dr. Alexander during your time at the White House?

4950 A. I had a couple of communications with him. I did
4951 not work with him at all.

4952 Q. What did you discuss with Dr. Alexander?

4953 A. He asked to meet me when I first began in the White
4954 House and so I said okay. He came to my office and he said he
4955 wanted to help me.

4956 He had, apparently, read things and seen me
4957 interviewing or read what I had written pre-Washington, and he
4958 asked for a meeting with me and he wanted to help me in any
4959 way he could or work with me, whatever the phrasing was, and I
4960 said, No, I don't need anybody to work with; I don't want to.

4961 Then he sent me several emails. I think a couple
4962 are in here and, you know, he was asking to write something or
4963 whatever, and I said no. I never wrote anything with him, and
4964 he intermittently sent me copies of scientific journal
4965 articles that had been published, as did many people,
4966 actually. Several people did that, and if I responded, it was
4967 typically saying thank you.

4968 Q. This email references the idea of writing an op-ed
4969 to help people push back to school and advocating that locking
4970 down kids and healthy adults and masking them can dampen their

4971 functional immune systems. Just to be clear, did you end up
4972 working on an op-ed on that subject matter with Dr. Alexander?

4973 A. No. Never, no.

4974 MS. MUELLER: I'd like to direct your attention to
4975 the next exhibit, Exhibit 46.

4976 [Exhibit No. 46 was identified
4977 for the record.]

4978 MS. MUELLER: It is on page 256. For the record,
4979 the top email is from Dr. Alexander to himself, to his
4980 personal account, sent on September 11, 2020 and it's
4981 Bates -- with the subject line "One MMWR COVID-19 Response
4982 Early Release Scheduled for Tuesday, September 15th", Bates
4983 No. SSCC 0011376.

4984 I would like direct your attention to the earliest
4985 email in this exchange on page 256, which was sent by
4986 Dr. Charlotte Kent from the CDC and contains a summary of MMWR
4987 earlier release about SARS-CoV-2 associated deaths among
4988 children.

4989 BY MS. MUELLER:

4990 Q. Do you see that, Dr. Atlas?

4991 A. I see it.

4992 Q. Dr. --

4993 A. This is --

4994 Q. Oh, I'm sorry.

4995 A. I see it. I'm sorry. Yeah.

4996 Q. Dr. Alexander forwarded that to you later that
4997 afternoon stating, quote: "Heads up. CDC is asking for
4998 clearance of this."

4999 And he discussed some concerns that he had with the
5000 MMWR and stated, quote: "Know this is coming out in the next
5001 couple of days, if not this weekend, and CNN and Fox will be
5002 running the CDC indicated caption of deaths in children
5003 elevated due to COVID, etc. This is very duplicitous to
5004 damage the Administration. Can you help me craft an op-ed and
5005 I will ask to put out disputing the reporting on face value.
5006 It is meant to mislead."

5007 He continued on, quote: "This is time for the
5008 election and the push to reopen schools safely."

5009 And added: "This is meant to interfere with school
5010 reopening."

5011 And he also added: "Let us advise the President and
5012 get permission to preempt this."

5013 My question is are you aware of why Dr. Alexander
5014 sent this to you?

5015 A. No, other than what I'm seeing here. I have a very
5016 vague recollection of this, but, you know, I don't know what
5017 he's talking about here.

5018 I never saw this paper. I did not see the email
5019 chain below and I know nothing about this whole issue. I
5020 never discussed it. I never did anything with Paul Alexander.

5021 Q. Did you prepare any op-eds to rebut MMWRs or other
5022 published messaging released by CDC during the pandemic?

5023 A. No. In fact, I wasn't even aware that this stuff
5024 was being written.

5025 Q. Did you ever receive other copies or summaries of
5026 MMWR articles before they were released?

5027 A. Not that I remember.

5028 Q. Did you have any role in reviewing or approving
5029 MMWRs during the pandemic?

5030 A. Never, no.

5031 Q. Did you provide any feedback, any comments on MMWRs?

5032 A. Not that I remember, no.

5033 MS. MUELLER: Okay. Thank you, Dr. Atlas.

5034 I just want to briefly pause. I'll go off the
5035 record.

5036 [Recess.]

5037 EXAMINATION BY THE MINORITY

5038 BY MR. BENZINE:

5039 Q. Dr. Atlas, I don't want make you relive it, but I
5040 just want to clear something up. Would you characterize any
5041 of your work in the White House, outside the White House,
5042 before or after, as an effort to take down another scientist?

5043 A. No, never.

5044 MR. BENZINE: All right. Thank you.

5045 I have no further questions.

5046 MS. MUELLER: I have no further questions at this
5047 time. Thank you very much, Dr. Atlas, for your time today.
5048 We really appreciate it.

5049 THE WITNESS: Thank you very much.

5050 MR. DASGUPTA: Thank you, Jen.

5051 Sorry, Doctor. I didn't mean to interrupt you.

5052 Thank you, Jen. I really appreciate it.

5053 Thank you, Cathy, Mitch, Carlton, for all your time.

5054 We're really grateful to you.

5055 [Whereupon, at 5:24 p.m., the interview concluded.]

Errata for the Transcribed Interview of Scott Atlas

Page 81, line 1995 - Should be -- "refractory to facts."

Page 97, line 2399 - Should be -- "infection fatality rate is .05 percent for people under 70."

Page 98, line 2412 - Should be -- "Then, there is complicated diabetes as a significant risk factor."

Page 98, line 2427 - Should be -- "and not all those people have multiple comorbidities."

Page 99, line 2438 - Should be -- "and not all those people have multiple comorbidities."

Page 105, line 2596 - Should be -- "Secretary DeVos"

Page 119, line 2937 - Should be -- "Then the ..."

Page 125, line 3083 - Should be -- "to the best of its ability"

Page 126, line 3117 - Should be -- "send it to Dr. Redfield"

Page 141, line 3484 - Should be -- "The CDC published their guidance."

Page 146, line 3611 - Should be -- "the Chief of Pediatric Infectious Disease at Tufts University"

Page 148, line 148 - Should be -- "I did not advise any other state ..."

Page 148, line 3658 - Should be -- "UCLA, Stanford, Harvard, and Tufts ..."