## Chat with Amy Abernathy

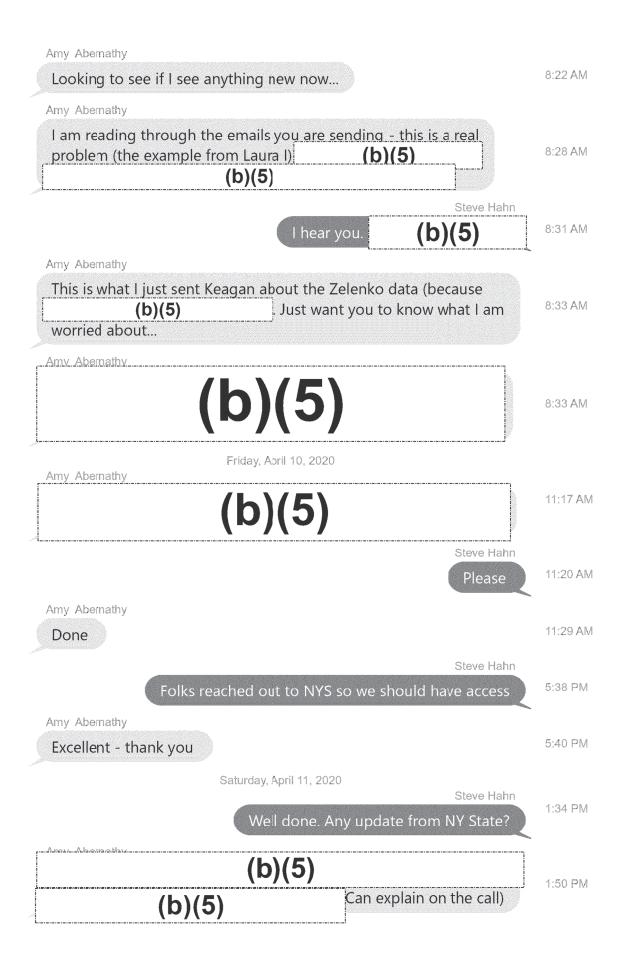
12/13/2019 10:56:45 AM - 1/15/2021 2:50:18 PM

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Device Phone	Number +1 (b)(6)		
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## Non-Responsive

Steve Hahn (b)(5)Big request: could you put together a (b)(5)11:16 AM Thx and so sorry for the big ask. I have to give an update today Amy Abernathy 11:17 AM Got it. Will develop something up ASAP Steve Hahn 11:26 AM Thank you thank you Amy Abernathy We have a call at 1p already scheduled. We can talk then and go 12:00 PM through what I have, or I can call your earlier. Whatever works for you. meanwhile, working on slides etc Steve Hahn 12:35 PM I'm free now if you want me to ask KL to join. Your call Amy Abernathy 12:37 PM Great - why don't the two of you call me when you can Steve Hahn (b)(5)9:19 PM Amy Abernathy (b)(5)9:43 PM Steve Hahn 9:51 PM Ok thx Wednesday, April 8, 2020 Steve Hahn 8:13 AM My meeting on HQ data got pushed to this morning. Any new data or developments since 5 pm yesterday?

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Amy Abernathy	
Sending you a few slides	1:51 PM
Amy Abemathy	
Just sent the slides. Will walk you through them on the call	1:55 PM
Steve Hahn Ok thx	1:58 PM
Amy Abemathy (b)(5)	2:54 PM
Steve Hahn  Thanks: I had my WH call and we're good	2:55 PM
OK cool. Then I will wait until our next update	2:58 PM
Thanks for everything. You are doing outstanding work for the country	2:59 PM
Amy Abernathy	2:59 PM
Any time. Thank you, Steve	2.59 PW
Monday, April 13, 2020 Amy Abemathy  Will call right back. On with CDRH	10:58 AM
Steve Hahn No worries	10:59 AM
Steve Hahn Thx	10:59 AM
Any update on the Brazil study? Also COTA?	1:45 PM
Amy Abernathy  Cota meeting with Don Berry is at 2p ET	1:45 PM

Amy Abernathy I will send you the slides on the Brazil study. Bottom line is that the dose of CQ rec by Chinese led to increased deaths and 1:47 PM cardiovascular events. DSMB stopped study for safety. The study was comparing two doses ie high dose and low dose CQ. Amy Abernathy 1:47 PM Sending slides in 2 Amy Abernathy (b)(5)1:49 PM Amy Abernathy 2:00 PM (b)(5)Amy Abernathy 2:00 PM I am still working through it all Steve Hahn 2:03 PM Thx Tuesday, April 14, 2020 Steve Hahn 9:59 AM **Outstanding comments** Amy Abernathy 12:22 PM Thanks, Steve. Slides should be in your inbox. :) Steve Hahn 1:45 PM Excellent Wednesday, April 15, 2020 Steve Hahn RΞ 6:35 PM Daniel O'Day.vcf

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From: Miller, Emily [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=349EA636FE504B488ADF664E48CE87E6-EMILY.MILLE]

**Sent**: 8/23/2020 3:37:17 PM

To: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; Bugin, Kevin

[/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=735d396f29ce480a88de9e6c2b0f424e-BUGINK]; Shah, Anand

[/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=e2172ebbd96946c08e189fd612855f51-Anand.Shah]

Subject: RE: Update TPs

Message positive always. And can phrase it in real language as '(b) (5)

From: Hahn, Stephen < Sent: Sunday, August 23, 2020 3:06 PM

Sent: Sunday, August 25, 2020 5.06 PM

To: Bugin, Kevin < @fda.hhs.gov>; Shah, Anand < @fda.hhs.gov>; Miller, Emily

Yes, you are absolutely right. I like 35% increase in survival.

Steve

From: "Bugin, Kevin" < @fda.hhs.gov>

**Date:** Sunday, August 23, 2020 at 3:04 PM

To: Stephen Hahn ← @fda.hhs.gov>, Anand Shah < @fda.hhs.gov>, "Miller, Emily"

<a href="mailto:square"> @fda.hhs.gov>
Subject: Re: Update TPs</a>

Hi Steve, In this bullet:



(b) (5) 35% increase in survival?

Kevin

From: Hahn, Stephen @fda.hhs.gov>

Date: August 23, 2020 at 2:40:18 PM EDT

To: Hahn, Stephen @fda.hhs.gov>, Shah, Anand < @fda.hhs.gov>, Miller, Emily

@fda.hhs.gov>, Bugin, Kevin < @fda.hhs.gov>

Subject: Update TPs

From: Hahn, Stephen [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=A0AFAC0CFA3C4B98913833E38A036E9F-STEPHEN.HAH]

Sent:

8/23/2020 4:33:03 PM

To:

Atlas, Scott W. EOP/WHO

@who.eop.gov]

Subject:

Re: Please call me

Just tried. Sorry was on a flight and then had a press meeting.

(b) (6)

From: Atlas, Scott W. EOP/WHO < @who.eop.gov>

**Date:** August 23, 2020 at 11:00:11 AM EDT **To:** Hahn, Stephen @fda.hhs.gov>

Subject: Please call me

Steve

Sorry to bug you on a Sunday. Can you call me ASAP?

Scott

\*\*\*\*\*\*

Scott W. Atlas, MD

Special Advisor to the President

Mobile (b) (6)
Office (b) (6)

From: Fauci, Anthony (NIH/NIAID) [E] [(b) (6)

Sent: 8/21/2020 10:04:27 AM

To: Birx, Deborah L. EOP/NSC (b) (6) (b) (6) Lane, Henry C (NIH) [/o=ExchangeLabs/ou=Exchange

Administrative Group (FYDIBOHF23SPDLT)/cn=Recipients/cn=d904337536cf41719032a9359a1ec2ab-HHS(b) (6) -n];

Auchincloss, Hugh (NIH) [/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=ab02b9d7c8514b538a08bab4a6659fba-HHS-auchinc]; Rotrosen, Daniel (NIH)

[/o=ExchangeLabs/ou=Exchange Administrative Group]

(FYDIBOHF23SPDLT)/cn=Recipients/cn=c29315df738448e285964d7007e43c6f-HHS-DROTROS]

CC: Hahn, Stephen [/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=a0afac0cfa3c4b98913833e38a036e9f-Stephen.Hah]; Redfield, Robert R

(CDC) [/o=ExchangeLabs/ou=Exchange Administrative Group

(FYDIBOHF23SPDLT)/cn=Recipients/cn=0f1ab650905f424381ffbdd983419fcd-HHS-olx1-cd]

Subject: RE: Task Force 20 August

Deb:

Will do.

## Cliff/Dan/Hugh:

Even though I cannot speak, please let us discus (by writing) getting this information for Deb.

Thanks, Tony

From: Birx, Deborah L. EOP/NSC (b) (6)

Sent: Friday, August 21, 2020 9:19 AM

To: Fauci, Anthony (NIH/NIAID) [E] <(b) (6)

Cc: Hahn, Stephen @fda.hhs.gov>; Redfield, Robert R. (CDC/OD) @cdc.gov>

Subject: Re: Task Force 20 August

Just to add one repeat issue. He is convince that we have reach herd immunity in the NE. Midwest and now the Sunbelt. So tony in your thinking time. Can you get your researcher to study the level of T helped cell memory and Ab levels in NY NJ FL and TX. We need to get the facts on this. Deb

Sent from my iPhone

On Aug 21, 2020, at 09:00, Fauci, Anthony (NIH/NIAID) [E(b) (6) niaid.nih.gov> wrote:

## Deb:

I agree and share your concerns. As I mentioned to you over the phone, we need to sit down with him in a (hopefully) non-confrontative discussion the go over in detail the basis of his claims. He is a very clever guy and knows the literature (in his own way). It is in the interpretation of the literature that we differ. Also, we need to address directly with him at least three major issues articulated by Deb: 1) his believe that there is not much harm to anyone other than the people in the nursing homes who are at high risk for severe disease and death. When I bring up the remainder of the population who are vulnerable, but not in nursing homes (obesity, hypertension, diabetes, etc) he sees to recognize that they are at risk but some how passes over the obvious connection between letting the pandemic play out and the likelihood that we will be killing a lot of people (not just nursing home inhabitants) along the way. 2) His insistence that children in schools in the red zones will not be the source of super spreader events. He says that they get infected at home and in the community if they do not go to school and so why not let them go to school in the red zones. He says there

are data that show that children get infected at home; however, there were no comparative data at the time of those studies with children in school because they were kept out of school. We are only now collecting data that children actually do get readily infected. We need to do the phylogenetic studies to show (or not) just where they get infected. However, we cannot assume right now that school is not a source of super spread. That is a dangerous and irrevocable assumption. 3) He feels that the long term effects of COVID-19 on patients, including non-hospitalized patients are unusual and likely one-offs that are anecdotal. We need to address these issue directly with him.

Hopefully, we can wait a week until I can resume speaking. Thanks, Best,
Tony

From: Birx, Deborah L. EOP/NSC (b) (6)

Sent: Friday, August 21, 2020 7:16 AM

To: Fauci, Anthony (NIH/NIAID) [E] < (b) (6) Hahn, Stephen < (cdc.gov); Redfield, Robert R. (CDC/OD) < (cdc.gov)

Subject: Task Force 20 August

I am more convinced than ever the dangers of Dr. Atlas' views on this pandemic. His thinking has not evolved with the knowledge that has been gained during this pandemic and the dangers of making broad pronouncement when we don't have any significant data on that issue. We all know the long term consequences of simple viral infections – we have seen the pericarditis, myocarditis, even cardiomyopathy, vasculitis and the long continued open question of relationship to autoimmunity. We all need to be careful about definitive pronouncements or comparisons. I am very uncomfortable with the comparison that in children under 18 its less than flu as we have the least experience of this virus in this age group and we need to always preface with this statement, "we are only now seeing substantial infections in children and we are carefully following the impact".

Dr. Atlas repeated stated that one only needs to protect the nursing homes (1.5M residents) without the understanding the majority of deaths are occurring from community members with underlying conditions (the 81M). He doesn't grasp we have spent the last 6 months working to protect the residence of nursing homes and virus gets into the nursing homes from the community – from widespread community spread and the way to stop deaths in NH and deaths in the community is to stop community spread. We can all debate the effectiveness of different mitigation options as at the beginning they were more based on PH theory and had not been implemented but we now know partial lockdowns work, but we also know that mask mandates, increasing social distancing, closing bars, restricting social gatherings and personal hygiene does work as evidenced across the sunbelt. But all of these can be overcome by what we chose to do in private when no one is watching such as home parties – even innocent get togethers. Fundamentally, Dr Atlas believes that this virus has a "natural" course that is happening independent of any mitigation and what we are witnessing is the "natural" course of the virus not the impact of community mitigation.

I don't see the President so I don't have a counter balance opportunity to this Atlas Dogma. Tony and I did not brief the President nor speak to the President between 22 April and the end of July beyond one vaccine briefing in July (b) (5)

Providing information not based on data or knowledge of pandemics – nor pandemic responses on the ground but by personal opinion formed by cherry picking data from nonpeer reviewed COVID publications. This is dangerous and a true threat to a comprehensive and critical response to this pandemic. Dr Atlas views appeal to a subsection of American citizens and if allowed to gain traction will reverse months of incredibly hard won gains. Deb