

## Message

**From:** Birx, Deborah L. EOP/NSC <[REDACTED]>  
**Sent:** 8/13/2020 10:20:27 PM  
**To:** Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]>; Seema Verma <[REDACTED]>; Redfield, Robert R. (CDC/OD) <[REDACTED]>  
**Subject:** Re: critical to read re the epidemiology of coronavirus

Perfect – will do the same. Deb

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**From:** "Fauci, Anthony (NIH/NIAID) [E]" <[REDACTED]>  
**Date:** Thursday, August 13, 2020 at 6:19 PM  
**To:** "Birx, Deborah L. EOP/NSC" <[REDACTED]>; Seema Verma <[REDACTED]>; Robert Redfield <[REDACTED]>  
**Subject:** RE: critical to read re the epidemiology of coronavirus

I know what I am going to do. I am going to keep saying what we have been saying all along, which contradicts each of his 7 points listed below. If the press ask me whether what I say differs from his, I will merely say that I respectfully disagree with him.

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**From:** Birx, Deborah L. EOP/NSC <[REDACTED]>  
**Sent:** Thursday, August 13, 2020 12:03 PM  
**To:** Seema Verma <[REDACTED]>; Fauci, Anthony (NIH/NIAID) [E] <[REDACTED]>; Redfield, Robert R. (CDC/OD) <[REDACTED]>  
**Subject:** Re: critical to read re the epidemiology of coronavirus

Well. We at least now know where all parallel thoughts were coming from – I have been racking my brain where all this misinformation was coming from but now it's clear and he is convening experts in the field next week for the VP and P. We aren't invited. This at least make sense where all of this in misinformation is coming from

1. He is against mitigation as he believes this is nothing more than the flu
2. He is against testing as community mitigation is irrelevant – it's only the "flu" not sure when we ever had 160K + people dead with flu in the last 100 years
3. Only test the very ill and let the virus just move through the population as its nothing more than flu
4. He is the one that has been telling the President that the virus would just go away in the summer as every state has a curve and once they move through their curve they are "immune"
5. Children are immune
6. Football players are too healthy to get significant illness
7. Open the schools in red zone as they won't cause any new infections since all the places already have herd immunity

I am at a loss of what we should do. We need to stop these infections or there will 300K dead by Dec. Deb

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**From:** Seema Verma <[REDACTED]>  
**Date:** Thursday, August 13, 2020 at 11:12 AM  
**To:** "Birx, Deborah L. EOP/NSC" <[REDACTED]>; "Fauci, Anthony (NIH/NIAID) [E]" <[REDACTED]>; Robert Redfield <[REDACTED]>  
**Subject:** FW: critical to read re the epidemiology of coronavirus

And old email, I thought I would share

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**From:** Scott W Atlas <[REDACTED]>  
**Sent:** Saturday, March 21, 2020 3:08 PM

To: Seema Verma <[REDACTED]>  
 Cc: Scott W Atlas <[REDACTED]>  
 Subject: critical to read re the epidemiology of coronavirus

Seema,

Dr. Scott Atlas of Stanford and Hoover Institution here. This is really urgent to understand. The total lockdown is a massive overreaction and super harmful to our entire society, destroying the economy, inciting irrational fear, and even diverting medical care away from other sick people. Dr. John Ioannidis, an epidemiologist and co-director of Stanford University's Meta-Research Innovation Center, stated that reported case fatality rates, like the official 3.4% rate from the World Health Organization, induce panic but are virtually meaningless. Patients who have been tested for coronavirus and seek medical attention are disproportionately those with severe symptoms and bad outcomes. He estimates the fatality rate in the general U.S. population as from 0.05% to 1% based on the Diamond Princess cruise ship and extrapolating to the US population. There is massive uncertainty, but even using his mid-range fatality rate, this virus would cause about 10,000 deaths – although not unimportant, it is a number that would be unnoticed in the total of flu-like deaths every season. >><https://www.statnews.com/2020/03/17/a-fiasco-in-the-making-as-the-coronavirus-pandemic-takes-hold-we-are-making-decisions-without-reliable-data/><<

The panic needs to be stopped, both about the need for lockdown and even the frantic need for urgent testing. Testing is important – but right now, it is a priority only for certain groups of people. As recommended this week by the Infectious Diseases Society of America (IDSA COVID-19 Prioritization of Diagnostic Testing, March 17, 2020; >><https://protect2.fireeye.com/url?k=e4b0be19-b8e5b7c9-e4b08f26-0cc47a6a52de-fca0140408379380&u=https://www.idsociety.org/globalassets/idsa/public-health/covid-19-prioritization-of-dx-testing.pdf><<), testing for COVID-19 should be prioritized as follows: Tier 1 – the highest priority - should be for critically ill patients receiving ICU level care with unexplained viral pneumonia or respiratory failure; patients with fever and respiratory symptoms within 14 days exposure to proven coronavirus patients; immunocompromised patients (elderly with chronic illnesses, HIV patients, etc.) with fever and respiratory symptoms; and people with fever and respiratory symptoms who are critical pandemic response workers. Tier 2 – another high priority - testing should be for hospitalized (non-ICU) patients and long-term care residents with fever and a respiratory tract illness. Tier 3, lower priority testing is for people who would be tested for the flu in other circumstances as recommended by the CDC, i.e., patients with symptoms of the flu who are under normal circumstances admitted to the hospital. Tier 4 testing means community surveillance, when available and as recommended by officials. As the IDSA noted, the prevalence of coronavirus is low, and when disease prevalence is low, false-positive results of testing are increased, requiring even more testing. *Fear of exposure, or people without symptoms who are outside priority groups, do not need urgent testing and should not seek it.*

We cannot have people who say that saving even one life demands total lockdown of NYC. That is irrational and destructive on a massive scale.

Scott

.....  
 Scott W. Atlas, MD  
 David and Joan Traitel Senior Fellow  
 Hoover Institution  
 Stanford University

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