

Message

From: Steven Hatfill [REDACTED]

on behalf of Steven Hatfill <[REDACTED]>

Sent: 2/14/2020 7:48:07 PM

To: [REDACTED]

Subject: Re:

yes---just for the pandemic. Helped draft a memo for big D last night, Got home after midnight.

Steve

On Fri, Feb 14, 2020 at 4:22 PM [REDACTED] > wrote:

You're a White House advisor now???

Sent from my iPhone

> On Feb 14, 2020, at 12:17 AM, Steven Hatfill <[REDACTED]> wrote:

>

>

>

> "Person of Interest" to WH advisor in 20-years

> Only in America

> LOL

> Steve

> <20200213_210734.jpg>

> <20200213_184608.jpg>

> <20200213_190625.jpg>

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 2/15/2020 9:32:24 AM
To: [REDACTED]
Subject: Re:

Morning mate

Got my first good night's sleep in over a week.

Never met big Don but worked close with some of those right under him and helped draft the memos to him.

[REDACTED]-I have never seen anything like it

"OK- what's the next step" So I give my opinion -the phone gets picked up

It gets run through someone else

The next morning when I get in - stuff has already happened or is underway

I've never seen anything like it.

Unreal. I never knew that the Government could move so fast---its unbelievable [REDACTED]

Its like a 100% adrenalin rush.

Hell, all I did was write a book. LOL

It looks like my little contribution is over. I'm desperately trying to get back to Florida---I've got bills to pay and grass to mow.

<https://www.youtube.com/watch?v=CHIXGdu-hzQ>

Around 41:43 I start to get pissed off LOL

Steve H

On Sat, Feb 15, 2020 at 5:30 AM <[REDACTED]> wrote:

Well done Dr Steve.

There can be nothing better than meeting that guy in person.

When you back in [REDACTED]? Time to hassle [REDACTED] again.

Stay well and give the best advise.

[REDACTED]

[REDACTED]
Sent from my iPhone

> On 14 Feb 2020, at 01:15, Steven Hatfill <[REDACTED]> wrote:

>

>

> "Person of Interest" to WH advisor in 20-years

> Only in America

> LOL

> Steve

> <20200213_210734.jpg>

><20200213_184608.jpg>
><20200213_190625.jpg>

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 2/16/2020 5:03:12 PM
To: Ziegler, Garrett M. EOP/WHO [REDACTED] [mailto:[REDACTED]@who.eop.gov]
Subject: Introduction to ASD

Hi Garrett;

Here attached is the cover letter for my introduction to;

Mr. Kenneth P. Rapuano

Assistant SecDef for Homeland Defense and Global Security.

I am available any time except Wednesday when I am speaking to NORTHCOM that day.

Hope you are feeling better !!!

Steve Hatfill

Message

From: [REDACTED]
on behalf of [REDACTED]
Sent: 2/16/2020 8:31:46 AM
To: Steven Hatfill [REDACTED]
Subject: Re: the AMA is "on it"--no need for more??

God bless your efforts!

On Sat, Feb 15, 2020 at 10:20 PM Steven Hatfill <[REDACTED]> wrote:

1. Trying to get a meeting with Spike Lee to produce health education stuff for the poorest communities of our cities.
2. Have a meeting with NORTHCOM this week over the train.
3. Setting up a meeting with DoD ASD to get national guard training initiated and DoD filming it so people will take this seriously.

That is this week's schedule
Steve

On Sat, Feb 15, 2020 at 10:22 PM [REDACTED] wrote:

worse than useless
We really need that early indicator of sickness
Isolate first; figure out precise diagnosis when you can
Don't forget predictive value of positive and negative tests

On Sat, Feb 15, 2020 at 7:44 PM Steven Hatfill <[REDACTED]> wrote:

The first test kits the CDC sent out were defective Jane.
As for the AMA-that is the best they can come up with???? what a useless bunch
Steve

On Sat, Feb 15, 2020 at 9:40 PM [REDACTED] wrote:

https://www.ama-assn.org/delivering-care/public-health/covid-19-2019-novel-coronavirus-resource-center-physicians?utm_source=BulletinHealthCare&utm_medium=email&utm_term=021420&utm_content=NON-MEMBER&utm_campaign=article_alert-morning_rounds_daily&utm_uid=2256120&utm_effort=MRNRD0

no need for DDP??

--

--



Message

From: Steven Hatfill [REDACTED]
on behalf of: Steven Hatfill [REDACTED]
Sent: 3/10/2020 3:23:04 AM
To: Peter Navarro [REDACTED]@protonmail.com]
Subject: Re: FW: [EXTERNAL] Genentech Follow-Up from 03.04.2020 Meeting

NOTE on Xofluza (baloxavir marboxil) for the Strategic National Stockpile (SNS)

From: Steve Hatfill

Company Statement:

Consideration of **Xofluza (baloxavir marboxil)** for the Strategic National Stockpile (SNS) with 1 million courses of treatment, the U.S. Government would (1) sustain U.S. investment in domestic manufacturing, (2) hedge against antiviral resistance, and (3) deliver a powerful tool for public health preparedness.

Facts on the Drug:

Taken as a single dose by mouth, it may reduce the duration of flu symptoms by about a day, It is in no way a miracle drug and it is prone to selection of resistant mutants that would render it ineffectual in a large-scale pandemic. I have watched this drug for a couple years now. If I am not mistaken they got development money from the US Government. Civilian sales never really took off. To my knowledge, it only has an effect on the Influenza virus and there is no convincing evidence that it will reduce the number of hospital admissions or length of stay in severe pandemic Influenza. In a widespread serious Influenza pandemic the temporary benefits that the drug may yield before the virus mutates a resistance to it in an **Influenza** pandemic, are far outweighed by the problems associated with adding it to an already overly complicated national stockpile.

Summary:

A poor choice for drug stockpiling. This is not a powerful tool for public health preparedness. I am not qualified to make an assessment concerning how manufacturing this drug here would sustain US manufacturing.

Steve Hatfill

On Mon, Mar 9, 2020 at 7:06 PM Miller, Joanna R. EOP/WHO <[REDACTED]> wrote:

GENENTECH + ROCHE, I meant to say!

From: Miller, Joanna R. EOP/WHO
Sent: Monday, March 9, 2020 7:03 PM
To: Steven Hatfill [REDACTED]
Subject: FW: [EXTERNAL] Genentech Follow-Up from 03.04.2020 Meeting

ROCHE

From: [REDACTED]
Sent: Thursday, March 5, 2020 10:32 PM
To: Miller, Joanna R. EOP/WHO <[REDACTED]>

Cc: [REDACTED]

Subject: [EXTERNAL] Genentech Follow-Up from 03.04.2020 Meeting

Dear Joanna,

In follow-up to yesterday's meeting on Domestic Pharmaceutical Manufacturing with Dr. Navarro, please find the following one-page memos attached:

- Genentech-Roche Diagnostics COVID-19 Molecular Diagnostic Memo
- Genentech Influenza Antiviral Memo

We look forward to continuing to work with Dr. Navarro on these critical issues. Please direct follow-up to [REDACTED] Senior Vice President, Market Access and Government Affairs, Genentech Corporation and [REDACTED] Vice President, Government Affairs, Roche Diagnostics Corporation [REDACTED]

Sincerely,

[REDACTED]

--

[REDACTED]
CEO, Genentech Inc.
310 DNA Way, South San Francisco, MS 202
CA 94080
USA

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 3/12/2020 3:25:18 AM
To: [REDACTED] Peter Navarro [REDACTED]@protonmail.com]
Subject: VIRUS TESTING PRELIMINARY

Good Morning
Still collecting data and numerous phone calls
This is a first report only concerning the basics
See you at 2 PM Today
Steve Hatfill

Message

From: Greg Autry [REDACTED]
on behalf of Greg Autry <[REDACTED]>
Sent: 3/27/2020 9:54:48 PM
To: Steven Hatfill
Subject: Re: Large caches is N95 masks overseas

Thanks. That was my assumption.

Greg Autry, PhD
[REDACTED]

On Mar 27, 2020, at 18:37, Steven Hatfill <[REDACTED]> wrote:

Nothing that is not US based
Steve H

On Fri, Mar 27, 2020 at 7:27 PM Greg Autry <[REDACTED]> wrote:
Steve,

Are you interested in talking to people who have or say they have large numbers (hundreds of thousands or millions) of N95 or KN95 mask available from abroad?

I have one individual who claims to have 2 million in Singapore and wants \$5ea.

Best

Greg Autry, PhD
[REDACTED]

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 4/3/2020 6:57:48 AM
To: Frank Gupton ([REDACTED])
Subject: Re: Following Up

This lengthy end stage batch processing is worrying Sir.
We must think outside the box...there is always a way.

Right now you use temperature and catalysts and sometimes pressures to force the outer electron shells of molecules to do the things you want them to do. Is that essentially right ?

So what would happen if you partially ionized one of the parent molecules that you want to incorporate something on to or pumped radio frequency energy into the mix?

What about using semipermeable membranes combined with continuous flow centrifuges for solvent extraction?

Sorry-I am not a chemist--just trying to get everyone to think.
Steve Hatfill

On Thu, Apr 2, 2020 at 9:42 AM Frank Gupton <[REDACTED]> wrote:

Steve,

I will be talking with Eric today but I have also been speaking with several of the Indian pharma companies and was told as of last weekend that they have an embargo on shipments out of India. However, they have been sourcing API's out of China and we are in the process of securing some of the products on the essential medicines list from them. Let me know if I can be of help or if you have any thoughts/ideas that you would like to share with me. I will also keep you posted on what I am hearing from my contacts.

Best regards,
Frank

B. Frank Gupton, PhD
Floyd D. Gottwald Chair of Pharmaceutical Engineering
Department Chair, Chemical and Life Science Engineering
Virginia Commonwealth University

On Wed, Apr 1, 2020 at 10:35 PM Steven Hatfill <[REDACTED]> wrote:

Frank

Sir;

We have a major problem it looks like. I just got a call---

I am hearing that India has shut off all of our API. for everything.

Its too late to confirm this rumor tonight----you might want to talk to Eric at Phlow tomorrow
Steve Hatfill

On Wed, Apr 1, 2020 at 11:01 AM Frank Gupton <[REDACTED]> wrote:

Steve,

Thanks for all your help and please feel free to call me in the future.

Best regards,
Frank

B. Frank Gupton, PhD
Floyd D. Gottwald Chair of Pharmaceutical Engineering
Department Chair, Chemical and Life Science Engineering
Virginia Commonwealth University



On Tue, Mar 31, 2020 at 11:09 PM Steven Hatfill < > wrote:
Chris in Peter Navarro's office and I just compared notes.

LOL

I will give Rick a call in the morning and make sure he is aware of this.

It's an honor to talk to you Sir

Steve H

On Tue, Mar 31, 2020 at 6:54 PM Frank Gupton < > wrote:
Steve-

It was great hearing from you. We are excited and stand ready to work with HHS-BARDA on bringing advanced manufacturing, including this continuous Hydroxychloroquine process, to fruition. We are working closely with BARDA to get our proposal entitled "**Phlow Corp. Response to U.S. Based Advanced Manufacturing for COVID-19 Essential Medicines and Future Threats for BAA-18-100-SOL-00003 Amendment 14 Area of Interest #17: Advanced Manufacturing Technologies**" over the finish line and are making daily progress. They have been collaborative and are working as fast as possible We appreciate you reaching out to Rick to encourage our program and support its quick realization.

Thank you

Frank

B. Frank Gupton, PhD
Floyd D. Gottwald Chair of Pharmaceutical Engineering
Department Chair, Chemical and Life Science Engineering
Virginia Commonwealth University



Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 4/7/2020 6:21:59 PM
To: Miller, Joanna R. EOP/WHO [REDACTED]
Subject: White House New Hire Process

Hey-this was unexpected.
would you print these out for me ???
Steve

----- Forwarded message -----

From: **Barela, Sean A. EOP/WHO** [REDACTED]
Date: Mon, Apr 6, 2020 at 11:40 AM
Subject: White House New Hire Process
To: [REDACTED] Steven Hatfill [REDACTED]
Cc: MBX WIIO WII Personnel [REDACTED], Otano, Joy E. EOP/WIIO [REDACTED]

Good morning, Dr. Hatfill,

We have been asked to initiate the White House New Hire Process for consideration of a position within the Executive Office of the President. **Please note that participating in this process is not an offer of employment, as all required clearances must be confirmed prior to a firm job offer being extended.**

To begin the process, please carefully read the attached Ethics Commitments by Executive Branch Appointees in the Trump Administration (Executive Order 13770), so you are fully aware of how current and future government employment may be affected by accepting a position at the White House. You do not need to sign the Trump Administration Ethics Pledge at this time, as it will be reviewed for signature during New Hire Orientation.

Next, fully complete and return to me the attached Pre-Employment Security Questionnaire, White House Candidate Information Sheet, and White House Application. For the White House Application, please complete the top section and remember to sign and date the Drug Testing Acknowledgment Statement.

Should our review of the submitted information indicate that we can move forward in the New Hire Process, you will be contacted directly by the White House Counsel's Office for a brief interview.

Additional steps in the process may include a drug test and a security screening process, so thank you in advance for your patience.

If you have any questions on the above, please let me know.

Best,

Sean Barela

White House Personnel

Executive Office of the President



Message

From: Greg Autry [REDACTED]
on behalf of: Greg Autry <[REDACTED]>
Sent: 4/10/2020 4:02:23 PM
To: Steven Hatfill [REDACTED]
Subject: Re: Standing by. Sewing firm w factories in Mexico

Ok. Standing by if I can be of use.

Greg Autry, PhD
[REDACTED]

On Apr 10, 2020, at 12:37, Steven Hatfill <[REDACTED]> wrote:

HAs to be US made

On Fri, Apr 10, 2020 at 11:37 AM Autry, Greg <[REDACTED]> wrote:
Hope all is well Steve.

I'm standing by.

Would you wish to speak to US based sewing company that has manufacturing capacity in Mexico and Central America? Owned by family of a student of mine and they appear to be legitimate.

Greg

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 4/27/2020 11:00:07 AM
To: Miller, Joanna R. EOP/WHO [REDACTED]@who.eop.gov]

Could you print for me ?
Im off to NIH
Steve

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 5/4/2020 9:01:22 AM
To: [REDACTED] Peter Navarro [REDACTED]@protonmail.com]
Subject: Lateral Flow Testing

Draft paper for comments and needed addition or deletions

Lateral Flow Assays and “Return to Work” Screening

There are two methods of testing for the coronavirus SARS-CoV-2, the causative agent of the disease COVID-19: These encompass molecular tests, which look for viral genetic material, and serological tests which check for specific antibodies created in the human body during a viral-induced activation of the immune system.¹ Neither method can determine if an individual has become immune to reinfection by a given virus.

The PCR test is a sensitive rapid molecular detection method for COVID-19, but strict procedures are necessary to prevent primer contamination and false positive results. Virus types may differ in when and where during the course of an infection a sample for PCR testing should be taken. The positive finding of viral genetic material in a sample, does not differentiate between an active infection or simply the detection of degenerate viral fragments being cleared from the body. PCR testing can be difficult to scale up into a high flow-through assay, and again, a positive PCR test gives no indication of a developing immunity to reinfection.

In contrast, serological tests for specific viral infections have been developed and used since the 1950s. The last 30 years have seen new concepts such as sensitive laboratory ELISA tests and rugged, rapid, lateral flow assays for the clinical diagnosis of a large number of viral infections. These include Hepatitis B, Hepatitis C, HIV-1, Measles, Influenza A and B, Eastern Equine Encephalitis, the West Nile virus, Zika virus, Herpes Simplex and Zoster viruses, and a half dozen more pathogens including SARS and the recent SARS-CoV-2 coronavirus.^{2,3,4,5,6,7}

The major drawback to serological testing is that it takes several days for a patient to develop the first antibodies to a virus, and then several more weeks for these antibodies to be refined and reach consistently detectable levels by Lateral Flow Assay. By this time, the virus may have been cleared from the body and PCR testing is negative. Thus there is a potential week-long gap between a PCR test becoming negative and a Lateral Flow Assay remaining negative.

“Return To Work” COVID screening

With respect to diagnostic capability, all these detection methods have their own select advantages, disadvantages and limitations. Therefore, when screening for the presence of a virus in a defined population it is necessary to use a hierarchy of techniques with well-defined parameters, as a system to achieve maximum diagnostic accuracy.

Rapid PCR molecular testing used in conjunction with a suitable, validated, lateral flow antibody (LFA) assay (*with a documented sensitivity and specificity*), can be used together with individual body temperature measurements, to take a single day “snapshot” of a selected workforce. This is with respect to identifying those workers who may have an asymptomatic infection, an early active viral infection, or a past viral exposure. This would be done for the first week of a “Return to Work” activity. Positive PCR or LFA tests would be confirmed by sensitive laboratory ELISA testing to determine antibody titers, with a repeat PCR.

Week Two of a “Return to Work” screening program would involve a repeat of week one. Week Three would be scaled-down to thermal camera screening with 2-week LFA testing (subject to the developing situation of any resurgence in the surrounding regions). While not perfect, such a

system should be able to detect initial “Return to Work” cases at a level that would be manageable with rapid case-contact tracing protocols.

Is an antibody positive employee actually immune to a repeated SARS-CoV-2 infection?

Neither rapid PCR tests nor antibody methods, can directly determine if a person is actually immune to a second infection by SARS-CoV-2. This is because the main defense against viral infection is by a second, almost forgotten, second arm of the immune system called Cell Mediated Immunity (CMI). The determination of actual immunity to a virus requires an examination of an individual’s Cell Mediated Immunity.⁸ This may require the use of sophisticated leucocyte migration tests or clonogenic lymphocyte proliferation assays in a laboratory.

However, this could also involve something as simple as a modified form of the Heaf Test. Also known as the *Mantoux test*, this method has been the “gold standard” for diagnostic screening for detection of new or asymptomatic mycobacterial infections for decades. Operating on the principle of a cutaneous T cell-mediated memory recall immune response, the test is rapid and simple to perform, costs pennies per test, easily scalable and adaptable for a wide variety of viral infections.^{9,10,11,12}

Footnotes:

1. National Academies of Sciences, Engineering, and Medicine, *Rapid Expert Consultation on SARS-CoV-2 Laboratory Testing for the COVID-19 Pandemic* (Apr. 8, 2020) (online at <http://nap.edu/25775>).

2.3.4.5.6.7. Use the reference list prepared for Joanna.

8. National Research Council (US) Subcommittee on Immunotoxicology. *Biologic Markers in Immunotoxicology*. Washington (DC): National Academies Press (US); 1992. 7, Human Immune-System Biologic Markers of Immunotoxicity. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK235669/>

9. Vukmanovic-Stejić M, Reed JR, Lacy KE, Rustin MH, Akbar AN. Mantoux Test as a model for a secondary immune response in humans. *Immunol Lett*. 2006;107(2):93- 101. doi:10.1016/j.imlet.2006.08.002

10,11,12 Use the reference list from the literature search.

Message

From: Steven Hatfill [REDACTED]
on behalf of: Steven Hatfill <[REDACTED]>
Sent: 5/25/2020 12:34:49 PM
To: [REDACTED]
Subject: Re: CARES ACT

[REDACTED]

[REDACTED] El domingo, 24 de mayo de 2020 12:10:42 p. m. GMT-6, Steven Hatfill <[REDACTED]> escribió:

Hi [REDACTED]
I made a quick trip to up to Washington DC in Mid January ---and have now been stuck here working at the White House since then,
and I mean stuck here-up to 18 hours a day, 7 days a week, working on the pandemic.

[REDACTED]

Here are a couple photos
Right now we are trying to bring major drug manufacturing-back to Puerto Rico as part of becoming self-sufficient for all our US drug manufacturing !!!!!!!!
A delegation will be going down shortly for some initial site selections. This could add hundreds of jobs to the economy there !!!!
I hope you are well my friend.
Steve H

On Sun, May 24, 2020 at 1:45 PM [REDACTED] > wrote:
[REDACTED]

[REDACTED]

Message

From: [REDACTED]
on behalf of [REDACTED]
Sent: 6/2/2020 2:29:15 PM
To: Steven Hatfill
Subject: Re: Hey

LOL. I what you're going through!!! It's amazing what a little isolation does.

I'm convinced no one knows how to solve problems anyone. It's like they go brain dead at the first bump in the road. Change protocols like the wind blows.

If you fly over this way tell the pilot to touch down here and I'll spring for drinks and dinner!

Stay safe and don't let them agitate you too much. Remember, it's only a pile of manure, it will disintegrate quickly and you won't even know it was dropped there!!! Nice plane by the way.

From: Steven Hatfill <[REDACTED]>
Sent: Tuesday, June 2, 2020 1:12 PM
To: [REDACTED]
Subject: Re: Hey

[REDACTED]

Working 14h /7 /365 since mid January
They fly me around sometimes on private jets to sort shit out.
Seeing the good and the bad and what needs to be fixed.
Like the little kid shoveling a huge pile of manure in the barn on a cold Christmas morning, thinking WTF...
there must be a pony in there somewhere.

On Tue, Jun 2, 2020 at 1:33 PM [REDACTED] > wrote:

I was thinking about you yesterday!! Not sure if I died I would be heading in that direction!! I'm still kicking and trying to maintain my position of being a pain in the ass for those around me. So far, so good. How are doing?

On another note, I'm thinking about offering my services for quashing all these disruptions but I doubt they would appreciate my past experience and advice.

I hope things are going well for you. I'm ready for us both to sit down and have a meal and drinks together!!



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From: Steven Hatfill 
Sent: Tuesday, June 2, 2020 12:24 PM
To: 
Subject: Hey

You die and go to heaven ??
Steve

[**WARNING** : This email came from an external source. Please treat this message with additional caution.]
[**WARNING** : This email came from an external source. Please treat this message with additional caution.]

From: Guram, Jeet <[REDACTED]@fda.hhs.gov>
Sent: Tuesday, June 23, 2020 4:04 PM
To: Shah, Anand <[REDACTED]@fda.hhs.gov>; MBX [REDACTED] Steven Hatfill
<[REDACTED]@who.eop.gov>
Subject: RE: Laminar Flow Assay Standards

FDA's "Serology Template for Commercial Manufacturers" for SARS-CoV-2 Emergency Use Authorization is available here – ><https://www.fda.gov/medical-devices/coronavirus-disease-2019-covid-19-emergency-use-authorizations-medical-devices/vitro-diagnostics-euas><

The template has information on recommended validation procedures for requesting a serology EUA, including for fingerstick point-of-care lateral flow tests. Page 7 explains that if a large number of known negative samples are not evaluated, or lower than 95% specificity is observed, developers should describe the cross-reactivity testing performed to evaluate certain cross-reactants.

--
Jeet Guram, M.D.
Senior Advisor, Office of the Commissioner
Food and Drug Administration

[REDACTED]

From: Shah, Anand <[REDACTED]@fda.hhs.gov>
Sent: Tuesday, June 23, 2020 3:55 PM
To: MBX [REDACTED] Steven Hatfill <[REDACTED]@who.eop.gov>
Cc: Guram, Jeet <[REDACTED]@fda.hhs.gov>
Subject: RE: Laminar Flow Assay Standards

Good to see you again yesterday. Dr. Guram is gathering the information and will share with you shortly. Looking forward to working with you.
Anand

From: MBX [REDACTED] Steven Hatfill
<[REDACTED]@who.eop.gov>
Sent: Tuesday, June 23, 2020 3:52 PM
To: Shah, Anand <[REDACTED]@fda.hhs.gov>
Subject: Laminar Flow Assay Standards

Good afternoon Dr Shah;
Dr Hatfill here. 15h55

In our attempt to set improved standards for the lateral flow assays, you mentioned that you had documentations outlining the requirements for point of care use of these devices. Could you kindly send me these manufacturers requirements as well as any sensitivity/specificity requirements now mandated by the FDA
With thanks
Dr. Hatfill

From: Smith, Robert <[REDACTED]@generaldynamics.com>
Sent: Monday, June 22, 2020 9:28 PM
To: Miller, Joanna R. EOP/WHO <[REDACTED]@who.eop.gov>
Cc: MBX [REDACTED] Steven Hatfill <[REDACTED]@who.eop.gov>
Subject: [EXTERNAL] Re: Vivera Pharmaceuticals COVID-19 Rapid Antibody Test Proposal to Dr. Peter Navarro's Office June 22, 2020

In talking to EB, it appears that Vivera has assumed 100% of the negative indications from our testing to be true negatives. That is how they calculated the high sensitivity and specificity.

For example, we had only 15 out of over ~215 positive indications confirmed. If you assume 0 false negatives out of the ~1900 negative results, the sensitivity would be $15/(15+0)$ or 100%. That would also support the reported specificity $1900/(1900+200 \text{ false positives}) = \sim 91\%$.

As you are aware, we did not do confirmatory ELISA testing for negative indications on the lateral flow tests. As such, there is no way to determine if their assumption is true or false. We did have one of our execs who had previously tested positive with ELISA test test negative on the lateral flow (Matt, who you met Steve). Given that non-scientific indicator and the high % of false positives we proved, I would find it very difficult to make an assumption anywhere close to 100% but I defer to your judgement.

I hope this is clear enough - happy to discuss any time if not.

Regards,

Rob

From: Miller, Joanna R. EOP/WHO <[REDACTED]@who.eop.gov>
Date: June 22, 2020 at 5:36:06 PM EDT
To: Smith, Robert <[REDACTED]@generaldynamics.com>
Subject: FW: Vivera Pharmaceuticals COVID-19 Rapid Antibody Test Proposal to Dr. Peter Navarro's Office June 22, 2020

Does this seem accurate to you?

From: Olivia Karpinski | VIVERA [REDACTED]
Sent: Monday, June 22, 2020 4:28 PM
To: Miller, Joanna R. EOP/WHO <[REDACTED]@who.eop.gov>; Abbott, Christopher J. EOP/WHO <[REDACTED]@who.eop.gov>
Cc: Paul Edalat | VIVERA [REDACTED]; Stephen McColgan | VIVERA [REDACTED]; Dr. Mehdi Hatamian | VIVERA [REDACTED]; [REDACTED]@buchalter.com; Farah Barghi | VIVERA [REDACTED]; Gianna DeSanto | VIVERA [REDACTED]
Subject: [EXTERNAL] Vivera Pharmaceuticals COVID-19 Rapid Antibody Test Proposal to Dr. Peter Navarro's Office June 22, 2020

Good afternoon Joanna and Chris,

We hope this email will find you both well. In regards to our U.S. test for COVID-19, we continue to receive independent testing data from sites like General Dynamics and from sites where validation studies were designed and followed. In addition to the General Dynamics Data, we have also received data from 735 patients tested at multiple United States sites and have summarized both sets of information in a full data summary in the attached document.

We have also listed the performance numbers for our US Test below for your cursory review:

- Among 2,172 employees tested by General Dynamics: **Vivera's Sensitivity: 100%; Specificity: 90.82%; Accuracy: 90.88%.**
- Among 735 patients tested at multiple U.S. hospital sites: **Vivera's Sensitivity: 97.99%; Specificity: 94.95%; Accuracy: 96.19%.**

In the combined PDF document attached to this email, you will find the following documents:

1. Final Proposal
2. Discussion of Validation Data
3. Term Sheet
4. Appendix A to the Defense Production Act (DPA) Title III

Vivera Pharmaceuticals Contact Information:

Dr. Stephen J. McColgan
Chief Medical Officer

[REDACTED]

Olivia Karpinski
Director

[REDACTED]
Mobile: [REDACTED]
Office: [REDACTED]

Thank you for the opportunity to present your Office with this proposal. Following your review, we are available any time to review the document and the data with you. We would like to submit this proposal to HHS / BARDA as soon as possible and look forward to speaking with you further.

Sincerely,

Olivia



Olivia Karpinski
VP of Sales

[Redacted]

D: [Redacted]
O: [Redacted]
M: [Redacted]

www.ViveraPharmaceuticals.com

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Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 7/18/2020 1:18:19 AM
To: [REDACTED]
Subject: Re: RSA weekly update

Thank you. Very sad but all predictable. What was amazing was how quickly it all fell apart after the referendum... in I think that was back in 1993.

None of my colleagues work at the hospitals now-all are in private practice so there is no hand down from the older to the younger doctors which is the basis of medicine..

Things are well here but chronic lack of sleep, long hours 7 days a week, and constant fighting with Fauci and the FDA Commissioner Hahn are taking some toll. Now I know why everyone turns grey after a couple years here.

Thousand have died because of poor decisions by these two whom I call "Dumb and Dumber". Difficult to implement any proper innovations because virtually every day there is a fire to put out, such as today. Its 12:43 AM (I came home early yesterday at 7:30 PM, ate and slept for a couple hours, now answering emails and then working on the computer till about 4 AM, grab a couple hours more sleep, into the office at 10:00 or 10:30 AM, work through lunch-cycle repeats.

Simply not enough hours in the day.

The swamp inhabitants are still on lockdown for the most part in DC, but that does not apply to myself or my colleagues.

I am with a really strong team (Peter Navarro) . We are an extremely feisty group and always in some sort of trouble. All any of us care about is doing the right thing. That makes us all a rarity in the swamp that is called the Hill.

Please keep safe.....

Steve

On Sat, Jul 18, 2020 at 12:33 AM Steven Hatfill <[REDACTED]> wrote:

New from RSA
Hope you are coping

[REDACTED]

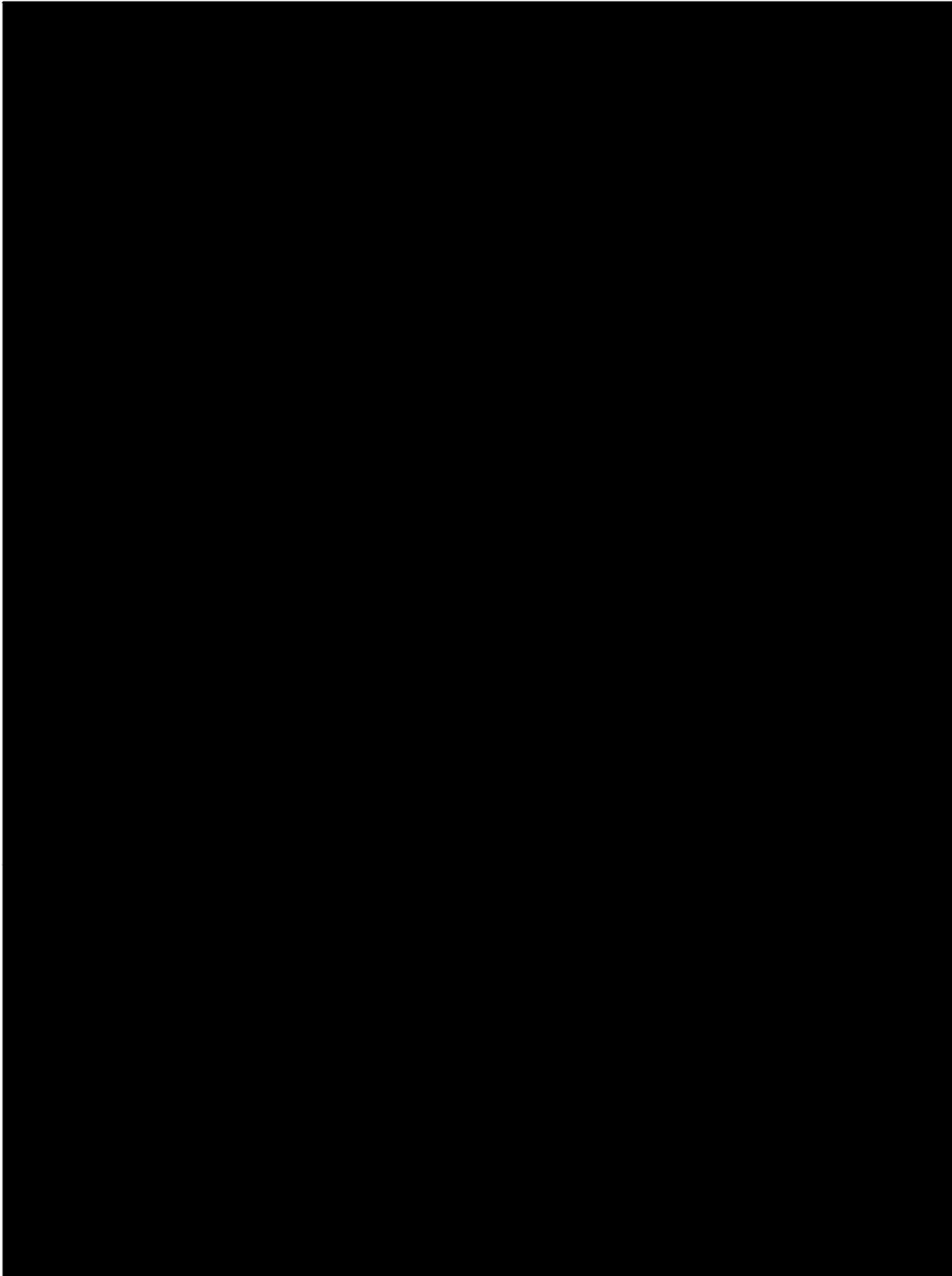
>>

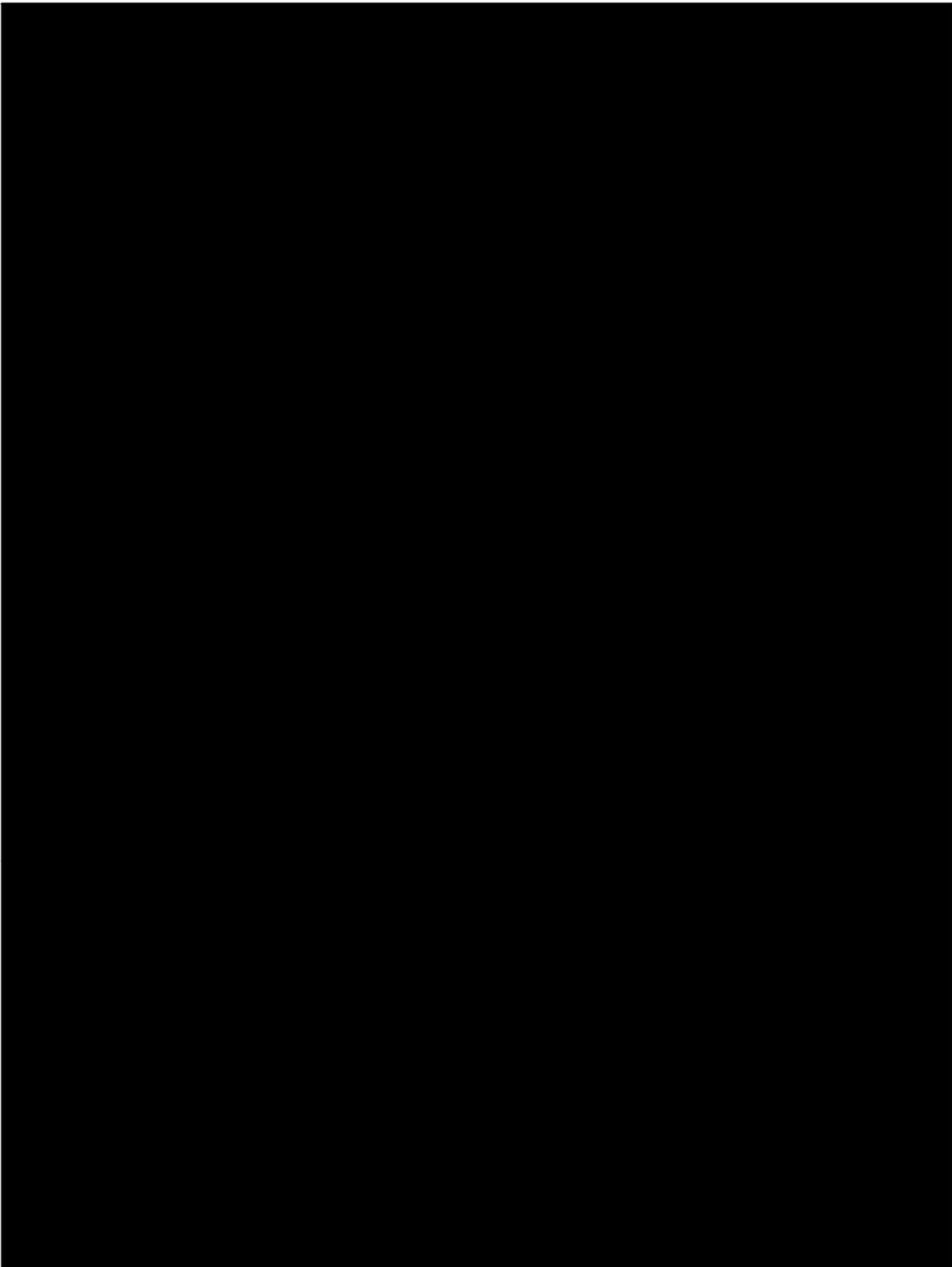
>>

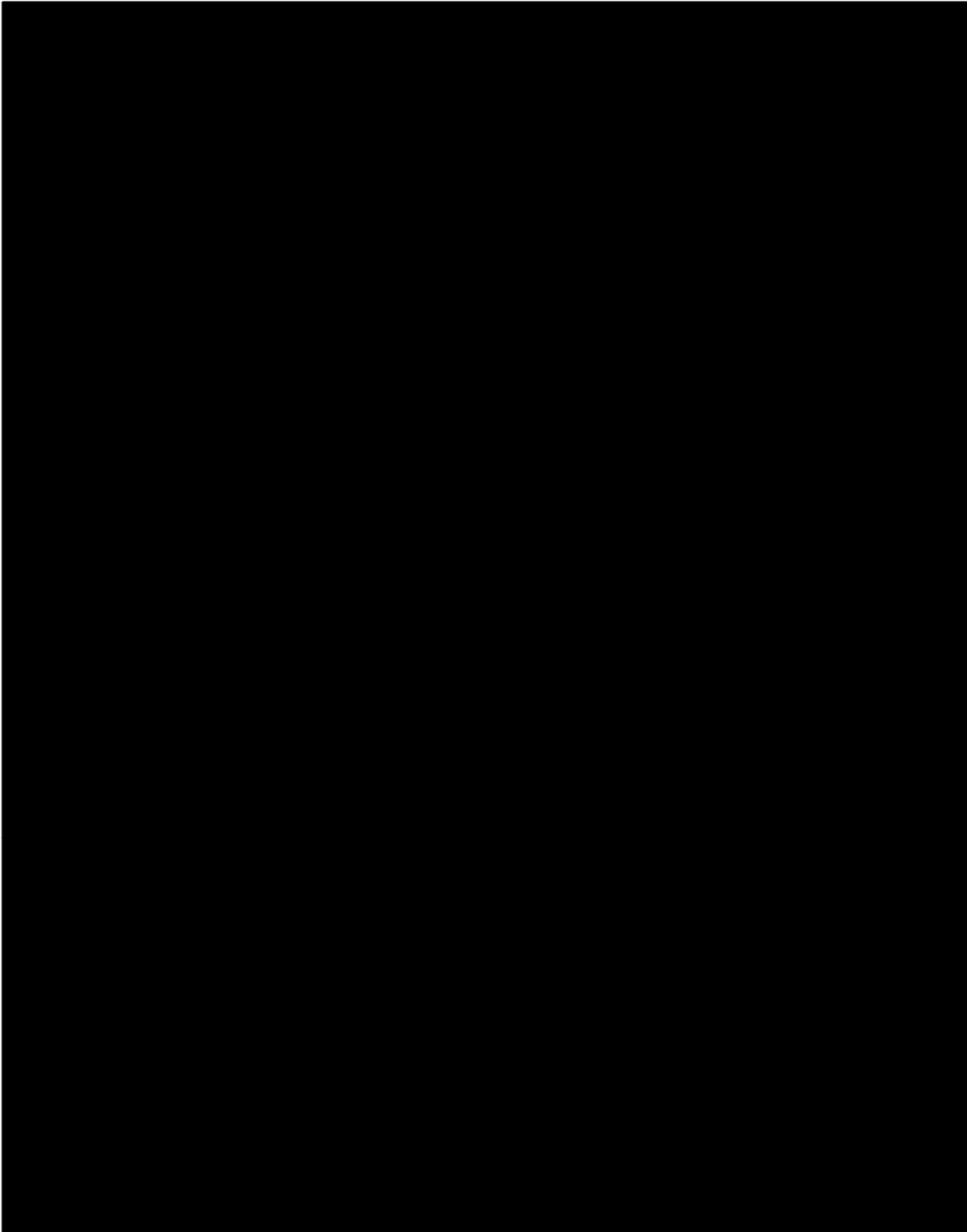
>> Hello again,

>>

[REDACTED]







>>

>> [Image removed by sender.]

>>

>>

>>

>>



Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 7/21/2020 2:49:23 AM
To: Abbott, Christopher J. EOP/WHO [REDACTED]@who.eop.gov]
Subject: Signed NDA

For your files
My signed NDA
MBX

NONDISCLOSURE AGREEMENT

This Nondisclosure Agreement (this “Agreement”) is made as of **July 20, 2020**, by and between **HyperSpectral APD, LLC**, a Delaware limited liability company (the “Company”), and **Steven Hatfill** (“Recipient”).

RECITALS

The parties wish to explore a possible business opportunity of mutual interest (the “Relationship”) in connection with which Company has disclosed and/or may further disclose its Confidential Information (as defined below) to Recipient. This Agreement is intended to allow the parties to continue to discuss and evaluate the Relationship while protecting Company’s Confidential Information (including Confidential Information previously disclosed to Recipient) against unauthorized use or disclosure.

AGREEMENT

In consideration of the premises and mutual covenants herein, the parties hereby agree as follows:

1. **Definition of Confidential Information.** “Confidential Information” means information and physical material not generally known or available outside Company and information and physical material entrusted to Company in confidence by third parties. Confidential Information includes, without limitation: technical data, trade secrets, know-how, research, product or service ideas or plans, software codes and designs, algorithms, developments, inventions, patent applications, laboratory notebooks, processes, formulas, techniques, mask works, engineering designs and drawings, hardware configuration information, agreements with third parties, lists of, or information relating to, suppliers and customers, price lists, pricing methodologies, cost data, market share data, marketing plans, licenses, contract information, business plans, financial forecasts, historical financial data, budgets or other business information disclosed by Company (whether by oral, written, graphic or machine-readable format), which Confidential Information is designated in writing to be confidential or proprietary, or if given orally, is confirmed in writing as having been disclosed as confidential or proprietary within a reasonable time (not to exceed 30 days) after the oral disclosure, or which information would, under the circumstances, appear to a reasonable person to be confidential or proprietary.

2. **Nondisclosure of Confidential Information.** Recipient shall not use any Confidential Information disclosed to it by Company for any purpose other than to carry out discussions concerning the Relationship. Recipient shall not disclose or permit disclosure of any Confidential Information of Company to third parties or to employees of Recipient, other than directors, officers, employees, consultants and agents of Recipient who are required to have the information in order to carry out the discussions regarding the Relationship (each, a “Representative”), provided that each Representative has agreed in writing to be bound by the requirements of this Agreement or is otherwise subject to duties of confidentiality that are at least as protective of Discloser’s Confidential Information as the protections contained in this Agreement. Recipient will remain responsible for any noncompliance with the terms of this Agreement by its Representatives. Recipient shall take reasonable measures to protect the secrecy of and avoid disclosure or use of Confidential Information of Company in order to prevent it from falling into the public domain or the possession of persons other than those persons authorized under this Agreement to have any such information. Without limiting the foregoing, Recipient will exercise at least the same degree of care that Recipient utilizes to protect its own Confidential Information of a similar nature. Recipient shall notify Company promptly of any misuse, misappropriation or unauthorized disclosure of Confidential Information of Company which may come to Recipient’s attention.

3. **Exceptions.** Notwithstanding the above, the obligations in Section 2 shall not apply Company with regard to information that the Recipient can prove:

(a) was in the public domain at the time it was disclosed or has entered the public domain through no fault of Recipient;

(b) was already known to Recipient, without restriction, at the time of disclosure, as demonstrated by files in existence at the time of disclosure;

(c) was independently developed by Recipient without any use of or reference to the Confidential Information, as demonstrated by files created at the time of such independent development;

(d) becomes known to Recipient, without restriction, from a source other than Company without breach of this Agreement by Recipient and otherwise not in violation of Company's rights; or

(e) is disclosed with the prior written approval of Company.

4. **Return of Materials.** Recipient shall, except as otherwise expressly authorized by Company, not make any copies or duplicates of any Confidential Information. Any materials or documents that have been furnished by Company to Recipient in connection with the Relationship shall be promptly returned by Recipient (or with Company's consent, destroyed), accompanied by all copies of such documentation, within ten days after (a) the Relationship has been rejected or concluded or (b) the written request of Company.

5. **No Rights Granted.** Nothing in this Agreement shall be construed as granting any rights under any patent, copyright or other intellectual property right of Company, nor shall this Agreement grant Recipient any rights in or to Company's Confidential Information other than the limited right to review such Confidential Information solely for the purpose of determining whether to enter into the Relationship. Nothing in this Agreement requires the disclosure of any Confidential Information, which shall be disclosed, if at all, solely at Company's option. Nothing in this Agreement requires the parties hereto to proceed with the Relationship or any transaction in connection with which the Confidential Information may be disclosed.

6. **No Representations Made.** All Confidential Information is provided by Discloser "as is" and Recipient acknowledges that neither Company, nor any of its representatives, in the course of providing the Confidential Information as contemplated hereunder, is making any representation or warranty (express or implied) as to the accuracy or completeness of any such information, and Recipient assumes full responsibility for all conclusions derived from such information.

7. **No Publicity.** Neither party shall, without the prior consent of the other party, disclose to any other person the fact that Confidential Information of Company has been and/or may be disclosed under this Agreement, that discussions or negotiations are taking place between the parties, or any of the terms, conditions, status or other facts with respect thereto, except as required by law and then only with prior notice as soon as possible to the other party.

8. **Notice of Compelled Disclosure.** In the event that Recipient or any person to whom they or their representatives transmit or have transmitted Confidential Information become legally compelled (by oral questions, interrogatories, requests for information or documents, subpoenas, civil investigative demands or otherwise) to disclose any such Confidential Information, the Recipient shall provide the Company with prompt written notice so that the Company may seek a protective order or other appropriate

remedy, or both, or waive compliance with the provisions of this Agreement. In the event that the Company is unable to obtain a protective order or other appropriate remedy, or if it so directs the Recipient, the Recipient shall furnish only that portion of the Confidential Information that the Recipient is advised by written opinion of its counsel is legally required to be furnished by it and shall exercise its reasonable best efforts to obtain reliable assurance that confidential treatment shall be accorded such Confidential Information.

9. **Term.** The foregoing commitments of each party shall survive any termination of the Relationship between the parties.

10. **Independent Contractors.** The parties are independent contractors, and nothing contained in this Agreement shall be construed to constitute the parties as partners, joint venturers, co-owners or otherwise as participants in a joint or common undertaking.

11. **Remedies.** Each party's obligations set forth in this Agreement are necessary and reasonable in order to protect Company and its business. Due to the unique nature of Company's Confidential Information, monetary damages may be inadequate to compensate Company for any breach by Recipient of its covenants and agreements set forth in this Agreement. Accordingly, the parties each agree and acknowledge that any such violation or threatened violation may cause irreparable injury to Company and, in addition to any other remedies that may be available, in law, in equity or otherwise, Company shall be entitled to obtain injunctive relief against the threatened breach of this Agreement or the continuation of any such breach by Recipient without the need to post a bond or make any other undertaking.

12. **Miscellaneous.**

(a) **Governing Law; Jurisdiction and Venue.** The validity, interpretation, construction and performance of this Agreement, and all acts and transactions pursuant hereto and the rights and obligations of the parties hereto shall be governed, construed and interpreted in accordance with the laws of the state of California, without giving effect to principles of conflicts of law. Each of the parties hereto irrevocably consents to the exclusive jurisdiction and venue of any federal or state court within Los Angeles County, State of California, United States of America in connection with any matter based upon or arising out of this Agreement, agrees that process may be served upon it in any manner authorized by the laws of the State of California for such persons and waives and covenants not to assert or plead any objection that they might otherwise have to jurisdiction, venue and such process.

(b) **Entire Agreement.** This Agreement sets forth the entire agreement and understanding of the parties relating to the subject matter herein and supersedes all prior or contemporaneous discussions, understandings and agreements, whether oral or written, between them relating to the subject matter hereof.

(c) **Amendments and Waivers.** No modification of or amendment to this Agreement, nor any waiver of any rights under this Agreement, shall be effective unless in writing signed by the parties to this Agreement. No delay or failure to require performance of any provision of this Agreement shall constitute a waiver of that provision as to that or any other instance.

(d) **Successors and Assigns.** Except as otherwise provided in this Agreement, this Agreement, and the rights and obligations of the parties hereunder, will be binding upon and inure to the benefit of their respective successors, assigns, heirs, executors, administrators and legal representatives. The Company may assign any of its rights and obligations under this Agreement. Recipient may not assign

any of its rights and obligations under this Agreement, except with the prior written consent of the Company.

(e) **Notices.** Any notice, demand or request required or permitted to be given under this Agreement shall be in writing and shall be deemed sufficient when delivered personally or by overnight courier or sent by email, or 48 hours after being deposited in the U.S. mail as certified or registered mail with postage prepaid, addressed to the party to be notified at such party's address as set forth on the signature page, as subsequently modified by written notice, or if no address is specified on the signature page, at the most recent address set forth in the Company's books and records.

(f) **Severability.** If one or more provisions of this Agreement are held to be unenforceable under applicable law, the parties agree to renegotiate such provision in good faith. In the event that the parties cannot reach a mutually agreeable and enforceable replacement for such provision, then (i) such provision shall be excluded from this Agreement, (ii) the balance of the Agreement shall be interpreted as if such provision were so excluded and (iii) the balance of the Agreement shall be enforceable in accordance with its terms.

(g) **Construction.** This Agreement is the result of negotiations between and has been reviewed by each of the parties hereto and their respective counsel, if any; accordingly, this Agreement shall be deemed to be the product of all of the parties hereto, and no ambiguity shall be construed in favor of or against any one of the parties hereto.

(h) **Counterparts.** This Agreement may be executed in any number of counterparts, each of which when so executed and delivered shall be deemed an original, and all of which together shall constitute one and the same agreement. Execution of a facsimile copy will have the same force and effect as execution of an original, and a facsimile signature will be deemed an original and valid signature.

[Signature Page Follows]

The parties have executed this Nondisclosure Agreement as of the date first above written.

THE COMPANY:

HyperSpectral APD, LLC

By: _____
(Signature)

Name: _____

Title: Managing Member

Address: Alexandria, VA

RECIPIENT:

Company: _____

Name: Steven Hatfill

Title: _____

DocuSigned by:

(Signature) ABC24346E

Address: _____

Email: _____

SIGNATURE PAGE TO
NONDISCLOSURE AGREEMENT

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 8/15/2020 9:15:10 AM
To: [REDACTED] Robert Kadlec
Subject: Urgent -need the form for HHS/FEMA

Hi Dr Kadlec
I really need that form
Peter wants me to have it done Monday !!!
Please
Steve Hatfill

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 8/19/2020 4:17:23 AM
To: [REDACTED]
Subject: Re: How do at risk people get a prescription for Hydroxychloroquine in WA

[REDACTED]
The American Society of Physicians and Surgeons has already filed a lawsuit against Hahn and the FDA over hydroxychloroquine. I am in touch with them every single day.

In addition, I am at the White House working in an Office to fix this problem. I have been working there for the last 5 months, an average of 10 hours a day, 7-days a week, unpaid, as the senior medical advisor to one of the President's Senior Advisors. My email there is [REDACTED]@who.eop.gov
Initially this was to get supplies to our hospitals, then it was for policy recommendations, Now it is fighting the NIH and the idiots at the FDA.

What has happened with hydroxychloroquine is an outrage and I have watched from a ring-side seat as this stupidity with Fauci and Stepgen Hahn, the FDA commissioner, has played out. We are trying to fix it. Believe me..we are trying to fix it.

Let me see if there is something I can arrange. **Can you give me a good mailing address for you?**

In the meantime, here are some published papers written by some of my friends.

Message

From: [REDACTED]
on behalf of [REDACTED]
Sent: 11/4/2020 3:48:46 AM
To: Steven Hatfill [REDACTED]
Subject: Re:

Hello my friend,

Hope you and [REDACTED] are fine. Just been watching the news and looks like this election is going to be very close. My money is on Trump and God help us if that dementia ridden Idiot gets in. I think he will just be a figurehead.

Well we're being forced into another destructive lockdown which will force more folk into poverty and make the rich richer.

This COVID has been hyped up to a ridiculous level, so much so that a lot of people have become fearful and others pissed-off and rebellious.

Then there's the issue of COVID testing that this Government has organised through private entities at the cost of billions. A group of friends of a mate of mine were sent these kits which they had to provide samples and mail back. Well they decided to just dip these in water and then mailed. They all came back positive! 😞 Which goes to show how crooked the system is. The only reliable method is to be tested at an NHS facility

Well I enjoyed reading your email and hope your Bergman of rocks is now lighter! Lol.
Hope you don't have to vacate your desk. 🙏🙏

[REDACTED]
Sent from my iPhone

On 3 Sep 2020, at 10:22, Steven Hatfill <[REDACTED]> wrote:

Well-you hit the nail on the head about the virus. [REDACTED]
We are all getting older, mate. If I was a car, I would have traded myself in years ago. LOL
I've about had enough of things here. I left [REDACTED] late January. Not been back since. Keep trying to go but they wont let me
This virus thing is just an egregious shitshow run by the idiots on the COVID Task Force. I actually lost it and told Fauci he was full of crap a couple weeks ago. My boss reigned me in.....then he went out and had a go at someone himself--- on national TV !!! LOL.
The President is a great man.....but some of the idiots he hires.....Jeez almighty.
Fortunately my own boss is a cool dude and he just tells the leaf eaters to fuck off when he has had enough of them.
Lots of thirty somethings running around with Yale degrees and stuff. Very very smart and they have figured out how things work. They help me out a lot.
Problem is that things move so fast no one really has time to think. It's just putting out one fire after another while dragging a Bergan full of rocks around.
The simplest things take days to accomplish because you are trying to do a bunch of stuff at the same time.

Anyway-its 5 AM, going to try and get a kip before the cycle starts again

You take care mate.

Your turn to chat next time -What are you up to ????

Talk later. [REDACTED]

Steve

On Thu, Sep 3, 2020 at 3:12 AM [REDACTED]

> wrote:

Hello Mate,

[REDACTED]

Hope you're enjoying your new post. Do you think this virus is bad as people say? We hear that those over 65 are at greatest risk and that younger people don't have much to worry about. If this is the case, I don't know why people aren't back at work. Let the old folk voluntarily isolate or live as they want to. I just use common sense and carry on. I have an immune system and stay fit.

There's far too much negative hype from the press and the pen pushers in Govt change their bloody minds on measures everyday!

Hope you [REDACTED] are keeping well.

Cheers,

[REDACTED]

Sent from my iPhone

> On 3 Sep 2020, at 07:24, Steven Hatfill <[REDACTED]> wrote:

>

>

>

>

>

>

> Steve H

<COV19sticker_360x.png>

<meeting with Fauci II.jpg>

Message

From: Garrett Ziegler [REDACTED]
on behalf of Garrett Ziegler [REDACTED]
Sent: 9/11/2020 10:34:59 PM
To: Steven Hatfill [REDACTED]
Subject: Re: NACCHO National Profile of Local Health Departments

Received. Thank you. I sent another to your proton.

Garrett Ziegler
[REDACTED]

Sent from iPhone

On Sep 11, 2020, at 8:48 PM, Steven Hatfill <[REDACTED]> wrote:

test message

----- Forwarded message -----

From: [REDACTED]
Date: Fri, Sep 11, 2020 at 12:33 PM
Subject: NACCHO National Profile of Local Health Departments
To: Steven Hatfill [REDACTED]
[REDACTED]

NACCHO National Profile of Local Health Departments (2019) published this month is attached, 147 pgs.

ATTACHMENT

<image001.png>

A Veteran Owned Small Business (VOSB)
Department of Veterans Affairs Registered

<image002.jpg>



<image003.gif>

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<NACCHO_2019_Profile_final.pdf>

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 9/21/2020 11:19:52 AM
To: [REDACTED] [Unknown]@protonmail.com]
Subject: Re: interesting article

I already sent this to Joanna for her daily tweet messages and sent a copy to Peter.
MBX

On Mon, Sep 21, 2020 at 7:20 AM [REDACTED] [Unknown] <[REDACTED]> wrote:
We should consider telling PN abt this.

Sent with [ProtonMail](#) Secure Email.

----- Original Message -----

On Saturday, September 19, 2020 9:53 PM, Steven Hatfill <[REDACTED]> wrote:

States favorable to Trump have a lower COVID Case Fatality Rate than the Fucktard states that do not.
MBX

9.22.2020
The Honorable Mark R. Meadows
Chief of Staff
The White House

Dear Mr. Meadows,

Upgraded in 2017, the Department of Health and Human Services (HHS) National Pandemic Plan is suitable for *any* large-scale infectious respiratory viral disease. It is the master guide for how the United States should manage an event such as COVID-19.

Its tenets are simple: Find a suitable antiviral medication, identify proven *or suspected* cases of the disease, and treat these cases under home quarantine. Then trace, quarantine, and treat their close contacts such as friends and family members. These measures would reduce infections, reduce hospitalizations, and minimize deaths during the “*Vaccine Gap*”.

Hydroxychloroquine (HCQ) was found to suit this purpose for COVID-19. FDA incompetence and decisions by the COVID-19 Treatment Panel have transformed this National Plan into the ludicrous concept of *keeping early infected patients quarantined at home without treatment until they became so ill that they had to be admitted to a hospital. Once in hospital they would be given HCQ which would not work well because the patients were now too ill.*

The President has been grossly misadvised by the COVID Task Force on the proper pandemic response to COVID-19.

Recommendations:

There is an old maxim that states, *never ask the people that got you into trouble - to get you out of the trouble.*

1. Two members of the COVID-19 Task Force (Drs, Fauci and Hahn) need to be urgently replaced with *a competent multidisciplinary team of doctors and public health experts actually experienced in operational medicine.* There must be a return to the basic National Pandemic Plan. General HHS plans for outpatient antiviral drug use already exist but were never followed by the COVID Task Force. A small team of National experts has already been assembled to assist if this course is chosen.
2. The US COVID-19 strategy must be changed to a focused, community-outreach approach involving the outpatient and prophylactic use of hydroxychloroquine with Zinc supplementation. The focus is on the early treatment of COVID outpatients and their close contacts.
3. Local communities need to set up community emergency health centers for outpatient treatment, community assistance, 1-800 Emergency COVID Help Line call centers, home visit medical teams to promote the physician-directed outpatient use of anti-viral agents. The Commissioned Public Health Corps can be tasked with this implementation.
4. Small Health Care Teams and pop-up clinics, will go into the communities and work with local doctors and community representatives to find cases, educate individuals and their contacts, and treat with physician-supervised hydroxychloroquine to control a COVID outbreak in a local area.
5. Drug packets for outpatient COVID treatment should be quickly manufactured with instructions on the packet for use upon physician clearance to take the drug. The public must be kept honestly

informed about the mistakes made and the new shift in doctrine. This drug pack should be made free and issued on a doctor's prescription.

6. COVID testing in the US is still broken. Many coronavirus test results take so long to come back they are useless for anything except as a historical record. These delays have a cascading effect and contact tracing is rendered ineffectual.

Other countries have managed their pandemic without wide-spread testing. Let physicians judge the likelihood of their patients being infected based on their clinical judgement together with their assessment of their patient for hydroxychloroquine use.

7. Countries that have followed these procedures have been able to rapidly bring their local area epidemics under control within 14-days, and hence their national pandemic under control.
8. It should be noted that the President is also misplacing his trust in the COVID-19 Task Force recommendations concerning experimental mRNA-based COVID vaccines. These have no previous track record and are **not being tested in the older age demographics where they are the most needed**. An experimental vaccine, for which the manufacturers have obtained legal immunity from possible harm, raises questions. If this vaccination effort fails, for any reason, the US has no Plan B.

I realize that you understand this, but it necessary to reaffirm that the widespread outpatient use of hydroxychloroquine is the only way to control the COVID-19 pandemic in the US at this time.

Until the National Pandemic Plan is properly implemented, there is no hope of a win and this pandemic will have to burn itself out with thousands of more preventable deaths in the process.

Sincerely,

Dr. Steven J. Hatfill MD.MS.MS.M.Med
Department of Clinical Research and Leadership
The George Washington University

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 10/1/2020 12:31:19 AM
To: [REDACTED] [Unknown] [REDACTED]@protonmail.com]
Subject: Fwd: HCQ Randomized Controlled Clinical Trial is All Positive

----- Forwarded message -----

From: Steven Hatfill <[REDACTED]>
Date: Thu, Oct 1, 2020 at 12:22 AM
Subject: HCQ Randomized Controlled Clinical Trial is All Positive
To: Miller, Joanna R. EOP/WHO [REDACTED]@who.eop.gov>

This is all randomized data and clearly demonstrates a statistically significant reduction in COVID-19 illness, hospitalization, and death.

When this paper is accepted for publication the last argument for those blocking the early use of HCQ will have been quashed.

<https://www.medrxiv.org/content/10.1101/2020.09.30.20204693v1>

The five outpatient randomized controlled studies to date examining new infection, hospitalization or mortality- lumped together - show statistically significant evidence of reduced risk, RR=0.76 (95% CI 0.59 to 0.97).

- Five randomized controlled clinical trials enrolling 5,577 patients.
- HCQ was associated with a 24% reduction in COVID-19 infection, hospitalization or death, P=.025 (RR, 0.76 [95% CI, 0.59 to 0.97]).
- No serious adverse cardiac events were reported.

The combined literature of seven nonrandomized controlled trials and five randomized controlled trials provides substantial and statistically significant evidence of benefit for early use of hydroxychloroquine in COVID-19 outpatients.

Fauci and Hahn have allowed thousands to die. Americans will demand an explanation when this is realized.

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 10/1/2020 12:26:22 AM
To: [REDACTED] Peter Navarro [REDACTED]@protonmail.com]
Subject: Fwd: HCQ Randomized Controlled Clinical Trial is All Positive

Subject: HCQ Randomized Controlled Clinical Trial is All Positive

This is all randomized data and clearly demonstrates a statistically significant reduction in COVID-19 illness, hospitalization, and death.

When this paper is accepted for publication the last argument for those blocking the early use of HCQ will have been quashed.

<https://www.medrxiv.org/content/10.1101/2020.09.30.20204693v1>

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Fauci and Hahn have allowed thousands to die. Americans will demand an explanation when this is realized.

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 10/3/2020 12:52:47 AM
To: [REDACTED] [Unknown]@protonmail.com]
Subject: Fwd: So

No Hydroxy

President just started on Remdesivir.

This is in spite of the new Meta-analysis showing the effectiveness of HCQ.

The politics are extensive I am guessing.

If he had started on Hydroxy-----Americans were going to ask why their mom or dad died without getting it. Eventually it would be realized that Fauci and Hahn are responsible for the deaths of thousands (and they are). ...The Democrats would wail that Trump allowed this to happen. It's too close to the election.

It is still early enough that Remdesivir will work for the President...but it does not fit into any pandemic strategy that would stop the outbreak. The key to that is home treatment. They will now bring out a remdesivir inhaler at a fantastic cost which probably will not work that well.

I'm guessing about 20,000 more deaths until this is over. If the virus does not change into something worse.

Steve

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 10/6/2020 1:17:02 AM
To: [REDACTED]
Subject: Re: Introduction to Dr Bob Campbell

Hi [REDACTED] Good Evening to you.
Are you located in the DC Metro Area by any chance ?
I would like to discuss face to face any possible common vulnerabilities of the pharmaceutical middlemen and is there a legislative recourse to put them out of business without disrupting the supply chain. Alternatively how could they be disrupted one by one .

It would probably be best to use protonmail.com for further discussions.
If you have been historically vocal about these businessmen in the past, then your email is most likely compromised. Protonmail is quite easy to sign on and is without cost. My address with this encryption service is;

[REDACTED]@protonmail.com

Sincerely,
Steve Hatfill MD

On Mon, Oct 5, 2020 at 7:45 PM [REDACTED] > wrote:
I am pleased to help policy makers better understand the intricacies of the healthcare supply chain. Reform is very much needed to align patient interests with incentives in the supply chain.

Best

[REDACTED]
> On 10/05/2020 1:11 AM Garrett Ziegler <[REDACTED]> wrote:
>
>
> Thank you for the introduction, [REDACTED] I enjoyed our conversation with Dr Hatfill today.
>
> I am hoping Steve and [REDACTED] conversation will prove fruitful—for our great country!

> Garrett

>> On Oct 4, 2020, at 4:16 PM, [REDACTED] wrote:

>> Steve,

>> Meet [REDACTED] — expert and strategist on middlemen!

>> Best to you all,

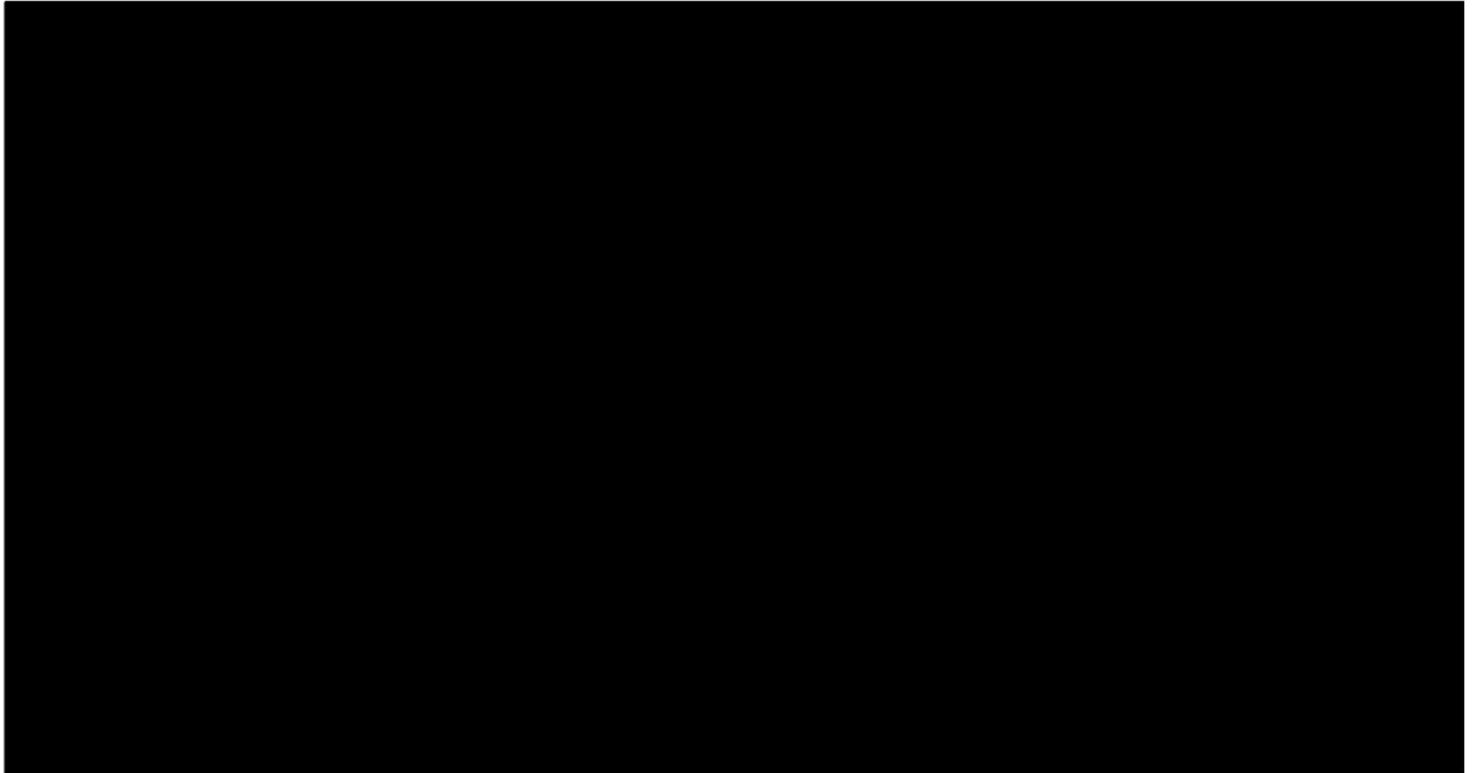
>> [REDACTED]

>> Sent from my iPhone

Message

From: [REDACTED]
on behalf of [REDACTED]
Sent: 10/20/2020 10:27:43 AM
To: Steven Hatfill
Subject: Re: Re:

Hi Steve!



From: Steven Hatfill <[REDACTED]>
Sent: Tuesday, October 20, 2020 8:16 AM
To: [REDACTED]
Subject: Re:

Yes....

The Author of this also wrote "*La Peste*" which is a classic that I have in the library at home.
Thank you very much for sending this.

Anyway-I have done about all that I can here. Slowly packing up and looking forward to some peace and quiet in [REDACTED] in a couple weeks.

It's been 10 months of fighting, trying to gain consensus and support. I did accomplish that, but there is nothing to show operationally for the effort. I am completely out of ideas and nothing more can really be done from my side. You can lead a horse to water, but you cannot make it drink.

Now with the elections so close, COVID is taking a back-seat, yet the disease is rearing it ugly head again and there are some frightening rumors about the virus coming out of Bulgaria at the moment.

keep safe there QQ

Hosatious

ALBERT CAMUS

—◆—

He said, "In the midst of hate, I found there was, within me, an invincible love. In the midst of tears, I found there was, within me, an invincible smile. In the midst of chaos, I found there was, within me, an invincible calm. I realized, through it all, that in the midst of winter, I found there was, within me, an invincible summer. And that makes me happy. For it says that no matter how hard the world pushes against me, within me, there's something stronger—something better, pushing right back."

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 10/21/2020 7:41:41 PM
To: [REDACTED] [Unknown] <[REDACTED]@protonmail.com>
Subject: Fwd: Oct 9 2021 US National Institutes of Health Recommends Against All COVID-19 Treatments in Ambulatory and Hospitalized Patients Not Requiring Oxygen

----- Forwarded message -----

From: Steven Hatfill <[REDACTED]>
Date: Wed, Oct 21, 2020 at 7:40 PM
Subject: Fwd: Oct 9 2021 US National Institutes of Health Recommends Against All COVID-19 Treatments in Ambulatory and Hospitalized Patients Not Requiring Oxygen
To: [REDACTED] Peter Navarro <[REDACTED]@protonmail.com>

Peter McCulloch has pointed out that the NIH COVID Treatment Panel now recommends against all forms of treatment (off-target antivirals, corticosteroids, and antithrombotics) in acutely ill COVID-19 patients in the ambulatory or hospital setting if they do not require supplemental oxygen.

This is sheer insanity and it will critically damage the United States and do nothing to bring the pandemic under control in this country.

It is outrageous and is intentionally being done right at elections.

Figure 1. Recommendations for Pharmacologic Management of Patients with COVID-19 Based on Disease Severity

DISEASE SEVERITY	PANEL'S RECOMMENDATIONS <i>(Recommendations are listed in order of preference in each category below; however, all options are considered acceptable.)</i>
<p>Not Hospitalized or Hospitalized but Does Not Require Supplemental Oxygen</p>	<p>No specific antiviral or immunomodulatory therapy recommended</p> <p>The Panel recommends against the use of dexamethasone (AI)</p> <p>See the Remdesivir section for a discussion of the data on using this drug in hospitalized patients with moderate COVID-19.^a</p>
<p>Hospitalized and Requires Supplemental Oxygen (but Does Not Require Oxygen Delivery Through a High-Flow Device, Noninvasive Ventilation, Invasive Mechanical Ventilation, or ECMO)</p>	<p>Remdesivir 200 mg IV for one day, followed by remdesivir 100 mg IV once daily for 4 days or until hospital discharge, whichever comes first (AI)^{b,c,d}</p> <p>or</p> <p>Remdesivir (dose and duration as above) plus dexamethasone* 6 mg IV or PO for up to 10 days or until hospital discharge, whichever comes first (BIII)^f</p> <p>If remdesivir cannot be used, dexamethasone* may be used instead (BIII)</p>
<p>Hospitalized and Requires Oxygen Delivery Through a High-Flow Device or Noninvasive Ventilation</p>	<p>Dexamethasone* plus remdesivir at the doses and durations discussed above (AII)^f</p> <p>or</p> <p>Dexamethasone*^{e,g} at the dose and duration discussed above (AI)</p>
<p>Hospitalized and Requires Invasive Mechanical Ventilation or ECMO</p>	<p>Dexamethasone*^{e,g} at the dose and duration discussed above (AI)</p> <p>or</p> <p>Dexamethasone* plus remdesivir for patients who have recently been intubated at the doses and durations discussed above (CII)^f</p>
<p>Rating of Recommendations: A = Strong; B = Moderate; C = Optional Rating of Evidence: I = One or more randomized trials with clinical outcomes and/or validated laboratory endpoints; II = One or more well-designed, nonrandomized trials or observational cohort studies; III = Expert opinion</p>	

^a The Panel recognizes that there may be situations in which a clinician judges that remdesivir is an appropriate treatment for a hospitalized patient with moderate COVID-19 (e.g., a patient who is at a particularly high risk for clinical deterioration). However, the Panel finds the data insufficient to recommend either for or against using remdesivir as routine treatment for all hospitalized patients with moderate COVID-19.

^b Treatment duration may be extended to up to 10 days if there is no substantial clinical improvement by Day 5.

^c The Panel recognizes there is a theoretical rationale for initiating remdesivir plus dexamethasone in patients with rapidly progressing COVID-19.

^d For patients who are receiving remdesivir but progress to requiring oxygen through a high-flow device, noninvasive ventilation, invasive mechanical ventilation, or ECMO, remdesivir should be continued until the treatment course is completed.

^e If dexamethasone is not available, equivalent doses of other corticosteroids, such as prednisone, methylprednisolone, or hydrocortisone, may be used. See [Corticosteroids](#) for more information.

^f The combination of dexamethasone and remdesivir has not been studied in clinical trials; see text for the rationale for using this combination.

Key: ECMO = extracorporeal membrane oxygenation; IV = intravenously; PO = orally

Message

From: Zelenko Family [REDACTED]
on behalf of Zelenko Family [REDACTED]
Sent: 10/22/2020 11:29:01 AM
To: Steven Hatfill [REDACTED]
Subject: Re: Steve Hatfill MD

Regarding unilaterally. That's how I have been operating for 7 months. I have had multiple attempts to collaborate / coordinate with the team. I don't want to undermine anything that WH is doing and I am fully in support of the president. Please remember, that I was first in America to develop this protocol and then I became very public about it. Thousands of doctors are now using this approach quietly. I got abused by my colleagues and msm for many months. Now, people are waking up thank God.

My health has been failing me and i don't want to waste my energy. Especially if it undermines a greater strategy.

Please advise how to proceed.

Get [Outlook for iOS](#)

From: Zelenko Family <[REDACTED]>
Sent: Thursday, October 22, 2020 11:20:38 AM
To: Steven Hatfill [REDACTED]
Subject: Re: Steve Hatfill MD

I can't see a way to remove the petition from the website.

Get [Outlook for iOS](#)

From: Steven Hatfill <[REDACTED]>
Sent: Thursday, October 22, 2020 9:40:29 AM
To: Zelenko Family <[REDACTED]>
Subject: Re: Steve Hatfill MD

This could destroy the concept of a Presidential commission for early use HCQ.

On Thu, Oct 22, 2020 at 9:16 AM Zelenko Family <[REDACTED]> wrote:
understood. Do you recommend I remove the petition from twitter. Not sure if i can remove it from WH website

please advise

From: Steven Hatfill <[REDACTED]>
Sent: Thursday, October 22, 2020 8:48 AM
To: Zelenko Family <[REDACTED]>
Subject: Re: Steve Hatfill MD

Peter is out of pocket now until the elections are over. This is 24/7 time for elections. He gets hundreds of emails a day literally. The problem is that his office has limited input now with respect to the pandemic because the supply chains are up and running.
If I have seen the particular paper you are referring to, it has already been summarized and passed on to him.

If not, then you can send it to me at;

[REDACTED] [@who.eop.gov](mailto:[REDACTED]@who.eop.gov) Only Harvey and Dr. McCullough have this email so please keep it to yourself and use it sparingly. Most of us have set up free protonmail accounts and use this for strategizing.

The fight now is with the COVID Test Panel at NIH and the FDA. Peter is distanced from that. It's well out of his ballpark and there is little he can do now.

I'm trying to fight the so-called panel, but getting into trouble for it.

There is talk of a commission for early-use being set up so you need a bit of a low profile. I think you would be a good choice but accusing mass murder in a petition - although correct, is too strong a language. This has to be played a certain way and that means everyone has to reign in their frustrations. We are going up against some tough people in the swamp...My feeling is that this has to be taken to the American people now...but not during elections. Nothing is going to happen until these are over.

Message

From: [REDACTED]
on behalf of [REDACTED]
Sent: 11/9/2020 4:44:14 PM
To: Steven Hatfill
Subject: RE: White House "Proof"



From: Steven Hatfill [REDACTED]
Sent: Monday, November 09, 2020 3:00 PM
To: [REDACTED]
Subject: Re: White House "Proof"

for you - anything
Here you go !
Hey-stay safe there -please- OK ?
I have to go to Arizona tomorrow -probably about 1-2 weeks for the election stuff.
since i will be in quarantine when I come back-might as well swing by Florida and grab the tax stuff for
[REDACTED]
Take care there

Oh -and tell your family that my friends here in DC - are now your friends as well and some are might want you would call right wing !!



Steve H

Message

From: Peter Navarro [redacted]@protonmail.com
on behalf of [redacted]
Sent: 12/13/2020 8:25:53 AM
To: Steven Hatfill [redacted]
Subject: Re: Fwd: Plan B for Trump Legal Fight

how is the Hydroxy draft coming?

Sent with [ProtonMail](#) Secure Email.

----- Original Message -----

On Saturday, December 12, 2020 1:53 PM, Steven Hatfill <[redacted]> wrote:

----- Forwarded message -----

From: Steven Hatfill <[redacted]>
Date: Sat, Dec 12, 2020 at 1:52 PM
Subject: Fwd: Plan B for Trump Legal Fight
To: [redacted]

For Rudy

Subject: Plan B for Trump Legal Fight

On Plan B following SCOTUS decision of Friday evening:

[redacted]

Reverse the Ordering of Plaintiffs:

“Texas should file its lawsuit as an AMICUS brief to the Pennsylvania case, which is awaiting action on SCOTUS docket. (Only the injunction was denied). The Six States that intervened in the Texas case, plus 18 other State Attorney Generals that filed Amicus briefs to the Texas case, should ALL pile onto the Pennsylvania case, simply refileing those briefs on the other case.

Georgia, Arizona & Michigan should intervene in the Pennsylvania case as Co-Plaintiffs. They would take the senior positions in the Pennsylvania case, where before they filed amicus briefs in the Texas case. That crushes the argument over “standing” & compels SCOTUS to address the grievance of election fraud that creates a sub-class of citizen voters in Georgia, Michigan, Arizona & Pennsylvania.

Moreover, each of those Legislatures have held public hearings on election fraud, taking testimony from dozens of witnesses and receiving thousands of pages of evidence. While the

Courts declined to review evidence, State Legislatures scrutinized evidence of fraud on behalf of angry citizens.”

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 12/14/2020 2:57:55 AM
To: [REDACTED] Peter Navarro
Subject: Fwd: Watch this

Peter;

Still reviewing and proofreading the updates made to the hydroxy paper and adding a couple more here and there. Will be done shortly.

Please have a look at this video. This guy is the real deal -he looks goofy but he is a national expert and actually renown in some circles.

There are enough experts out there that woud make his analytical system admissable evidence and thousands of ballots could be screened quickly for any pre-printing or a lack of folding. This lack of ballot folding is a built-in safeguard for fraud detection.

<https://www.citizenfreepress.com/breaking/tech-expert-can-determine-if-ballots-are-legitimate-or-fake-in-seconds/>

MBX

Message

From: Joanna Miller [REDACTED]
on behalf of Joanna Miller [REDACTED]
Sent: 12/15/2020 10:14:50 PM
To: Steven Hatfill [REDACTED]
Subject: Re: CORRECTION

Oh shit omg I will look into that

Sent from my iPhone

On Dec 15, 2020, at 5:04 PM, Steven Hatfill [REDACTED] wrote:

Could this possibly be true ?

<https://twitter.com/PeterFr19406872/status/1338200902151393281>

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill <[REDACTED]>
Sent: 12/20/2020 2:10:04 PM
To: [REDACTED] Peter Navarro [REDACTED]@protonmail.com]
Subject: Fwd: SARS-CoV-2 Can Alter the Human Genome: Evaluating the Controversial Pre-print

Potentially worrying vaccine Implications MBX

Subject: SARS-CoV-2 Can Alter the Human Genome: Evaluating the Controversial Pre-print
<https://shinjieyong.medium.com/sars-cov-2-can-alter-the-human-genome-evaluating-the-controversial-pre-print-ee7c05a38b99>

Message

From: [REDACTED]
on behalf of [REDACTED]
Sent: 12/30/2020 9:27:40 AM
To: Steven Hatfill
Subject: Fwd: On my mind #17: how to stay sane in 2021 plus how I got my mojo back in 2020

Steve,
Great to hear from you. Please send the attachments you mentioned in your email. Dying to take a look!
X

----- Forwarded message -----

From: [REDACTED]
Date: Wed, 30 Dec 2020, 14:27
Subject: Fwd: On my mind #17: how to stay sane in 2021 plus how I got my mojo back in 2020
To: [REDACTED]

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From: Steven Hatfill [REDACTED]
Sent: Wednesday, December 30, 2020 2:00:21 PM
To: [REDACTED]
Subject: Re: On my mind #17: how to stay sane in 2021 plus how I got my mojo back in 2020

Hi [REDACTED]
Seasons Greetings.
Just a note and a hello to [REDACTED] Thank you for the Update/

It has been an interesting year here.

[REDACTED]

For me, as I think I already mentioned, I was called to the White House in February of 2020 and have been there virtually 12-14 hours a day every day (unless there were riots). I had to Uber into work and back every day until October and have not been to [REDACTED] for just about a year now. I was unable to get Fauci removed and I lost the fight for the time being, but have not given up. I did manage to work out what precisely happened to the National Pandemic Plan and how to fix it, but the higher-ups do not want to relinquish their position nor admit how they failed the nation through their incompetence.

I shifted over to the election fraud investigation in November and what was found by the team I am with is incredible. Part One is included as an attachment. Part Two will be out soon and it is even more despicable. So that is about the story here - With a new crisis daily to deal with, the year has passed so quickly for me that it is unimaginable. For poor [REDACTED] it has been one day just like another. A big event is if I bring an Indian take-away home.

Message

From: Steven Hatfill [REDACTED]
on behalf of Steven Hatfill [REDACTED]
Sent: 1/5/2021 11:47:16 AM
To: [REDACTED]@gwu.edu]
Subject: Re: here you go

Because the election thing got out of control. I go where my team goes.
I watched them for 4 weeks and then started to help in little ways....and found I had a small talent for some of this upon discovering and outlining what happened in Nevada.
This is changing second by second Geoff. I've got to admit----its excitingly addictive.
Its like a bloody word firefight.
I've been up since 3 am slinging words and reloading with my office homies.
HCQ is on the backburner till this fight is over.
Miss you D
lol

On Tue, Jan 5, 2021 at 9:38 AM [REDACTED]@gwu.edu> wrote:
Why aren't you fixing the virus?!?

On Tue, Jan 5, 2021 at 9:13 AM Steven Hatfill <[REDACTED]> wrote:
This is the released version.