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## **Dr. Scott Atlas on Vaccine Mandates for Children, Natural Immunity, and Florida's COVID-19 Surge**



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JAN JEKIELEK

"To me, it's unconscionable that a society uses its children as shields for adults. Children do not have a significant risk from this illness... Are we [as] a society, a civilization ... going to inject our children with an experimental drug that they don't have a significant benefit from, to shield ourselves?"

—Dr. Scott Atlas

In this episode, we sit down with public health policy expert Dr. Scott Atlas to discuss the ethics of vaccinating children, especially given that data has shown children do not significantly spread the virus compared to adults.

We also discuss the underlying reasons behind the recent COVID-19 surge in Florida as well as the efficacy of natural immunity.

Dr. Atlas is the author of "A Plague Upon Our House: My Fight at the Trump White House to Stop COVID from Destroying America," which is set to be released on Nov. 23.

Jan Jekielek: Dr. Scott Atlas, such a pleasure to have you back on American Thought Leaders.

Scott Atlas: Happy to be here.

Mr Jekielek: It's been many months since we last spoke. It was in April of this year of 21 that we were speaking, and we were talking about some of the terrible consequences of lockdown policies. And we were talking a bit about Florida, where you had done an advisory for Governor DeSantis. I want to kind of dig into that a little bit.

How has Florida done? There's been a big surge. There's been a lot of criticism of Governor DeSantis' policies since then. And he's deployed monoclonal antibody clinics around as well to try to cope with some of this surge. Give us a picture of what you're seeing.

Dr. Atlas: Sure, well, at first, I think we have to realize we're seeing something similar to what we saw last summer, 2020, where there was, the virus spreads in sort of a geographical way. It comes and goes in waves and we didn't ever seem to have learned from that. So when we look at the maps of the cases, we see just like last summer, we had a surge this time in the south, in Florida, Texas, and some of the Southern states, and that surge came.

It did not mean that somehow there's a unique case spread in the South because of some other reason, because now those cases came down, and we see cases coming up in the upper Midwest and the sort of Great Lakes region and to the east of the Great Lakes just like we did last fall. So this is a cycle. We somehow don't seem to learn much from what we've seen over and over and over again, but that's what's happened.

So in Florida, as a specific question, some of the things that have been said are completely

untrue. For instance, there's a claim that the cases are spreading because not many people have been vaccinated. I mean, this is just simply false. I look at the CDC data every single day. What we see is that Florida has vaccinated at a higher rate than the country in every single age category.

Those three categories that are tabulated are people 65 and over, all adults ages 18 and over, and total population. And in every single one of those three categories, Florida exceeds the vaccination rate of the United States as a whole. Florida has vaccinated over 95 percent of people 65 and older.

And when I say vaccinated, I mean they've at least received their first dose, because we know that almost everybody essentially gets the second dose who gets the first dose. So for purposes of discussion, we'll say one dose or more—95 percent of Floridians over 65 have been vaccinated.

Three fourths of Floridians have been vaccinated who are all adults, and over 60 percent of all Floridians have been vaccinated. So that is better than the average of the United States. That's simply untrue to make that claim.

What is the right claim is that there is a geographic wave that comes into these states. Now Florida's performance has also been distorted. And I believe it's for political reasons, but I don't know, hard to say why; the answer to the question why is always difficult.

We look at Florida's performance and we see that over the first year, the two characteristics that we should be looking at are excess mortality, which means all the deaths over the baseline that would have occurred without the pandemic. And Florida outperformed most states, two thirds of states in the United States in excess mortality increase during the year, the first year, March to March roughly.

They were outperforming the average in the nation in age-adjusted mortality, in age-adjusted mortality over 65. And you have to remember, Florida is one of the oldest states in terms of age demographic in the country. They have the second highest population of people over 65. That matters because that's who's at risk in this virus.

It's not equally risky for people at all ages. Then we look at Florida comparing it to a similar state. For a similar state, we like to look at California, because these are both large states, ethnically diverse in terms of the urban to rural living situation and sort of similar climate. Although I have to admit, I prefer California's climate much to Florida's. I don't personally like humidity.

So we look at the data, and we see Florida is the fifth oldest state. California is the seventh youngest by the way. So right away, California has an edge in terms of what should happen. California did very strict lockdowns and prolonged school closures and everything.

So that's another good comparison here because Florida did the opposite. Governor DeSantis said, "No, he's not gonna lock down completely". In fact, he opened up widely at the end of August 2020, and opened all schools a hundred percent in person if parents wanted. And so he did not suffer the damages of those prolonged lockdowns, which are enormous.

But looking simply at the data from COVID, Florida did better than California in age-adjusted mortality from COVID. Florida did better than California in excess mortality. Florida was the number one ranking state of the 10 large states in the country in age-adjusted mortality from COVID.

You have to realize the burden to outperform is not on the states that did not do the lockdown. The burden is not on Florida to say it did better. The burden is on the other states that did the draconian measures that destroyed people, that killed people with the lockdowns, that sacrificed our children with the school closures. The burden is on them to outperform Florida.

So a place like Florida, they just have to do reasonably close to these other states. But in fact, they did far better.

Mr Jekielek: And it's just that at the moment they're experiencing a surge that California hasn't experienced yet.

Dr. Atlas: Well, Florida had their surge, their surge for this surge peaked around August 15th. The cases started coming down at the second half of August. Now we're in, say mid September at this point. And we see that the cases not only have come down in Florida and the South, but the

spread, the rate of spread, the so-called R value that people talk about is very low now in the South.

It's higher and above one, which means it's spreading rapidly in the Great Lakes regions and the upper mountain Midwest areas. So they're getting more cases. Florida in the South are past their cases. Now, the impact though again, you can't be focused on cases. This is another sort of repeated mistake by people analyzing the pandemic. The question is who's dying? Who's getting the severe illnesses?

Getting a positive PCR test is not being sick. They're very different things. Yet, we've seen this time and time again that there's this very bizarre focus on stopping all cases of COVID when the real focus should be stopping the death, the serious damage from COVID, stopping the serious critical illnesses from COVID—the deaths from COVID.

So that's the whole point of making sure that the high-risk people, the elderly people are getting the vaccine. That's called targeted protection, they need it first. It's not true that the virus is high risk for most people. In fact, it's the opposite. It's not high risk for most people. And particularly not for children, for instance. So we look at how things have gone in this last surge and yes, we got a lot of cases and yes, we got some deaths.

But the two things to stress is that with this Delta variant, which is the overwhelming number of cases in this recent surge, it's less lethal than the original surges. What [do] we mean by that?

Why do I say that? Because less people are dying divided by the number of cases.

Now, why are less people dying? Number one is that as we expect—anyone who knows anything about medical science, first-year, second-year medical student, as a virus evolves, it typically becomes less lethal, not more lethal. It survives by having mutations and evading the limits of the protection in the population. But with that, it usually gets less lethal.

And so we're seeing less lethal data, less number of fatalities per cases. And it's also partly of course, because we are vaccinating a lot of the high-risk people. That's the goal of the vaccine.

The goal of the vaccine, a vaccine does not necessarily stop the infection per se, that isn't the main purpose. The main purpose is to make sure people stop dying. And we are seeing far fewer people dying, considering the number of cases. And that's true all over the world. When you look at the data in the UK, when you look at the data everywhere, in Japan, in Iceland, almost everywhere that I've looked, that's what we see.

Mr Jekielek: It seems that we had a headline recently about how Governor DeSantis had reported that about half of the hospitalizations due to the virus were actually people who were vaccinated.

And so there's these questions right now about the efficacy of the vaccine.

There was a political article saying that the data that isn't published yet from Israel is suggesting that the efficacy of the vaccines is becoming less to some extent. What are folks to make of this?

Dr. Atlas: Sure, so the vaccine story is somewhat complicated. But basically the vaccines have shown the following. Long-term, they have been so far, we're only say, eight months into the vaccine era. Long-term, the vaccines have been highly protective against death—over 90 percent. And I'm looking at the data from Israel. I'm looking at the data from the UK.

Frankly, I'm to the point where I'm skeptical about the data coming out of the CDC frankly. I hate to say something like that, but I look all over at the data now, I don't just blindly accept CDC data. They've been erratic in what they've said and I think we have to, we trust who we trust for a reason.

So I look at the Israel data and the UK data, and we see very good protection of the vaccines against death even now. There is no real evidence of serious waning of protection against death from vaccines. That's point number one.

Point number two is there is evidence that people still, that the protective effect against symptomatic illness decreases over time with the vaccines. That is true when looking at the data from all over the world.

So, yes, you can get infected even if you're vaccinated. Yes, a certain percentage of people do get a serious illness, but it's still highly protective against death.

So that means what do we do about the durability of the immunity with vaccinated people?

Because we're interested in protection and we're interested in durable or long-term protection.

And we know the following: number one, protection against the illness is more robust and more durable, longer lasting from a natural recovery after the infection than it is from a vaccine in an uninfected individual. That is factually true and inarguable, although people try to distort that. Why do I say that? Because of the data. The data is very good from Israel that shows that there is a 13-fold to 26-fold meaning times, more symptomatic cases in people who have been vaccinated, but never infected when they get eventually infected versus people who have had that infection in the past, never been vaccinated, they are more protected.

We never hear about this from the people who are mandating vaccines and everybody blindly saying that everyone must get a vaccine without regard for natural immunity. And this is a huge public health [issue], not just an error. It's a disgrace really that our CDC and our White House leaders of task forces are not talking about basic immunology.

We know this is true for other viruses. We know it's true for SARS-1. 17 years after people who have had SARS-1, we look at their blood samples and it has still robust immune response to SARS-2 that illustrates a cross protection sort of mechanism. But the point is, 17 years later.

We know from Spanish flu, 90 years afterwards, we see people have protection against that virus and immune response. This is not new ground, this is not something that's shocking. It would be shocking to think that people who have recovered from the viral illness do not have long-term protection. That would be the shock. And everybody who's a credible scientist knows that. But somehow we have disregarded all the information that we used to know.

So we see, there's another point too that I would like to make about the measure of the protection. Antibodies decline after an infection over months—typically, that's common. That's not a cause for alarm. We don't give a booster shot or a vaccine just to opt for it, we don't do that on the basis of antibodies. We do it on the basis of protecting somebody from a serious illness.

We're not saying they're proudly displaying our antibody levels. We want to make sure people don't get sick.

And when we look at that concept, we always seem to forget or we don't forget, I don't forget, but the press and some of the most visible faces of public health on TV never educate the public about something very important—which is that when your antibodies decline after four months, eight months, whatever it is. That does not mean, necessarily, that your protection is gone.

So because you have a long term immune system in your body. This is not new, this is a medical student, first-year college really level science is that you have stored in your both T cells that people have talked about, as well as memory B cells that are in your bone marrow that provide protection for years. And there is evidence that this virus has shown that. This is not, it would be a shock if it didn't.

So, there's just a lot of misinformation again and a lot of incomplete information, a lot of hysteria being unfortunately promulgated by people who should know better. If you don't know this stuff, you shouldn't be in the CDC. If you don't know this stuff, you should not be advising the president of the United States. And if you don't know this stuff, you certainly should not be on TV talking to the American public.

Mr Jekielek: At least among the people I'm speaking with, there's an understanding, and you've already talked about this to some extent, you cannot count on the vaccines to prevent infection and you cannot count on the vaccines to prevent transmission of the virus. But how does that work exactly?

Because there's initially once you get the vaccine, there is some protection from infection, but it wanes. It seems to wane pretty quickly. I'm wondering if you could kind of unpackage this whole picture for us.

Dr. Atlas: First, we wanna make sure people understand that vaccines do protect against infection compared to people who did not get a vaccine—they do. And I wanna make sure people understand, what has happened here, in my opinion, in the discussion about the vaccines is that there's been so much pressure and so many erroneous statements made trying to force people to get vaccinated that there's a too-strong backlash against the vaccine.

The vaccines are good. The vaccines are protective compared to people who didn't get the vaccine in terms of getting reinfected or getting an infection. And, but yes, it's true. It's not

perfect—it's not a hundred percent. It's in fact, in the Israel data, only 40 percent protective at some point in months and months later against all infection.

That's not to say that the vaccines are not good. They are very good, they are protective. And most importantly, like I said, they're protective against hospitalizations and deaths. The vaccine protection wanes over time. We've seen this in the studies in Israel. We've seen it in the studies in the UK. I saw some data yesterday in the Netherlands that showed a similar sort of waning. Okay, so we don't have experience. I think we should start by saying this is the first mRNA vaccine that's been used to my knowledge. This is a new type of technology here. So we don't know the long-term efficacy of these vaccines. And by the way, we don't know the long-term side effects of these vaccines because they've not been used long-term. So we see that the protection against all infection and against other things like the load of viruses in your throat is imperfect and it wanes over time.

Again, we keep forgetting the bottom line. The bottom line is we are concerned with the serious illness. We don't walk around checking people's throats for what bugs are in your throat and I'll tell you why. Because you're walking around with the bacteria in your throat that causes meningitis. Okay, *Neisseria meningitidis*. You're walking around with certain forms of strep, *Streptococcus* in your throat, that in certain settings causes disease.

We're not there to sterilize people's nasopharynx. That's not the goal here. And anyone who thinks that needs to see a psychiatrist frankly. They shouldn't be advising people on this vaccine. What we are in favor of, or what our goal is, is to stop the serious damage—to stop the death. So the end points here have to be understood.

Today, I see some noise about Pfizer saying that the vaccines are safe and effective in children. And when you look at that, this is an example I'm sort of taking off from what your question is, if you'll excuse me. But when you're looking at, when they say they're efficacious, well, they didn't even examine anybody who didn't get the vaccine. So they cannot calculate efficacy at all— that's just simply not possible.

They measured efficacy. It seems, although I didn't see the data, but from the article, it seems they're talking about measured antibodies. Okay, they got a vaccine, they got a drug, they injected it into kids and the kids mount an antibody response. We're not, again that's not the right end point. The end point is protection from serious illness or death. That's the endpoint.

So A, they didn't measure that, and B, these kids, unless you're severely immunocompromised or have a disease like leukemia, a child does not have significant risks from this virus. So you have to wonder, how can you measure efficacy for a vaccine against a disease that has no significant risk in these subjects—in these patients?

I just think we're mismeasuring the endpoint here is the long-winded answer to your question. The waning protection cannot be based on a test for antibodies. The waning protection must be, are you protected against the serious consequence of the illness?

Mr Jekielek: Fascinating. So I think a lot of people when they hear you say that there's no risk for children.

Dr. Atlas: I didn't say no risk.

Mr Jekielek: Okay.

Dr. Atlas: I said there's a very, very low risk, no significant risk. That's a term that's very different from saying no risk.

Mr Jekielek: Okay.

Dr. Atlas: There are children who die. There are children who get seriously ill. But they're extreme. The risk is extremely small. The words minuscule come to mind.

Mr Jekielek: And there's also some evidence of side-effects in children, the heart inflammation.

Dr. Atlas: From the vaccine.

Mr Jekielek: From the vaccines, yes. And so there's been a few studies that have been done, or at least one that try to juxtapose the risk, right? Are you familiar with these?

Dr. Atlas: Yes. So what we see from my reading of the numbers, although it's difficult to assess, is because many of the reports are self-reported side effects. But what it looks like from the calculation is that there is a very concerning risk of heart inflammation, particularly in young

males—adult teenagers, teenage boys, and sort of adolescent boys, particularly. And that is multiple-fold greater than their risk of heart inflammation without the vaccine—that's what I've read.

Now, is that something to be worried about? Yes, absolutely. Particularly since the risk of the disease itself in those same people is extremely low. So it is not something that only I am concerned with. We look at the FDA advisory panel that just recommended whether or not people should get boosters. And they voted for a recommendation of boosters in people over 65 and high-risk people. But they recommended against, 18 to zero they voted in fact, against a broad recommendation of boosters in younger people—meaning 18 to 65.

But more than that, they called out specifically the risk, the concerning risk of myocarditis—heart inflammation from the vaccine in young people, in teenagers. And so this is concerning to everyone, including people advising the FDA. It should be concerning to everyone. And every parent should be thinking as a critical thinker, what's the risk of the illness we're trying to protect their child from, versus what's the risk of the vaccine.

The risk of the illness is extraordinarily small. so any increased risk, any increased risk from the drug that you're injecting, it's a tough case to make. And it's an individual decision to inject an experimental vaccine into a child who has extremely low risk for the disease itself.

Now, the other point about giving vaccines to children, if I may, is that I said this is an experimental technology. We did not have long-term tallies of side-effects on this vaccine. It seems to be there's a lot of deaths from the vaccine that are reported. I'm not sure about the percent, but it's concerning as well, obviously.

But we're talking about injecting children, okay? If you're 70-years old and you're taking a vaccine, your life expectancy is about 15 years. If you're a child who's 10 taking an experimental vaccine, with or without boosters, you're gonna be living with that vaccine for decades. We don't know the long-term impact of these vaccines. I think it's something to at least think about. It's very important to think critically here.

We're in an era where the trust in experts has been damaged, and that's a self-inflicted wound by the experts, by the politicization of science, by the censorship and these political diatribes written in scientific journals, by the censorship on YouTube and Twitter and Facebook about anything that questions the prevailing narrative. And what that means is that individuals are really now responsible for making their own critical assessments.

There's been damage on the academic side. The university professors have been unhinged in their criticisms of people that have questioned and even put forward alternatives like targeted protection instead of broad lockdowns. And part of that reaction by the university professors has destroyed the trust in people with credentials.

So we know, credentials are not the magic end game here. It's being a critical thinker.

Responsibility is more and more on the individual.

Mr Jekielek: I wanna talk about this more. But before we go there, I'm just remembering when we spoke last, and this was something you had some pointed thoughts about. The data was showing that children actually don't spread the disease. The mechanism of that was.

Dr. Atlas: They don't frequently spread [it].

Mr Jekielek: Spread it a lot less than adults, let's say of. Thank you for correcting me here. The question is, I think one of the reasons that people are pushing to vaccinate children, some people are, is because they imagine that it will help protect society more broadly, i.e, we don't wanna kill grandma, so to speak, okay?

But we also had this information back then that the children don't seem to spread the virus very much relative to adults. Has this changed? What is that reality? I remember we were also talking about the ethical considerations of this sort of set up.

Dr. Atlas: Well, the data has been in now for a year and a half. The children do not significantly spread the disease. And we know this from data all over the world. We know it from Austria, Sweden, Germany, France, Italy, Spain, the UK—on and on and on, including places like Sweden who kept their schools open; 1.8 million children, no masks, no social distancing and no secondary impact from that.

We know the teachers do not have a higher incidence in those settings of the infection compared to other careers. And we know that when cases occur in schools, they almost always seem to come in from the adults carrying them into the school, not from the children.

And that argument is over as far as I'm concerned, because no matter how often people insist the earth is flat, it's round. The earth does not change its shape because more people keep insisting the earth is flat.

So I'm not gonna waste a lot of people's time explaining that. If these people are refractory to fact, then they're just hopeless. So the disease is not significantly spread by children. The risk to teachers is not high, it's low. It's a low-risk environment. There is zero excuse for teachers to not teach in person.

There's a bigger issue though that you bring up that I think is worth saying. And that is that to me it's unconscionable that a society uses its children as shields for adults. The children do not have significant risk from this illness.

Are you, are we a society, a civilization where we are using our children, even if they did spread as shields, who're gonna inject our children with an experimental drug that they don't have a significant benefit from to shield ourselves.

My role as a parent is to protect my children. My role is not, and I will never use my children as shields to somehow protect me. And that's really just a heinous violation of all moral principles in my view.

In terms of the ethical considerations, I'd have to wonder about the ethics of a human subjects' committee in an institutional review board which has to approve all protocols. I'd have to worry about the ethical input into those people to design a clinical trial for vaccines on young children under five who have extremely low risk from this disease, injecting these children with drugs. I think our society has fallen remarkably low, frighteningly low if that is the level that we have sort of sunk to.

Mr Jekielek: You mentioned earlier that the two FDA officials that basically quit around this—the whole issue of boosters. And then wrote about their decision making, I suppose, in *Lancet*. What is the significance of this in your mind?

Dr. Atlas: Oh, I think it's remarkable. It's a sliver of hope to me that actually someone had the guts to say no, and to actually look at the data who is in a position of FDA advisory committees. These two people quit, and it's obvious they quit because the FDA was going to come out with some sort of a booster recommendation for everyone, because they immediately wrote a piece in *The Lancet*.

They co-authored a piece in *The Lancet* with some others that said that there is no compelling case to use boosters universally in people. And then within days, the advisory committee itself recommended the FDA, a similar recommendation, except they recommended boosters for people who are high risk and elderly.

So I think this shows actually, it's very good news that people are thinking critically. And without, this is what's needed. We need people to step forward and think critically and make rational, safe advisements to people in this country. Because as I say, "the trust has been damaged."

And when we see, when we are, the other part of that is that I was really shocked that *The Lancet* published it because we've seen the real decline of journals, including *The Lancet* specifically, as you remember, in February, 2020.

They published a letter from a group of virologists, claiming it was factually known that the virus originated naturally, and anyone who said it was out of a lab leak was a quote conspiracy theorist. That was a lie. Their article was a lie because it was not known at the time, and it still isn't known. In fact, it's common sense and much of the evidence suggested it was from a lab leak. I don't think it's known yet.

That's not the point. The point is that they tried to intimidate others by declaring some sort of false consensus and demonizing anybody who would speak against it. Of course it's very effective that kind of censorship, because people are afraid. Their whole careers are tied to those people.

Those are senior people who wrote that. They're tied to the funding stream that allows people to advance in their academic careers. And it takes a lot of guts to step up and say, "No, that's not

true.”

So that was, in on that, that was in line with what Dr. Fauci was saying at the time. And so I think we need to really be able to express the information because the solution to the trust is really the freedom to be able to say the information and put it forward to the American people and let the scientific process, which is by definition, debate, unfold so we arrive at the truths that we need.

Mr Jekielek: There is, I believe, an article in Lancet that is kind of finally talking about this other side of, I don't even know how to say it. I don't think there's any way they could completely say it is impossible that a lab was involved based on the data that was available at the time that you mentioned. So there is, Lancet seems to be somehow coming around with papers of opposing views that I found to be quite promising.

Dr. Atlas: Well, I think that, of course, as an optimist, you would say the truth will prevail, and I like to believe in that. On the other side, we are still seeing the university crowd, including Stanford University circulating internal memos, trying to censure people like Dr. Jayanta Bhattacharya most recently.

They did this, of course, to me back in September. And this kind of academic politicization or ad hominem attack, personal attack, instead of talking about the data is really abhorrent to what the main role of the university is. The sacred role of a university is to allow the free exchange of ideas. That's why people are going to university. That's the only role of a university frankly, and to teach people how to critically think. You need to have them be shown the ideas.

Narration: We reached out to Stanford university, and we have not yet heard back.

Dr. Atlas: This is continuing. The British Medical Journal just wrote an opinion piece. I don't know why it was published, I'm shocked that it was published, criticizing Dr. Bhattacharya, Kulldorff, Gupta and me, not on the science, not on the anti-lockdown, pro-protected, targeted protection stands that we have put forth.

Partly because those people that wrote it are proven wrong at this point. And they're lashing out at somehow the source of funding of the four of us. Of course, the article was filled with untruths, lies, falsehoods, fantasy, and you have to wonder. So I don't agree that the journals are now all coming around. I think the scientific journals are a disgrace, many of them, and they keep sullyng their reputation.

Again, this further buries the trust in experts and expertise and in science in general to the public. So again, the more we speak about this, the more the public understands at least what's going on.

Hopefully, before the next crisis comes, some of these issues will have been at least aired out in public and we will not see this again. I'm skeptical though, I think these people are, these people meaning the journals and the scientists whose careers are wedded to their own group, think they're gonna have trouble ever admitting that they were wrong, and they work.

Narration: We reached out to BMJ and the British Medical Association to see what they have to say, and we have not yet heard back.

Mr Jekielek: I've also been thinking about the fact that when you have this sort of epistemic crisis, so to speak, right? This is kind of a ripe area for our conspiracy theory generation. Then some of this stuff gets weaponized and used and people just don't know what's right, what's wrong? Who do I trust?

That's one of the reasons I think this show has been successful, is because we try to give people fair play, right? That have important things to say and can back it up. It's a disturbing time to live.

Dr. Atlas: Yeah, I think that there's a very difficult question for what I'll call regular people. But we all have the dilemma, who to trust, who do we trust now? Because a lot of the institutions, a lot of the experts, have failed. They revealed their political leanings instead of relying on data. They're not objective. They came out and wrote really opinionated pieces instead of talking about the actual science, et cetera.

The government leaders have also been extremely erratic and claim the science is being followed when they don't know the science or they're denying the science for their own reasons, potentially out of fear.

So the question, who do you trust is very difficult. I can answer it this way. I think you should look



at people who are consistent, not erratic; not saying you don't need masks, you need goggles, you need two masks, you need no masks if you're vaccinated, you need a mask if you're vaccinated.

These kinds of people are not to be trusted. You can't. That's just common sense to me. You cannot trust people with a conflict of interest. You can't trust people to pontificate about the need for vaccines when they're on the board of the vaccine company. You have to be a thinking person now.

So there's a bigger burden on individuals, like I said. And I think you have to look and make an effort to learn. Now, not everybody has the time to do this, I understand that. But I think most people spend some time on a computer and it's very difficult.

So the solution is not just on the individual. The solution is we must demand a lack of censorship. We must demand as a people, access to the information. We cannot allow the censorship, the attacks to happen on university campuses, in scientific journals, by people in government positions.

We really cannot tolerate that because the free flow of information is critical for us regular people, to be able to make a conscious decision about how we are going to behave and what's best for our families.

Mr Jekielek: Well, and I think, and I'm not even sure if you mentioned this, but the dissenting voices are critical to the science, right? I mean, in fact, it's what science is all about, right?

Dr. Atlas: That's exactly right. Is that the scientific process is all about the debate. If you don't allow the debate, there is no such thing as science.

Mr Jekielek: So one of the things that I found quite concerning, in addition to everything we've just been discussing is there seems to be this kind of conflation between vaccination or getting vaccinated and vaccine mandates or the demand that people who've been vaccinated in all of its myriad of forms, that it's appearing now. It's almost like for some people, these two concepts are interchangeable.

Dr. Atlas: Well, and I think this is a very important point for people to understand is that people, for example, I am absolutely pro-vaccine. I would think that everybody who's high risk and over a certain age, whether that's 50 or 60, should get the vaccine.

That's very different from forcing them to get the vaccine. That's very different from mandating with penalties or restrictions of freedoms, unless they get the vaccine. That I am not for, and there's reasons for that.

Number one, people that are, let alone by the way, forcing everybody to get vaccines with, or not having freedom of employment or freedom of movement. The disease again is only high risk for some people, not for everybody. When you're vaccinated, you personally are protected from the deleterious death and serious harms of the disease, no matter whether other people are vaccinated or not. And perhaps most importantly, we either live in a free society or we don't.

It is true that certain vaccines are mandated for children. Those vaccines that are mandated for children, even if you believe they should be mandated, are for diseases that are highly dangerous to children, and highly communicable to other children who therefore have high danger from that virus.

That's not the case with this disease. Children do not have a high risk from this disease. Children do not necessarily benefit themselves from the vaccination of this. So that's a different type of thing.

But in any event, that the idea of forcing people to get vaccinated is particularly troubling because A, we live in a free society, I think and B, this is a new vaccine. And what I mean by that is, again, it's a new technology. We don't have long-term safety data. C, we'd never did a large clinical trial on these vaccines because after the initial emergency use authorization, the control group, the placebo group was injected with the real vaccine. So we got rid of the placebo group. And fourth, we see complications arising from the vaccines. It's not clear how many, but they're concerning. So we don't just rush ahead and force people to take a drug that is not completely understood that we have no long-term history with and that doesn't even necessarily benefit a large segment of the population, because they are not at risk—at high risk from this illness.

People, I would think in a free society, have the right to decide if they're going to inject a drug into themselves. In fact, the forced vaccines, particularly for children, violate several of the codes outlined in the Declaration of Helsinki from 1964 that is sort of a standard for medical ethics and morality. I think when you start having a society that violates some of the most basic codes of ethics, I think we're in trouble.

So we need to have the debate. There are some ethicists coming forward. They should have been in there from the beginning in the discussion about what was going on with the lockdowns. We as a society have inflicted a tremendous amount of damage already, particularly on low income and poor people from the lockdowns.

And that story will not completely unfold for many, many years; the massive harms, the mismedical care, the new child abuse, the tremendous psychological damage on teenagers, suicidal thoughts one out of four in the United States in college-aged kids, a tripling of self-harm visits by teenagers to medical doctors. A massive waking averaging 28 pounds in more than half of people 18 to 22 in the United States.

We have created a massive healthcare crisis by the lockdowns. And those are mandates, those were demands, those were impositions on freedom. It's not just this theoretical freedom thing that we're talking about, we're talking about real harm. Now we're talking about vaccine passports, okay? What if you have natural immunity and you're not one of these affluent people who's been sitting in their home with Zoom meetings. They're gonna go get the vaccines.

This is another example of discriminatory policy harmful on minorities as an example, since the lowest uptake from my reading of the data of vaccines is by African-Americans, roughly 50 percent less from, instead of 50 percent, maybe 35 percent. And they have their own reasons. It's an individual decision, there's a history of drug experimentation, and it's not irrational to say they're not gonna take a mandated vaccine.

By that, you have minorities and lower income people who have been exposed because they were the essential workers. While the rich and the affluent sat in their home. The essential workers were delivering their food, cooking in this, working in the grocery stores, et cetera. Now we're gonna force them to get a vaccine without excusing them for having the antibodies and protection, better protection by the way than the vaccines themselves. Somehow their movement is restricted all of a sudden.

Only the vaccine is deemed worthy of freedom now—only the vaccinated. So we have a lot of issues that are sort of unraveling here before our eyes on freedom. And it's sort of trite to say it, but you don't miss the freedoms until they're gone. This is a very dangerous path we're going down. It's gratifying to see the lawsuits being filed by certain governors. I think we'll see more of that about these mandates and restrictions of freedom of movement.

Like I say, you can have the option of getting vaccinated. You are protected if you get vaccinated. If you don't like that level of protection, you can stay in your house. You don't have to go on an airplane. You don't have to go to the store. You never have to leave your home again. You can wear an oxygen tank, you could do whatever you want. That does not mean other people have to do that. Not in what used to be a free country.

Mr Jekielek: So there's this idea. We've alluded to this a bit in what we've been talking about already, that people who are unvaccinated are somehow hurting society, are somehow hurting the responsible people who are vaccinated. And I want to get you to speak to that because I think this is a more broadly held belief than I think even many people realize.

Dr. Atlas: Sure, there's a couple of things to say about that. First of all, we have to realize from the CDC data, that something like 94 percent of people in the United States who are high risk have been vaccinated; 72, 73 percent of people of all adults 18 and over in the United States have been vaccinated. And so there's some sort of an exaggeration or a misconception that there's this massive number of people who have not been vaccinated, that's number one.

Number two, if you've been vaccinated, you are protected. If you've been vaccinated, you have very high protection against death and hospitalization.

So what's happened though, is that there's been this transformation of the concept of people who don't want government imposition or mandates or vaccine passports that restrict your freedom of

movement for your job availability, they've been characterized as selfish.

Freedom is not some sort of a selfish desire—freedom is essential. And when you impose restrictions on freedom, you don't just get rid of the essential concepts of life that we in the United States, that the whole country was founded on. But you actually hurt lower income people and poor people more.

Because what happens is that they are the ones who first of all, have a high rate of being infected and have natural immunity, but also they don't have the luxury of working from home. They don't have the luxury of doing their work on Zoom.

It's an imposition of restrictions to protect the affluent class—the Zoom class. This is a massive sort of a social caste system that's being developed here. So this is a false argument. It's just like the false argument that people who are questioning the lockdowns were dangerous, when instead we were asking for more protections of the high-risk people.

We are in a country here that's founded our individual liberty. You have the liberty, the freedom to protect yourself. And that means you get the vaccine if you want, or you isolate yourself from large group events.

If you don't want to drive the highway because all the high-speed, all the motor vehicle accident deaths occur at speeds over 60 miles per hour, then don't go on the highway, but you don't have to shut down the highway. And if you're afraid of certain settings, do what you can to protect yourself. You're welcome to wear six masks and stay at home.

But the people who wanna live in a free country, they have rights. And it's just this, the selfish side are the people who are trying to tell other people what to do to protect them, that's selfish. What's not selfish is to allow people to live freely.

Now there's this movement that is really appalling that we've read about a little bit in various places that people who aren't vaccinated somehow should not be given medical care, or should not be allocated priority for treatment. This is totally immoral. I'm shocked if any doctor would say that, and I've read them saying it.

And this is really, again, like a step, a massive descent of morality in this country and elsewhere if you would even say that kinda thing.

Because that, that alone is just like saying people that are obese shouldn't be treated for the diseases due to obesity. People that smoke cigarettes, they shouldn't be receiving expensive surgery and chemotherapy for their lung cancer. And this is what we hear. We're hearing mutterings of this about people who have not been vaccinated.

This is just unacceptable to anyone who wants to lead a moral or ethical life. This is just really despicable behavior. We have to make sure as a society, we prevent that sort of devolution of our entire nature. Individual liberty is critical to everything we have, and we'll never know what we've missed until it's gone.

Mr Jekielek: So Dr. Atlas, you've been kind of pretty low key to my eyes since we interviewed back in April. I understand you've been working on a book. So maybe, tell me a little about why you've been staying low key and what you've been doing with your time. Is there a book coming? Dr. Atlas: Sure. I have been working very hard on a book, it's called "A Plague Upon Our House". This long subtitle is, "My Fight at the Trump White House to Prevent COVID from Destroying America," to stop COVID from destroying America. And you can buy it. It's available, it's finished. I was working very hard on it for months.

And the sort of low key visibility of myself was mainly that it took a lot of effort to write the book. The book was painful to write because it's shocking to relive and to remember the detail of what I saw in the task force.

I think people, Americans need to know the truth about what was said—about what was not said. They needed the truth about the level of scholarship, the level of critical thinking—it was shocking. And we can never let that happen again. That we have people who don't know what they're talking about, who are not critical thinkers, who don't know the data be in charge. We can never let that happen again. We can never excuse that, and people need to know exactly what happened.

So that's one of the three things that I talk about in detail in the book. I also talk about the facts of

the data. I go through in a hopefully readable way, the data on some of the key issues on who's at risk, on kids, on natural immunity. Some of the issues that were very contentious about testing, when it's appropriate, when it's beneficial and these things I think people need to understand. On masks, I go through quite detailed discussion on.

Then the third part of the book really, the goal of the book is to talk about what happened—the big issues. The censorship. The really unacceptable behavior in the university environment of people who are afraid to admit they're wrong, and instead of debating the data, they wanna destroy people who are saying something other than what they believe the politicization on campus, that the cowardly failure of leaders of universities to step up and ensure that our children, our nation's most precious resource really are going to these universities and being able to see a free flow of information that we have promised them as a society to turn them into critical thinkers, rather than just somehow compliant believers in a narrative.

By the way, people are paying over a quarter of a million dollars for the privilege of attending those universities. You have to wonder what they're getting for their money. So I think, the media, the bias of the media, we're in a society and a country where, they pulled down the YouTube video of myself and three other medical science experts having a press conference with Governor Ron DeSantis in Florida. Somehow we were pulled down, YouTube pulls down the video of that. I think that Americans need to know what's going on. So I think the book, it's shocking. I relate in quite detailed discussion what was said with quotes about people from people's mouths in that room. And I think one, I can assure people of two things. One is everything I say, every word I say in that book is true. And anybody who knows me knows that I'm a very direct speaker and I don't care about anything except saying the truth, the truth matters.

And the second part is that I can guarantee that the people who I quote in that book will deny they said it. Because their whole careers are based upon these perpetual bureaucratic jobs. They've been very successful at navigating the political environments in various government administrations.

They're politicians, they don't think like scientists, they don't act like scientists and I'm exposing them for what they really said and did, including the really heinous ignoring of the impacts of the policies, the lockdown policies that they pushed and imposed on people to people's destruction and death.

And so we have to know the truth. The American people have to understand what they were listening to here, because we can't afford to have that ever happen again. And there will be other crises that we need to deal with.

Mr Jekielek: Okay, wait, so let me get this straight. I didn't realize this. You're saying the book is available now.

Dr. Atlas: It's only available to pre-order now. But yes, it's available to buy from all the variety of ways we buy books, and it'll be out sometime in mid to third week of November.

Mr Jekielek: Well, Scott Atlas, it's such a pleasure to have you on again.

Dr. Atlas: Great to be here again, thank you.

This interview has been edited for clarity and brevity.

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