

Scott Atlas: The Last Word

[Dr. Scott Atlas](#) 7 Mar 2021

Editor's Note: Scott W. Atlas, MD, a senior fellow at the Hoover Institution, served from August through November 2020 as Special Adviser to the President and was a member of the White House Coronavirus Task Force. Atlas delivered the following remarks in a virtual lecture hosted by the College Republicans. They have been lightly adapted to appear in print.

It is always a great pleasure, and an important part of my job, to speak to students. It is essential for students to hear ideas from many sources, especially ideas they may not agree with. That is a key part of learning how to think critically – and critical thinking is the most important lesson to learn in college, in my opinion.

The coronavirus pandemic has been a great tragedy, there can be no doubt about that. But it has also exposed profound issues in America that now threaten the very principles of freedom and order that we Americans often take for granted.

First, I have been shocked at the enormous power of the government, to unilaterally decree, to simply close businesses and schools by edict, restrict personal movement, mandate behavior, and eliminate our most basic freedoms, without any end and little accountability.

Second, I remain surprised at the acceptance by the American people of draconian rules, restrictions, and unprecedented mandates, even those that are arbitrary, destructive, and wholly unscientific.

This crisis has also exposed what we all have known existed, but we have tolerated for years: the overt bias of the media, the lack of diverse viewpoints on campuses, the absence of neutrality in big tech controlling

social media, and now more visibly than ever, the intrusion of politics into science. Ultimately, the freedom to seek and state the truth is at risk here in the United States.

First, we all acknowledge that the consequences of the SARS2 coronavirus pandemic and its management have been enormous. Over half million American deaths have been attributed to the virus; more will certainly follow. Even after almost a year, the pandemic still paralyzes much of our country. And despite all efforts, there was an undeniable failure to stop cases from rapidly escalating and prevent hospitalizations and death.

Here's the unacknowledged reality: almost all states and major cities, with a handful of exceptions, have implemented severe restrictions for many months, including closures of businesses and in-person school, mobility restrictions and curfews, quarantines, limits on group gatherings, and [mask mandates](#) dating back to at least the summer.

And let's clear up the myths about the behavior of Americans – social mobility [tracking](#) of Americans and data from [Gallup](#), [YouGov](#), the [COVID-19 Consortium](#), and the [CDC](#) have shown significant reductions of movement as well as a consistently high percentage of mask wearing since the late summer, similar to Western European countries and approaching those in Asia.

All legitimate policy scholars should, today, be openly reexamining policies that severely harmed America's families and children, while failing to save the elderly. Studies, including one in January from Stanford University's infectious disease scientists and epidemiologists [Bendavid, Oh, Bhattacharya, and Ioannidis](#), have shown the mitigating impact of the extraordinary measures was [small](#) at best and according to the study's senior author Ioannidis, "usually [harmful](#)" – in his words, "pro-contagion." President Biden openly admitted their lack of efficacy in his [speech](#) to the nation on January 22, when he said, "there is nothing we can do to change

the trajectory of the pandemic in the next several months."

Bizarrely, though, many want to blame those who opposed lockdowns and mandates for the failure of the very lockdowns and mandates that were widely implemented.

Separate from their [limited](#) value in containing the virus -- efficacy that has often been "[grossly exaggerated](#)" in scientific journals, as documented by epidemiologists and biostatisticians Chin, Ioannidis, Tanner, and Cripps – lockdown policies have been extraordinarily harmful. The [harms](#) to children of closing in-person schooling are dramatic, including poor learning, increased school dropouts, and social isolation, most of which are far [worse](#) for lower income groups.

A recent [study](#) confirms that *up to 78%* of cancers were never detected due to missed screening over three months. If one extrapolates to the entire country, up to a million new cases or more over nine months will have gone undetected. That health disaster adds to missed critical surgeries, chemotherapy, organ transplants, presentations of pediatric illnesses, heart attack and stroke patients too afraid to call emergency services, and others, all well documented.

Beyond hospital care, CDC reported four-fold increases in depression, three-fold increases in anxiety symptoms, and a doubling of suicidal ideation, particularly among [young adults](#) – college age – after the first few months of lockdowns, echoing the [AMA](#) reports of drug overdoses and suicides. An explosion of insurance claims for these [psychological harms](#) in children just verified this, doubling nationally since last year; and in the strictly locked down Northeast, there was a more than 300% increase of teenagers visiting doctors for self-harm.

[Domestic abuse](#) and [child abuse](#) have been [skyrocketing](#) due to the isolation and specifically to the [loss of jobs](#), particularly in the [strictest](#) lockdowns. Given that many in-person schools have been closed,

[hundreds of thousands](#) of abuse cases are never reported, since schools are the number one agency where abuse is noticed. Finally, the unemployment "shock" from lockdowns, according to a recent NBER [study](#), translates into what they called a "staggering" 890,000 additional U.S. deaths over the next 15 years from the lockdowns, disproportionately affecting minorities and women.

We know we have not yet seen the full extent of the damage from lockdowns, because it will last for years, even decades. Perhaps that is why lockdowns were [not recommended](#) in previous pandemic analyses, even for infections with far higher lethality.

To manage such a crisis, shouldn't policymakers objectively consider both the virus harms and the totality of impact of policies? That's the importance of health policy experts – *my field* – with a broader scope of expertise than that of epidemiologists and basic scientists. And that's exactly why I was called to the White House – there were zero health policy scholars on the Task Force; no one with a medical background who also considered the impacts of the policies was advising the White House.

To determine the best path forward necessarily means admitting that social lockdowns and significant restrictions on individuals are deadly and extraordinarily harmful, especially on the working class, minorities, and the poor.

In his book *"Extraordinary Popular Delusions and the Madness of Crowds,"* Charles Mackay wrote: "of all the offspring of Time, Error is the most ancient, and is so old and familiar an acquaintance, that Truth, when discovered, comes upon most of us like an intruder, and meets the intruder's welcome."

Optimistically, we should be seeing the light at the end of the long tunnel with the [rollout](#) of vaccines. I believe that we are. But, using logic that would put the Mad Hatter to shame, we now hear some claim that all

children must be tested and vaccinated, even though they have extremely low risk from this infection and are proven to not be significant spreaders to adults? Or that all teachers must be vaccinated before they teach in-person, even though schools are one of the lowest risk environments and the vast majority of teachers are not high risk?

Worse, we hear the same faces on TV once again stressing uncertainty, and issuing new warnings – that social distancing, masks, and other restrictions will still be necessary after vaccination and until 2022. Is there no intention of those who control the narrative – the often proclaimed “consensus” – to allow Americans to live normally, to live freely, without fear, again?

Just as in [Galileo's](#) time, one real problem is the experts and “vested academic interests.” Faculty members of many universities, America's centers for critical thinking, have overtly intimidated views contrary to their own, likely out of political reasons, leaving many afraid to speak up. That intimidation has been effective – I know, I have received hundreds of emails from scientists and policy scholars all over the country, all over the world, telling me to never give up, but *they* are afraid to come forward. And yes, even a number of infectious disease experts right here at Stanford are afraid to step forward publicly and say the truth.

It is commendable that Stanford's President and Provost, former Provost Etchemendy, and a few other distinguished members of the academic community here spoke in defense of academic freedom at a recent Faculty Senate meeting. But it is not only the matter of academic freedom that needs comment.

Instead of rethinking failed policies and admitting their errors, some have chosen to employ smears in [opinion pieces](#) and through organized [rebukes](#) against those of us who disagreed with what was implemented and who dared to help the country under a President they despised – apparently, the ultimate transgression.

Straw-man arguments and out-of-context distortions to defame people are not acceptable in civilized society, let alone in our great universities. There has been an attempt to silence and delegitimize me using falsifications and misrepresentations. This dishonors Stanford's code of conduct, damages the Stanford name, and most importantly, it abuses the trust parents and society place in them to influence America's children, our next generation of leaders.

It is understandable that most Stanford professors are not experts in health policy – that is my field, my lane – and understandable that most Stanford professors are ignorant of the data about the pandemic. But it is not acceptable to claim that I made recommendations that were "[falsehoods and misrepresentations of science](#)." That is a lie. No matter how often a lie is repeated, and regardless of how often those lies are echoed in biased media, lies do not transform into truths.

We should all remember the phrase attributed to Nazi propagandist Joseph Goebbels – "A lie told once remains a lie, but a lie told a thousand times becomes the truth" – and pray to God that it never becomes true in these United States of America.

All policy considerations I recommended to the President were designed to reduce both the spread of the virus to the most vulnerable and the structural harms of the *policies* to those impacted the most – the poor and working class of America. I was one of the first to push for *increasing* protections to those most at risk, particularly the elderly, because they were dying by the tens of thousands because the chosen policies implemented by states, recommended by other Task Force members, were failing to protect them. Almost a year ago, I recognized that we must *also* consider the [enormous harms](#) to physical health, mental health, and lives lost coming directly from the draconian policies that attempted to contain the infection. *That* is the most appropriate goal of public health policy: to minimize *all* harms, *not* simply to stop Covid-19 at all costs.

The claim in a recent [JAMA](#) opinion piece by three Stanford professors that “nearly all public health experts were concerned that [Atlas’s] recommendations could lead to tens of thousands (or more) of unnecessary deaths in the US alone” is patently false, absurd on its face. As pointed out on February 10 by [Zinberg](#), the proposal called the [Great Barrington Declaration](#), is “far closer to the one condemned in the *JAMA* article than anything [Atlas] said”. Yet, that policy declaration was co-authored by medical scientists and epidemiologists from Stanford, Harvard, and Oxford, and it has already been signed by over 50,000 medical and public-health practitioners.

When critics display such ignorance about the scope of views held by experts, it exposes their bias and wholly disqualifies their authority on these issues. Indeed, it is beyond parody that these same critics [wrote](#) “professionalism demands honesty about what they know and do not know.”

I have indeed explained the fact that younger people have little risk from this infection, and I explained the biological concept of herd immunity – *protection* arising when a large percentage of people acquire immunity – just like Harvard epidemiologists [Katherine Yih](#) and Martin Kulldorff, and some of the top scientists at Stanford, have explained. That is very different from *proposing* that people be deliberately exposed and infected by “allowing the virus to spread naturally” without mitigation efforts. I have not advised that.

And how timely it is that Professor Makary of Johns Hopkins School of Public Health just [did the same](#), acknowledging in the Wall Street Journal on February 18, 2021 that “herd immunity is the inevitable result of viral spread *and* vaccination.” Makary went on to celebrate what he called “the good news” – that “[the consistent and rapid decline in daily cases since Jan. 8 can be explained only by natural immunity](#). Behavior didn’t suddenly improve over the holidays; Americans traveled more over

Christmas than they had since March. Vaccines also don't explain the steep decline in January. Vaccination rates were low and they take weeks to kick in."

Those are Makary's words. Will Dr. Makary now be [linked](#) with doctors who promoted eugenics and those who conducted the racist Tuskegee syphilis experiments, as in the piece in JAMA? Will professors also call for his medical license to be stripped, or that he be formally censured for explaining the benefit of naturally-acquired immunity?

In fact, directly contrary to advocating that the infection spread, I have repeatedly called for mitigation measures, including extra sanitization, social distancing, masks, group limits, testing, and other increased protections to limit the spread and damage from the coronavirus. I also explicitly called for augmenting protection of those at risk in dozens of on-the-record presentations, interviews, and written pieces, including:

Written pieces in [The Hill](#)- May 3, [The Hill](#)-September 3, [New York Post](#)-September 15, [New York Post](#)- April 26; presentations to: [Senate Committee on Homeland Security](#), [Parliamentary Intelligence Security Forum](#), [Liberty Forum of Silicon Valley](#), YPO retreat in Sea Island, Georgia; and interviews with: [Ben Shapiro](#) podcast, [John Bachelor](#) radio, [Steve Deace Blaze TV](#), [Tucker Carlson](#) Fox News TV, [Florida televised press conference](#), [WAML Radio](#), and numerous others.

One must ask the question: why would accusers *also* ignore my explicit, emphatic public denials about supporting the spread of the infection unchecked to achieve herd immunity – denials quoted widely in the media. *Are not my own statements the object of their criticism in the first place?* Or is it due to a desire to "cancel" anyone who accepted the call, who had the audacity to help this country under President Trump?

I have been accused of claiming that "[young people are not harmed by the virus and cannot spread the disease.](#)" To the contrary, I have frequently

cited detailed data explicitly stating that children do get the infection, that children can have serious consequences from the infection, and that some children die from the disease. When I said in a [5/20/2020 interview with Congressman Andy Biggs](#) that there was “an extremely low risk for children that Covid-19 poses” and that the risk of dying if you’re under 18 from this disease is “nearly zero,” that matches the data, including [CDC](#), and is almost verbatim what John Ioannidis, renowned Stanford epidemiologist, [summed up](#) about the entire world’s data. The risk of dying from Covid-19 is “almost zero” for young people.

For many months, I was maligned after calling for opening in-person schools. The compelling case to open schools is now admitted to be longstanding truth, even in lay publications like the [Atlantic](#). They acknowledged that “Research from around the world has, since the beginning of the pandemic, indicated that people under 18, and especially younger kids, are less susceptible to infection, less likely to experience severe symptoms, and far less likely to be hospitalized or die.” Further, that “We’ve known for months that young children are less susceptible to serious infection and less likely to transmit the coronavirus. *Let’s act like it.*”

The accusers who wrote the opinion piece in [JAMA](#) stated: “Atlas disputed the need for masks”. That is misrepresenting my words. To the contrary, my advice on mask usage has been consistent and explicit – “[wear a mask when you cannot socially distance](#)” – and it matched the published recommendations of the [World Health Organization](#) in June: “When outside, wear a mask if you cannot maintain physical distance from others.”

In [December](#), the WHO modified that to “(In areas of known or suspected community or cluster SARS-CoV-2 transmission), WHO advises that the general public should wear a non-medical mask in ... settings where physical distancing of at least 1 metre cannot be maintained”, i.e. *not at all*

times, not by everyone. That also matches the [NIH](#) document dated February 2021 "Prevention and prophylaxis of SARS-COV-2 infection": "When consistent distancing is not possible, face coverings may further reduce the spread of infectious droplets from individuals with SARS-CoV-2 infection to others."

Regarding universal masks: [38 states](#) have implemented general-population mask mandates, most since at least the summer, with almost all the rest having mandates in their major cities. Widespread, general-population mask usage has shown little [empirical utility](#) for stopping cases, even though that evidence has been [censored](#) by Twitter and Amazon. Widespread mask usage showed only minimal impact in Denmark's randomized controlled [study](#). *Those are facts. And facts matter.*

Here's the reality: those who insist that universal mask usage is absolutely proven to be effective at controlling the spread of this virus and is universally recommended by "the science" are ignoring the published evidence to the contrary. One could say they are propagating false and misleading information; some might even call that, using a phrase from the JAMA opinion, "subverting science."

I posted a list where mask mandates empirically failed to stop cases, along with direct quotes, without any edit, from WHO, CDC, and Oxford University. That was censored by Twitter. And I stated numerous times that it would be irrational to wear a mask "when *alone* riding a bicycle *outside*, when driving your own car *alone*, or when walking in the desert *alone*." I stand by those words.

Those who charge that it is unethical, even dangerous, to question broad population mask mandates must not realize that several of the world's top infectious disease scientists *and* major public health organizations explicitly question the efficacy of general population masks. The public needs to know the truth.

For instance, Jefferson and Heneghan of University of Oxford's *Centre for Evidence-Based Medicine* [wrote](#): "It would appear that despite two decades of pandemic preparedness, there is considerable uncertainty as to the value of wearing masks." Oxford's renowned epidemiologist Sunetra Gupta [said](#) there is no need for masks unless one is elderly or high risk. Stanford's Jay Bhattacharya [stated](#) "mask mandates are not supported by the scientific data ... there is no scientific evidence that mask mandates work to slow the spread of the disease."

Throughout this pandemic until December, the WHO's "[Advice on the use of masks in the context of COVID-19](#)" stated: "At present, there is no direct evidence (from studies on COVID19 and in healthy people in the community) on the effectiveness of universal masking of healthy people in the community to prevent infection with respiratory viruses, including COVID-19." In [December](#), the WHO changed their wording to today's "At present there is only limited and inconsistent scientific evidence to support the effectiveness of masking of healthy people in the community to prevent infection with respiratory viruses, including SARS-CoV-2."

The [CDC](#), in a review of influenza pandemics, "[did not find](#) evidence that surgical-type face masks are effective in reducing laboratory-confirmed influenza transmission, either when worn by infected persons (source control) or by persons in the general community to reduce their susceptibility." And until the WHO removed it on October 21, 2020 (almost immediately after Twitter censored my tweet highlighting the WHO quote), the WHO had written "At the present time, the widespread use of masks by healthy people in the community setting is not yet supported by high quality or direct scientific evidence and there are potential benefits and harms to consider."

My advice on masks has always been based on scientific data, and it matches the advice of many of the top scientists and public health organizations throughout the world.

One final false accusation must be addressed: that I "[made unsupported claims about the immunity conferred by surviving infection](#)".

To the contrary, I was correct in accurately citing the scientific literature, when I explained that biological protection from this infection is not fully shown by antibody tests, since antibody prevalence [changes](#) in people over time (September 2020, Japan), and protection is also derived from [other parts](#) of the immune system (January 2021, Germany), including [T-cells](#) (January 2021, Minnesota), even in asymptomatic and mildly symptomatic patients, according to the [Karolinska](#) Institute.

Professor Makary of the Johns Hopkins School of Medicine and Bloomberg School of Public Health [acknowledged this](#) on February 18, 2021, explaining that "Antibody studies almost certainly underestimate natural immunity. Antibody testing doesn't capture antigen-specific T-cells."

I was also correctly citing data that demonstrated some individuals could have cross-protection from previous coronavirus infections, shown by [Singapore](#) researchers and explicitly supported by the [NIH](#) itself on December 15, 2020. "The evidence that a subset of people has a cross-reactive T cell repertoire through exposure to related coronaviruses is strong."

At this point, one could make a reasonable case that those who continue to push significant societal restrictions without acknowledging their failures and serious harms are themselves putting forth dangerous misinformation. As Stanford's Ioannidis [stated](#) on February 20, 2021, "most of the estimates show the draconian lockdowns increased the problems, it was pro-contagion." Those restrictions have plainly "[damaged the public health](#)," as my Stanford accusers might say.

But I will not call for their official rebuke or punishment. I will not try to cancel them. I will not try to extinguish their opinions. And I will not lie to

distort their words and defame them. To do so would repeat a behavior of intimidating the discourse that is critical to educating the public and arriving at the scientific truths we desperately need.

As a health policy scholar for over 15 years and as a professor at top universities for 30 years, I now fear for our students and our nation's future. Some faculty members of our acclaimed universities - many of whom are automatic recipients of society's respect because of those university titles - are now dangerously intolerant of opinions contrary to their personally favored narrative. Without permitting, indeed encouraging, open exchange of views and admission of errors, we might never solve any future crisis.

At a minimum, university mottos, if such things matter - like Harvard's "truth," Stanford's "the winds of freedom blow," and Yale's "light and truth" - need to be explained to all faculty members at these universities.

Some go further, distorting and misrepresenting words to delegitimize and prompt punishment of those of us willing to serve the country - their country - alongside a President they happen to loathe. As [Tobin](#) wrote on March 1, "Delegitimizing [Atlas] and his analysis of the coronavirus disaster was a matter of treating all those who have any connection with the Trump administration as criminals, something that could only be accomplished by blatant misrepresentations of his views and statements."

Worse than a violation of ethical behavior among colleagues, that does not meet my standard of simple human decency.

If academic leaders - and the entire academic community - fail to denounce such attempts to vilify those whom one disagrees with, many more experts with a reputation to lose will be unwilling to serve this country in contentious times. As educators, as parents, as fellow citizens, that would be the worst possible legacy to leave to our children.

We should also fear that the concept of “the science” has been seriously damaged. Even the best journals in the world – *NEJM*, *Lancet*, *Science* and *Nature* – have become contaminated by politics and published bad science. That adds to the public’s confusion, and it diminishes trust in experts. By now, many in the public have simply become fatigued by the arguments. That reaction is even worse, because widespread fatigue will allow fallacy to triumph over truth.

Americans are now faced with a new status quo: biased social media have joined a dominant voice on campuses to be the arbiter of allowable discussion.

The United States is on the precipice of losing its cherished freedoms, with censorship and cancellation of all those who bring views forward that differ from the “accepted mainstream.”

It is not clear if our democracy, with its defining freedoms, will recover, even after we survive the pandemic itself. But it is clear that people must step up – meaning speak up, as we are allowed, as we are expected to do in free societies – or it has no chance.

Finally: Mackay, again, presciently spoke about the herd: *“Men, it has been well said, think in herds; it will be seen that they go mad in herds, while they only recover their senses slowly, and one by one.”*

So, how do we proceed at this very moment, in this country, with its heavily damaged psyche? Those of us who want the truth must keep seeking it, and those of us who see the truth must keep speaking it. Even if the recovery from madness is slow, and even if it is only one by one. *Because truth matters.*