From:

Alexander, Paul (HHS/ASPA) (VOL) [/O=EXCHANGELABS/OU=EXCHANGE ADMINISTRATIVE GROUP

(FYDIBOHF23SPDLT)/CN=RECIPIENTS/CN=BC4EDA8AD333439EB3D296AE0E0F9634-ALEXANDER,]

From: Michael Caputo

@gmail.com>
Sent: Saturday, May 16, 2020 9:20 PM
To: Alexander, Paul (HHS/ASPA) (VOL)
Subject: Re: Hello-follow up

You need to take ownership of these numbers. This is singularly important to what you and I want to achieve.

Michael Caputo

On May 16, 2020, at 8:18 PM, Alexander, Paul (HHS)A

wrote:

Once there is data we will find it.

Problem is with it being so new, not much of this type of information has accumulated. If it is there in any manner then do not worry we will tease it out.

Yes, please connect me with whome

Sent from my iPhone

On May 16, 2020, at 2:52 PM Michael Caputo

@gmail.com> wrote:

An oped? Speech

I know the President wants us to enumerate the economic cost of not reopening. We need solid estimates to be able to say something like:

50,000 more cancer deaths!

40,000 more heart attacks!

25,000 more snicides!

155,000 more trauma deaths!

240,000 hospitals will close!

400,000 heath care workers jobless!

170,000 more high school dropouts!

Etc

We are doing work behind the scenes this weekend on this. See below:

From: Alexander, Paul (HHS/ASPA) (VOL)
Sent: Saturday, May 16, 2020 1:49 PM
D: Brennan, Patrick (OS/ASPA)
Sibject: RE: Hello-follow up

man, sounds like a great plan. I looked
the as to what is the key issue

Why are Dr Redfield told me he has someone at CDC researching similar topics. Let me connect you.

Michael Caputo

- Why are you (governments, public lealt officials) saying now that it is safe for me to go out and slowly resume normal life activities?
- Message should include: Weknow ou are scared for this virus that emerged from China has presented us with many unknowns and death to our most precious citizens. The omission by China and the World Health Organization (WHO) initially of key information such as human-to-human spread had a tremendous impact on global nations' ability and capacity to respond. However, over the last 3 months, evidence has accumulated and now we have more data about this virus and know that not everyone in the population is at equal risk. The elderly are at high risk, not younger healthy adults or children. The risk to ope children approaches zero and is vanishingly small White we open the country, we have to remain vigilant with social distancing, hand washing, heightened sanitation...so that we do not put the elderly at risk for getting this virus. It is Them we sought initially and still seek now, to protect. We have taken measures to beef up our healthcare systems so as to Condle surges at hospital emergency rooms. We have to Continue to protect our frail and elderly population as they are the most hard hit from this virus. The rest of the population has to jointly play a role in this by reducing the spread to the elderly while going about your daily life activities. If you are younger and healthy, then your risk of severe illness or death is vanishingly small and thus we have to go on with living lives as we develop a vaccine (s) and effective therapeutics. The consequences of failing to do so will have far greater consequences on lives e.g. deaths of despair will accumulate, lack of vaccinations for traditional vaccine preventable illnesses

for children due to fear of doctor office and institutional

settings, depression, alcohol abuse, drug abuse, small and medium sized business failure, loss of jobs, loss of homes etc. and the consequences of these emotionally and psychologically to people, than COVID-19 on its own. We must get on with our lives now.

Something like this. We have to now 'unscare' people while as we re-open, we will see blips and spikes in cases and deaths. We must school them that we will respond to the spikes and hotspots as needed.

From: Brennan, Patrick (OS/ASPA)

Sent: Saturday, May 16, 2020 9:22 AM To: Alexander, Paul (HHS/ASPA) (VOL)

Subject: Re: Hello-follow up

I think we may have what we need now — I just fweed you some great data that was pulled from databases HHS subscribes to (IQVIA stuff, you're probably familiar) which covers the slipper healthcare item very well. I am going to draft today and see how it writes; I will send you a draft as soon as I've got it and we can see where, if anywhere, we need anymore data. Sound good?

Sent from my iPhone

On May 16, 2020, at 5: AM, Alexander, Paul (HHS/ASPA) (VOL) wrote:

Hi Patrick, so what do you think is the best model to approach this with? So we wait for folk to come back with data points? Or do we generate some now beyond But I am very keen on helping you and Paul etc.
Coptimally so any heads up form you will be good.

Regards

From: Brennan, Patrich

Sentthe ones we have? What types of data do you seek or do you think is optimal for this? In reality, this is not studied like the effects of the virus on health. What we psychological data etc. that will be more 'soft' narrative

Subject: Re: Hello-follow up

Thank, Ashton.

Paul, I'm the guy with the office next to you haha, but haven't been in this week.

My understanding is that we should circle up with Paul to understand the ETA on data calls from parts of HHS.

I suspect that data won't be ready soon enough though — so what we should do is pull outside, existing data (although in some cases CDC and SAMHSA may have existing studies on healthcand employment etc.) I will build a draft of the op ed from that.

Paul, you have an existing document with some research pulled on this question, right? Can you send me that?

On May 15, 2020 at 3:13 PM, Pollard, Ashton (OS/IOS)

> wrote:

Great! Yes—that's what I thought we were discussing, but I needed a little additional context. I am adding Patrick Brennan here as a start and we can circle back with Paul. Patrick is the Secretary's speechwriter, so he will be the primary architect of those talking points. Hope this is helpful and let me know if you need anything else!

From: Alexander, Paul (HHS/ASPA)

(VOL)

Sent: Friday, May 15, 2020 3:11 PM

To: Pollard, Ashton (OS/IOS)

Subject: RE: Hello-follow up

Hi Ashton, thanks much and I sure am excited by this work for the President

too. Very tough time but full of much hope. And being strong.

Anyway, yes, I think its Paul Mango etc. Not sure but yes, Patrick too as they are trying to put some talking point together to go out as per Judy. Has to do with the Health vs Health to focus on the impact of COVID outside of the infection and the short and long term effects of COVID that go beyond COVID.

Judy said she wanted something by Wed. Thus if they wanted my eye balls on the stuff, then I just wanted some link. I do not know any of these people.

From: Pollard, Ashton (OS/IOS)

Sent: Friday, May 15, 2020 3:05 PM To: Alexander, Paul (HHS/ASPA) (NOL)

Subject: RE: Hello-follow up

Paul,

Nice to meet you as well! Welcome to HHS.

Regarding linking you up with folks, since I came in a little late, are we reterring to Paul Mango and Patrick Brennan? They were on the phone.

Let me know exactly who you mean and mean happy to make the connection!

Thanks, Ashton

From: Alexander, Paul (HHS/ASPA)

(VOL)

Sent: Friday, May 15, 2020 3:02 PM

To: Pollard, Ashton (OS/IOS)

Subject: Hello-follow up

Hi Ashton, so good meeting you today and thank you for willingness to help me this morning as the badge is taking long and so it's a drama each morning.

Anyway, based on what Judy was asking just now, please help if they want my role with Paul and the others...can you help link me up to the folk Judy was saying to get something in writing ready by Wednesday.

And please you all call me Paul. Not Dr. Alexander.

Grateful!

Dr. Paul E. Alexander, Pho-Senior Advisor to the Assistant Secretary For COVID-19 Pandemic Policy Office of the Assistant Secretary of Public Affairs (ASPA) US Department of Health and Human

Services (HHS)
Washington DC

Tel: (Office)
Tel: (Cellular)

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