

Message

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Sent: 7/3/2020 12:54:55 AM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Subject: FW: MMWR Response (ROUGH)
Attachments: MMWR Response- Hydroxychloroquine.docx

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From: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
Sent: Thursday, July 2, 2020 1:39 PM
To: Alexander, Paul (HHS/ASPA) (VOL) [REDACTED]
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From: Hubbard, Madeleine (OS/ASPA) [REDACTED]
Sent: Thursday, July 2, 2020 12:21 PM
To: Caputo, Michael (HHS/ASPA) [REDACTED]; Alexander, Paul (HHS/ASPA) (VOL)
[REDACTED]; Traverse, Brad (HHS/ASPA) [REDACTED]
Subject: MMWR Response (ROUGH)

Good afternoon,

This is a rough draft of the MMWR response. I will look back at it in a few hours and make many more edits, but so far this is what I have, in case you want it earlier. Thank you!

Best,
Madeleine



MMWR Response-
Hydroxychloroqui...

Madeleine Hubbard
Office of the Assistant Secretary for Public Affairs
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July 2, 2020

Hydroxychloroquine MMWR

The CDC's pledge to the American People is to "Be a diligent steward of the funds entrusted to our agency." The organization also pledges to "Base all public health decisions on the highest quality scientific data that is derived openly and objectively" and "Place the benefits to society above the benefits to our institution." The MMWR "Hydroxychloroquine Prescribing Patterns by Provider Specialty in the United States Before and After Initial Media Reports for COVID-19 Treatment, January–April 2020" fails to live up to any of the aforementioned CDC pledges.

This MMWR presents factual information with an agenda. It is widely known that hydroxychloroquine was prescribed in high levels during the first half of 2020. The drug is frequently prescribed to members of our armed services and other healthy people as a prophylactic for malaria. Severe, rare side effects of hydroxychloroquine use include vision changes, heart disease, hearing problems, and even mood changes. In cases where hydroxychloroquine is used prophylactically, the benefits outweigh the risks. From January to April, the American people were looking for any possible therapeutics to use in the fight against COVID-19. The battle looked so bleak that for hydroxychloroquine, the benefits of using it in COVID-19 treatments far outweighed the risks when no other therapeutics were available.

Analyzing the relationship between media coverage and prescription trends does nothing to positively shape the future. One could argue that it may prevent a person from promoting a yet to be fully proven drug. On the other hand, this could prevent the news from giving the proper coverage of a true "miracle cure." Regardless, this study does not utilize science to improve lives. It is an improper use of American tax dollars, funds entrusted to the CDC, to waste time

analyzing past media coverage and prescriptions, especially in the middle of a global pandemic. This MMWR does not base “public health decisions on the highest quality scientific data” nor does it data to enhance the scientific community. In fact, there is no academic value in this study whatsoever.

Even the title of the MMWR is misleading. The article does not use sociology to analyze the connection between media coverage (number of news articles, hours spent on television speaking about it, areas of the country that had more exposure than others) and prescription trends. That being stated, media analysis should be left to the academics in Universities. It is not the place of the CDC to release MMWRs such as this one. The study presents raw numbers and does nothing to further shape the COVID-19 response. It is an unproductive waste of time, resources, and energy which should be spent fighting the global pandemic.

The authors of this study are a disgrace to public service. This MMWR is a far cry from placing American needs above the authors or the CDC. At best, the authors were curious, by some miracle had extra time on their hands in the midst of a pandemic, and wanted to publicize prescription trends (something that has only happened with one other MMWR in history). At worst, these authors are self-aggrandizing, looking to grab headlines and sway the public's thoughts on the past. Rather than being focused on the past ignoring and the Americans currently dying from COVID-19, the authors of this MMWR should look to shaping the future.

An MMWR is known as the “voice of the CDC.” The information presented in this MMWR is not timely, nor does it contain useful public health information and recommendations. I have failed to find any scientific value in this study which would further improve public health. It is my recommendation that the study be abandoned completely and forgotten.