

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,

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