

## Vaccination status of South Carolina COVID-19 cases, hospitalizations and deaths from December 16, 2021 to January 15, 2022.

This data in the below infographic was removed from the DHEC website in early 2022.<sup>1</sup>

Accurately curating and disclosing hospitalization and death data and COVID-19 vaccinated and unvaccinated hospitalization and death data is needed for the best possible public health guidance:

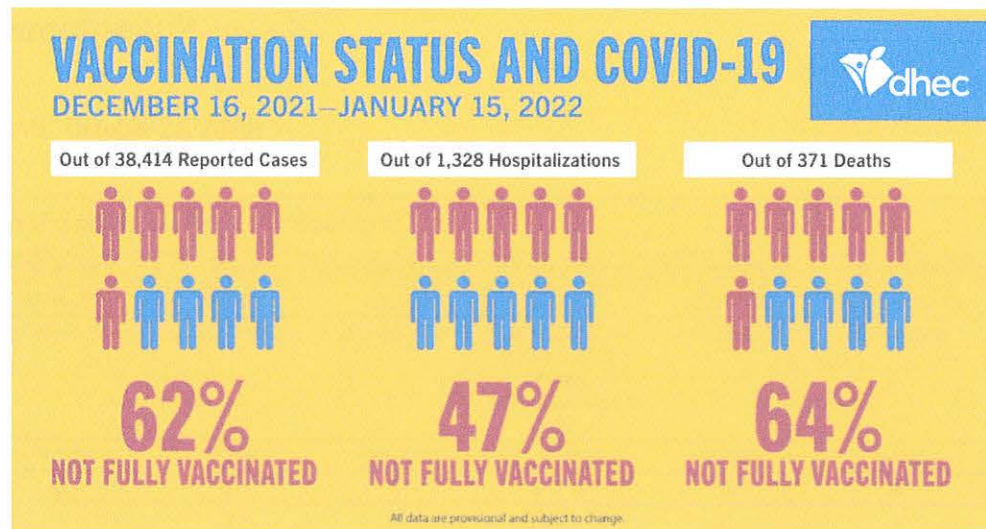


Table 1

* Covid-19 Infection Death Rate by Age Group	
Age	Infection Death Rate
0-19	0.0027%
20-29	0.014%
30-39	0.031%
40-49	0.082%
50-59	0.27%
60-69	0.59%
70+ (non inst.)	2.40%
70+ (all)	5.50%

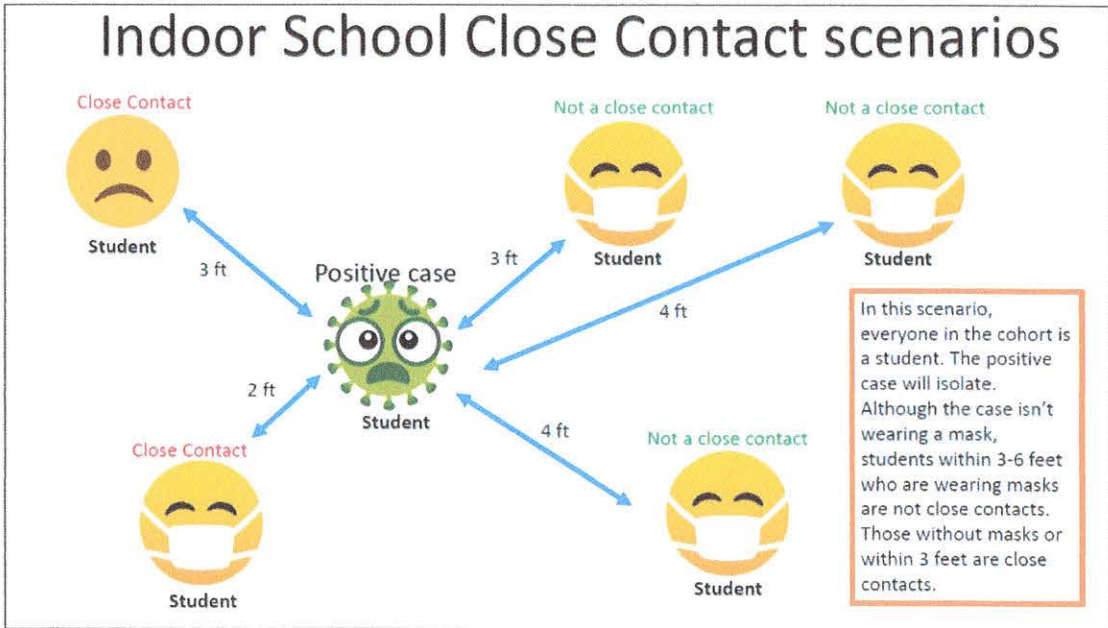
<https://medrxiv.org/content/10.1101/2021.07.08.21260210v1>

*\*Assessing COVID-19 infection death rate by age group is an important part of a risk vs benefit analysis so targeted public health mitigation strategies can be deployed.*

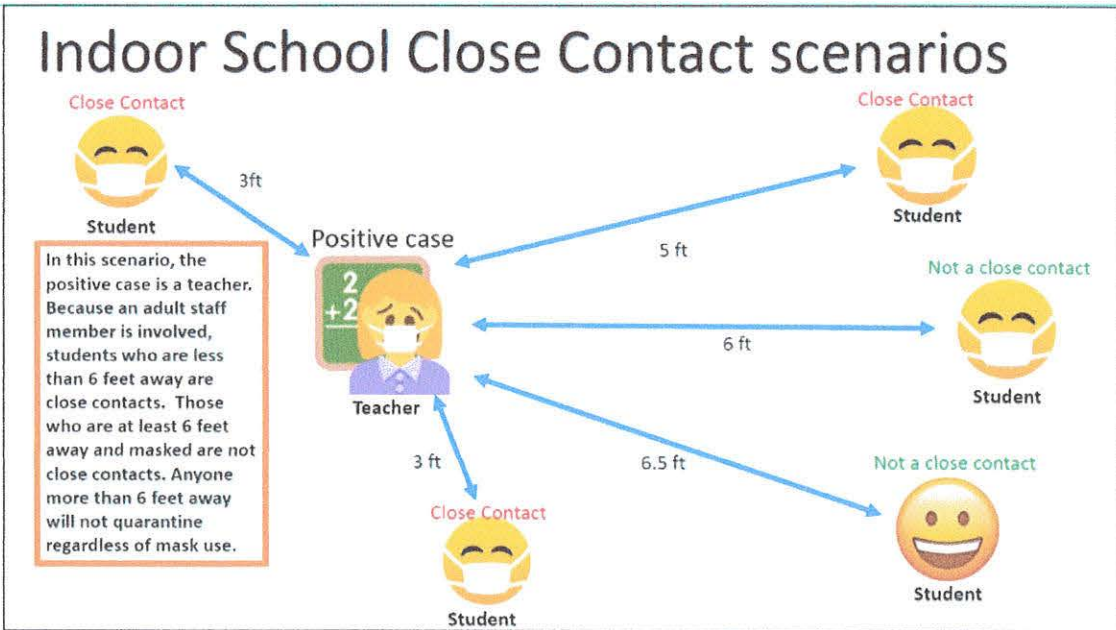
*SCDHEC data was reliable to determine COVID-19 infection death rate by age group. Table 1. "Infection Death Rate" is global data curated from several countries.*

<sup>1</sup> <https://scdhec.gov/covid19/covid-19-data/cases-hospitalizations-deaths-among-not-fully-vaccinated>

## Indoor School Close Contact scenarios

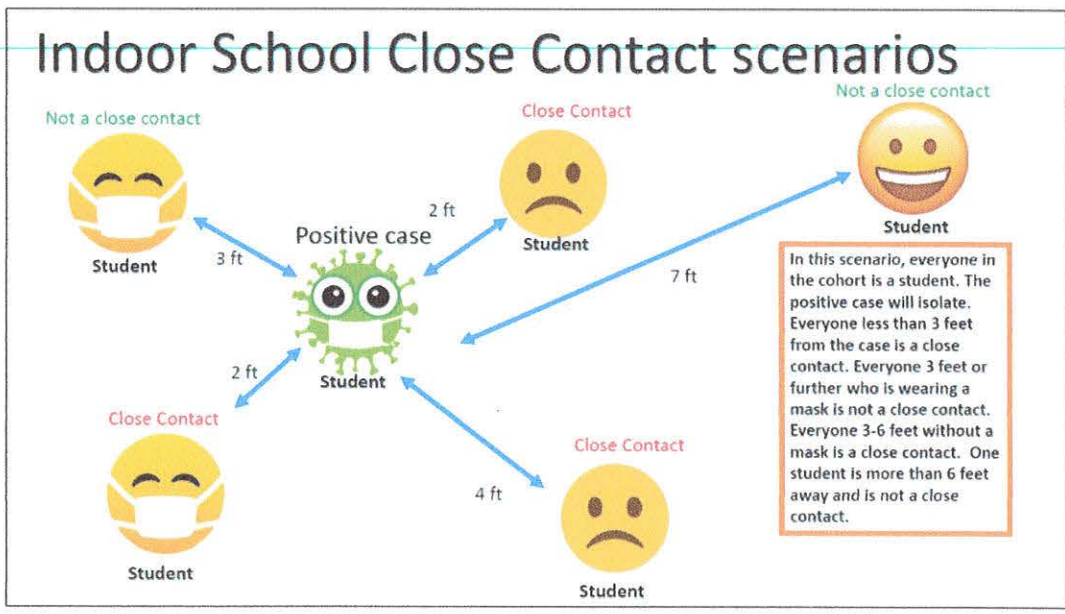
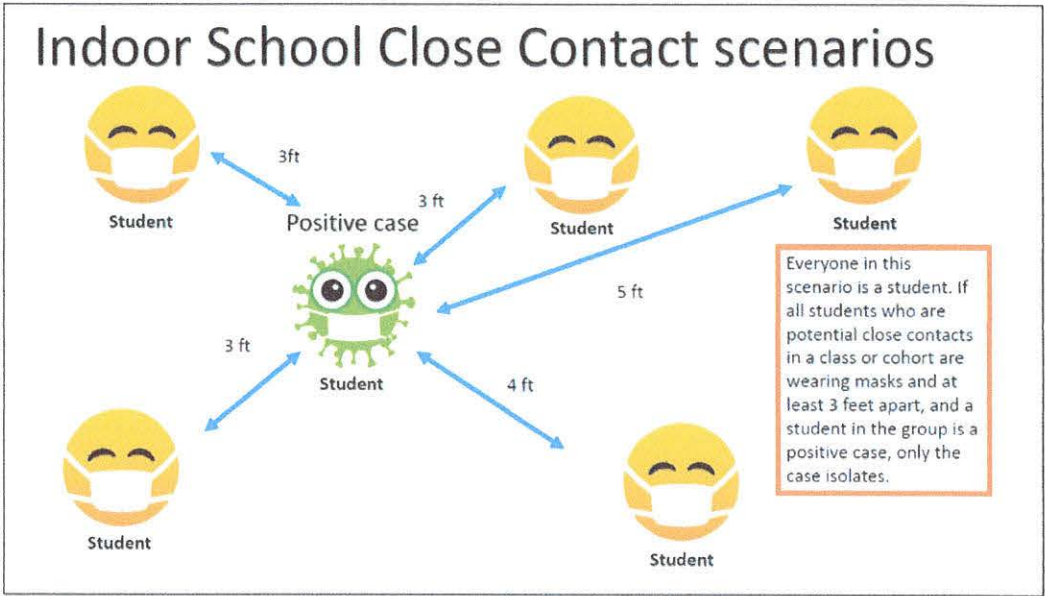


## Indoor School Close Contact scenarios



**Indoor School Close Contact Scenarios**

January 9, 2022



DHEC staff FOIA response stated that they did not follow up on the over 8,000 reported South Carolina COVID-19 vaccine adverse events. There has been an exponential increase in South Carolinian vaccine adverse events reported since the roll out of COVID-19 vaccines<sup>1</sup>. **DHEC staff reported in their FOIA response that:**

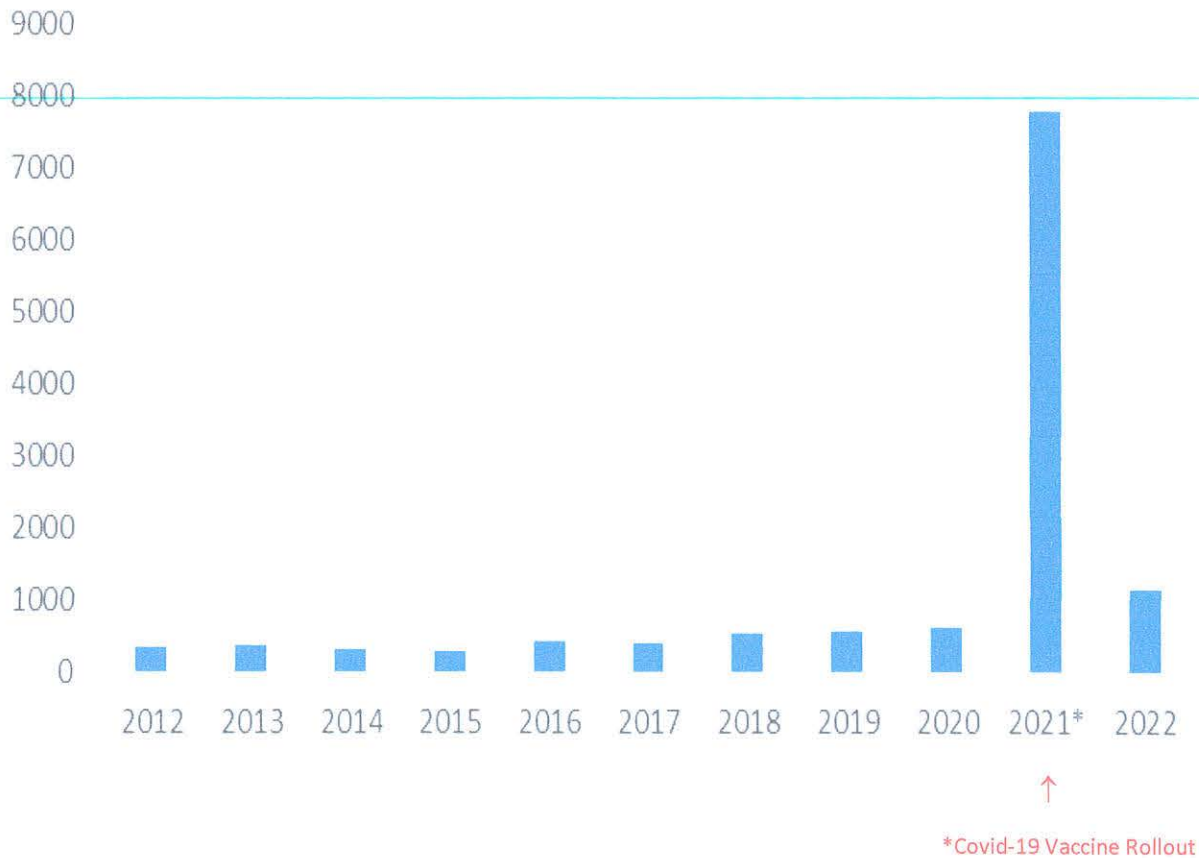
*"DHEC does not do follow up or investigate VAERS submissions. In fact, CDC doesn't provide us with the information on or communicate with us about entries related to SC, and they (and/or the FDA) do all of the investigating and analysis of those reports."* – DHEC Staff

However, after corresponding with a senior scientist at the CDC's Immunization Safety Office it was communicated that South Carolina designated Vaccine Safety Coordinators receive weekly reports on specific South Carolinian COVID-19 vaccine adverse events reported to VAERS.

*"Currently CDC uses Epi-X to send each U.S. public health jurisdiction reports containing all of their state's VAERS reports on COVID-19 vaccine, as well as de-identified COVID-19 summary data from other jurisdictions. CDC sends this data on Epi-X weekly."* – Immunization Safety Office (CDC) Staff

### SC Vaccine Adverse Events Reported to the Vaccine Adverse Events Reporting System (VAERS) Database by Year

#### Number of VAERS Reports - SC



*\*The Food and Drug Administration (FDA) acknowledges that once approval is given to release a new vaccine to potentially millions of Americans, post-marketing research and surveillance is necessary to identify potential safety issues that may only be detected following vaccination in a much larger and more diverse population<sup>1</sup>.*

# Reasons for the Loss of Public Trust in DHEC and Suggested Solutions

- ✓ South Carolina law (44-1-80, 44-1-110) charges the Department of Health and Environmental Control (DHEC) with being the sole advisor to protect South Carolinian's public health.

*"The Department of Health and Environmental Control is invested with all the rights and charged with all the duties pertaining to organizations of like character and is the sole advisor of the State in all questions involving the protection of the public health within its limits."*

- ✓ There has been a distinct, growing mistrust of DHEC and the Centers for Disease Control and Prevention (CDC) in our state. This is in-part due to DHEC staff appearing to adopt and encourage certain CDC recommendations without extensive scientific review which are:
  1. not supported by the body of scientific evidence
  2. not adapted as emerging scientific evidence and new information becomes available
  3. not scientifically justified to be implemented in all age groups and population,
  4. detrimental due to known and unintended negative consequences in certain populations, resulting in other very serious public health problems
- ✓ South Carolinians' concerns regarding DHEC management of the COVID-19 crisis are supported by:
  - documented written correspondence with qualified DHEC staff
  - documented FOIA request responses from qualified DHEC staff
  - the known deleterious damage from DHEC COVID-19 Guidance in South Carolina

Specific concerns include the following:

1. **DHEC staff are unable to provide transparency on the data criteria used to collect South Carolinian COVID-19 hospitalizations and deaths which are published on the DHEC website.** Subsequently, it is indistinguishable if COVID-19 disease directly caused, contributed to or was not related to a reported South Carolinian COVID-19 hospitalization or death.

South Carolinians expect scientifically accurate data collection and transparency on how our states COVID-19 complications are being reported. It is essential for providers, parents and the public at-large to understand the circumstances in different populations impacted, so individual risk may be properly assessed. South Carolina businesses, institutions and elected officials, such as School Board Members, depend heavily on an objective disclosure of the data from DHEC so they may craft appropriate and proportional public health policies.

2. **DHEC staff have not provided adequate scientific evidence, data and source documents to support the strong recommendation of universal masking in South Carolina's K-12 schools.** Additionally, DHEC staff did not perform an adequate ongoing risk vs benefit analysis of this policy for school-age children. DHEC staff also rejected concerns in writing that universal masking in schools may have an unintended harmful impact on children.

Conversely, a large body of scientific evidence suggests masking is not an effective public health measure in schools and that masking policies in schools carry deleterious impacts. South Carolina and nation-wide data suggest children have experienced significant learning loss, developmental delays and more as a result of universal masking policies.

3. **DHEC staff reported that they are unable to provide scientific evidence, data and source documents supporting the safety and effectiveness of universal pediatric COVID-19 vaccination.** Additionally, DHEC did not perform a risk vs benefit analysis for universal COVID-19 vaccination of South Carolina infants and children age 6 months-age 4, age 5-11 and age 12-18 years old.

Yet DHEC staff continues to message South Carolina's parents, schools and media outlets that COVID-19 vaccination is safe and effective and the best opportunity of keeping our children safe and healthy from COVID-19 disease.

4. **DHEC staff reported that they did not perform an inquiry with CDC or an investigation of the nearly 9,000 COVID-19 vaccine adverse events South Carolinians reported to the Vaccine Adverse Events Reporting System (VAERS).** DHEC continues to recommend the universal vaccination of South Carolinians age 6 months and older, yet has not investigated possible unintended negative health events that DHEC's COVID-19 vaccination program is having on individual South Carolinians in our state.

Further supporting the essential need for DHEC's scientific review of COVID-19 vaccine safety is that based on DHEC's vaccine messaging, many South Carolinians are being required to or voluntarily accept COVID-19 vaccinations as a condition of their employer or educational institution. Adding further complexity is DHEC staff providing these recommendations cannot be held legally or personally accountable if injury or death results from the recommendation of universal COVID-19 vaccinations. This reality places the physical and legal burden of risk squarely on South Carolinians.

*This is not good enough.*

*South Carolinians expect excellence from DHEC - the primary source of public health guidance in our state.*

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To rebuild trust in DHEC and public health guidance:

- **An inquiry by those who are charged with oversight of DHEC into these concerns (the DHEC Board and South Carolina Legislative Oversight Committees) is urgently needed.** These inquiries will provide South Carolinians further transparency of how DHEC staff created or adopted certain COVID-19 public health strategies, collected and reported data, and messaged certain COVID-19 information to citizens.

The DHEC Board members and Legislative Oversight Committee members will then have the ability to make thoughtful recommendations and implement effective actions to repair DHEC and strengthen our state.

- **South Carolinians will expect to have bright, trustworthy, qualified DHEC staff that work strictly for the best interest of South Carolinians (not the CDC, medical societies and beyond).** Those charged with the critical task of creating necessary public health policy for our state will be expected to thoughtfully, independently, and rigorously review data and scientific evidence before crafting public health policies.
- **South Carolinians will expect DHEC staff to consistently document on the DHEC website transparent, accurate data and sound citations supporting public health recommendations.** DHEC's communication and guidance to South Carolinians must be transparent and based on an independent, thoughtful review of data and evidence.

Dear Medical Affairs Committee,

After receiving Freedom of Information Act (FOIA) responses and correspondence about unsupported COVID public health guidance and data collection, I subsequently had two meetings with DHEC Director Simmer (March & June) so he could address these serious concerns listed below. To date, questions about how determinations have not been adequately addressed.

*were made*

**I am writing to request your help in getting a response in writing to a document I submitted (attached) to Director Simmer outlining and requesting specific data and scientific evidence on how DHEC staff made certain COVID-19 policy determinations.**

As you will read, DHEC Staff have been unable to provide data or scientific evidence or an explanation on why these recommendations were made. Certain unvetted DHEC COVID-19 recommendations were followed or mandated in our state ~~which caused~~ a variety of significant unintended harms.

*causing*

Please review the attached documents outlining the serious concerns regarding DHEC which resulted in significant harms to South Carolinians'.

- 1. Why DHEC did not accurately collect COVID hospitalization and deaths data which was messaged to South Carolinians and reported on the DHEC website?**
- 2. Why DHEC did not vet the safety, efficacy and perform a risk vs benefit analysis of their recommendation of universal pediatric COVID vaccination?**
- 3. Why DHEC did not inquire or follow-up on the over 8,000 COVID vaccine adverse events reported to VAERS reported by South Carolinians?**
- 4. Why DHEC did not thoroughly vet the safety, efficacy of their K-12 universal masking recommendation and perform a risk vs benefit analysis?**

*are clearly*

Public health recommendations that are not supported by data and evidence ~~clearly is~~ not good enough for South Carolinians. Attached documents include:

1. DHECs FOIA requests and responses
2. DHEC data criteria inquiry correspondence
3. Document requesting how DHEC made public health determinations I submitted and requested DHEC staff to respond to in writing (which to date has not been responded to).
4. Medical Affairs Hearing; Pandemic Preparedness Listening Session- outlining serious issues with DHEC. I am the 3<sup>rd</sup> speaker.

<https://www.scstatehouse.gov/video/archives.php?key=13489>

Dear Medical Affairs Committee Members,

I wanted to address comments made during the Hearing today discussing **Bill 965** and address the **ethical realities** of supporting mandates. I hope you are persuaded to change your mind and SUPPORT the informed consent ethic and Bill 965 and **975**.

The informed consent ethic is a very well established principle in healthcare. Informed Consent is when an individual is provided an objective disclosure of the risk vs benefit of a medical procedure or pharmaceutical product and then is provide an opportunity to make a VOLUNTARY decision to accept or decline that product free of coercion.

**Informed consent is in alignment with medical ethics, mandates are not.**

Some **ethical issues** to consider when supporting mandates:

1. Understandably, many employers see an employee as a valued team member and “asset”. However, the wanted ability to “look after” employees to ensure the success and survival of their business by mandating liability-free vaccines is not in the scope of the responsibility of an employer. There is a distinction between other assets such as, office equipment and inventory, is that an employee is a human being. Where exactly do we draw the line with employers having say over their employees bodies?
2. Some employers believe the physical and legal burden of risk should be placed squarely on the employee when they accept a liability-free (indemnified) pharmaceutical product like a vaccine as a condition of their employment. If the employee does not accept these terms some employers would like the ability to fire their employees. If death, short or long-term harm results from being mandated one of these liability-free products, the employee is on their own.
3. Also pointed out during the Hearing employers do not want to lose money if their employees do not comply with accepting a liability-free product they may not want or need, such as unemployment insurance fees and financial incentives from government entities when enforcing mandates. It was suggested that the employee should carry the burden of being fired or accepting a liability-free pharmaceutical product. Legislating legal protections for companies for NOT mandating these products could provide a legal remedy to businesses.
4. I can also assure you, an employer would be one of the last people an individual would approach for advice for often complex and very personal healthcare decisions. Please no not take my word for it. **I encourage you to check in directly with your constituents on who they believe holds their best interest in keeping themselves and their family healthy and safe.**

**We can do better in South Carolina to protect the informed consent ethic.** Individuals are more than capable of making VOLUNTARY healthcare decisions.

**Mandates are for bullies when they cannot convince an individual on the merits of a liability-free pharmaceutical product.** Wouldn't the “greater good” be served by innovating better products that are safe enough to not require indemnification?

Happy to discuss further.