



Let us raise a standard
to which the wise and
honest can repair.

- George Washington

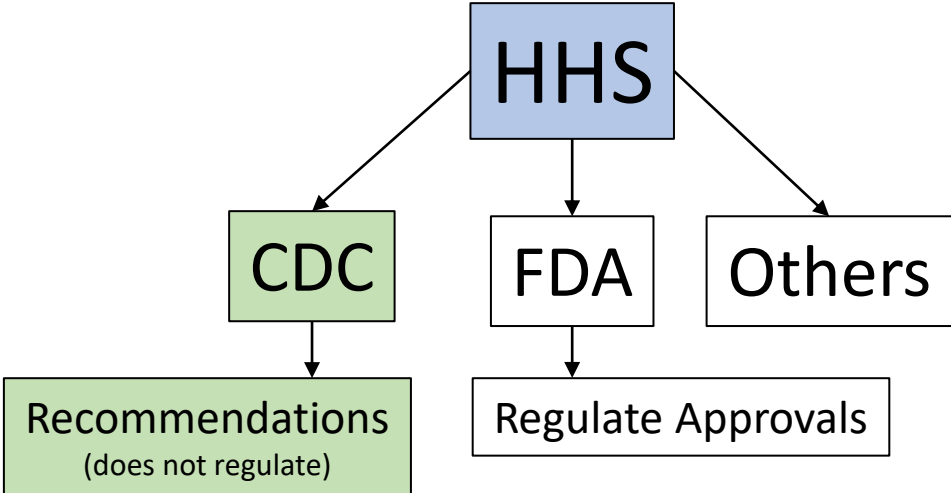
Denice G. Hilty, DC

Improving pandemic preparedness

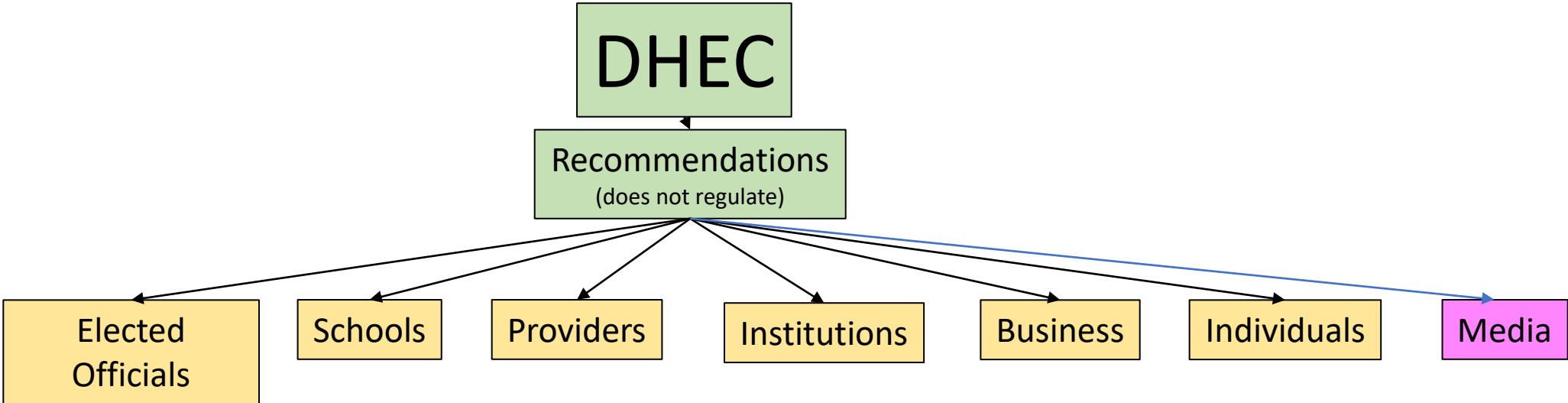
- ✓ Identify causes for the loss of public trust in DHEC
- ✓ Identify deleterious impacts from DHEC guidance
- ✓ review 4 concerning DHEC Freedom of Information Act (FOIA) responses related to COVID data collection and guidance
- ✓ Suggestions how to rebuild trust and improve public health

Public Health Structure


Federal



State



44-1-80, 44-1-110 SC law charges DHEC with being the **sole advisor** to protect South Carolinian's public health (Not CDC).

 — Adopts or crafts policies (may mandate)

The Loss of Public Trust in DHEC



DHEC adopted and encouraged certain CDC recommendations and talking points without extensive scientific review that:

- ✓ were not supported by the body of scientific evidence
- ✓ were not adapted as emerging scientific evidence and new information became available
- ✓ were not scientifically justified to be implemented in all age groups and populations
- ✓ had detrimental impacts which resulted in other serious public health problems

Detrimental impacts from DHEC recommendations include:

- learning loss and developmental delays
- an exponential increase in mental health disorders and suicidal ideation, especially among the young
- substantial economic loss including business closures
- a false sense of security in high-risk individuals who trust in potentially unproven measures intended to mitigate their risk.

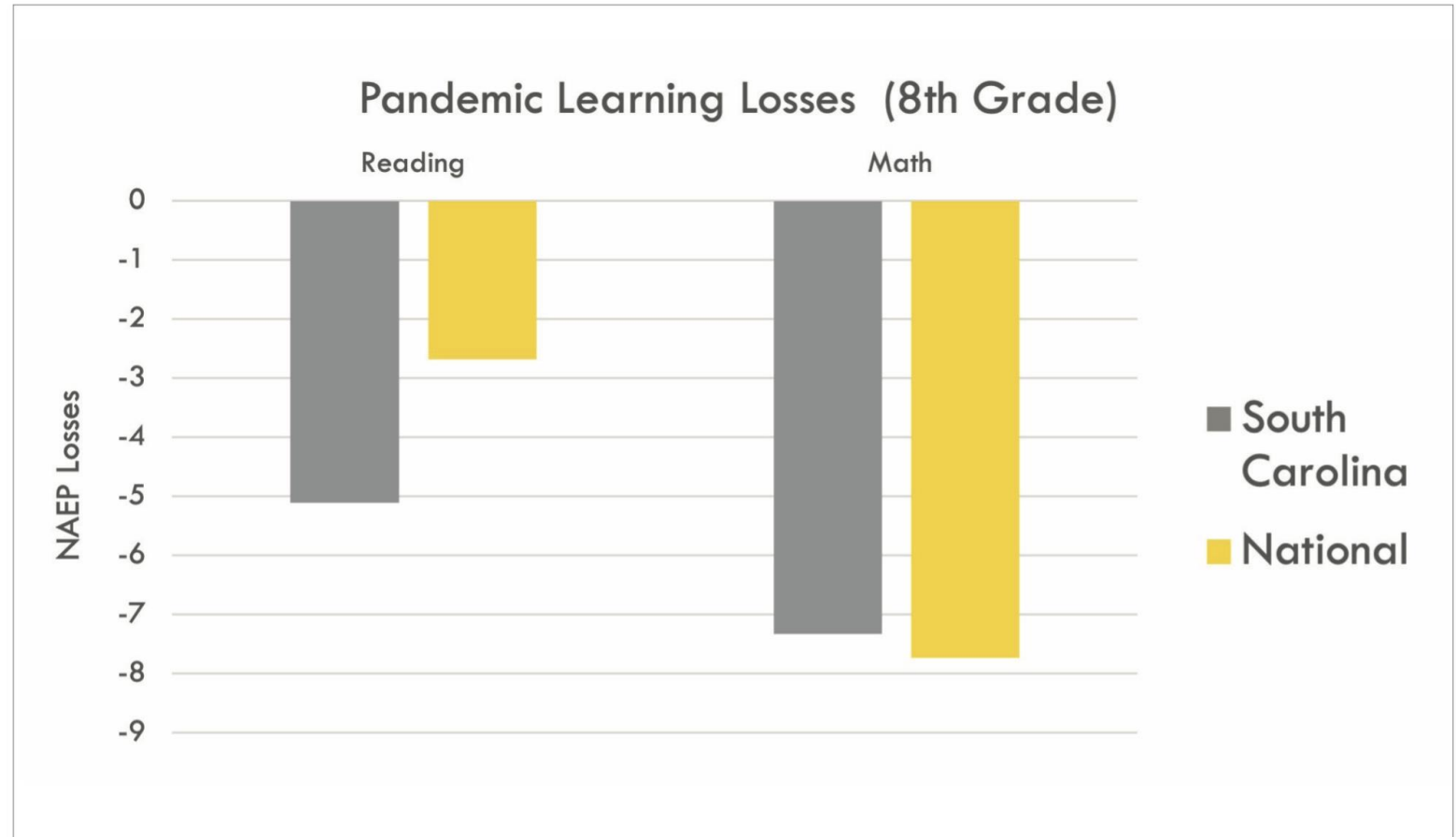


Learning Loss and Economic Loss in South Carolina

South Carolina had overall lower learning losses than the nation as a whole, but the economic impacts on affected youth and on the state remain sizable.

Just returning schools to their pre-pandemic performance levels. will not erase the lost learning

***disproportionately impacts socio-economically disadvantaged children.**



South Carolina COVID-19 learning losses will result in a total economic loss of:



- 1.7 percent of GDP over the twenty-first century, **\$129.5 billion**.
- South Carolina students in the COVID cohort can expect on average **5.1%** lower lifetime earnings.



What is Public Health?



Public health is the science of protecting and improving the health of people and their communities. This work is achieved by promoting healthy lifestyles, researching disease and injury prevention, and detecting, preventing and responding to infectious diseases.

- CDC Foundation



Successful Public Health = Results



FOIA

#1. Why DHEC staff did not accurately report COVID-19 hospitalization and death data published on the DHEC website?

Subsequently, it is indistinguishable if COVID-19 disease:



- 1) directly caused
- 2) contributed to
- 3) or was not related to a **reported South Carolinian COVID-19 hospitalization or death.**

*Please see provided documents regarding DHEC correspondence and 17 pdfs on COVID testing in DHEC's FOIA response.

ELECTED OFFICIALS such as school board members and others depend on accurate data so they may assess:

- individual risk
- risk to specific populations so they may craft appropriate and proportional public health policies.



DHEC Published SC COVID-19 Deaths by Age

Age	Total Deaths	Population Estimate	Rate per 100K
Under 5	12	291,296	4
5 to 11	8	439,755	2
12 to 17	14	391,558	4
18 to 34	251	1,153,713	22
35 to 49	1,053	944,102	112
50 to 64	3,637	1,021,241	356
65 to 84	10,239	882,081	1,161
85 & Older	4,231	94,294	4,487

To Build Back Trust

- ✓ **Collect and report data accurately.** Inaccurate data collection and reporting is unacceptable and has far-reaching impacts on our state.

DHEC staff **be accountable** to provide transparency by posting on the DHEC website:

- ✓ data criteria guidance documents on how data is collected and reported.
- ✓ Known knowledge gaps and sound scientific citations that support and justify all current and future public health recommendations (not limited to COVID-19 guidance).

FOIA

#2. Why DHEC staff were unable to provide scientific evidence including a risk vs benefit analysis for their recommendation of universal pediatric COVID-19 vaccination for age 6 months and up?

“I don't know of any written risk vs benefit analysis developed by DHEC, and I can't even recall all of the data and studies and articles I read on the vaccines, their development, their trials in children, etc.”

- DHEC Staff FOIA Response



* 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%

*Assessing COVID-19 infection death rate by age group is an important part of a **risk vs benefit analysis**.

Implementing policies that carry risk of harm in low risk populations like children to protect the more vulnerable population is a **ethical issue** that is hotly debated

(SC DHEC data is not currently reliable to determine COVID-19 infection death rate by age group.)

(Published October 21, 2020, British Medical Journal)

	Moderna	Pfizer	AstraZeneca (US)	AstraZeneca (UK)	Janssen	Sinopharm*	Sinovac
Vaccine name	mRNA-1273	BNT162	AZD1222	AZD1222	Ad26.COVS.2.S	Sinopharm vaccine	Sinovac CoronaVac
Registration No	NCT04470427	NCT04368728	NCT04516746	NCT04400838 (UK), NCT04536051 (Brazil), NCT04444674 (South Africa)	NCT04505722	NCT04510207	NCT04456595
Target enrolment	30 000	43 998	30 000	19 330	60 000	45 000	8870
Ages eligible	18+	12+	18+	5-12, 18+	18+	18+	18+
Protocol publicly available	Y	Y	Y	N†	Y	N	N
Notable excluded populations:							
Children and adolescents	Excluded	Many excluded	Excluded	13-17 excluded	Excluded	Excluded	Excluded
Immunocompromised patients	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Pregnant or breastfeeding women	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded	Excluded
Endpoints undergoing formal study‡:							
Prevention of symptomatic disease in vaccine recipient	Y	Y	Y	Y	Y	Presumably§	Y
Reduction in severe covid-19 (hospital admission, ICU, or death)	N	N	N	N¶	N	N	N
Interruption of transmission (person to person spread)	N	N	N	N	N	N	N

* This trial is separately randomising an inactivated SARS-CoV-2 vaccine (Vero cell) manufactured by Wuhan Institute of Biological Products Co and Beijing Institute of Biological Products Co.

† AstraZeneca has released the protocol for its stalled US trial but not its trial in UK, Brazil, and South Africa.

‡ Endpoints “undergoing formal study” include those listed as primary outcomes in ClinicalTrials.gov, publicly available study protocols, or those not listed as primary outcomes, but the company has confirmed that the study is powered sufficiently to find an effect (if one exists).

§ Sinopharm lists “incidence of COVID-19 cases” as a primary efficacy endpoint in its ClinicalTrials.gov entry.

¶ Trial registration (NCT04444674) lists the following primary endpoint: “Determine if there is a reduction of severe and non-severe COVID-19 disease in HIV-negative adults.” This suggests a composite outcome that includes non-severe disease.

- Mortality
- Hospitalization
- Viral transmission

WERE NOT evaluated as primary endpoints in several the 2020 COVID-19 vaccine phase III clinical trials.

Yet, DHEC staff stated,

“I have the utmost confidence in the safety and effectiveness of the COVID-19 vaccines.”

– DHEC Staff Statement, January of 2021- during COVID vaccine rollout

VACCINATION STATUS AND COVID-19

DECEMBER 16, 2021–JANUARY 15, 2022



Out of 38,414 Reported Cases



62%

NOT FULLY VACCINATED

Out of 1,328 Hospitalizations



47%

NOT FULLY VACCINATED

Out of 371 Deaths



64%

NOT FULLY VACCINATED

All data are provisional and subject to change.

Vaccination status of South Carolina:

- cases
- hospitalizations
- deaths

December 16th-
January 15th, 2022

❖ *Is there current DHEC data supporting that vaccinations are reducing hospitalizations and deaths?*

To Build Back Trust

- ✓ A thorough scientific review of COVID-19 vaccine is urgently needed. Parents and providers depend on ongoing rigorous review of the available scientific evidence.
- ✓ Pass legislation **requiring legislative oversight** when adding vaccinations to the school schedule.
- ✓ Commence an employment review of appropriate DHEC staff to determine if minimum job requirements are being met.

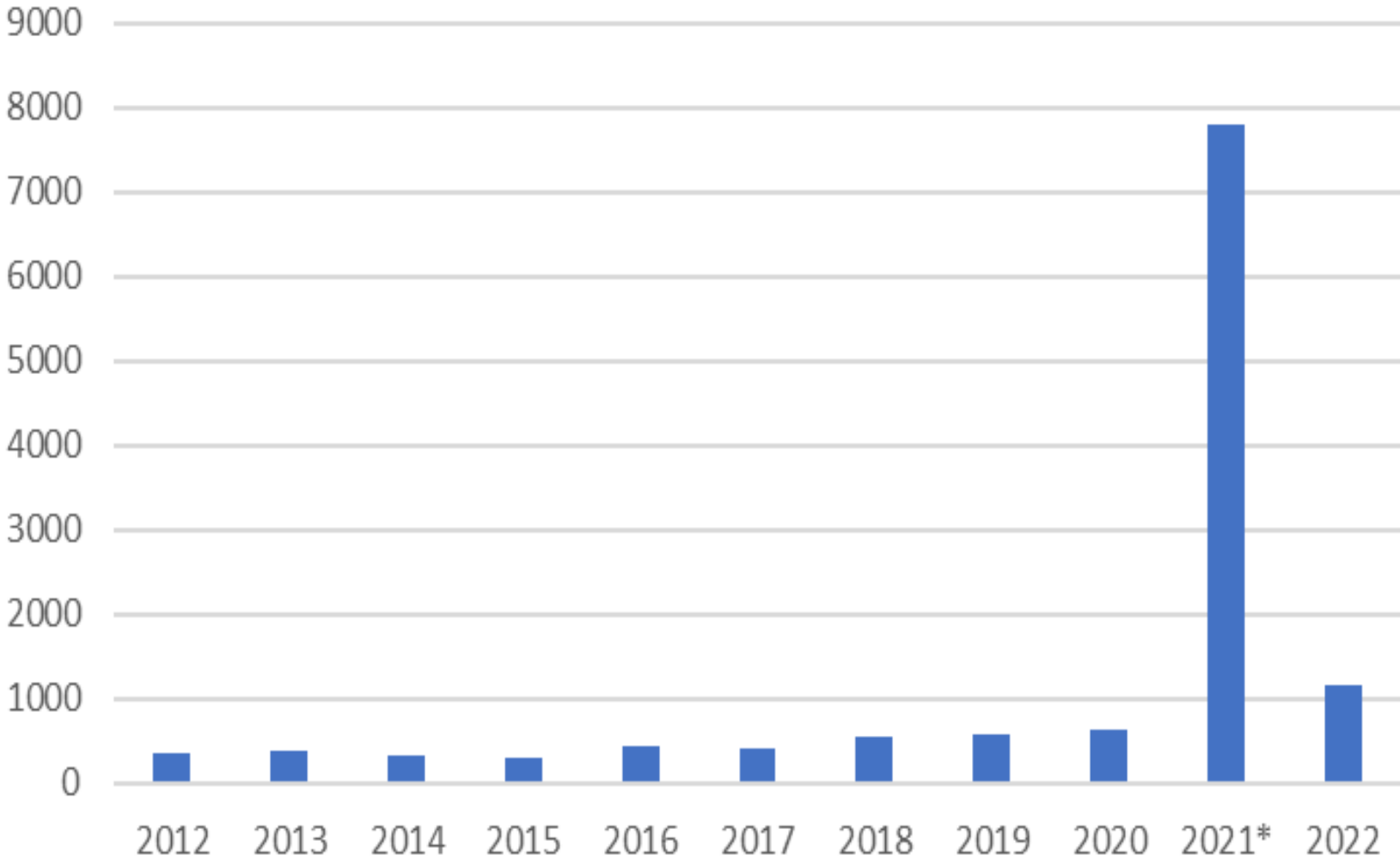
FOIA

#3. Why DHEC staff did not inquire about the nearly 9,000 COVID-19 vaccine adverse events South Carolinians reported to the Vaccine Adverse Events Reporting System (VAERS).



“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 FOIA Response

Number of VAERS Reports - SC



9,093 COVID-19 vaccine adverse events including **90** reported deaths have been reported to VAERS by South Carolinians as of 09/01/23

↑
Covid-19 Vaccine Rollout

- ❖ CDC's Immunization Safety Office communicated that South Carolina designated Vaccine Safety Coordinators **receive weekly reports** on specific South Carolinian COVID-19 vaccine adverse events reported to VAERS.
- ❖ South Carolinians **depend on** and **expect** DHEC to closely monitor the safety of COVID-19 vaccines which are universally recommended by DHEC to South Carolinians age 6 months and up.



To Build Back Trust

- ★ Based on DHEC's "*safe and effective*" messaging, many South Carolinians have been required to accept COVID-19 vaccinations as a condition of their employer or educational institution.
- ★ DHEC staff who recommend universal COVID-19 vaccination **cannot be held legally or personally accountable** if injury or death results.
- ✓ Pass legislation that **protects South Carolinians** from being mandated indemnified (liability-free) products that carry risk of harm.

FOIA

#4. Why DHEC staff have not provided adequate scientific evidence including a risk vs benefit analysis to support their recommendation of universal masking in K-12 schools



“The recommendations DHEC provided were based off of CDC guidelines.”

-DHEC Staff FOIA Response

- DHEC staff relied mainly on observational studies and models for efficacy, which are not reliable (DHEC Board presentation on K-12 masking -August, 2021).

In the **absence of evidence**, concerns that universal masking in schools may have unintended harmful impacts on children were rejected.



South Carolina Department of Health and Environmental Control
Healthy People. Healthy Communities.

Experts Deny Negative Impact

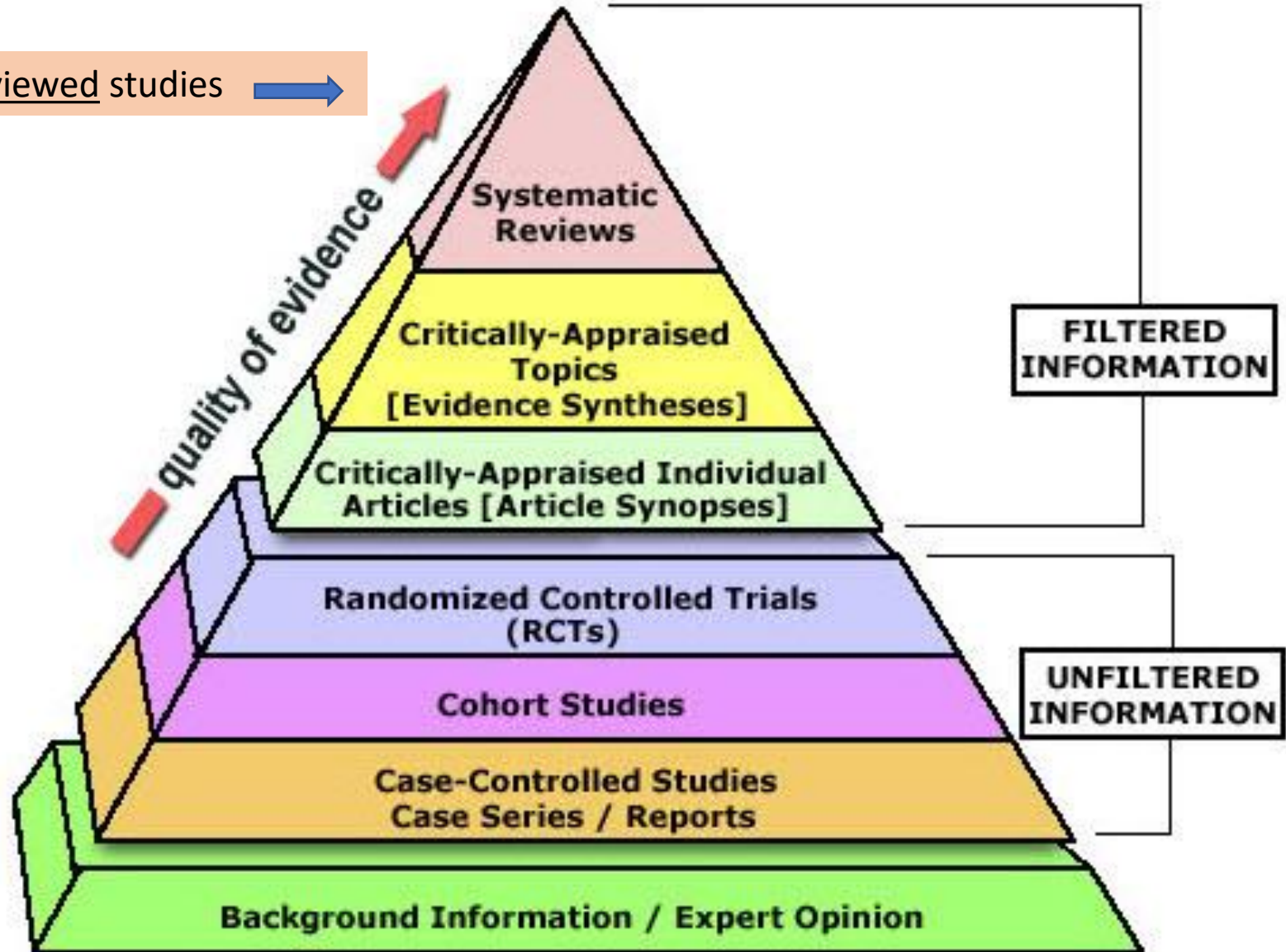
- No data on impact of mask wearing on academics identified during thorough scientific literature review
- Experts reject concerns about this, including the American Academy of Pediatrics: “Masks will not affect your child's ability to focus or learn in school.”
- No evidence that masks cause delays in language development or speech
 - Visually impaired children develop these skills at the same rate as children without visual impairment
 - Other senses may be heightened when one sense is not present
 - See gestures and eyes showing emotions and hear words and tone of voice

Updated August 5, 2021. <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Mask-Mythbusters.aspx>

Updated August 8, 2021. <https://www.healthychildren.org/English/health-issues/conditions/COVID-19/Pages/Do-face-masks-interfere-with-language-development.aspx>

What is Quality Evidence?

✓ Cochrane review of 78 peer-reviewed studies →



Observational studies & Models →

Expert opinion without Evidence ↓

DHEC's Continues to recommend Masking in School

“DHEC continues to strongly encourage everyone who learns or works in a school setting to wear a well-fitting mask consistently and correctly when around others.”

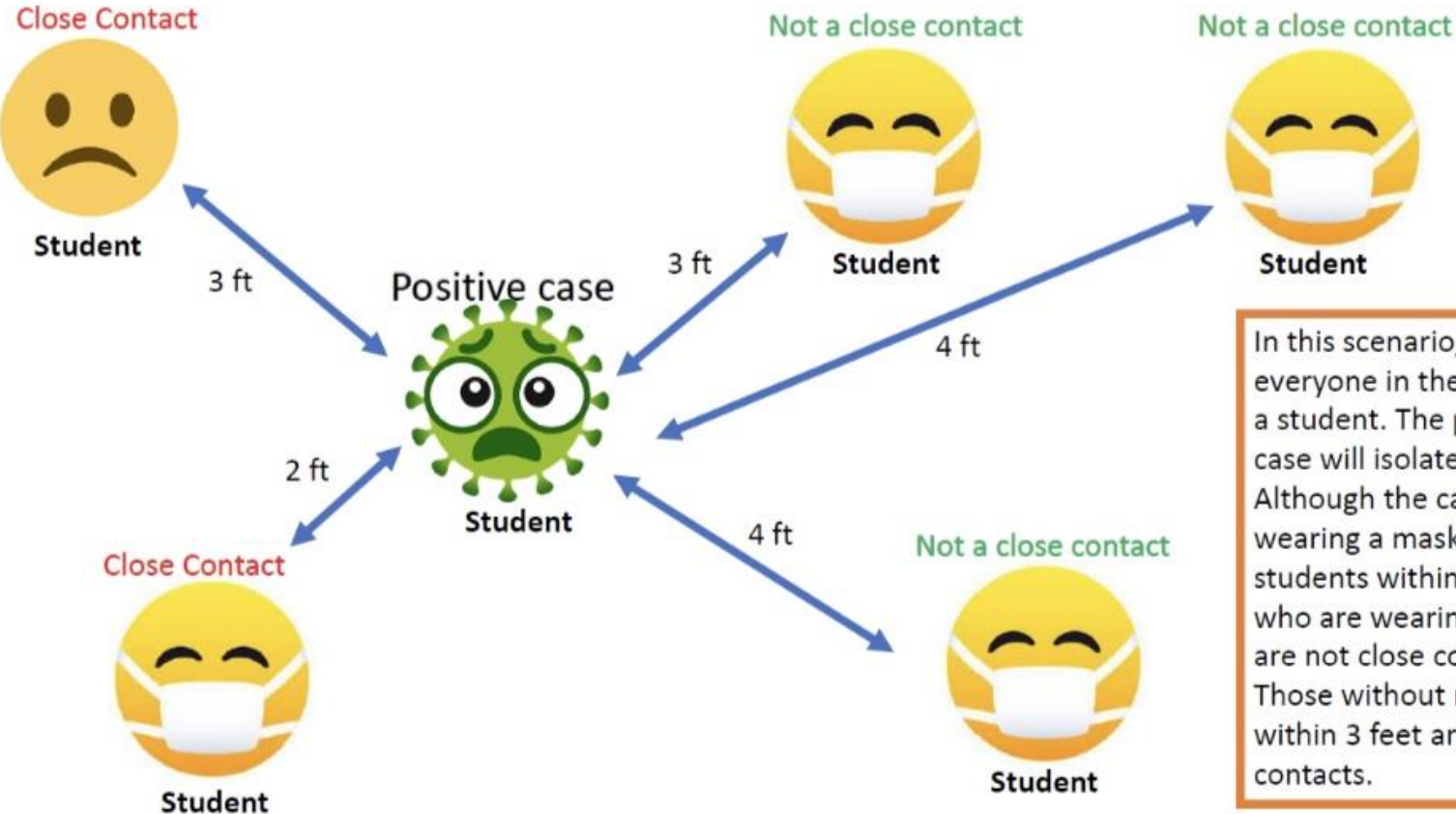
- DHEC website 09/05/2023



<https://scdhec.gov/covid19/covid-19-proper-face-mask-usage>

DHEC K-12 Guidance- School Contact Tracing (Quarantining)

Indoor School Close Contact scenarios



In this scenario, everyone in the cohort is a student. The positive case will isolate. Although the case isn't wearing a mask, students within 3-6 feet who are wearing masks are not close contacts. Those without masks or within 3 feet are close contacts.

Indoor School Close Contact scenarios

Not a close contact



Student

3 ft

Positive case



Student

2 ft

Close Contact



Student

Close Contact



Student

2 ft

Close Contact



Student

4 ft

Not a close contact



Student

7 ft

In this scenario, everyone in the cohort is a student. The positive case will isolate. Everyone less than 3 feet from the case is a close contact. Everyone 3 feet or further who is wearing a mask is not a close contact. Everyone 3-6 feet without a mask is a close contact. One student is more than 6 feet away and is not a close contact.

To Build Back Trust

- ✓ **Amend 44-150** remove language fining or imprisoning a person for not complying with a DHEC regulation in an emergency.
- ✓ Perform a Legislative assessment if SC tax payers are getting a good return on our investment in DHEC.

-Thank You-