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State of Connecticut
SENATE

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GOVERNMENT ADMINISTRATION &
ELECTIONS COMMITTEE
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MEMBER
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JUDICIARY COMMITTEE

August 31, 2021

Acting Commissioner Dr. Deidre Gifford
CT Department of Public Health
410 Capitol Avenue, Hartford CT 06106

Re: Covid Reporting, Policies and Mandates

Dear Acting Commissioner,

I am in the process of understanding the governor's recent mandates and anticipate that further such orders and guidance from the governor and relevant agencies, including the Department of Public Health. Unfortunately, I have far more questions than answers relating to COVID reporting, policies and mandates. Information is critical to effective policy making and I need answers from the state experts, the Department of Public Health.

The Governor's emergency powers are set to expire on September 30, 2021. Given his recent vaccine mandate that includes public sector employees, including teachers, and surprisingly private school teachers also, is to begin on September 27, 2021, it seems a foregone conclusion that he will be looking for the legislature's approval for yet another extension. I will be in a position to vote on that extension in the state senate and it is critical to me that I have the proper information to make an informed vote. I assume that the Governor is making his decisions - eg. Extending the emergency powers, new mandates, etc. based on this information also.

I have assembled what should be considered basic and foundational questions that must be answered for anyone to determine a cause of action. I am confident your agency has done its due diligence. Please provide these answers so that I can make informed decisions and communicate the material to my constituents:

I. Public Health Emergency

- 1) Much has happened in the last 540 days. COVID-19 was a complete unknown when the Governor first declared us to be in a public health emergency on March 10, 2020 and we were asked both nationally and on a state level to cooperate in an effort to "flatten the curve." Authorities began by asking the free citizens across our nation to stay home and stay safe to prevent overwhelming hospitals. Within a few weeks, Governor Lamont declared a public health emergency and began issuing executive orders for lockdowns and mandates. To my knowledge, Connecticut's hospitals have never been overwhelmed with COVID-19 patients. Do you contend that the State of Connecticut remains in public health and civil preparedness emergency throughout the State due to the coronavirus disease 2019 (COVID-19) outbreak caused by the SARS CoV-2 virus in the United States and Connecticut?
 - i) What criteria was used to establish the initial determination that we are in a public health and/or civil preparedness emergency?
 - ii) How has this criteria changed over the previous 540 days?
 - iii) Upon what data do you rely to conclude that such emergency still exists?
 - iv) Is the DPH advising Governor Lamont when an emergency exists or providing documentation that certain criteria has been met?
- 2) Reviewing the Connecticut COVID-19 Tracker website and reporting, it appears that as of today there are 378 individuals currently hospitalized with COVID-19 across CT:
 - i) Does that approach emergency levels?
 - ii) How does that compare historically with hospitalizations from other causes, eg. Influenza?

- 3) The portal no longer indicates COVID-19 Associated Deaths on a daily basis, why?
 - i) Last Thursday's weekly total was 22, can you provide the age and co-morbidity breakdown for these individuals?
 - ii) Acknowledging the tragedy of all deaths, is this figure out of the ordinary for the population affected?
 - (1) Can you show a comparison with previous years, also vs. influenza, for death totals in Connecticut based on population?
 - (a) I would like to see if we are really experiencing any spike in deaths at all vs pre-COVID-19 years, and how this rate of fatalities compares with historic flu seasons.
- 4) Notably, when looking at New England states, only CT and RI have continued their emergency declarations and government mandates in recent months.
 - i) How do we compare with other New England states in the criteria used to determine emergency status?
 - ii) Are our neighboring states not experiencing the same emergency criteria?

II. COVID Reporting

- 1) Can you please provide details for those "*Patients Currently Hospitalized with COVID-19*":
 - i) ages
 - ii) comorbidity;
 - iii) is COVID the reason for the hospitalization or are they in the hospital for an underlying condition and they have tested positive for COVID
 - iv) does hospitalized mean that the patient is in the ICU or COVID ward?
 - (1) If not, does it apply to all patients in the hospital who have tested positive for COVID?
 - v) How does the hospitalization rate compare to the total number of beds available in the state?
 - (1) Can you please provide a breakdown by each hospital in the state?
- 2) Can you please provide details for "*COVID-19 Associated Deaths*":
 - i) Did the deceased have a co-morbidity?
 - ii) Age breakdown of the total deaths in CT;
 - iii) Co-morbidity breakdown of the total deaths in CT;
 - iv) The number of deaths that occurred in a nursing home / assisted living facility;
 - v) Details of the deaths of the five individuals under 18:
 - (a) were they otherwise healthy or were there contributing factors to their deaths?
 - vi) Details of the deaths of the individuals ages 19-39:
 - (a) were they otherwise healthy or were there contributing factors to their deaths?
- 3) Can you please provide details relating to "*COVID-19 Tests Reported (molecular and antigen)*":
 - i) Who are the manufacturers of the tests being used in CT?
 - ii) Please provide the details on the error rate / accuracy for each of the tests being administered in CT
 - iii) What is the threshold for testing positive?
 - iv) Do the tests identify the delta variant?
 - v) If not, how are numbers of each variant known if not tested?
- 4) According to the Connecticut COVID-19 Tracker website and reporting, the total number of deaths for individuals under 60 years old is 695 and the total number of confirmed cases for individuals under 60 is 298,092 since the beginning of the pandemic. Can you confirm that these numbers are correct?
- 5) I find some of the data confusing on the Connecticut COVID-19 Tracker website and reporting page. For instance, under the summary you are reporting why are you reporting the Total COVID-19 Cases as the total positive PCR tests when an individual may have been tested multiple times, thereby inflating the actual number of cases?
- 6) Has DPH changed the threshold number of cases per 1,000 associated with the red, orange, yellow and gray on the legend in the average daily rate of new cases of COVID-19 by town map?
- 7) Reviewing the Connecticut COVID-19 Tracker website and reporting, what is a probable COVID-19 Case in the reporting (the published data shows confirmed and probable cases)?
- 8) Reviewing the Connecticut COVID-19 Tracker website and reporting, it appears that 10,410,984 COVID-19 Tests have been administered in Connecticut:
 - i) Can you please indicate how many of these tests were repeated on an individual, and how many times?
- 9) Can you please provide the total number of individuals who tested positive for COVID by age group (not the total number of tests administered because this may represent multiple tests on the same person)?

III. Masks

- 1) What is the fatality rate of school age children 5-18 from COVID-19?
 - a) What are the total number of fatalities for school age children in Connecticut from all causes?
 - i) From COVID-19 alone (with no co-morbidities)
 - b) If this information is available nationally and known, please provide this also.
- 2) Has the State of Connecticut issued guidance for school children regarding masks including:
- 3) how to properly wear a mask;
- 4) how often the mask should be changed;
- 5) how to properly dispose of used masks;
- 6) how to properly clean masks (if they are reusable);
- 7) what types of masks are acceptable?
- 8) Who is responsible for purchasing the masks?
 - i) Does the state provide any masks free of charge? If so, to whom and how many?
- 9) How are the masks that are required in the orders and guidance issued by the State of Connecticut rated to prevent the spread of covid?
 - i) Please provide the details of the studies performed to determine which masks prevent the spread of COVID?
- 10) Provide data on the efficacy of the mask policies, including preventing illness and transmission
 - i) Please include which masks and under what circumstances are effective
 - ii) i.e. wearing surgical masks for 5th graders is conclusive that it prevents XX deaths
- 11) Please provide all data on transmission rates with and without masks, based on evidence (studies, peer reviewed articles, etc) and which masks are effective and to what degree
- 12) Is the department aware of individuals contracting facial Infections resulting from mask wearing?
 - i) If so, how many cases? What guidance or warnings have been issued relating to these facial infections?
- 13) Some public officials have been using masks on a shared microphone at speaking engagements, does DPH have any evidence that this reduces the spread of COVID?

IV. Vaccines

- 1) Please explain the basis and authority for the State of Connecticut to mandate a COVID vaccine for state employees
 - i) What documentation is required for a medical or religious exemption?
 - ii) Who reviews the exemption forms?
- 2) How does a vaccine mandate coincide with the employee's right to medical privacy?
 - i) How are you overcoming this privacy concern?
- 3) Do you claim that the vaccine mandate is ordered pursuant to a federal emergency use authorization?
- 4) Provide data of efficacy of a COVID vaccine, including preventing illness and transmission
 - i) Please include which vaccine and under what circumstances each is effective
 - ii) Noting that younger people have unbelievably low fatality rates for COVID-19 (well below .1%), please provide information of the risk vs benefit to each population by age 20-29, 30-39, and so on.

V. Forgotten Population

- 1) Communications regarding COVID-19 prevention and mitigation efforts are concentrated on Vaccinated vs Un-Vaccinated populations. It is noteworthy that those who have already been infected and recovered are often omitted.
 - I) Can you provide data reflecting the estimated number of recovered individuals who would have some level of natural immunity?
 - a. High positivity rates must mean many people have been infected and recovered. What is total of this population?
 - b. Many people have been infected and recovered without even knowing. Is there an estimate of this population?
 - II) Please provide evidence to suggest that those with natural immunity receive a benefit from one of the COVID-19 vaccine products.
 - III) Please provide evidence that those with natural immunity are not subject to harm or a reduction of their future natural immunity against COVID-19 or other viruses as a result of each of the COVID-19 vaccine products.

Thank you in advance for providing this information. I plan to share the information you provide in responses with my constituents and asking experts across our state and country to provide any additional information or insights. I am very concerned that our state government is exceeding its authority and responsibility by mandating public health treatments, particularly something as invasive as bodily injections, without valid “science” and without valid necessity. I am counting on this information to make it clear that we are or are not currently experiencing a public health emergency, who is truly at risk from COVID-19, and the details about the efficacy of suggested and mandated treatments.

I would appreciate it if you would kindly acknowledge this letter with a short email simply indicating receipt. Additionally, as time is of the essence, I would appreciate responses to the questions outlined above by September 7, 2021.

Sincerely,

A handwritten signature in black ink, appearing to read "Rob Sampson", with a long horizontal flourish extending to the right.

State Senator Rob Sampson
16th District