

Chairman Wiggam, Vice Chairman John, Ranking Member Kelly and esteemed members of the State and Local Government Reform Committee,

My name is Kathryn Huwig and I thank you for the opportunity to testify today in support of HB 90.

I am here to talk about the data, what it means, how it is being used, and misused by the experts who have taken full control of our state for nearly a year now.

Public Health is supposed to represent a balance between competing health needs, and in order to calculate that balance, we must have clear and accurate data. The data that is publicly available for COVID-19 disease in Ohio is far from clear and accurate and is therefore useless to base policy on.

It is clear, even from a cursory examination of the state's csv data file, available for download at coronavirus.ohio.gov, that there is very limited to no quality control occurring. This is a giant, complex data set with many hands involved and errors are to be expected and are not, in and of themselves, a problem. What is a problem is when obvious and ridiculous errors continue to remain uncorrected for months. It speaks to the reality that no one is actually looking at the data to see if they are accurate or even sensical. As an example, there is a hospital admission in the csv file where the individual in question was supposedly admitted on February 28th, 1974. This is obviously a birthdate entered incorrectly, and is not a big deal in and of itself. What the problem with the data point is that it has been sitting in the csv file since December.

Another example of the ridiculous are the post-mortem infections. Currently, there are 16 individuals in the csv file who apparently were victims of a post-mortem infection. That is, the individual died, and sometime after their date of death, they had an 'onset date.' Again, this is clearly an entry error, and in and of itself, not a big deal. But one of these post-mortem infections has been sitting in the csv file since January 4th.

These examples I have just given you are clerical errors, and are simply frustrating examples of a culture of sloppiness. They are minimal in their overall impact on what actions we are taking in response to COVID-19.

But these issues are not the only ones that plague our data. The real crux of the issue is the meaning of cases, hospitalizations and deaths. What is the meaning of a COVID 'case' in the state of Ohio? What is the meaning of a COVID hospitalization in the state of Ohio? And what is the meaning of a COVID death in the state of Ohio?

'Cases' are a mess in the state of Ohio, and I will not go into that in this testimony. But I will talk about hospitalizations and deaths.

What is the meaning of a COVID hospitalization in the state of Ohio? When we hear the term 'COVID hospitalization,' most of us envision a person severely ill with an acute respiratory illness

who may potentially be on a ventilator. But does this image accurately reflect a ‘typical’ COVID patient that is being counted in the state’s figures? I posit here that it does not.

There are a number of abnormalities in the data that lead me to say this. First, let us establish what I consider a reasonable hospital admission **for** COVID-19 disease. When a person becomes ill with an acute respiratory illness, the usual course of the disease involves minor symptoms at first, with a progression of symptom severity that may take days, or even weeks, to reach a point where the individual is admitted to the hospital. For simplicity’s sake, and to make sure I am capturing the widest range of these illnesses, I am defining that an onset date that occurs between 1 and 30 days prior to admission to the hospital is within reason for hospitalization *due to* an acute respiratory infection caused by SARS-CoV-2. That does not mean that I consider that anything outside that range is not a true hospitalization *for* COVID-19, nor does it mean that I define all hospitalizations that occur within that range as *for* COVID-19. It is a generalization to help us get a handle on the scale of what we are looking at.

As of the February 21st csv file there were a total of 47,658 ‘COVID-19 hospitalizations’. Of that number, 808 occurred >30 days after the individual’s onset date. This large divergence does not make sense for an acute respiratory illness. An example of this is a 60-69 year old man from Ross County who had an onset date on April 26th, 2020, and was admitted to the hospital on February 7th, 2021, 287 days later. But they only account for 808 hospitalizations, or 1.7% of all hospitalizations.

There were 3224 hospitalizations where the ‘onset date’ occurred *after* admission to the hospital, indicating that the individual in question was not being hospitalized *for* COVID-19. These hospitalizations are not just limited to a few days or weeks after admission either. For example, in Erie County, a 70-79 year old woman was hospitalized on April 1st, 2020 and she had an ‘onset date’ of January 11th, 2021, 285 days later. But this only represents 6.8% of admissions.

There were 5146 admissions where the date of admission was ‘unknown.’ ODH has been asked repeatedly about this particular issue, and it has been repeatedly dismissed as ‘only’ being 10% of hospitalizations, and that it is the fault of the hospitals and not ODH’s problem. I believe there is reasonable evidence in the csv file that I can show to the committee that at least some of these ‘unknown’ hospital admissions are newborn babies. But again, these ‘unknown’ admissions only make up 10.8% of all hospital admissions.

11,824 of the hospitalizations had ‘onset date’ on the same date as admission. Some number of these I believe are truly genuine admissions for COVID-19, particularly in the more elderly population, but 5776 of those admissions occurred in individuals under the age of 70. Individuals in this grouping make up 24.8% of all hospital admissions.

Now each of these categories that deserve a closer look are not that large individually, but together, they make up 44.1% of **all** reported hospitalizations for COVID-19. Or 21,002 that need to be properly evaluated.

What is the meaning of a COVID-19 death in the state of Ohio? As of the February 21st csv file, there were 16,576 deaths attributed to COVID-19 in the state of Ohio.

Of these deaths, 122, or 0.7% occurred in individuals who were hospitalized greater than 30 days after the onset date.

651, or 3.9% of deaths, occurred in individuals with an onset after admission to the hospital.

747, or 4.5% of deaths, occurred after an 'unknown' date of hospital admission.

2199, or 13.3% of deaths, occurred after a hospitalization that occurred on the date of onset. In fact, there are three individuals under the age of 40, including a 0-19 year old, who had 'onset date' occur on the same date as the individual was hospitalized and on the same date as their tragic death. Onset, hospitalization and death all in one day in very young individuals for an acute respiratory illness is highly surprising.

Finally, 8831 individuals who have been labeled as a COVID-19 related deaths were never hospitalized at all. That is 53.3% of all deaths as of February 21st. 1311 passed on the date of onset without ever being hospitalized. 252 deaths occurred greater than 60 days after onset date *without ever being hospitalized*, including an 80+ year old woman from Wayne County who had an onset date on March 27th, 2020 and passed on January 31st, 2021. Without ever having been hospitalized.

All together, these deaths add up to 12,550 deaths out of a total of 16,576. That is 75.7% of deaths that have some oddities associated with them.

To conclude, we have been told again and again and again, that the Governor and his experts are following "the best science." But 'science' does not consist of credentials, or models, or long unpronounceable words. Science is driven by an insatiable curiosity to know more. To challenge, to question and to understand. By the Governor's actions and ODH's disinterest in these significant anomalies, it is clear there is no true science to be seen here, and there clearly needs to be more voices, more questions and more oversight of the destructive actions being taken in response to this highly suspect data.