

June 23, 2026 Dear Chairman Johnson and Distinguished Committee Members, I am Alkmini Anastasiadou, M.D., the ex-wife of Richard Shea. I submit this statement as the mother of our children and as a concerned physician. Richard Shea was a 62-year-old healthy lawyer prior to his admission to NYU hospital, seeking help. He was a healthy, vibrant man with a full life. On January 4th, 2022, Richard Shea was admitted to NYU Hospital due to concern about a lingering cough, difficulty breathing, generalized weakness and suspected pulmonary embolism. His vitals on admission BP 145/79, HR 84, T 98.4, Respir. 18, SpO2 96 %. Chest CT showed NO PULMONARY EMBOLISM. However, it showed possibility of pneumonia. Chest Xray showed airspace opacity bilaterally, greater on the left, without any effusion or pneumothorax. His D-dimer levels were increased at 322 on admission, indicating increased clotting. Despite that, he was given experimental Baricitinib EUA 4 mg, which lists as one of the serious side effects increased incidence of blood clotting, and was CONTRAINDICATED. Richard rejected the treatment with Remdezever, as he was aware of its severe toxicity and very high mortality. Unfortunately, he was not aware of the dangerous Baricitinib, neither that it was contraindicated in his case. His initial US Duplex of lower extremities on 1-10-2026 showed right extremity dilated soleal vein, indicating acute occlusive deep vein thrombosis of the right soleal veins also confirmed by his D-dimer which has increased to 7493 on 1-11-2022. Baricitinib was NOT discontinued as it SHOULD but was continued until 1-17-2022, despite contributing to the increased clotting, causing pulmonary embolism and DVT, not present on admission. He also developed fibrosed lungs, pneumothorax multiple times. No legally valid consent was obtained from Richard, acknowledging that he already has increased blood clotting present and Baricitinib is contraindicated due to severely increased risk of further increasing risk of clotting. On January 23, 2022, Richard was intubated and placed on ventilator. He was put on massive doses of Fentanyl (deadly narcotic) in conjunction with antidote Naloxone. He also received nephrotoxic antibiotics Vancomycin and Zosyn, contributing to renal failure. Starving Richard since his intubation for 19 days caused large bedsores across sacral area / buttocks. His lungs were destroyed, his heart destroyed (he had a heart attack), put in renal failure and starved from 1-23-2022 until his death 19 days later on 2-11-2022. His inappropriate treatment continued until his death on 2- 11-2022. He went to the hospital for help and instead he was killed with dangerous and inappropriate experimental medical "treatment". Richard Shea was intubated for 19 days of his hospitalization. During this period, he received prolonged high-dose administration of multiple drugs, with repeated overrides of drug dosing standards by the doctors and without any legally valid consent. Drugs administered included: Baricitinib, continuous fentanyl infusion with additional IV pushes and transdermal patches, Rocuronium, Nimbex and Propofol since his intubation, Midazolam, Lorazepam, Furosemide, Novelox, Heparin, Amiodarone, continuous IV Precedex used as a chemical restraint, and a paralytic whose major side effect for prolonged use causes bradycardia, hypotension and cardiac arrest. No autopsy report was performed, but hospital records indicate multiple organ failure, septicemia, septic shock, bacterial bronchopneumonia, respiratory failure, pulmonary fibrosis, heart failure, kidney failure, rigid fibrotic lungs from prolonged high-pressure ventilation, decubiti. Richard's Covid tests on 1-19-

2022 and on 1-21-2022 were NEGATIVE. On February 11th, 2022, Richard died at the hospital, after being mistreated for 40 days. Alkmini Anastasiadou, M.D. Richard Shea's ex wife