

## COVID-19 Hospital Protocols Testimony

My name is Dr. Bethney Wright Sikes. I am submitting this testimony as a daughter, a former health science professional, a minister, and a gerontology researcher whose doctoral work examined loneliness and social connection among older adults during COVID-19.

My father died on September 7, 2021, after approximately three weeks in the hospital with COVID-19.

From the beginning, our family was largely shut out of his care. We begged to see him. I had access to full PPE through my work in health science and even asked to enter in a ministerial capacity. I was still refused.

Before he was intubated, we stood outside the hospital holding signs so he would know we had not abandoned him.

Later, we were told that multiple nurses and doctors had to physically hold my father down in order to intubate him. That has left us with questions that remain unanswered. Had he consented? Had he been determined to lack capacity? If so, who was making decisions for him? What was explained to him, and was it explained in a way he could understand?

My father had significant difficulty reading and writing. His family knew how he communicated, what he understood, and when something was wrong. Yet we were outside the hospital while life-altering decisions were being made.

We also raised serious treatment concerns in real time.

While my father was actively receiving remdesivir, he developed symptoms and clinical complications that were identical to the adverse effects and warnings we were reviewing for that medication. We raised those concerns with his physician while my father was still alive. The physician agreed that the symptoms we identified were consistent with known concerns associated with remdesivir and that they occurred during the period he was receiving it.

I am not claiming that timing alone proves remdesivir caused every complication he experienced. COVID itself can cause severe multi-organ illness. But our concerns were contemporaneous, specific, and acknowledged by his physician.

At the same time, we asked the hospital to consider the MATH+ protocol, which was being publicly recommended by physicians at that time. We were refused.

Five years later, people sometimes speak as though everyone knew exactly which treatments were appropriate and which questions were unreasonable. That is not how September 2021 felt.

We were not looking backward with years of hindsight.

We were standing outside a hospital trying to save my dad.

My father ultimately did not recover. With other critically ill patients waiting for beds, our family made the devastating decision to remove him from life support. We hoped releasing that bed might give someone else's family member a chance to survive.

Nine days earlier, my grandmother had died from cancer surrounded by family, prayer, touch, and love. Approximately two months later, my aunt died in a nursing home while her son watched through glass, unable to hold her hand as she took her final breath.

These experiences changed how I understand patient rights, informed consent, family advocacy, isolation, and human dignity.

During COVID, we were often not asked. We were told.

We were told we could not enter.

We were told what protocols would be followed.

We were told which choices were expected.

We were told not to speak if we entered his room.

But compliance should never be confused with consent.

A public-health emergency may require extraordinary measures, but it should not erase life, liberty, bodily autonomy, family advocacy, religious conscience, due process, or human dignity.

My family cannot get those years back.

But Congress can examine what happened, what caused harm, what worked, and what safeguards are needed so that the next emergency does not unnecessarily strip patients and families of their rights, their voices, their relationships, and their humanity.