

My name is Brittany Gilchrist. I am a registered nurse and the granddaughter of Josephine “Jo” Hutchens, age 78. My grandmother was an active, independent wife, mother, grandmother, and great-grandmother who was deeply involved with her family.

In August 2021, both of my grandparents became ill. My mother and I cared for them at home. My grandfather was 90, hard of hearing, visually impaired, and weak. I took him to Kaiser Permanente because I believed he needed evaluation, fluids, and possibly oxygen. I explained that he needed me as an advocate. The hospital would not allow me to remain with him. When my grandfather learned he would have to stay without me, he chose to leave. I took him home, continued caring for him, and he recovered.

Two days later, my grandmother developed increased difficulty breathing. While I was driving her to the hospital, her condition worsened and I called 911. The ambulance gave her a breathing treatment and oxygen by nasal cannula. The paramedic told me she responded well and her oxygen saturation improved. She was taken to St. Agnes Medical Center in Fresno on September 1, 2021. I never saw her alive again.

For the first six hours, my uncle and I waited outside while repeatedly trying to obtain information. I was placed on hold, hung up on, and had to escalate calls to supervisors. My grandmother was frightened and isolated. At one point, she used a nurse’s phone to call me because she was having difficulty communicating with us.

Approximately nine days after admission, I received a FaceTime call telling me the hospital was going to intubate her because her lungs needed to “rest.” We had told the hospital that she did not want remdesivir. My grandmother also wrote “No Remdesivir” on a napkin. After her death, I reviewed her records and found a progress note stating remdesivir had been given against my grandma and our family’s requests.

Our family requested budesonide, ivermectin, hydroxychloroquine, monoclonal antibodies, and high-dose IV vitamin C. These requests were refused or delayed. After intubation, she received multiple ICU medications, including morphine, fentanyl, midazolam, propofol, paralytics, baricitinib, and blood-pressure medications, to name a few.

Soon after she was ventilated, doctors repeatedly discussed palliative or comfort care and urged us to accept that she would not recover. We refused to withdraw support. Her DNR status also appeared to change several times during her hospitalization, with her physician care team consistently encouraging her to choose a DNR status.

My family later learned that she had developed severe wounds and tissue breakdown. My grandfather and mother were eventually allowed one brief visit of about 15 minutes a couple of days before her death. There was no privacy or empathy provided. Near the end, a doctor told me she might not live until 2:00 p.m. that day, yet our family was still denied access.

On October 2, a nurse told me her blood pressure was normalizing and her heart rate was stable. Approximately an hour later, a doctor called and said she was dying. My uncle and aunt drove to the hospital, but she died before they reached her bedside.

My 90-year-old grandfather, who became ill at the same time, left the hospital when he could not keep his advocate and survived at home. My grandmother entered after improving with oxygen and a breathing treatment, remained hospitalized for one month, and died on October 2, 2021.

I am submitting this statement so that what happened to my grandmother is part of the official record.