

Mr. Chairman and distinguished members of the committee,

I am Carla Cameron, and I submit this statement regarding my husband Douglas “Doug” Cameron’s hospital care in 2021 following a positive COVID-19 test. We have been married for 43 years, and I witnessed the events described here as his spouse and advocate.

My husband, Doug Cameron, had worked as a farmer and rancher since age 15 and was employed at a large farm and dairy at the time of these events.

On April 5, 2021, Doug received the Johnson & Johnson COVID-19 vaccine at work. On April 6, he began experiencing unusual medical issues, including loss of bladder control, erectile dysfunction, a tightening sensation around his hips, and heaviness in his legs. He did not have a cough, fever, runny nose, or headache.

On April 10, he went to a local quick care facility and was told he would not be seen because that facility had not administered the vaccine. The clinic that had administered the vaccine was closed. On April 11, he went to the emergency room, where MRI and blood tests were done including a COVID-19 test that returned positive. He was discharged and told to return if he had additional problems.

On April 15, Doug awoke during the night unable to move from the diaphragm down. I called an ambulance, and he was taken back to the same hospital. Although he still had no cough, fever, runny nose, or headache, he was admitted to the COVID floor based on the earlier positive PCR test, and I was not allowed to see him for three days. During that period, he underwent multiple tests, but he was not given another COVID test. I repeatedly asked to see him and requested retesting, but I was denied entry and told that hospital protocol did not allow retesting until 30 days after the admission date counted as Day 1.

On April 17, he aspirated on water and was placed on a ventilator. I was told he had COVID pneumonia and that he now qualified for additional treatment, including Remdesivir, antibiotics, and convalescent plasma. After five days of Remdesivir, he was given another five days, although I was told it would not help him. He remained on a ventilator for two weeks and given Plasmapheresis, high dose steroids while many different tests were run. During this time, physicians repeatedly asked whether he had a do-not-resuscitate order. I was permitted to see him only through a glass door for one hour per day. When a physician later proposed a tracheotomy, I asked that Doug first be allowed to try breathing on his own, and the tracheotomy was not performed at that time.

Doug’s condition improved once he was allowed to have family at his side rather than only limited contact through a glass door. He is now paraplegic. I ask the Senate to review the hospital protocols applied in his case, including isolation, retesting, and treatment decisions, and to recognize the lasting impact these decisions have had on our family.