

From: Debbie Kroeker dskroeker2@gmail.com
Subject:
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To: Debra Kroeker dskroeker2@gmail.com

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STATEMENT REGARDING THE HOSPITALIZATION AND DEATH OF MY SON, BRADLEY SCOT KROEKER

**Submitted for Congressional Consideration
August 28, 2026**

In October 2021, during the COVID-19 pandemic, I was working as a registered nurse and had more than 40 years of experience caring for patients, including those with respiratory illnesses. During the week of October 18, I tested positive for COVID-19 despite having no symptoms and was sent home from work. That same afternoon, I remember swimming with our son, Bradley, who was home from his school program, followed by a long walk together on an early fall day in California's Central Valley.

Within several days, my husband and I became ill, primarily with nausea, loss of appetite, and extreme fatigue, without significant respiratory symptoms. Bradley, however, developed a fever and respiratory problems. Because of my nursing experience, I closely monitored him at home, including his oxygen saturation, and administered albuterol and budesonide by nebulizer.

By approximately November 1, after I had been awake repeatedly during the night providing treatments, Bradley's oxygen saturation fell to 88–89 percent. I was no longer comfortable managing him at home, so I reluctantly took him to Clovis Community Hospital. The emergency department was operating in a makeshift outdoor tent, with patients seated in folding chairs. We waited for hours for a chest X-ray and blood work before Bradley was moved into an emergency room, where he was placed on high-flow oxygen alongside another COVID-positive patient.

I remained with him as long as I was permitted, knowing that hospital isolation policies would prevent me from seeing him again. This was particularly difficult because I was an RN employed by the same health system and was familiar with infection-control and isolation procedures.

The following day, I spoke with Bradley's admitting hospitalist. I explained that Bradley had a genetic syndrome requiring additional folic acid and brought information describing his condition and his home medications. I also discussed the medications and supplements I had been using or wanted him to receive, including ivermectin, hydroxychloroquine, vitamin D, zinc, and high-dose vitamin C. The physician told me he could only follow the hospital administration's approved protocols. When I asked who had established those protocols and requested an opportunity to discuss them, he declined.

Initially, the physician told me to expect approximately a week-long hospitalization. A day or two later, however, he called and said he believed Bradley needed high-dose steroids and remdesivir in an effort to prevent an ICU admission. Despite my concerns, I reluctantly agreed to the treatment.

I called the hospital every day for updates while I was still ill myself and attempting to care for my husband, who was barely eating. During one late-evening call, an ICU intensivist asked me why I had not given Bradley the COVID vaccine. The question surprised me, and I asked how it was relevant to Bradley's immediate condition. He stopped pursuing the question and we discussed Bradley.

Bradley ultimately required intubation and was transferred to the ICU. He died on November 28, 2021.

Our family was not invited to see Bradley by the palliative-care team until he was nearly dead. Earlier in his hospitalization, I had spoken with Bradley, and he told me that he was lonely in isolation and wanted to come home.

I submit this account not to claim that I know precisely why Bradley died, but to ask Congress to examine what happened to patients and families during the pandemic: whether hospital protocols allowed adequate individualized clinical judgment, whether families were appropriately included in decisions concerning vulnerable patients, whether alternative treatment approaches could be discussed openly, and whether isolation policies inadvertently caused unnecessary suffering and separation at the end of life.

Bradley was not merely a COVID patient. He was our 28-year-old son, a vulnerable young man who wanted to come home. Our family deserves to know that every reasonable avenue of care, communication, advocacy, and compassion was available to him.

Respectfully submitted,

Debra S Kroeker
Registered Nurse
Friant, CA 93626