

My name is Elaine Marie Smith.

I'm a Licensed Practical Nurse, but I submit this testimony as a wife who watched her husband become critically ill with COVID-19 while struggling to obtain information about his care.

My husband, Russell, was hospitalized January 15, 2022. In the ER, a nurse eventually allowed me to be with him. I could see he was cyanotic. I was later asked to leave because visitation was restricted.

For much of his hospitalization, my primary source of information was Russell himself.

On January 16, Russell texted that he had been placed on a different medication and sent a photograph of the IV bag, labeled tocilizumab (Actemra), 800 mg, with its Emergency Use Authorization fact sheet. I had received no physician explanation for why it was being initiated. I texted Russell asking whether the decision was based on CT results, unstable oxygen levels, or deteriorating liver or kidney function, and told him I had left a message for his nurse.

As his condition worsened, Russell sent pictures of the monitors recording his vital signs. On January 20, after he told me his oxygen levels were "not stable enough at times," I wrote, "I don't think it's right that no one is updating me except for you." Later that day, he texted me he was being transferred to Intensive Care.

Some nurses communicated with me, and I am grateful. As he became critically ill, there was no consistent physician or nurse communication with me about his condition, prognosis or treatment. I recall speaking directly with a physician only twice during his hospitalization.

Finally, on January 24, I was permitted to visit Russell.

Early January 30, Russell texted asking me to come as soon as visiting began. He looked terribly ill and could only communicate by writing on a whiteboard his daughter had brought.

His physician was recommending a ventilator. Russell wrote, "I don't understand. Am I going to be unconscious?"

I explained he would essentially be asleep while the ventilator supported him and that when he became stronger and woke up, I'd be there.

Russell was placed on the ventilator that day. His kidneys subsequently failed, and he was placed on dialysis. I was told not to come for the next couple of days while these interventions were performed and that I would be called when I could visit again.

That call never came.

The next call came February 3.

I was told Russell was actively dying and to come as soon as I could, but to drive safely because there was still time.

After removal of the ventilator, Russell opened his eyes and met my eyes as he took his last breath on February 3, 2022.

I have retained contemporaneous texts, photographs of his medication and vital signs, and portions of his hospital records.

I am not asking anyone to conclude that a particular medication caused my husband's death. I am asking that what happened to families like mine be examined and that we learn from it.

A critically ill patient should not bear the burden of keeping his family informed about his deterioration. Families deserve meaningful communication as a patient's condition changes. Spouses should not have to piece together a loved one's condition through photographs and brief texts from a hospital bed.

Russell was my husband. I wanted to understand what was happening, advocate for him, and be beside him when he needed me.

No family should ever have to experience this again.