

Mr. Chairman and distinguished members of the committee,

My name is Gerard Augustine. I'm a retired logistics and CDL operator. I also served honorably in the USN Submarine Service. I'm compelled to provide testimony regarding the death of my 34 year old daughter Stephanie Alyssa Augustine due to the negligence and malfeasance regarding Covid-19 hospital protocol.

My 37 year old daughter Stephanie Alyssa Augustine was a beautiful tender soul. Stephanie loved children from a young age. Whether she helped her younger siblings at home or by volunteering in children's ministry at church her passion was to care for and bring joy to those she cared for. Stephanie dreamed about one day becoming a mom herself.

Stephanie was admitted to the emergency room on December 29, 2021, for an upper respiratory illness. Despite our requests for chest X-rays and blood cultures, a nurse practitioner refused, prescribing only Albuterol, Mucinex, and a steroid shot. Four days later, Stephanie was rushed to a second ER with severe respiratory distress from the COVID-19 virus and diagnosed with viral pneumonia. My wife and I were isolated from her for 7.5 hours and informed that her survival depended on a ventilator and Remdesivir. I presented alternative treatment protocols, but the ER doctor dismissed them, stating, "that wasn't our protocol." Stephanie was then transferred to a trauma hospital, placed on a ventilator, and medically induced into a coma.

In contrast, my other daughters, presenting with similar symptoms at a walk-in clinic of the same hospital, received chest X-rays and blood cultures, were diagnosed with bacterial pneumonia, and recovered with appropriate treatment. This disparity in care within the same healthcare system is deeply concerning. Our family also faced inconsistent isolation protocols, despite my own COVID-19 diagnosis on December 25, 2021, indicating my infectious period had passed. Yet, Stephanie's isolation began on January 1, 2022. We questioned the validity of informed consent given her vulnerable state and our forced separation. Throughout her 37 days in the ICU, we encountered seven different physicians, each with varying treatment perspectives, and our attempts to introduce science-based protocols were met with skepticism.

Stephanie's condition worsened, leading to three infections and sepsis. Concerns regarding the lack of best practices in catheter changes and overall hygiene, as well as low level oxygen and medication alarms that were not addressed, were raised with the nursing staff, who dismissed our observations. When the seventh doctor informed us that no more could be done, we made the agonizing decision to remove her from life support. I filed numerous grievances with the patient advocacy department and insisted on a meeting with hospital leadership, but the meeting lacked key decision-makers and demonstrated indifference.

My daughter, Stephanie Alyssa Augustine, and countless others, deserved better. The lack of attention to those medically harmed by hospital protocols, particularly concerning treatments like Remdesivir and ventilators for viral pneumonia, is a profound injustice. This contrasts sharply with past public health responses, such as H1N1, where similar measures were not imposed despite widespread infection. The fact that Ivermectin, Hydroxychloroquine and Budesonide

were on the WHO Safe Drug list every consideration should have been given to patients and families who advocated for alternative therapeutic treatment instead of Remdesivir and ventilators. I urge this committee to recognize the profound impact of these protocols on patients and families and to initiate a thorough investigation into the care provided during the COVID-19 pandemic. My request to Testify before Congress and medical records are available upon request.

Gerard Augustine