

My name is Gina Hobbs-Wood, and I am writing on behalf of my late father, James Hobbs. My father was an Air Force veteran, retired VA federal employee of more than 30 years, and a dedicated father and grandfather. He and my mother, Phyllis, traveled from Poplar Bluff, Missouri, to Newnan, Georgia, to spend Christmas 2021 with my family.

During the visit, my father developed flu-like symptoms. After about two weeks of illness, he was taken to Piedmont Newnan Hospital on 12/31/2021 with blood in his urine, confusion, and weakness. Hospital records documented gross hematuria, COVID-19, Alzheimer's dementia, acute kidney injury, and CKD stage 3. At admission, he did not require supplemental oxygen, and the medical records stated that steroids and Remdesivir were not indicated. Of note, he was not vaccinated for COVID.

My mother and I told ER and hospital staff on at least three occasions that we did not want Remdesivir to be administered. Because my father had advanced Alzheimer's disease and significant cognitive impairment, my mother petitioned for permission and was allowed to remain with him from approximately 1/1/2022-1/5/2022, when she became too ill to stay.

Despite our requests, medical records document Remdesivir administration on 1/9/2022, the only administration identified in the supplied records. I was not advised beforehand, even after a conversation with doctors about the intended treatment course that same day. Further, multiple requests for ivermectin were rejected because it was "not approved by the FDA for treatment of COVID."

Immediately following the Remdesivir administration, my father's respiratory condition worsened substantially. On 1/10/2022, records show oxygen increasing from 6 to 15 liters, followed by a 100% non-rebreather mask, with acute hypoxic respiratory failure. This rapid oxygen increase is consistent with hospital protocols reported by other families whose loved ones died.

His mental status also deteriorated. Records document agitation, sedating medications, and physical restraints. On 1/8/2022, restraints were used after he pulled at lines and his Foley catheter. On 1/10/2022, staff noted soft wrist restraints, severe agitation, and his inability to engage in conversation.

After my mother became ill, COVID visitation restrictions prevented us from seeing him in person. On 1/10/2022, a nurse called and told me he was going to die soon, then arranged a FaceTime visit. During that call, my father could not speak or open his eyes; only moan. This highlights his inability to understand what was going on, much less give informed consent, as his condition worsened. Isolation and the inability to advocate for my father in person, in my view, contributed greatly to his demise.

Nutrition records later documented inadequate oral intake, NPO (nothing by mouth) status, visible fat and muscle wasting, and severe calorie malnutrition. Tube feeding was used late in his stay after continued weight loss and nutritional deprivation.

On 1/16/2022, remembering the nurse's warning six days earlier that my dad was dying and desperate to give my father any chance of survival, I followed the advice of doctors to intubate for respiratory distress and hypoxia. On 1/17/2022, he suffered cardiac arrest and died. Oddly, the death record listed COVID-19 pneumonia as the immediate cause of death.

Suddenly, I was allowed to come see him. At that time, I personally observed bruising around his wrists and arms, blood on his mouth and teeth, and substantial visible weight loss, including prominent hip bones. I later learned the hospitals were receiving financial incentives to administer Remdesivir, intubate patients, and list COVID as cause of death.

My mother, Phyllis Hobbs, was subsequently admitted to the same hospital on 1/7/2022 and died approximately five weeks later under similar circumstances (submitted separately).

My dad had advanced Alzheimer's disease and was hospitalized at Piedmont Newnan Hospital with COVID-19 on 12/31/2021. For this reason, from 1/1/2022-1/5/2022, she was permitted to stay in his hospital room, also helping short-handed nursing staff. During this time, she became sick. On 1/5/2022, she called me for help getting someone to take her from dad's room to the ER because she could no longer walk. I was never notified that her condition had worsened so severely, even though she had been in his room for four days. She was evaluated and released to me that day but returned by ambulance and admitted on 1/7/2022 for low oxygen. Of note, she was unvaccinated.

During that admission, I personally heard my mother tell the nurse that she did not want Remdesivir; I also spoke and reiterated this to the nurse by phone. Nevertheless, hospital records show she received four doses from 1/7/2022-1/10/2022, as her oxygen support quickly escalated from high-flow oxygen to BiPAP, intubation, and mechanical ventilation. Before ventilation, she called me scared and crying, saying she didn't know what else to do and that she felt she had to go through with it for my dad. I again instructed staff not to administer Remdesivir. I was not told she had already received it and only learned this after obtaining records following her death.

I repeatedly requested ivermectin, Vitamin C, ECMO, and an FDA clinical trial; I even cited the "Right to Try" law as a last resort. All were refused, and records confirm none were given.

After 1/10/2022, she was intubated, heavily sedated and never again able to communicate with me. When my father died on 1/17/2022, my unconscious mother was on the same floor. After viewing his body, I was allowed only a few minutes to see her through the glass before having to leave. I could not visit regularly again until 1/24/2022, when COVID restrictions changed. During this critical period, she had no in-person family advocate. She was alone.

Her bowel condition became a major concern, as she had no bowel movements for over 20 days. On 1/27/2022, imaging revealed a twisted colon with loss of blood supply, requiring emergency surgery. From this, she developed a bowel leak, abdominal infection, and severe sepsis. Her surgeon ordered bowel rest and removed her feeding tube. I specifically recall the surgeon

halting all laxative treatment, yet Senokot was given twice on 2/20/2022. I believe this contributed to her death.

Additionally, throughout her stay, I repeatedly asked if she was receiving her usual thyroid medicine since her kidney function was declining and edema was a major concern; I was assured she was. Later, a nurse stated she was not because she could not swallow and the injectable form was “too expensive.” The chart lists many Synthroid doses as “Not Given/NPO;” the first injectable dose was on 2/15/2022, 10 days before death. Notably, her kidney function improved thereafter, and long-term-care was offered.

I experienced intense, repeated pressure over her 50-day hospitalization to sign a DNR, agree to comfort care, and withdraw life support. I was called a “horrible daughter,” and one physician told me he “would never do to his mother what I was doing to mine.” Under great pressure, I signed a DNR and withdrew life support on 2/25/2022.