

My name is Glenice Swenson, and I am writing to ensure my husband Paul Swenson's story is part of the official record. His death in January 2022 did not result from COVID-19 itself, but from the hospital protocols and treatment decisions made while he was in isolation. Because your office and related committees are examining medical practices that may have contributed to preventable patient deaths, I believe Paul's case provides important insight into systemic failures that affected many families.

Paul was a man who served his community as a financial advisor. As the father of three daughters and grandfather to five grandsons, he loved God and was a devoted family man. Paul was an active healthy man at the age of 65. He took his family boating and golfed with his friends. He cared deeply for people and gave his best every day. He is greatly missed.

Paul and I became ill on December 23, 2021. While I improved, his oxygen levels continued to fall, and on December 29 I drove him to the hospital. Because masking was required in the hospital and makes it impossible to read lips limiting communication for me, I did not go in with my husband. Our daughter escorted him into the emergency room. As she placed a mask on him, he told me he loved me. Those were our last spoken words.

Once admitted, Paul was placed under strict isolation protocols that prevented any family presence. We (my daughters and I) had our first contact with a doctor over the phone. I had received medications for Paul in the mail from frontline doctors and the doctor on the phone said they could not give them to Paul as that went against policy. He had to advocate for himself while critically ill, communicating with us only by text. He frequently asked for help making treatment decisions, but much information never reached us. This lack of an in-person advocate created dangerous gaps in understanding, consent, and continuity of care.

Over the next week, Paul received oxygen, IV medications, and little to no food. We were told he was being treated for pneumonia. Antibiotics were started and later discontinued without explanation, and we were not included in the decision-making process. Communication from staff was inconsistent, and our questions about his condition and treatment plan often went unanswered.

On January 7, Paul was intubated. Because the hospital was not equipped for long-term ventilation, he was airlifted to a larger facility. Although he initially appeared stable, we were informed on January 9 that he was rapidly declining but if he made it through the night there was hope. In the early morning hours of January 10th we received a phone call telling us Paul only had a few hours left. My daughters and I reached the ICU in time to be with him as his heart failed. He passed away at 8:30 a.m.

Paul died from pneumonia that worsened after intubation and after his antibiotics were withdrawn, combined with rigid protocols that left him isolated, unsupported, and without an advocate at his bedside. He also became septic and we were not informed of this until it was too late to treat.

I respectfully request that Paul's case be included in the committee's investigation into preventable deaths associated with hospital protocols. Families like mine deserve answers, and patients like Paul deserved better. I am willing to provide documentation, timelines, or testimony to support the committee's work.