

My husband, Harold Hayward, was hospitalized on 08/24/21, where he remained isolated from his family for the remainder of his life. Prior to hospitalization, he was confused and having difficulty communicating. He could not advocate for himself. I was not allowed to see or talk to him. I was not allowed to advocate for his care.

I was contacted two times regarding Harold's care. The first time was by the pharmacist, who spoke about Remdesivir. I consented to the use of that medication, but I did not give "informed consent" because I was not informed that it was an experimental drug being used under an EUA. The second contact occurred approximately two weeks into his treatment, when I was informed that he had developed a bruise on his face.

As I reviewed 16,000 pages of medical records, I found out that they had tried to "chemically restrain" Harold with Dilaudid to the degree of overdosing him. The overdose was reversed with Narcan. Later that same day, he was placed on a ventilator FOR BEHAVIORAL CONTROL. I did not consent to his being intubated and absolutely would not have agreed to such treatment for "behavioral control." I do not know what behavior they were trying to control. Was he trying to leave, or was he refusing treatment? I will never know.

Around 13 days into his hospitalization, I received a call from a doctor who informed me that a "bruise" had appeared around Harold's left eye. The doctor reported obtaining a consultation with an infectious disease doctor, who did a biopsy of the area. Harold's eye became nonreactive, and the tissue around it progressively turned dark purple and was documented as "full thickness devitalized"—meaning the tissue was dying. While waiting for the biopsy results, Harold deteriorated. He was no longer waking up, despite minimizing sedation. The biopsy revealed that Harold had developed Rhino-Cerebral Mucormycosis (RCM).

RCM is an aggressive fungal infection that is usually fatal. He would need full debridement, including removal of his left eye and cheek area, as well as the left side of his nose, tongue, roof of his mouth, and surrounding tissue. We were told that brain involvement was suspected because he was completely unresponsive. The doctor expressed concern about his ability to survive necessary debridement surgery. I was told that if he survived the initial surgery, he would need extensive reconstructive surgeries and therapy so he could eat, drink, and talk. As a family, we decided that it was time to stop Harold's suffering.

The following day we saw Harold for the first time in 3 weeks. We held his hand as he took his last breath. I cried because he deserved better care. I cried because our children, grandchildren, and great-grandchildren would never see their Papa again. But mostly, I cried because Harold spent the last three weeks of his life completely isolated from everyone who loved him. I cried because I had trusted the medical system to "do no harm." Harold was unable to advocate for himself, and I did not know what they were doing to him.

Harold was completely vulnerable and at the mercy of medical staff who chose to treat him in secret, give him an experimental drug, chemically restrain him to the point of overdosing him, and put him on a ventilator “for behavioral control.” He ultimately lost his life after contracting RCM, while in isolation, in the hospital.

I am terrified that other families will experience what ours did. I am asking you to advocate for policies that protect patients’ rights; and families’ ability to be present and speak for their loved ones when they are most vulnerable.

Our family was robbed of the last three weeks Harold was alive. How alone and unloved he must have felt. **No family should ever have to live with that.**