

My name is Karen Gainey-Buddin. I own a property management company in beautiful Murrells Inlet, SC where my husband and I had built a beautiful life together. My husband, Edward “Bud” Buddin, and I were married for 21 years. I am submitting this testimony in the hope that it will help this Committee understand how COVID-19 hospital protocols affected patients and their families and to seek answers about why certain policies were implemented, why requested treatments were denied, and why families were excluded from critical medical decisions. My goal is to help bring justice for my husband and for the many families who experienced similar losses.

My husband, Edward “Bud” Buddin, was 55 years old. He was a Senior Maintenance Technician and was in excellent health before contracting COVID-19. He was not vaccinated because, at the time he became ill in February 2021, he had not yet become eligible to receive the vaccine.

On February 9, 2021, Bud began feeling tired, achy, and developed a low-grade fever. On February 11, he tested positive for COVID-19. As his condition worsened, he was taken to the emergency room on February 17 and admitted to the hospital on February 18.

From the day he was admitted until the day he died, I was never allowed to visit him. Our communication was limited to telephone calls. During his hospitalization, I spoke directly with his physician only twice. The first conversation occurred because Bud called me on his cell phone while the doctor was in his room so I could hear what was being discussed. The second conversation occurred on a Saturday while family members were visiting my home. The physician called to tell me that Bud’s most recent chest X-ray showed he did not have COVID pneumonia. Approximately two hours later, I received another call stating that this information had been incorrect and that he did, in fact, have COVID pneumonia.

During Bud’s hospitalization, both he and I objected to the use of remdesivir and requested that he not receive that medication. We also requested treatment with ivermectin and hydroxychloroquine. Those requests were denied. I also requested that he not be placed on a ventilator. I was told by his physician, “I don’t know why you feel this way, but it doesn’t matter,” because Bud did not have a living will.

On February 27, Bud was transferred to the Intensive Care Unit and placed on a ventilator. He received remdesivir despite our objections. After entering the ICU and receiving treatment, his condition continued to decline. I was informed that his kidneys and liver had failed. On March 3, 2021, my husband died.

After his death, I asked that the ventilator be removed after he had passed away. That request was not honored immediately. After his death, I asked that the ventilator be removed after he had passed away. That request was not honored immediately.

I believe no family should ever again experience what ours did. Patients should have the right to participate in decisions about their own medical care whenever they are able, and when they cannot, their closest family members should have a meaningful voice in those decisions. Families should never be separated from critically ill loved ones without compelling justification. They deserve timely, accurate, and transparent communication regarding the patient's condition and treatment. Finally, I believe hospitals should respect reasonable requests from families concerning their loved ones, including after death.

I respectfully ask this Committee to examine the COVID-19 hospital protocols that were implemented, evaluate their impact on patients and families, and consider reforms that protect patient autonomy, informed consent, family involvement, transparency, and individualized medical care. My hope is that no other family will endure what ours experienced.

Respectfully,

Karen Gainey-Buddin