

My name is Kelly Elliott. I am a retired teacher and the widow of Michael Elliott, Mike was a great dad, a wonderful husband, and a beloved Poppy to 6 grandchildren. Mike proudly served 16 years in the Florida National Guard. I am submitting this statement to describe my husband's hospitalization and devastating death following treatment for a COVID-19 diagnosis in 2021.

In July 2021, Mike was a healthy 60-year-old man. **On July 27, 2021**, he became ill after removing old carpet, moldy insulation, and debris from a room in our new home. His condition worsened over the following days and on **July 30**, Mike went to Boca Regional emergency room, where he was told he tested positive for COVID. He was diagnosed with COVID pneumonia, prescribed an inhaler, and discharged. No blood was drawn, and no other diagnosis was discussed with us.

On August 2, my son took Mike to Wellington Regional Medical Center because his symptoms had become severe. Mike was admitted. I was out of town working and returned home immediately. We had no access to Mike except by phone, and experienced difficulty communicating with his medical team. Nurses informed me that he had been placed on high-flow oxygen and was receiving Remdesivir. I was not provided an explanation of risks and benefits, alternatives, or a shared decision-making process regarding that treatment. After obtaining his medical records, I discovered that consent forms contained no signatures

According to medical records, **from August 2nd thru August 6**, Mike received six doses of Remdesivir. His records show progressive deterioration requiring increasing oxygen support and eventual transfer to the ICU. After several days and repeated attempts to obtain information, a physician informed our family that Michael was "very critical." This was the first time we had heard from any doctor since he was admitted. The records further show that Michael developed a septal infarct, acute kidney failure and multi-organ dysfunction during his hospitalization. No formal explanation was provided regarding those developments.

On August 9, Michael was transferred to the ICU for closer monitoring. At that time, I was encouraged to authorize a do-not-resuscitate order, which I declined. I also declined consent for ventilator use after an ICU nurse advised me that his chances of survival on ventilation were extremely low.

On August 10, after being placed on BiPap, **several unanswered calls from nursing staff to the on-call physician occurred over 5 hours. Mike was close to death when the doctor finally arrived and Mike was intubated. The doctor's only comment on this event was, "intubated without difficulty".**

From August 10th Thru August 30, Micheal remained on mechanical ventilation while physically and chemically restrained. According to records, sedation breaks were not performed daily. Believing sedation would be reduced and that he might regain consciousness, I consented to a tracheostomy. The procedure was performed on **August 30**, During my brief visit afterward, I observed that the ventilator appeared to be operating differently than on previous visits and that Michael's blood pressure appeared extremely elevated. I repeatedly requested that medical staff evaluate him but got no response. After I returned home I called the ICU, a nurse told me that he was doing alright. Approximately thirty minutes later, I received a call informing me that Mike was in cardiac arrest. Mike died **August 30, 2021**.

I respectfully request that issues of informed consent, family communication, incentivized novel medical protocols, and the denial of due process be examined so that all our families finally receive transparency and accountability.