

My name is Kenya Alu, and I am the daughter of Joseph H. Ayoub. As a Registered Nurse I never imagined that my father would enter an American hospital seeking care and die after weeks of isolation, delayed treatment, medication reactions, and preventable complications.

On December 12, 2021, my mother and sister took my father to The Hospitals of Providence Transmountain Campus in El Paso, Texas. He was sent home with oxygen after refusing remdesivir.

On December 14, my father went to urgent care seeking a referral for Regeneron monoclonal antibodies. Because his oxygen was low, he was transferred by ambulance to Providence Memorial Hospital. We requested monoclonal antibodies, and a physician said they would be ordered. They were never administered.

From the beginning, my father was isolated from us. We offered to wear protective equipment and sign waivers, but visitation was denied. We stayed at the hospital and used FaceTime so he would know we were nearby. He repeatedly asked for my mother. The next morning, he said he had been awake in a dark room since approximately 4:30 a.m. He had called for help to use the bathroom and obtain water and coffee, but no one responded for hours. On another occasion, I heard him calling, "Help! Help!" for approximately ten minutes while no one entered.

On December 15, he was transferred to the ICU because of unstable blood pressure. We were told his prognosis was worse because he was unvaccinated and that our vaccination status prevented visitation. My mother was briefly allowed inside while a physician discussed changing his do-not-intubate (DNI) status and warned that he would be designated do-not-resuscitate if we did not remove the DNI status. She was then required to leave him alone again.

When he returned to the regular floor, visitation was still denied, including my vaccinated sister. His anxiety increased. He was given Ativan three times despite an adverse reaction. Instead of calming him, it caused agitation and panic. I heard staff yelling at him through FaceTime as he pulled at his oxygen mask. His primary physician later told us the medications had caused his delirium. He also went without meals and water. We received conflicting explanations about why his dinner was not delivered and ultimately brought food ourselves to security. He was intubated and heavily sedated on December 18.

The following day, my mother noticed that one foot was unusually cold. Although she repeatedly raised concern about a bloodclot, the ordered Doppler study was not performed until the next day, after the foot turned purple and I called the administrator. A clot was found, but the procedure was delayed another day. Gangrene developed, and all five toes and part of his foot were later amputated. My father remained ventilated for weeks. Sedation reductions and breathing trials were attempted without family present, even though staff acknowledged that he became calmer when someone held his hand.

After an attorney sent a demand letter, we were finally allowed inside. We found urine, dirt, and other fluids on floors that had not been cleaned for more than a month. My father had multiple pressure sores,, inadequate nutrition, repeated infections, and often had not been repositioned as we were told. On January 20, he was moved on a portable ventilator for a central-line procedure. His oxygen saturation fell from the 90s into the 70s and 80s, and paralytic medication was administered. His condition deteriorated afterward. Joseph Ayoub died on January 23, 2022, after forty days in the hospital. I am submitting this statement because my father needed timely treatment, basic care, and his family at his bedside. Instead, isolation prevented us from protecting him from medication reactions, missed meals, dehydration, delayed recognition of a clot, pressure injuries, and unsanitary conditions.

I respectfully ask this Committee to examine how these hospital policies and treatment decisions contributed to my father's decline and death