

Mr. Chairman and distinguished members of the committee,

September 4, 2026

My name is Laura Page, and I am the widow of Kevin Page. I submit this statement regarding my husband's hospitalization and treatment during COVID-19 at IU Arnett Hospital in Lafayette, Indiana.

Kevin Page was my husband of 43 years. Kevin was hospitalized with COVID-19 pneumonia in October of 2020. During his hospitalization, our family remained actively involved in his care through telephone communications with hospital staff and physicians because visitation restrictions would not allow us to be with him.

Before Kevin was placed on a ventilator, our family requested hydroxychloroquine and referenced information we had learned from Dr. Harvey Risch of Yale University. That request was denied. Kevin received remdesivir under the hospital's treatment protocol. Kevin was placed on a ventilator on November 2, 2020, removed from the ventilator on November 14, and placed back on the ventilator on November 15.

On December 1, 2020, during a phone conversation that morning, I expressed concerns about Kevin's oxygen levels from the previous night. I asked about a brain scan, and a scope to evaluate him for mucus plugs. Those requests were denied. I decided to have Kevin transferred from IU Arnett to Franciscan Hospital a few miles away.

My daughter, Brandi Page, and I listened by telephone during physician rounds in Kevin's room. During that call, we heard discussion and laughter regarding Kevin having a red bottom. After Kevin's death, his autopsy report documented a grade 3 decubitus ulcer measuring 6 by 4 centimeters on his posterior lower back.

At the conclusion of rounds, I requested that Kevin be transferred that day to Franciscan Hospital and provided contact information for the receiving facility. I also faxed the request. During multiple recorded phone conversations, IU hospital staff told me that no beds were available for Kevin and that he could be transferred to their hospital in Indianapolis. At the same time IU staff was telling Franciscan Hospital that Kevin was too sick to move. I knew that Kevin was on the list for a bed at Franciscan Hospital. A dictated report stated that I preferred for Kevin to die in a Catholic hospital. My position was that I wanted Kevin transferred in hopes of recovery and continued care.

After reviewing Kevin's medical records and autopsy report, I learned of documented findings that included a stage 3 pressure ulcer, suspected ventilator-associated pneumonia, *Pseudomonas aeruginosa*, and more. The autopsy report noted uncertainty regarding why he had been moved from an ICU to a regular bed, despite his severely compromised lungs.

I respectfully ask the Senate to examine the experiences of families whose loved ones were hospitalized during COVID-19 protocols.

Laura Page