

My name is Lindsay Moss Frangie. I am submitting this statement regarding the hospitalization of my stepfather, Gary Phillips (February 4, 1941 – January 11, 2022), a United States Air Force veteran who died at St. Mary's Hospital in Athens, Georgia, following a COVID-19 diagnosis.

Gary tested positive for COVID-19 on December 27, 2021, after the VA referred him to an urgent care because COVID testing was unavailable at the VA. The VA and urgent care attempted to locate monoclonal antibody treatment, but the earliest available appointment was December 30. During those three days, he was sent home without additional treatment.

By December 30, he had become so weak that my mother had to push him in a wheelchair into the infusion center. After returning home from the infusion, his oxygen levels dropped into the 70s and 80s, and he was taken to St. Mary's Hospital, where he was admitted on oxygen.

From that point forward, our family was prevented from being with him because of the hospital's no-visitor policy. Every conversation with physicians and nurses took place by telephone. We could not see his condition ourselves, ask questions in person, or help him understand complex medical decisions. Gary had severe hearing loss and frequently did not have his hearing aids while hospitalized. We repeatedly expressed concern that he might not fully understand what was being discussed with him.

On January 1, 2022, we learned that he had already been started on Remdesivir. We immediately drove to the hospital with a written treatment request that had been prepared by an attorney. Our hope was simply that the physician would review it with Gary so he could make an informed decision. Instead, we were told the document would not be accepted because only Gary could make his own medical decisions unless we held a power of attorney.

During that meeting, we asked whether other treatments, supplements, or supportive therapies could be considered. We specifically asked about vitamins and other therapies we had researched. We were told those treatments would not be provided because they were not part of the approved hospital protocol. The conversation was discouraging. We felt our questions were unwelcome, and we left feeling dismissed and unable to meaningfully advocate for Gary.

Several days later, hospital staff informed us that Gary was deficient in vitamin D and magnesium and that supplements had been started. Throughout his hospitalization, we continued receiving updates by telephone. On January 4, we were told his pneumonia had improved and his oxygen levels were better. Around January 9 or 10, a hospital social worker contacted my mother about the possibility of transferring Gary to an inpatient rehabilitation facility if a bed became available. This gave our family hope that he was improving.

During the early morning hours of January 11, my mother received a call that Gary had been placed on BiPAP because his oxygen levels had worsened. Later that day, we were asked to come to the hospital to discuss hospice. Even then, access to him remained limited. We were eventually granted a brief compassionate visit and were able to spend only a few minutes at his

bedside in PPE before being asked to leave. Gary passed away within hours, on January 11, 2022.

More than four years later, what remains with our family is not only the loss of Gary, but also the feeling that we were unable to advocate for him when he needed us most. The visitation restrictions, the difficulty discussing treatment options, the inability to participate in medical decision-making despite his hearing impairment, and the barriers we encountered when asking questions left us feeling isolated and powerless. We respectfully ask Congress to examine how COVID-era hospital policies affected informed consent, family advocacy, physician discretion, and the ability of patients and families to participate meaningfully in medical decisions during one of the most difficult times of their lives.