

Hugh Cairns passed away on 9/18/21 from Hospital protocol.

My name is Lindy Cairns, Hugh's wife. I was his primary contact during his hospitalization and communicated with him and the hospital staff throughout his illness.

Hugh was a 57-year-old healthy male.

On August 21, 2021, Hugh tested positive for COVID-19.

On August 28 2021, He went to the local ER. ER Staff said his lungs sounded good and discharged him with Covid-19. Vitals: BP 118/75, temp 98, pulse 98, respirations 20, oxygen saturation 97%. He was given medicine and told to come back if he wasn't feeling better.

On August 31, 2021 He returned and was seen again at the local ER. This time, he had developed COVID pneumonia, and his oxygen was too low for him to safely go home. He was admitted and transported to a larger hospital on September 1st. They would not let me be with him. Hugh was told he would spend a couple of days in the hospital and then return home with oxygen.

Once he arrived by ambulance at the hospital, he was told they would get his oxygen requirements lower and be sent home.

Throughout his hospitalization, communication became one of our greatest struggles. I was his advocate from outside his room.

Hugh was told at times he was going to get Plasma and never did, another time I was told by the doctor he was getting antibiotics but the nurse confirmed he wasn't.

I was told almost daily that Hugh was stable. I was even contacted by the case manager concerning him being able to go home.

I asked to speak to the doctor one day and was told he would see me. I sat outside Hughs room for 3 hours waiting for the doctor. The doctor never showed up.

There were some scary moments. On September 7, Hugh's oxygen dropped to 74% after his oxygen equipment was not properly connected. I was told by the head nurse she needed to train the nurse better. Another day, he struggled to eat because he could not get anyone to help him remove his BiPAP mask. One day they brought him food and sat it across the room, called for them to get it and no one came. I had to contact the head nurse to go get it. He told me the nurse that day was terrible. His comment was "I've seen her once when they tried to kill me.". There was another day he had to fix his oxygen mask himself because the tube was reversed.

I asked the doctor at one point to give Hugh Ivermectin and he agreed. By the time I was able to talk to Hugh the doctor told him it was too late to get the ivermectin.

There were times his oxygen levels occasionally improved. He began eating better. He was able to sit up, use the bathroom, and spend periods of time on Airvo rather than BiPAP. On September

9, he told me he felt significantly better after antibiotics were restarted. The nurses began working with him on strengthening his lungs and preparing him for rehabilitation.

On September 14, everything changed. Hugh struggled to maintain his oxygen that day. The lung doctor discussed putting him on a ventilator. The ventilator wasn't what Hugh wanted.

This changed me forever. I struggle even today with trusting the medical field. I will continue to tell my story—not only because of what he endured, but because of the love, courage, faith, and strength he showed throughout his fight.