

Mr. Chairman and distinguished members of the committee,

My name is Lisa Vassallo, and I am the daughter of Lilly Bochman. I'm providing this statement regarding my mother's hospitalization and death at Community Medical Center in Toms River, New Jersey, on October 21, 2021. I compiled this account from notes I made during her hospitalization, text messages, and conversations I had with my mother, nurses, and physicians.

My mother, Lilly Bochman, was hospitalized on October 3, 2021, after fainting at home. She was admitted to the ICU and remained isolated from physical family contact. For approximately 11 days, our only means of seeing or communicating with her was by video call. I made repeated calls to the hospital seeking information about her condition and treatment. I was eventually told that she had blood clots in her legs, pneumonia, and fluctuating oxygen levels. She underwent a CT scan and was started on Remdesivir. I wasn't aware of any informed consent being obtained from her for Remdesivir. On October 5, she was placed on CPAP. The next day, she asked for Ivermectin and vitamin D and was refused. She texted me that she had been told the treatment she was receiving, Remdesivir, was better.

Over the following days, her oxygen requirements increased. She continued to have pneumonia and remained COVID-positive. By October 11, I was told she was receiving 100% oxygen at 60 liters and was using BiPAP, with oxygen levels sometimes in the low 90s. She was also being treated with blood thinners for blood clots in her legs. On October 13, I was told she was critically ill, with slow progression to no progress, although she was described as showing few physical or emotional signs of decline. She was receiving CPAP, BiPAP at night, and a nasal cannula during the day.

On October 14, she was being treated for a possible pulmonary embolism. After discussing the options with a physician, our family decided to proceed with ventilation. Following the procedure, I was told she had developed a pneumothorax and required a chest tube. They could not get the tube through her armpit so they went through her chest and then a neck catheter was subsequently approved. I was also told after the procedure, that the insertion of a ventilation tube can puncture a lung and that pressure from the ventilator can affect lungs affected by COVID-19.

After intubation, my mother developed additional complications, including low blood pressure and a significant drop in hemoglobin requiring a blood transfusion. The source of bleeding was investigated. She required blood-pressure medications, additional testing, antibiotics for potential sepsis, and treatment for elevated potassium levels. On October 18, our family was told that she wasn't improving and that withdrawal of life support was an option. We declined.

At 5:18 a.m. on October 21, I received a call that my mother's blood pressure was dangerously low and that we should come quickly. My family was permitted to enter her room wearing the same type of personal protective equipment used by hospital staff. My mother was sedated,

intubated, unable to communicate, and in the final hours of her life. She died at 6:33 a.m. Her death certificate lists cardiac arrest, pneumonia, and COVID-19.

I respectfully ask the Senate to recognize my mother's experience and to investigate the hospital protocols and treatment decisions that affected patients and families during the COVID-19 pandemic, including the circumstances surrounding isolation, informed consent, use of Remdesivir, other treatment protocols, and end-of-life care.

Lisa M. Vassallo