

FOR THE RECORD ONLY

Mr. Chairman and distinguished members of the committee,

My name is Martha L. Chronic. I am submitting this statement regarding the death of my husband, Rickey L. Chronic, who died on the long-term acute care (LTAC) floor of Mercy Hospital in Oklahoma City, Oklahoma, on September 7, 2021, at 12:35 a.m.

My husband was a 74-year-old disabled Vietnam Veteran. He was being treated through the Veterans Administration for PTSD, Type 2 diabetes, essential high blood pressure, peripheral neuropathy, spinal stenosis, and Stage 3 chronic kidney disease. Prior to his hospitalization, he was independent and active. He drove and collected classic cars, participated in car club activities, maintained our home and garden, attended church, traveled, and regularly spent time with family and friends.

On August 11, 2021, after experiencing general weakness, shortness of breath, chills, fatigue, cough, and body aches that had begun five days earlier, my husband was transported by ambulance to Mercy Hospital, Oklahoma City. He tested positive for COVID-19 in the emergency room and was admitted to the ICU. At admission, he was alert and cooperative. While in the emergency room, I requested that he be given ivermectin and/or hydroxychloroquine, but that request was declined. Neither of us had received a COVID-19 vaccination before hospitalization. Six days later, I was also hospitalized in the ICU where I also tested positive for COVID-19. During his final days in the ICU, my husband had survived COVID-19, was sitting up in bed, ordering his own meals, and eating regular meals without assistance or restrictions. On August 25, 2021, he was transferred to the Long-Term Acute Care (LTAC) unit at the hospital. His medical records indicate that the ICU physician's orders to the LTAC team were to wean him from oxygen, mobilize him, and discharge him home. After the transfer, these instructions were not carried out by the LTAC team. Staff attempted to restrain and hold him down when he tried to turn onto his side because he reported difficulty breathing while lying on his back. This interaction triggered a PTSD episode and caused significant agitation and anxiety. Following his transfer, his condition declined rapidly. Just two days later, on August 27, 2021, he was intubated. Nine days later, on September 7, 2021, he died. At the time of his death, his medical records reflected kidney failure, heart disease, pneumothorax, and fluid retention. He weighed 236 pounds when admitted on August 11, 2021, and 217 pounds at the time of his death despite fluid retention. One week before his hospitalization, he had been evaluated by the physician monitoring his Stage 3 chronic kidney disease and was told there were no concerns about further deterioration of his kidneys. Prior to this hospitalization, he had not been diagnosed with heart disease.

I respectfully ask the Senate to examine the hospital protocols and treatment practices applied to elderly, unvaccinated COVID-19 patients with comorbidities and to investigate whether those protocols provided the care necessary to support recovery.

Martha L. Chronic