

My husband, Dennis, received monoclonal antibody treatment on November 15, 2021 and released. His condition worsened so I took him to the ER on November 19. He was admitted. I told them not to give him remdesivir or intubate him. They told me they would have me investigated for elder abuse. I was called the next day by a social worker and questioned. Our family was not permitted to see or visit him for three weeks. He was placed in isolation on a pulmonary floor. He received Ativan, which he had a documented allergy. He experienced a significant drop in blood pressure and was transferred to the ICU.

I observed or was informed of multiple concerns during his hospital stays: he fell in the shower while unassisted, was restrained in bed, reported receiving no hygiene care, and had a bed sore weeping pus and bleeding hemorrhoids. He stated he was not bathed for two weeks and that physicians and nurses frequently informed him that he was going to die. He reported that an ICU nurse threatened intubation as punishment for adjusting a CPAP mask that did not fit properly. He stated that he was denied food and water for 2 weeks and that prescribed respiratory therapy was not consistently provided. He was intubated and catheterized despite our objections. A family member observed him being transferred for a lung scan with a paper mask over his nose and mouth, with a plastic bag tied in a knot over his head! He was placed on high doses of steroids, Ativan, tranquilizers, sedation meds, (Percocet, oxycodone, and morphine, Lasix and insulin) and was also given experimental drug, tocilizumab which causes trouble breathing. During this hospitalization, he lost approximately 21 pounds in 2 weeks. When we informed them, we would be transferring him to a different hospital, I was told I could not take him out. I had an ambulance waiting to transport him. There was a police officer out in the hallway by his door when we left.

Before his transfer, our family repeatedly requested that he be transferred to another hospital. We were denied. We were informed on multiple occasions that he would not survive. A palliative care consultation was initiated and a do-not-resuscitate bracelet was placed on him without our consent. I held medical power of attorney and demanded that he be transferred to another hospital. Upon being transferred he immediately received 2 baths concurrently, respiratory therapy, food, fluids, and an evaluation for lung transplant. Physicians informed us that he was a potential transplant candidate. He was also gradually weaned from steroids, narcotics, and other medications. During this period, he experienced panic attacks, withdrawal symptoms, and what physicians described as steroid-related complications. Denny was then evaluated for lung transplant. Initially, we were informed that he was a suitable candidate on the morning of

February 3, 2022. That afternoon, three people came into his room stating they were from the transplant team. They asked if he could stand pain. Denny replied that he had previously had kidney stones and three broken ribs so he felt he could stand pain pretty well. The woman of the group informed him, as well as acted out that he would be cut from neck to belly button, grab his rib cage and yank it apart to grab his lungs out. Could he still stand pain? He told her he could if we could breathe again. Discussions regarding palliative and end-of-life care were initiated by the hospital. Family members were not informed in advance that end-of-life measures were being

implemented. On February 4, 2022, we were called to the hospital, end of life medications had already been administered through his intravenous line. We were informed that we had 20 minutes to say goodbye. Dennis died that day with his family present and we watched him gasp for air for one hour and twenty minutes.