

SENATOR RON JOHNSON'S ROUNDTABLE EVENT

September 28, 2026 - Washington, D.C.

Statement of Renee regarding Derek Leslie Preston

Senator Johnson:

My name is Renee, and I am from Washington State. I am the widow of Derek Leslie Preston. Writing about Derek's death is extremely difficult, so I will present the events chronologically and as factually as I can, based on what I witnessed, what Derek told me, and the medical records, notes, text messages, death-certificate documents, and independent autopsy report in my possession.

Derek was 50 years old, 6 feet 4 inches tall, approximately 375 pounds, active, and, to my knowledge, had no history of diabetes, high blood pressure, or heart disease. He played softball and golf regularly. He was my husband, a father of six, a grandfather of three, with another grandchild due shortly after his death.

On October 1, 2021, Derek was transported to MultiCare Good Samaritan Hospital in Puyallup, Washington, after becoming very ill with pneumonia and having an oxygen level in the 40s. Derek had tested negative for COVID at home and, according to my account, at the hospital, yet he was placed in an area designated for COVID patients. He was placed on high-flow oxygen and received multiple doses of remdesivir.

During his hospitalization, Derek and I communicated by text many times each day. I spoke with his nurses and kept notes about his medications, oxygen requirements, and condition. What I was sometimes told by staff did not match what Derek told me directly.

At one point, a physician asked me to authorize placing Derek on a ventilator. I asked what Derek wanted and was told he had refused. I responded that his refusal was his answer. This caused me serious concern about whether Derek's informed consent and right to make his own medical decisions were being respected.

Derek had never taken Ativan before. I was later told that the hospital gave it to him. He stood up, fell to the floor, and I was told he had not requested the medication. I demanded that he be continuously observed, and a camera was placed in his room.

One of Derek's nurses told me that he had suffered a heart attack. Derek separately told me that numerous doctors and nurses suddenly rushed into his room and told him he had experienced a heart attack. Derek told them they must have the wrong patient because he had felt nothing. Days later, after he was able to breathe without the high-flow mask, clinicians entered through his wrist to examine his heart. According to what Derek and I were told, they found no heart damage or blockages. The high-flow oxygen mask was then placed back on him.

Derek remained hospitalized for 22 days, from October 1 through October 22, 2021. Despite what I understand was severe pneumonia, and despite him spitting up blood, he was discharged home on oxygen. He had lost approximately 50 pounds and could barely walk. Based on his condition, I believe he was not medically ready to be discharged and that his release requires investigation.

Eight days later, on October 30, Derek asked us to increase his oxygen. His condition rapidly worsened. Emergency personnel arrived, and during transport my son was told that Derek had no pulse. That was the last day I saw my husband alive.

After Derek's death, I repeatedly sought answers. I disputed conditions later appearing on his death certificate, including diabetes, hypertension, and heart disease, because I understood that he had not suffered from those conditions. I requested a hospital autopsy and was refused, so I located and paid an independent forensic pathologist. Before that autopsy, Derek's body was moved to Tacoma General Hospital without my authorization, according to my account, and I demanded that he be returned to the funeral home I selected.

The independent autopsy concluded that Derek died from a pulmonary embolism. I was also informed that a blood clot had formed during the period he was hospitalized. The autopsy further documented that Derek's lungs were approximately four times heavier than normal, a finding I believe must be considered alongside his severe pneumonia, oxygen dependence, and coughing or spitting up blood before discharge.

I possess Derek's medical records, my daily notes from his hospitalization, our text messages, the death-certificate documentation, and the complete independent autopsy report. I ask that these materials and Derek's treatment be independently reviewed for possible failures involving informed consent, patient autonomy, medication administration, monitoring, discharge decisions, medical documentation, post-death handling, and the duty of care owed to him.

Derek was not a statistic. He was my husband, and his life mattered.