

My husband, Charles V. Domine, was admitted to McLaren Macomb Hospital in Mt. Clemens, MI, on 11/28/71 in an extremely weakened condition. It was initially thought he had a urinary tract infection, but it was later determined that he had a gall bladder blockage and resulting infection. During an initial conversation with the physician assigned to his case, I questioned whether or not he had Covid and was told he did not. During that conversation, one of my daughters expressed concern about Remdesivir. Charles was in the hospital for five weeks, until he died on 1/2/22.

It would be too lengthy for me to summarize here, in short form, the ups and downs of his daily care **and lack thereof**.

During his stay, he wasn't eating well because he slept much of the time. I was told by both the treating physician and his cardiologist this was normal given his weakened condition. Staff would bring in trays, leave them, and then pick them up as untouched. After this was discovered, my daughters and I obtained special permission to enter the hospital during non-visitation hours to make sure he was eating.

After three weeks in McLaren, we were told he had Covid, despite any obvious physical symptoms. It should be noted that my daughters and I were in close contact with him daily, even sometimes finishing his partially consumed ice cream (with the same spoon) and none of us got Covid. Charles was quarantined from family, and given Remdesivir. When I questioned why he was given Remdesivir, the treating physician said "It is the lesser of two evils", presumably meaning better than doing nothing.

He never answered his phone when I called to check on him, and messages left at the nurses' station frequently went unanswered. I requested that a nurse be present to give him the phone when I called and when I finally got to talk to him, he sounded completely out of it, slurred words, not answering questions, etc.

There is no doubt in our minds that he died as a result of that lack of care, compounded by side effects from unnecessary medications. For example, during a "rapid response" intervention because he was lethargic, a neurologist said he could be having silent seizures and an MRI would be scheduled. When they took Charles for the MRI, I was told he became combative and no MRI was done. Charles had vertigo and could not lay flat because it made him dizzy. In spite of no evidence of silent seizures, he was given Keppra, a side effect of which is drowsiness.

I have a typed daily transcript of occurrences covering all five weeks of his stay at McLaren, his death certificate, and a CD of jumbled medical records obtained from the hospital. The death certificate states the following causes of death:

1. Cardiopulmonary Arrest. Note that I saw his cardiologist the day before he died, who checked all his stats and saw no problems. He said, as he had several times prior, that “He needs to get out of here.”

2. Failure to thrive. No doubt with the poor care he received.

3, Covid 19 Infection with Pneumonia. The physician assigned to his case while at McLaren told me that if Covid was listed as a cause of death, I could apply to FEMA for reimbursement of funeral expenses, and I agreed to it.

If you need more information, do not hesitate to contact me.

Sandra Domine