

STATEMENT FOR THE RECORD

Witness Hospital Protocols During COVID-19

Submitted by: Sarah S. Johnson | On behalf of: The Family of Paul J. Swenson

Witness: Sarah Johnson is the oldest daughter of Paul J. Swenson and served for 21 years at a major medical institution. She understands what patient rights and standards of care look like and what it means when they are not followed. She is willing to be selected to deliver this statement orally in person.

My name is Sarah Johnson. My father, Paul J. Swenson, died January 10, 2022. He was admitted to Allina Health Hospital in Faribault, Minnesota and transferred to Abbot Northwestern. He suffered reduced oxygen saturation and pneumonia upon admission. I sat with him in the waiting room of the ER in shock and I wish I had loaded him back up in the car and cared for him at home. I am his oldest daughter. My father was a man who found joy in sharing his passions with the people he loved, and he was taken before his time. He dedicated his life to serving his Lord, his family, and his clients. I personally accompanied him to the emergency room, and I am here because our family deserves answers.

From admission, staff made statements directly to my father and our family: "You are going to have a hard time." ; "It's a shame you aren't vaccinated." ; "You are going to die." ; These words are not treatment. They violate the AHA Patient Bill of Rights, HHS civil rights guidance, and every standard of dignified care. No patient should be met with hopelessness at the door of a hospital. The few moment they allowed us to pick 2 of the 4 of us to go see him, the police were guarding the hospital doors. My father was already intubated. After my father passed, we found handwritten notes in his belongings. They read: "A Plan 2 pee 2 poop 3 I have had No Food. 1 frozen ice cup orange fl 4 prone."; This is consistent with concerns our family held during his hospitalization that adequate nutrition was not being provided. Lessons from the 1918 influenza pandemic are unambiguous: nutrition is life-sustaining care. Withholding it is not only a failure to follow protocol, it is a failure of basic human rights.

Signs of pneumonia and sepsis were not adequately addressed. Delays in sepsis recognition and treatment are among the most preventable causes of hospital death. The Surviving Sepsis Campaign protocols have existed since 2002. A COVID pandemic does not suspend protocol. We have requested independent reviews of his laboratory findings, medication records, and treatment timeline.

HHS has stated that providers must not steer patients toward withdrawal of life-sustaining treatment. Under CMS Conditions of Participation, coercive DNR practices during a public health emergency require a formal 1135 waiver. We were repeatedly pressured about Do Not Resuscitate decisions, all conversations being via text message. Meanwhile, our family was in crisis. We do not believe proper process was followed. We do not believe my father's wishes were truly honored.

His death can directly be attributed to a failure to follow specific medical procedures, processes and regulations. Decades of pandemic response from 1918 to 2009 to Ebola teach the same lesson: consistent, dignified, evidence-based supportive care saves lives. Abandoning those standards under pressure does not.

The failures our family witnessed were not inevitable consequences of a pandemic. They were choices. We are requesting support from the public to request reviews of medical records, nutrition documentation, DNR communications, and treatment timeline measured against the standards of care that were in effect and should have been followed. Our family consents to complete cooperation with any official inquiry. We submit this statement so that what happened to my father may not happen to someone else's.

Respectfully, Sarah Johnson — On behalf of the family of Paul J. Swenson