

I am Shari Snyder. My husband was hospitalized for fifty-seven days. On January 25, 2022, I held him as he took his final breath.

Todd was fifty-three, a tiny-house artisan whose work appeared on HGTV's *Tiny Paradise*. He taught our three children to work with their hands. People called Todd one of the kindest men they had known. I watched him carry eighty-pound bundles of shingles onto roofs. He was working on a roof days before hospitalization. We had celebrated twenty-five years of marriage.

On November 30, 2021, we went to Peterson Regional Medical Center seeking monoclonal antibodies while Todd was still within the treatment window. We expected treatment and to return home. His oxygen fell, and he was admitted with hypoxic respiratory failure and COVID-19 pneumonia. We were told he could no longer receive the antibodies.

After eight days in isolation, Todd was transferred to the ICU and I was allowed near him. The smell was overwhelming. I believed he had not been bathed. He depended on BiPAP and 100 percent oxygen and could not eat or drink without removing the support he needed to breathe.

I requested basic supportive care, nutrition, mobility, and vitamin and micronutrient support. I brought published, peer-reviewed medical literature supporting the treatment recommendations I asked them to consider, asked questions during morning rounds, and recorded the answers.

A physician agreed to my request for IV vitamin C. When the hospital pharmacy said it was unavailable, I located a compounding pharmacy that could fill it. The hospital pharmacy refused to accept the preparation. Todd did not receive it.

I repeatedly requested budesonide. After repeated denials and lower dosing at Peterson, the requested dose was finally approved as Todd was intubated and transferred. Methodist then declined to administer the prescription I brought in Todd's name.

Todd told me he wanted to live. On December 17, he chose intubation and full-code status. During the procedure, he suffered ventricular-tachycardia arrest and required resuscitation. He was transferred to Methodist Hospital and placed on VV-ECMO.

Methodist records document multiple infections, including episodes of sepsis, kidney failure requiring continuous renal replacement therapy, and interruptions in feeding. A physician wrote that Todd "looks nutritionally deficient." Later notes documented "obvious weight loss since admission" and urged that interruptions in tube feeding be minimized. My request for increased nutrition was granted and documented, but days later I learned the order had not been followed.

The hand that built our life became too weak to give me a thumbs-up.

I found his call button outside his reach. After a nurse disconnected his IV so he could sit in a chair, I discovered approximately six hours later that it had not been reconnected. I found Todd lying in urine and feces, and I cleaned and changed my husband myself.

His chart repeatedly identified him as unvaccinated. But his name was Todd. I ask whether his vaccination status influenced his treatment, his care, or how our advocacy was received.

I was his wife and designated medical POA, yet I struggled to have concerns addressed. When a critically ill patient can no longer speak for himself, who ensures his advocate is heard—and what immediate recourse exists when urgent concerns remain unresolved?

When Todd could no longer speak, I became his voice. Todd Snyder was my beloved husband, and his life mattered.

I am using that voice now to ask the question his records cannot answer alone: Was Todd's death inevitable—or did preventable failures contribute to his death?

Todd's Widow