

Mr Chairman and distinguished members of the committee,

My name is Terri Codella. I reside at 10028 Boca Ave. S., Naples, FL 34109. My telephone number is 239-250-3526. I am the daughter of the patient. I remain haunted to this day by the vision of my father begging me to get him out of the hospital.

My father was 89 years old and lived in Naples, Florida. He was a former fireman who suffered from congestive heart failure. Fluid buildup from the congestive heart failure made breathing difficult and needed to be drained. A physician assistant associated with COVID protocols came to our home and stated the fluid needed to be drained and that we could direct the care we wanted and did not want, including refusing remdesivir. When the ambulance arrived, the firefighters, aware that my father was a former fireman, asked whether I was certain I wanted to bring him to the hospital, indicating it was not really safe. I was not certain, but his breathing difficulty left little choice. They transported him to Physicians Regional Hospital in Naples.

At the hospital he was tested for COVID-19 and the result was negative. His blood pressure was elevated from nervousness. In the emergency room I advised staff that under no circumstances was he to receive remdesivir. He was also a DNR, so they could not place him on a ventilator. I was permitted to remain with him in the emergency department. Once he was moved upstairs I was no longer allowed to stay. I contacted the hospital the next morning and again informed the nurse and both physicians that under no circumstances was he to receive remdesivir. When the nurse later reviewed his medications she listed his blood-pressure medicine, his cholesterol medicine (Lipitor 25 mg), then said “antibiotic” without naming it, and immediately continued to the next medication. When I questioned the antibiotic she acknowledged it was remdesivir. After further calls to a supervisor and the physician, staff stated he was now COVID-positive. I required them to stop the remdesivir. The fluid was drained. Approximately one week later he was discharged home improved.

He later developed significant pain and trouble breathing and requested return to the hospital. We took him back to Physicians Regional Hospital. Family visitation continued to be prohibited. His condition worsened. His personal physician recommended trying ivermectin and raised the matter with the hospitalist, who replied that the hospital did not use that treatment. Through contacts I arranged for him to receive ivermectin in the hospital. His oxygen levels improved.

One night he telephoned and begged me to remove him from the hospital. I encouraged him that his oxygen levels were nearly adequate. That night he was given medication to relax him.

Thereafter staff reported he was “doing really good.” Shortly afterward the hospital informed us he needed hospice care under a diagnosis of failure to thrive; they stated they could find nothing else wrong. Only after the hospice designation were my mother and I allowed into the hospital. When I asked what medication had been given, staff stated he had received Narcan the day after an overdose. He was profoundly weak, had not eaten, had lost weight, and was unshaven after three weeks—something that had never occurred in his life. He felt that everybody had just left him. We brought him home that evening. He died the next day after a total hospital stay from Jan 30 2022 to Feb 9 2022

I ask the Senate to recognize and examine the hospital practices, visitation restrictions, testing

and medication decisions, and care conditions that lead to my father and other patients death during this period.

Terri Codella