

Mr. Chairman and distinguished members of the committee,

My name is Tony Hamrick. I am a husband and father of three. I was 58 years old in November 2021 and am a licensed insurance agent in Arizona. I am submitting this statement based on my personal experience as a COVID-19 patient treated at Banner hospital.

On November 14, 2021, I was tested by AIT Labs and received a positive result for SARS-CoV-2, the virus that causes COVID-19. I believe I contracted the infection from a family member. In prior years, I had declined offers of influenza vaccination and relied on my immune system and prescribed medicine to fight illnesses I had experienced. At the time of my infection, I weighed approximately 185 pounds and quickly lost nearly 20 pounds.

I initially isolated at home and took the medicines prescribed to me. I also had human-form ivermectin, 6 mg, available. My spouse was also infected, and after three days we had used our available supply between us. I remained at home until November 21, 2021. On the seventh day of my illness, my fingertip oxygen meter showed an oxygen saturation below 90 percent. My spouse called 911, and I was transported to Banner hospital and admitted to its COVID-19 treatment ward. During my hospitalization, multiple staff members and nurses asked about my medical history, and different staff members asked whether I had received a COVID-19 vaccine. I answered no. On the second day, the attending physician and his team came into my room. The attending physician told me that vaccinated patients were not being given the newly available monoclonal antibody treatment and that the treatment was reserved for unvaccinated patients age 65 and older. He told me I was too young to receive it. I was instead given five IV treatments of remdesivir and saline, with monitoring of how my liver reacted, as well as Lovenox to prevent blood clotting, corticosteroids, nebulizer treatments, approximately 15 liters of oxygen, Cortazon, and Lasix intravenously. I kept a diary and asked questions about my treatment. I was discharged on November 30, 2021, and remained on supplemental oxygen for approximately three weeks.

After my hospitalization, I developed numbness and what I experienced as nerve damage affecting parts of my face, including my cheeks and upper lip. My nose was numb, and I could not detect a runny nose. I also experienced brain fog and continuing difficulty concentrating. I continue to have facial numbness and difficulty focusing on my work as a licensed insurance agent. I have sought evaluation and treatment, including through an ENT, sacral cranial therapy, and acupuncture, but I continue to experience the facial numbness and focus challenges. I also have approximately \$9,900 in unpaid Banner hospital debt, which has resulted in my account being placed in collections with Wakefield Associates of Aurora, Colorado.

I respectfully ask the Senate to recognize my firsthand account and to consider investigating the hospital protocols, treatment decisions, and criteria applied to patients during the COVID-19 pandemic, including the treatment decisions I personally experienced.

Tony Hamrick of Arizona