

As a former critical care nurse, I paid close attention to Gail's treatment and condition upon her hospitalization. After learning Gail was unvaccinated, a physician in the ICU told her, "I'm sorry, Mrs. Seiler, but you are going to die." From that point forward, I became increasingly concerned about the care she was receiving.

The treatments we requested were denied while Remdesivir and a ventilator were repeatedly pushed on us. I watched my wife remain alert and able to advocate for herself while her oxygen was increased and staff spoke about her as though her death were inevitable. I did not see a woman who had stopped fighting or who was beyond saving.

Basic care became another concern. Gail was denied food for 12 days and water for seven days. She received no mouth care while on high-flow oxygen and was not given opportunities for personal hygiene. She was left naked and uncovered for extended periods while staff observed her through a window or monitors at the nursing station rather than entering the room. This is the condition in which I ultimately found her. Our family was prevented from being at her bedside to advocate and help care for her.

Instead of hearing a plan for how they would help her recover, our family was repeatedly told that she was "unsalvageable," that her lungs were permanently damaged and that we should prepare for her death. We then discovered that she had been designated a "do not resuscitate" (DNR), despite her objections. To me, it felt as though the medical objective had shifted from helping my wife recover to preparing us to accept that she would die.

By December 15, I believed leaving Gail there presented a greater danger than taking responsibility for her care myself. I entered the ICU determined to bring my wife home. Gail was conscious, mentally coherent and repeatedly stated that she wanted to leave with me. Hospital administrators called law enforcement, and what should have been a discharge became an approximately six-hour standoff. I would not abandon her.

At one point, Gail asked the police sergeant who entered the room, "Am I a patient or a prisoner?" She told him they were going to have to decide that day. Col. Allen West, Texas Sen. Bob Hall, our attorney and others became involved as we tried to resolve the situation. Eventually, the hospital released her to us.

Rather than allowing us to leave through the hospital's main entrance, we were forced to take Gail down the freight elevators used to transport bodies to the morgue. We were then escorted through the same rear doors where funeral homes picked up the dead.

As we left, a nurse told me, “Mark my words—she will be dead tonight, or before you even get her home.” In the hospital, she had been receiving 60 liters of high-flow oxygen. Once I took my wife home, I was only able to get her to 25 liters of oxygen with the equipment I had.

After bringing her home, our daughter Angela and I cared for Gail ourselves. With guidance from Dr. Richard Bartlett, we used treatments we had requested from the beginning, including Budesonide, Ivermectin, antibiotics, vitamins, and supportive care.

We did not have an ICU, sophisticated equipment or the resources of a major medical facility. We had home oxygen, basic medical supplies and round-the-clock care.

Within 48 hours, Gail’s oxygen requirements dropped dramatically. Over the next 30 days, she was weaned completely off oxygen. Within 60 days, she had recovered sufficiently to return to work. Today, Gail is alive, healthy, active and enjoying life with our children and grandchildren.

What has stayed with me is not simply that the hospital’s standard of care failed my wife. It was how quickly some medical professionals seemed to stop treating recovery as a realistic goal. I brought home a wife they told me would die that night. Instead, she recovered.

As a former critical care nurse, I do not believe health care professionals should stop treating the individual patient, listening to the patient and family, and searching for a path toward recovery just because a protocol says there is nothing more to offer.