

I'm a behavior analyst and have worked with individuals with special needs for more than 20 years. I entered the field after my son was diagnosed with autism in 2004. Tony was 55 years old and worked as a physical therapist assistant. Tony was a devoted husband, father, and advocate who played an important role in the lives of our family and community.

Tony tested positive for COVID-19 on August 6, 2021. When his breathing worsened, he contacted his doctor and was prescribed steroids. He was told to remain home unless his condition worsened and couldn't breathe. On August 15, after his oxygen level had fallen into the 80s, his doctor instructed us to go to the hospital. She said we couldn't get oxygen to the house even though his oxygen right then was 93%. She still sent him.

For the first five days, visitors were prohibited, even though we had waited for hours in a crowded emergency room. Tony's oxygen level was initially around 94 to 95%. He texted me that staff said his levels were acceptable but needed a reason to keep him overnight. Records I later reviewed show he was then given remdesivir, including a double dose. On day two, his records showed kidney failure and a possible heart attack, but we were never informed during his hospitalization.

Tony said staff rarely entered his room. He was lonely, frightened, and focused constantly on breathing. Every day, I requested permission to visit him and asked for treatments including monoclonal antibodies, high-dose vitamin C, zinc, vitamin D, and ivermectin. The doctors refused, saying the treatments were unapproved, unavailable, or wouldn't work. I left messages for doctors daily. Nobody returned my calls until day five.

After ten days in the hospital, a doctor ordered ivermectin. Tony was receiving 100% high-flow oxygen and using a rebreather mask. Within three days of taking ivermectin 12mg, he improved enough to come off high-flow oxygen and was only on 6 liters of regular oxygen. We were told he might go home within one or two days once he reached three liters. The day before getting ivermectin, he was told "there are no more COVID meds; we have done the protocol; there is nothing more we can do!" They told my husband he is not going to make it.

Early the next morning, Tony woke up with shortness of breath, and he repeatedly pressed the nurse call button, but no one answered. The nurse said she was at lunch. Then they sent him to ICU when ivermectin and breathing treatments stopped. They continued to pressure him to accept ventilation, telling him he needed to "rest his lungs." The head ICU doctor told me to "stay in my lane" after asking for ivermectin again. They never allowed him to have it again. After they put him on a ventilator, they punctured his lungs.

Tony died on September 9, 2021.

His heart and kidneys failed. I watched the monitors myself. One day, he texted me that he had seen five body bags pass his room. The final 5 days, he texted me, "why are they not bringing me food?"

He struggled to receive water, ice, and basic care. He was not placed in a hospital gown until the final hour of his life.

Tony contacted AHCA, the Florida governor, and the news media, but he received no response. I created a documentary, "Making a Killing," to tell his story and help prevent others from suffering.

Tony suffered terribly and slowly suffocated. I continue to ask: **Where was his right to try?**

Our family deserves answers, accountability, transparency, and assurance that no patient will endure what Tony endured.