

My husband, David Williamson, was 50 when he walked into the emergency room Friday evening, Dec. 10, 2021. His oxygen was 97% on room air, his temperature was 100 degrees, and he was alert and able to communicate. Dave sought treatment for his fever. Rather than sending him home with medication, they kept him for observation and admitted him COVID positive.

After hospital admission, they began treating Dave with Remdesivir, without proper informed consent. The risks associated with Remdesivir should have been discussed with my husband.

Dave's hospital course is similar to other victims. The most important aspects of this tragedy that must be exposed are patient isolation and lack of informed consent.

The isolation Dave faced throughout his hospitalization is the most heartbreaking piece of this tragedy. My children never saw their father again. Dave's dad never saw his son.

During the first 10 days of Dave's hospital course, we eagerly made simple requests. We requested repeat chest X-rays to check for improvement, repeat COVID testing so that he could be moved to a non COVID floor, and extension tubing so that Dave could move freely in his room. All requests were denied. The healthcare team's response was often "we are the experts" and "unfortunately he is unvaccinated."

I firmly believe that if my husband had an advocate at his bedside, he would be alive today.

The night my husband was intubated, I realized I was coerced into consenting to put him on a ventilator.

I then demanded a face-to-face meeting with David's care team.

On Dec. 27, I was finally allowed in the hospital to speak to the ICU intensivists regarding Dave. My brother and sister, both nurse practitioners, asked questions about his medications and treatment. They also asked for alternative medications like ivermectin and hydroxychloroquine. The doctor denied those requests and said her "hands were tied."

I then asked his doctor, "Why? What happened to traditional medicine? What happened to trying to save lives?" She looked at me with tears in her eyes and said, "I used to save lives."

The next day, they began giving him another round of remdesivir. I again wrote to hospital administration, demanding a private duty nurse to assess my husband's care and remain at his bedside. After speaking with the director of nursing, we were granted a private duty nurse vetted by the hospital.

The following day, the private duty nurse spent several hours providing emotional support and

assessing my husband's care. The next morning, his ventilator settings improved.

This same day, the hospital called and told me I could no longer have a private duty nurse. Their excuse was that she was wearing the wrong mask – the very mask they allowed her to enter the hospital with.

The hospital's stance was that it was too risky to have people come into the hospital from the outside.

I then filed an emergent hearing in New Jersey State Court, alleging a violation of the New Jersey Patient Bill of Rights, which allows for a private duty nurse to advocate for a patient. The hearing was scheduled for the next morning.

The judge denied my claim on jurisdictional grounds, saying it should be heard through the State Department of Health.

I then called and wrote to the Department of Health. I also retained attorney Ralph Lorigo to file a civil complaint regarding the denial of ivermectin.

The night before the complaint was to be filed, and a day after the New Jersey Department of Health went into the hospital to investigate, my husband's heart stopped and he died of multi-organ system failure.

He was 50 when he walked into the hospital in good health, with no medications, and unvaccinated. After 30 days of hospital protocols, he was dead.

This isn't about left or right, this isn't about pointing fingers, this is about humanity. Patient care should not be driven by reimbursements.

A doctor's hands should never be tied.

And no patient should ever be left alone. It is our responsibility to make sure that this never happens again.