My name is Cher Mcferrin. In 2021, I lost my husband, Allen Mcferrin, and my mother, Debra Sawyer. I believe hospital protocols contributed to their deaths, and I am asking for independent review and truthful answers.

Allen was admitted to Walker Baptist Medical Center in Jasper, Alabama, on August 16, 2021. He received propofol and fentanyl, was denied a transfer to Princeton, and was not allowed visitors.

My mother, age 68, entered Princeton Hospital in Birmingham, Alabama, on August 25, 2021, with shortness of breath and low oxygen. Her COVID-19 PCR test was positive. She also had asthma and pulmonary sarcoidosis. Her records describe increasing oxygen needs, steroids and remdesivir, progression to BiPAP, and mechanical ventilation. She also received Xanax, propofol, blood thinners, antibiotics, and blood pressure medications.

My mother called me saying she was terribly thirsty, was forced to lie down rather than sit in a chair, and could not tolerate oxygen that felt too strong. Her experiences deserve consideration alongside the medical records.

I acknowledge that she had documented COVID-19 and was seriously ill. But that does not resolve questions about her treatment, complications, or the accuracy of the final account.

First, the dates surrounding intubation and lung complications need reconciliation. The hospital narrative says she was intubated September 1, and imaging that day describes an endotracheal tube. Yet the discharge diagnosis dates intubation-associated pneumomediastinum and bilateral pneumothoraces to September 2, while other passages associate those complications with September 1. Our family needs a clear sequence of events.

Second, September 2 imaging reported that her breathing tube ended at the carina and recommended withdrawing it three centimeters. The report also identified significant new pneumomediastinum and worsening lung opacities. A later bedside note documents retracting the tube. When were these findings communicated, and when was corrective action taken? Did tube positioning or ventilator pressures contribute to complications? I am not claiming these records alone establish causation.

Third, the hospital summary says her August 29 chest X-ray had worsened. The radiologist instead reported no significant change or improvement compared with August 25, aside from lower lung volumes. Clinical deterioration and imaging findings may differ, but the written accounts should explain that distinction.

Fourth, records document bilateral chest tubes September 3, bleeding from insertion sites September 4, falling blood counts, hypotension, transfusion, and subsequent kidney and liver deterioration. Enoxaparin was stopped because of bleeding. These complications deserve review alongside COVID pneumonia. Did treatment decisions and monitoring adequately address her changing risks?

Finally, the physician's death summary records death at 5:20 p.m. September 5, while the hospice encounter lists an "Expired" discharge at 9:38 p.m. These may be clinical and administrative times, but that distinction should be explained. Families should not have to guess which entries describe death and which describe paperwork.

I ask Congress to support independent review of pandemic-era hospital care, complete access to records and audit trails, transparent explanations of discrepancies, and meaningful processes for families seeking corrections. Reviews must distinguish harm from infection, underlying illness, treatment complications, and preventable failures supported by evidence.

I am not asking this Committee to decide medical negligence from these documents alone. I am asking for careful scrutiny, acknowledgment of uncertainty, and truthful answers. My family deserves an explanation that addresses every significant complication rather than attributing the entire course to one diagnosis without examining what happened during treatment.

Accountability begins with records, clear explanations, and an impartial examination of care.

My mother cannot ask these questions. I am here to ask them for her, to honor my husband, and to help protect other families from unanswered questions after devastating loss.

Thank you.