

March 8, 2021

Greetings to Chairman Manchester, Vice Chair Cutrona, Ranking Member Liston, Members of the House Aging and Long-Term Care Committee.

It is an honor to present my personal testimony, as well as those who have surrounded me, during the COVID crisis and the care of my Mother.

I have been my Mother's caregiver for fifteen years, since my Father's passing. Of course, many seasons enveloped those years, the most significant being the COVID lockdown, as well as the effect on our elderly population.

On March 12, 2020, the administrator had been given directives from the CDC and Governor DeWine to "lockdown" the facility, not allowing any family members or outsiders into the building, excluding the staff. That particular day was my Mother's 97th birthday, and I had prepared a celebration for her and her dining room companions. I did ask for "grace" to wish her a happy birthday and to distribute the cake to her friends. The administrator was kind enough to comply.

From that day, our family decided to give our separation 2-3 months, and then see how my Mother and others were doing. We had put a lot of time into making her small apartment into a safe haven, bringing many of her cherished items from her home. We visited every night to have tea, and often took her to dinner and on outings. Our family was always very close and she was our best friend.

The third month of "lockdown" we received a call that my Mother was experiencing a cognitive decline. After that call, she also was ready for us to move her out of the facility and in with us. We found her very exhausted and weak, as well as her cognitive abilities declining. We fed her well, hydrated her, let her sleep and gave her the very best attention we could.

It was suggested by a close friend to involve Ohio Health Hospice to have the support that we may need. The team they assigned us came to our home, and were very gracious to explain the help they could be to our family, including respites once a month at Kobacher for us, as caregiving can be very demanding.

Since Mother was not able to walk to the dining room and have the mobility she had experienced before the “lockdown”, her legs were weaker, and her back more bent as she walked on her walker. I spoke with her nurse at the facility, and she said the isolation in their rooms was causing loss of muscle mass and affecting their strength and ability to sustain mobility, as well as causing cognitive decline.

Dementia is common in most of the elderly, so to try and explain to them why we could not come in caused more confusion. Seeing “through a window” daily was very stressful for all of us, since our routine included a nightly and sometimes afternoon visit. She unlocked her window and raised it to touch us. I felt as though I had the oversight of her care stripped from me and began to panic what could happen. When a loved one sits at a window every afternoon to have contact with their loved one, it begins to feel inhumane and punitive, watching her and others suffer emotionally and physically.

As our kind administrator explained to me her feelings, she said “It is heartbreaking to keep families apart like this.” It also was a heavy burden on the facility to monitor the necessary incoming medical traffic, the decline in staff who had to quarantine because of positive testing, and be certain to comply with the state demands to keep everyone as safe as possible.

Three months after Mother was with us, she did lose mobility in her legs, and therefore was transported to the hospital, and then into a long term care facility that proved to be brutal about even talking with us as a family. The hospice team rebutted the treatment and took her to Kobacher for another respite. We then had her moved back into our home, where we procured a hospital bed and necessary equipment and items for her care. I hired two STNA’s to assist me with her compounding needs while bedridden.

The hospice team checked on us daily, and when Mother's health worsened, our nurse felt it was necessary to provide "long term" care at a facility. Our initial care facility "made it work" for us and quarantined Mother for nine days, as I watched her through a window. I finally expressed my panic at being on the outside, and the hospice nurse plead my case to the administrator and let me in to hold her hand and feed her soft foods. I was in full "hospice gear" and they placed Mother in a room by the back entrance so that I wasn't exposed to anyone and the staff was not exposed to me.

My major point: I had rapid response testing going in and coming out after my mother passed away. Because of our precautions, no one was harmed, but the long term damage at keeping families apart is worse than the virus itself. I have heard the elderly say they would rather be with their families than be depressed, confused and isolated because of COVID. People can die of loneliness, and I have had actual friends call me to tell me their stories. Are we not wise enough to use the necessary precautions to stop this inhumane process. Grieving the loss of my mother has been more traumatic with the "acquired" practices of the government to keep us apart.

Our hospice nurse was kind enough to give us front line information on the damage of the "lockdown" to the elderly and their families. And I quote, "Immobility develops, isolation brings depression and increased anxiety, thus resulting in not eating or drinking and a **FAILURE TO THRIVE**. There is no reason to do anything. The care in the facilities are diminished, and therefore there is neglect that does occur.

My proposal: I used Urgent Care twice for "Rapid Response Testing" as I walked through this unknown pandemic. I was able to assure our facility I was negative and that I would wear hospice "gear", i.e., K-95 mask and shield, plastic gloves and gown, and leave personal items in the car or put my necessities in a plastic bag. I spend two weeks going in and out to sit with my Mother as she was declining and then with her the day of her passing Nov. 3rd.

Please consider allowing one family member into the nursing facilities on a weekly basis or more, if COVID tested and wearing the same preventative measures hospice uses. There is always a risk, as we know, but the risk of losing our dear elderly to such an atrocity of complete separation is more severe than the actual pandemic. The professional hospice teams and many administrators feel the exact same way as the families do. This is the first time we have been able to speak in this since the pandemic was discovered. Please hear our voices and the voices of our loved ones crying out to live and thrive in their last years. Our priorities must be reevaluated, including long term ramifications of the damage done to families that can cause long reaching psychological scarring.

My last words: "Religion that is pure and undefiled before God the Father is this: to constantly work alongside and for orphans and widows in their affliction, DESPITE ANY COSTS. (James 1:27)

I appreciate your time and would ask that this not be considered a small matter. Please consider that our families need reintegrated regardless the cost.