

HB 73 Written Testimony

Chairman Huffman, Vice Chair Johnson, and Members of the Senate Health Committee,

Thank you for hearing my support for testimony for HB 73, The Dave & Angie Patient and Health Provider Protection Act.

I am in support of this bill not only for my beliefs that an individual or their Power of Medical Attorney should have the complete and ultimate decision over their medical care, but because of my personal experiences.

In November 2020, I watched Dr. Pierre Kory testify in front of a Congressional committee hearing that he has treated covid patients successfully with Ivermectin. I followed him and his group, the FLCCC, and since then, along with other doctors, learned how to treat covid. Then, in 2021, two events occurred.

In August 2021, my then 78-year-old mother contracted covid.

Step 1: I had her test with a home kit. It was positive.

Step 2: As required for monoclonal antibodies, I brought her to a CVS drive thru where we had to wait in the parking lot for 1 hour after our appointment was scheduled as they were short staffed. Two days later, we received the confirming positive results.

Step 3: I had her call her Cleveland Clinic doctor for a prescription for monoclonal antibodies. It didn't go as planned. She called me back stating they said they don't do that. I then called the doctor's office and spoke with the nurse. I informed her that the Cleveland Clinic was the first in Northeast Ohio to provide monoclonal antibodies and that was 6 months ago in March 2021. A few hours later the doctor called me back. After realizing what I was asking for he said he would schedule it. Good! We were moving forward. However, we were up against the clock. There were a few days wasted to realize that this wasn't allergies, then her home test, her official CVS test and a day wasted of phone calls to the doctor's office. I was determined to get her monoclonal antibodies, but we were at the end of day 6 where monoclonal antibodies had to be administered by day 10.

Step 4: They set an appointment for Thursday, 2 days after the conversation with the doctor. I thought he was scheduling the treatment, but the appointment was not for a treatment. It was for an appointment with the Physician's Assistant. Thursday was the online appointment. I was on the phone and my mom was sitting, waiting at her computer for the PA to come online. They were delayed so my 78 year old mom had to sit in a chair for nearly an hour. She was exhausted and sick and waiting upright in a chair was painful for her. When the PA came online, she asked my mom several questions about her symptoms, and then scheduled the treatment. At this point, I was baffled as all we needed was a positive covid test instead we waited two days to have a PA ask her about symptoms.

Step 5: The PA scheduled my mom to get monoclonal antibodies the next day which was Friday. I was very clear to have them call me and not my mom for the appointment as she was ill and sleeping a lot. Friday, no phone call. Friday was day 9. Saturday was day 10 and they didn't schedule treatment on the weekend. It was a pandemic. It was a national emergency' and **THEY DIDN'T SCHEDULE TREATMENT ON THE WEEKENDS!!!** It turns out the doctor's office called my mom's phone number and not mine despite me being very clear to the PA on what number to call.

I did every step required by the state to get monoclonal antibodies and could not get them in time. Her doctor was with one of the world renowned hospital systems and they failed to get her an FDA EUA treatment on time.

Meanwhile, I had contacted FLCCC earlier in the week and secured a prescription for Ivermectin. The prescription was sent to a pharmacy in Detroit as many pharmacies were not filling prescriptions for Ivermectin. However, I could not get a hold of the pharmacy to pay for my prescription. I called the Detroit pharmacy every day. There was no answer on Tuesday. No answer on Wednesday. No answer on Thursday. I tried one last time late Friday and they answered. They had floods in Detroit and the power had been out for 3 days. They said they would send the prescription, but that would take 3-4 days. I arranged for my brother to drive up there to pick it up Saturday morning.

I slept in my van in my mom's driveway and checked on her every 2 hours. Saturday morning, I walked her to the bathroom and she passed out. I thought she was dead as her eyes were open and she laid in my arms on the floor. Thank God she came back, but she had no energy to stand her up. I called 911. She begged me NOT to go to the hospital. She had heard people were dying there.

The paramedics came and transported her to a Cleveland Clinic hospital. Luckily, it was a hospital where one advocate could be present. The same advocate had to come each day so the pressure was solely on me. I was with her every day for several hours in full hair, mask, gown and gloves. I made sure she had water and tried to be there when the doctors came. Her oxygen was at 92% which wasn't bad, but the problem was that she was dehydrated. The infectious disease doctor wanted to put her on Remdesivir, but he discovered her kidneys were taxed and she was not a candidate for it. That was lucky as I later discovered that Remdesivir has many problems associated with it. I was in the room when my mom asked the infectious disease doctor for Ivermectin. He stated, "We don't do that here." She was put on intravenous liquids, vitamins, and an anti-clotting drug, however, she was denied Ivermectin.

Meanwhile, my brother drove to Detroit and picked up the Ivermectin prescription. I took a preventive dose, but we did not give my mom as she was slowly improving each day.

While in the hospital, my mother's infectious disease doctor did not recognize me in the room when I was present. He spoke only to my mother which in my past experience is unusual. He asked her why she did not get vaccinated, and her response was that it was not approved. He replied that it will be approved soon and would she get it. Her reply was no. Later, during a time I was not there, the same physician became frustrated with her not wanting to be vaccinated, threw off his gown and mask and stated, "I didn't sign up for this." He threw a temper tantrum. I know people who train physicians and that was not appropriate behavior, especially from a Cleveland Clinic doctor.

After almost a week in the hospital, she was discharged, rehabilitated at home, and fully recovered after 2 months and eventually went back to work. I didn't get sick after being with her in the car for testing, the hospital, nor at home. I took Ivermectin preventatively and didn't get sick.

If I could have gotten monoclonal antibodies and/or Ivermectin for my mother, she would not have had to go to the hospital and could have recovered at home. That would have saved Medicare the cost. During this time, my neighbor went through the same thing trying to get her covid vaccinated father monoclonal antibodies. The doctor had to spend 2 days researching it to find out what monoclonal antibodies were for covid. That was September 2021. He eventually was given the treatment within the 10-day time frame and fully recovered.

My mother is now 80 years old and back to working and volunteering. My family and I have since taken Ivermectin for covid and have recovered quickly from the illness.

I provided you with the full details of her story to demonstrate how FDA EUA approved treatment of monoclonal antibodies was inaccessible in Ohio at the same time when another state was setting drive-up stations for monoclonal antibodies. The inaccessibility of that treatment and the denial of the repurposed medication, Ivermectin, costs were high. She would not have needed hospitalization nor therapy afterwards which would have saved the Medicare expense. In addition, she could not work nor volunteer at that time which was an opportunity cost for her community and the state of Ohio.

The second incident was in September 2021 when a 79-year-old friend ended up in the hospital with covid. Her vaccinated husband was also hospitalized, and her vaccinated son was also home ill. My friend in Nebraska and I took over her care online as Summa Hospitals denied any in-person advocates in the hospital. This was at the same time the Cleveland Clinic hospitals were allowing one visitor/advocate.

My friend was special because she was a retired nurse and knew much more than the average patient. Her doctor denied her request for vitamins and Ivermectin, but allowed to bring in her own vitamins if he could approve what she was taking. The few times she saw him, he did not check nor ask what she was taking.

My Nebraska friend and I got access to her online records and checked the reports daily. We were able to bring in NAC to her and checked what amount she should take based on the studies in the NIH database. We were ready to sneak in Ivermectin to her if necessary. We contemplated on how to hide it to bring it into her. In the United States of America, we were trying to figure out how to get one of the safest drugs in the world to an elderly woman in the hospital who was denied the medication and denied having an in-person advocate. She is a retired nurse with 30 - 40 years of experience and knowledge and she was denied one of the safest drugs in the world. Although it took time, she has since fully recovered.

In addition to empowering Ohioans with their health and ensuring they are allowed access to medications, I support keeping the WHO treaty requirements out of the US and Ohio as it has provisions written in that allow the WHO to mandate certain medical treatments.

I urge the committee to vote YES on House Bill 73.

Thank you for hearing my testimony.

Sincerely,

Christine Hopkins
Copley, Ohio