



January 24, 2022

Chair Lipps, Vice Chair Holmes, Ranking Member Russo, and Members of the Health Committee,

Thank you for the privilege of giving proponent testimony on HB 324, Wilma and Shirley's Law. This issue is one that has impacted me in a profound way on multiple levels.

This summer, I will complete forty years in the Gospel ministry, all in two churches here in my native state. After earning my degree in 1982, I was invited to join the pastoral staff of my home church in the Cleveland area. One of the very first things a young preacher learns is the importance of visiting church members in the hospital; and a church with a weekly attendance of nearly 2,000 and a membership of over 4,000 had many people to visit in those hospitals. Some weeks there were well over twenty people in various hospitals peppered throughout the community. I quickly learned, for a pastor, hospital visits are never routine, but often they are a part of the daily routine. Twenty years ago this March I accepted the call to be the senior pastor here in Columbus, where I continue in that same office today.

Since Governor DeWine's Declaration of a State of Emergency in March 2020, hospitals in Franklin County have prohibited me from visiting church members who are sick. Depending on the month and year, along with the particular hospital itself, those limitations have ranged from zero visitors for any reason, to one visitor per day, only one (the same) visitor per hospital stay, two visitors per day or only one or two specific visitors during the entire hospital stay. For thirty-eight years in my profession, hospitals have basically considered clergy as a non-visitor. We have never been restricted to normal hospital visitation hours, we have only rarely in strict cases, been refused access to visits in ICU's, SICU's, NICU's, CICU's during non-visiting hours. It has been a standard policy, regardless of the hospital, that clergy visits were not actually considered visits. In maternity, pediatrics, oncology, recovery or the more critical units which I have already named, a clergy visit was considered a professional necessity, or at least a professional courtesy.

Firstly, these changes, which were implemented on a wholesale basis, during the past two years have impacted me in the free exercise of my religious duties and obligations. Our Lord taught that visiting the sick was so important, He said, "Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me." The First Amendment of the United States Constitution does not merely apply to holding church services but to the free exercise of that religion. Article 1, Section 7 of the Bill of Rights of the Constitution of Ohio bears the statement, "nor shall any interference with the rights of conscience be permitted." Prohibiting me from visiting the sick under my spiritual care is an interference with the rights of conscience.



Also, the refusal of admitting clergy and/or family has added an additional strain on patients who are already feeling vulnerable, trapped, fearful and anxious, angry, confused, disoriented – or any combination of these feelings. On many occasions a nurse or doctor has stated the case of a church member and have asked me to encourage that patient to allow a recommended treatment to move forward. Frequently immediate family members of seniors no longer live in the area and are not immediately available to assist the patient in weighing their options. So, those patients ask someone whom they trust – their pastor – what we think; what we would do if we were the ones lying there.

Furthermore, this is not only a localized problem. I am also the state director of an organization whose purpose is to network over 400 independent Baptist churches and pastors in our state. The frustration and futility which I am attempting to express today are echoed by pastors in nearly all 88 counties. In considering the scope of these restrictions, we are not the only religious group which are being restricted. There are others which place an even greater spiritual emphasis and necessity on spiritual activity of the dying than we do.

In addition, I wish to emphasize the primacy of prayer in our congregations. Without taking a deep dive into the theology of prayer – I am aware that I can pray for someone without actually being with them. In fact, for years our church has prayed regularly for our legislators and every member on this committee routinely has your name called in prayer for wisdom in making decisions, safety while traveling back and forth from your homes and for you and your families as you face the myriad of difficulties of being apart from each other. Yet, the Scriptures still give a wealth of examples, commands and instruction for believers to pray together – WITH one another. I am trying to obey the Bible.

Three examples illustrate my concerns.

Today, one of our members in the Ross Heart Hospital on the OSU campus. Two weeks ago she underwent an open heart surgery which lasted over fourteen hours. For the nearly two weeks prior to that surgery, only two visitors could visit her – two visitors, period. The same two people for over three weeks now. They decided on one child and her husband. The other adult children had to face the uncertainty of their mother enduring a life-threatening surgery without even the privilege of kissing her goodbye. Even more importantly, she had to face that surgery with the same question gnawing at her, “Have I already hugged and kissed my other children for the last time?” It disturbed her greatly to also hear that while she was facing this situation her own pastor could not come and and pray with her.

Last August I was notified that a dear member in her 80’s was taken to Doctor’s West Hospital. She dearly loved and respected me and begged to see me each day. Her husband was permitted to visit, but because another relative was on her permanent visitor list, I was denied access to visit her and attend to her spiritual needs. Finally, I was able to get in to visit with her – but only through the persistent pleadings of a receptionist and some kind nurses who decided to “look the other way.” While she was



in the hospital declining, her husband, overburdened with coming early and staying late, being one of only two permitted visitors on the list, had a stroke. A little later, they both developed Covid and because they had Covid, no visitors were permitted. Both of their conditions continued to deteriorate, and the husband made the decision for both of them to be removed from their breathing apparatus. Upon hearing this news, I drove to the hospital and was finally permitted to see them. This lovely soul went to be with her Saviour in less than an hour and her husband eventually recovered – although it took a few months. After inquiry, I was told that although the husband was a patient in the hospital, he was also listed as an official visitor, so no one else could replace him.

The final example involves my own father. After a couple of years of the usual family wranglings, – my parents finally agreed to come to Ohio from Tennessee and move in with us so we could care for them. Neither one could drive and they both had various health problems. After a couple years, they talked us in to moving out on their own again, so we settled them into a place five minutes from our house. For the next four years, we all chipped in the chauffeuring duties, mine being the primary driver the monthly doctor visits. As his eyesight failed and memory began to cloud, I wound up sitting in on those visits so I could relate to my mother what the doctor had said. As time passed, he began to weaken and started to fall frequently. In September 2020, he fell again and was admitted to St. Anne's Hospital. The hospital would only permit one visitor – period. Not one per day, but one for the entire stay. Obviously, my mom (his wife of 63 years) wanted to be that visitor. But her own health would not permit her to stay very long each day. I did everything I could think of to get permission to visit him. I talked to nurses, doctors, those in the office of administration, the pastoral care office – all to no avail. I explained that I have been visiting hospitals for 38 years and would not be a hindrance to their duties, but every plea, request and rebuttal fell on deaf ears I contacted the Governor's office, I contacted the office of the interim State Director of Health, and he personally responded that he had no power to intervene. During this time, Dad started to become a little disoriented and began removing his oxygen line and even his IV's at times. My mom would call me and hold the phone to his ear and I would talk to him and tell him to leave the oxygen alone – and he would for a while. On two other occasions the nurses attending him called my cell and I repeated this practice and he once again would calm down. I begged again to be able to get in to visit him, I felt if I could, he may leave the oxygen hooked up and his body would be able to get the rest it needed. His condition worsened, we made the decision to move him to hospice care, and three days later he died.

When staff moved my Dad to a different floor in the same building in the same hospital, we were informed that since this particular floor was designated hospice care, he could have an unlimited number of visitors who could remain for an unlimited amount of time. I was not permitted to go past the front desk when he was in one room but when he was moved to a different room in the very same complex, we were then permitted to have so many visitors we could basically install a revolving door.

I have the privilege to sit on the Governor's Evangelical Advisory Council, and have spoken with him personally about this problem and he told us that his hands were tied – it was a decision solely made by hospital administrators.



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I have great respect and empathy for the effort it takes to receive a medical degree, the skill which the practice requires and the constant effort which our doctors invest simply to remain abreast of the latest advances in medicine. They are dealing primarily with the body, while we are dealing primarily with the soul. I recognize the surgery room and the hospital room are their domain – just like the church platform is mine. When they are making rounds, I step out and wait for them to finish, unless the patient asks me to stay.

I admire each member of the nursing staff – if you want something done on a floor, you talk to the nurse in charge. For forty years I've watched the angels of mercy help patients in pain, perform extremely unpleasant and highly personal tasks with grace and professionalism, become emotionally attached to those in their care and make the greatest attempts to keep a cheery or upbeat disposition – regardless of what they may be dealing with in their own lives and relationships. Pastors are not there to interfere with their duties, I routinely step back or step out of the room – the nurses are trying to keep all under their care on a schedule.

I am aware that every hospital has a clergy department which is good and helpful. But anyone, whether one has a belief in the Bible – or even an afterlife, for that matter – must readily see the difference between a stranger attempting to minister to another stranger in a profoundly personal manner and that same interaction with one whom they have already established a personal, emotional and spiritual bond over the space of years or even decades.

Finally, I believe that pastoral visits are in the best interest of the patient because it contributes to their wellbeing. I've seen it in someone's eyes when you show up to give a little encouragement before outpatient surgery – whether they are prepped and only minutes from anesthesia or nervously sitting in the lobby waiting for their name to be called. It's in a smile of a teenager who looks up from her book as you sit down and talk for a little bit while her chemotherapy treatment drips into her IV. I get to hear it in the singsong voice of a child in Nationwide or Rainbow Babies & Children's as they show you a paper they drew and colored because they knew you were on your way to see them. I see it in the welcome response when I bring a bagel or lunch from a favorite fast-food place to one who's been in a waiting room for a few hours.

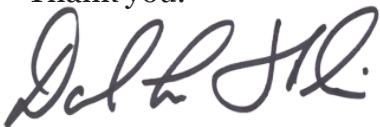
This issue needs to be addressed.

Evidently the Governor cannot do it.

Evidently the State Health Director cannot do it.

I sincerely hope the legislature will do it and I encourage this committee to pass this bill, advance it to the floor and then on to the Senate.

Thank you.



Daniel L. Wolvin