

A Chronological Account of How the COVID-19 Hospital Protocols Murdered My Wife

This is a faithful and true narrative managed, to the best of my memory and knowledge, regarding the events leading up to the demise and death of my beautiful wife Colleen DeLuca on October 10, 2021. We were to celebrate our 44th wedding anniversary during November 2021. We believe Colleen contracted COVID-19 sometime during the weekend of 11-12 September 2021. Her first symptoms manifested themselves on Tuesday, 14 Sept 2021. At the time of Colleen's death, we had been married one month short of 44 years but had known each other for over 46 years meeting in High School and remaining together from that time. Over the course of our life Colleen gave us 6 beautiful children who in turn gave us 10 beautiful grandchildren (currently now 11 with the 12th scheduled in August 2023). Our life together was one of love, dedication, and trust. We married right after our high school graduation. Colleen and I worked together to build our life through my college years and on into a full career as a military pilot and officer in the US Air Force. After retirement, I continued to work indirectly for the Air Force, as a pilot flight instructor. Colleen was totally dedicated to caring for our family and our home. She chose the life of a "stay home" mom and deeply involved herself in all the "mom" activities she could, working with our children and others. She homeschooled some of our older children in their early years of school and homeschooled our youngest 2 when the public-school systems began to fall into disarray. Colleen followed me all over the Country during my assignments and enjoyed our life in Alaska and Ohio more than any other locations. We moved to southern New Jersey very soon after my retirement following post military employment.

In 2013 I was hired into my current employment position in Oklahoma. I would have to travel back and forth several times a year to NJ until we could figure out a better living scenario. After a few months, I approached my superiors and told them if they needed someone to move to a different location I would volunteer. A position in Ohio and New York was becoming available. I was looking for a way to move closer to my family. They saw that there was a need and granted my request. They moved me to the NY location. This put me 2 and a half hours from our home in south Jersey. Colleen and I discussed moving closer to my work location in NY, but we had found a Catholic Parish that was so fulfilling and beautiful that Colleen was torn over the prospect of leaving. After prayer and discussion, we decided to stay in NJ. I would commute to and from work coming home for the weekends and vacation days. Ironically, the NY location was a few miles from where I grew up as child. (Colleen had moved to the same area as a sophomore in High School. We attended the same high school. We met and never looked back). I still had family living there including my mother and father. Moving back to this area was a relief for Colleen not only because I was moving closer to home, but she felt someone was going to have to help take care of my parents. We settled down and I commuted. We hated being apart from one another, but we decided that we would maintain this life for a few more years until we could permanently retire at age 62. We were each other's best friends and loving companions. Besides, with facetime we could talk almost anytime. My employer worked with me allowing me to flex my weekly schedule and I was able to be home often.

Over the course of our life together, Colleen developed a deep love for Our Lord and her Faith. She had come to believe that marriage was an extension of the Grace of God and continuously tried to live her Faith in every aspect of her life and our life together. She was deeply prayerful

and our mutual love for each other and our love for Our Lord allowed both our life together and her religious life to flourish. Colleen came to me midway through our marriage and told me that after much thought, prayer, and discussion with me and several Religious, she decided to begin study to become a Secular order Carmelite. She asked me if I would support her in this decision as it would affect not only her current and future life but also the remainder of our life together. I told her if this was something she felt compelled to do then I would support and help her in her endeavor. She felt compelled to study the contemplative prayer life of Our Lady of Mount Carmel. She ultimately became a secular order Discalced Carmelite, or better known as a Third Order Discalced Carmelite. She studied so deeply and fervently that she organized and founded, with the approval and blessing of our Parish Pastor, a Discalced Carmelite group at our Church. Her devotion and knowledge allowed her to be appointed by Father as the first Formation Mistress in charge of the group's spiritual growth and education. She remained faithful to her vocation for the remainder of her life.

Colleen loved and was totally dedicated to her children and grandchildren. She became a second mother to her grandchildren, devoting herself to each one. She helped in their care, schooling, and upbringing. She was the grandmothers' grandmother. She was affectionately known to her grandchildren as "Neeny" or Grams, or Grammy. "Neeny" came from the grandchildren's inability to pronounce the letter "L" from a nickname I had given her over 46 years ago; "Leeny." They just could not pronounce the "L" and it affectionately became "Neeny."

When the COVID outbreak formally became a concern to the United States in 2020, Colleen and I began to research potential medicines and protocols that could be used against the virus in the event we or any family member contracted the virus. We read articles, listened to pod casts, and reviewed published studies searching for a way to protect our family and ourselves. We were both avid proponents of vitamin and supplement use. Colleen had been diagnosed with asthma from age 22. She had a heart condition and had been recently diagnose with Sjogren's disease a glandular autoimmune disorder. She was diagnosed with sleep apnea and to combat those symptoms had been prescribed supplemental oxygen when she sleep via an oxygen concentrator. She was continuously monitored, stable and under the care of proper specialists. She was prescribed Hydroxychloroquine on a daily basis for the auto-immune issues, a daily steroid inhaler and Singular for her asthma plus the oxygen for her apnea. Colleen and I both agreed that we were already using most of the supplementation based upon the Zelenko protocol. She had been prescribed hydroxychloroquine for her autoimmune disease, so it was easy for us to add the remainder of the protocol supplements to our current daily routine. At the same time, our daughter Sara, husband Jonathan and their two children were living with us. Colleen provided day-care for the children, 3 1/2 and 1 1/2, while both their parents worked. Our 18-year-old granddaughter, Emma, had come to stay with us during that weekend of 11-12 September for a few weeks. Colleen was discussing with Emma the possibility of her remaining with us to help Colleen care for the children and to start college in our local area. Life was beautiful. "Neeny" was the matriarch, and she could make "all things better!" She spoke with every one of her children and grandchildren almost daily as she was the one they all looked to, to help ease the those unexpected quandaries and pains of daily life.

Tuesday, Sept. 14th 2021, Colleen was home with the two babies and Emma when her first symptoms manifested themselves. Monday the day before, 13 Sept, she told me that she felt as though she was coming down with something. She had called her pulmonologist to discuss her

symptoms and spoke with the nurse, leaving a message for the doctor. Colleen and I were continuously texting and calling during the day while I was at work. Her text to me on 14 Sept 21 was, "... I have been feeling worse as the day goes on." We texted and called discussing how she felt and what she thought she contracted. We did not believe it was COVID-19 as everything she was experiencing indicated, to us both, that this was the beginning of an asthma episode or attack. We discussed what we thought she could do to alleviate symptoms. I suggested she call her doctor again to which she responded she wanted to wait for him to call back. I suggested albuterol treatments and we reviewed her supplement regimen just in case she had, in fact, contracted COVID. She said she didn't think she needed any albuterol treatments as of yet wanting to save them if her symptoms worsened. She took ibuprofen and tea and increased her Vitamin D and C intake hoping these would help.

Wednesday, Sept. 15th waking, she told me she had had a rough night. She developed cold symptoms and a cough, and I asked her to call her pulmonologist, again, to discuss what she could do to help herself. Again, everything indicated she was experiencing an asthma attack. I was scheduled to work in the local area the following week and would help with the babies if needed opening up time for her to visit her physician. Colleen told me she was content to call her doctor toward the end of the week if symptoms worsened. She was not worried that she may have contracted COVID because in a text "thread," with her dear friend and fellow Sister in Carmel they discussed her condition and Ivermectin. Her Sister told Colleen that she had obtained Ivermectin and Colleen asked, "Where did you get the Ivermectin?" In the same "thread" her friend gave her that information and also information about obtaining a COVID-19 text kit. Colleen stated "...I have been hanging onto the beginnings of the virus our grandchildren had...but hasn't become full blown.... Lizzie was tested no COVID, so I haven't worried but it is hanging on so long I have been taking the supplements they suggest for a couple of years before Covid outbreak and hydroxychloroquine since Jan 200 (mg) twice a day...." Colleen continued her thread discussing vaccine accommodations and the pandemic itself and even mentioned how we were going to have to request a refund for a Michael Bublé concert tickets we had purchased earlier because the venue was demanding proof of vaccination as if nothing was wrong! She never shared this conversation with me. I only found this conversation after reviewing her text messages. (Text Msg w/M.L. 9/15/21).

Thursday, Sept. 16th, in the morning I text asking her how she was feeling, and she responded "...Not so hot had a fever when I went to bed 99.4 slept 7 hrs. 0 apnea feel strange today." Again, I asked her to call her Pulmonologist and encouraged her to follow the Zelenko protocol. She text asking, "Don't I already?" to which I responded yes. My concern was regarding how much vitamin D she was taking, and she told me she would check. By the end of the day, we had established that we were both taking the recommended dosage. Around 1800L, Colleen had a text conversation with her sister in Carmel. The ladies were trading symptoms as her Sister had contracted Covid and at this time it had not been determined that Colleen had COVID. Colleen described her symptoms as "...a cough and a slight fever." She said she believed she had a virus but not Covid as our granddaughter had been tested and was negative. She exclaimed that "... Everything automatically goes to my lungs and flares my asthma." She went on to text that "...My temp is usually 97.5. It was 99.4 last night but pretty consistent at 98.5 today." Colleen discussed how often our young granddaughter was sick with viruses, ear infections and battling fevers during the past summer months. She remarked that our granddaughter was tested for Covid, and they all resulted in negative results.

Friday, Sept. 17th, Colleen's morning text indicated she was feeling the same as the day before. Her intention was to take our oldest granddaughter out for some supplies. I asked if she felt up to that and she responded "...Has to be done so I am doing it a whole week is almost gone." She pushed through the day taking ibuprofen and her normal meds, supplements and began, to my relief, taking albuterol treatments to combat the cough and symptoms. Her cough had worsened a little over the week and I persuaded her to call her pulmonologist which she agreed to if she felt worse or the same the next day.

Saturday, Sept. 18th, she woke with a fever of 101.8 degrees and cough. She called her pulmonologist's answering service but did not receive a call back. Symptoms persisted throughout the day. She took her supplements, rested and took albuterol treatments as needed for the cough.

Sunday, Sept. 19th, she felt the same when she woke and stayed home from Mass. She finally received a call back from her pulmonologist at 0930 that day. He spoke with her three times in the next 20 minutes. He asked about oxygen saturation which was running continuously between 92% and 96%. He instructed her to increase albuterol treatments up to 5 times daily prescribing Dexamethasone and a Z-pack to treat the asthma. This was nothing out of the ordinary from previous asthma treatments. He instructed her to call on Monday if she wasn't any better and not to allow her oxygen levels to drop into the middle 80's (percent). We had made it a standard practice, over the years, to monitor her blood oxygen saturation because of her asthma. Her levels measured from 89% into the low 90's. Colleen's oxygen saturation normally ran this low since being diagnosed with active asthma. Eighty-nine percent was at her low end of normal but the day was still mostly a normal Sunday for her.

Monday, Sept. 20th, saw no worsening of symptoms or drop in oxygen saturation, but Colleen's fatigue level had increased. We continued with supplements, medicine, tea and portable oxygen. She text her Carmelite Sister again at noon asking how she was feeling, if her symptoms had begun to subside. She told Colleen she was still feeling very sick. Colleen responded that she was feeling "...pretty bad but got steroids and antibiotics yesterday. Taking 5 breathing treatments a day...do have a fever that comes and goes."

Tuesday, Sept. 21st, saw no change either for the worse or the better. Colleen continued her treatments and rested. It had not dawned upon either of us that she might have contracted COVID-19. We continued to follow the daily supplement protocols. Colleen attempted to minimize contact with others. I took the same precautions while at work and whenever I went out. As instructed we followed Colleen's oxygen saturation levels and her continuing but not worsening symptoms. At 2030 Tuesday night, I looked at my wife and told her I felt terrible. I had to go to bed. I went upstairs and fell asleep.

Wednesday Sept. 22nd, I woke and was feeling worse than the night before. To our relief, Colleen's symptoms had not changed. She was still running a low-grade fever, had aches and pains and a slight cough. I told her I needed to go to Urgent Care and test for COVID. The test was positive. I texted Colleen and told her the test was positive. She responded "...I think I have it to...we have to tell Sara and Jonathan, I will send them a message..." Colleen was also worried about Emma but, we believe Emma had contracted and recovered from COVID a few months earlier while at home. I returned home and immediately called our General Practitioner

(0810L phone records) informing the office I had contracted COVID and was worried about Colleen. I was told the best thing to do was set up a telemedicine appointment for later that day which I did (1240L). While waiting, I contacted several friends, family and Our Parish Priest (text) informing them of the diagnosis. One friend suggested monoclonal antibodies and I did some quick research regarding the treatment. Colleen was adamant I ask our Parish Priest regarding the use of monoclonal antibodies and its possible connection to aborted fetal cells in testing and production. I texted Father and waited for his response. Then just before 1000 our GP called me and then again at 1130 to confirm and discuss our diagnosis. Then I had my telemedicine appointment at 1240 (supported by Hospital patient portal archives). Our doctor was immediately concerned and prescribed Medrol (dexamethasone) and Zithromax for me. He was going to prescribe the same for Colleen but I informed him that her pulmonologist was aware of her illness and had already prescribed the same for her. I asked him if we should have Colleen tested and he answered “No, if you have it and she is showing the same symptoms, then she has it!” He asked about our oxygen saturation levels and as mine was hovering around 96% he prescribed monoclonal antibody treatment, sending the script in immediately. He would not prescribe the same for Colleen. I informed him that her oxygen saturation levels were hovering around 92%. He stated these levels were too low to prescribe the treatment. I didn’t think to remind him that Colleen’s O2 levels were normally lower due to her asthma. He instructed me to get the antibody infusion as soon as I could and to watch both O2 saturation levels. If they dropped to 86% or lower for either of us, we were to go to the hospital. He advised Colleen to increase the albuterol treatments every two hours as needed, continue the medication, isolate and call “...if things got worse.” I told him that isolation was not plausible as all 7 of us had already been exposed throughout the last week. Then, Father returned my text at 1305. He told us there were no grave issues using such medication and that we could take it if we could get it as it was for the greater good. Colleen continued her medications and rested.

Thursday, Sept. 23rd, Colleen came up to bed as she had done every night, extremely exhausted, running a low-grade fever, coughing with a total body ache. She wanted to lay down, but I convinced her to rest in her recliner beside her bed. I checked her oxygen saturation. This check had become an hourly ritual for us ever since the COVID infection was confirmed. It fluctuated between 86% and 92%. This was the lowest saturation level we had recorded during her illness. When she laid down, her levels dropped to 86%. When she sat up her levels rose to the low 90’s; and when she closed her eyes and started to sleep her levels dropped, again, between 88% and 90%. This occurred over the course of approximately one-half hour. I became afraid for her even though she was in her recliner. She was so tired she insisted that she had to lie down. Again, laying down, her oxygen saturation levels dropped to 86%. I told her I was going to call the ambulance because we could not keep her oxygen levels above the middle eighty’s, the value her pulmonologist warned us about. She looked into my eyes and said, “If I go there, I’ll die there!” I told her that if she didn’t go to the hospital she might die here tonight in her bed! She consented, trusting me, and I called the ambulance. That was the worst mistake I made in my entire life! Before the ambulance arrived, Colleen and I discussed the possibility that the Hospital would attempt to administer Remdesivir. She was adamant that she would refuse Remdesivir as she was very aware of the potential side effects of the drug. I agreed and emphasized that the hospital would most likely try to give it to her and she should do whatever she could to prevent that. She agreed and promised me she would not consent to Remdesivir! The ambulance arrived knowing they were facing a COVID infection. The EMT’s and driver entered and helped Colleen any way they could. They were very kind and considerate. I watched

helplessly as they carried my wife down the stairs from our bedroom and outside the front door. They transferred her to the transport bed, and she waited outside the front door while the EMT's closed the transport seat returning it to the ambulance. I spoke with the EMT's and asked them to transport her to Jefferson Hospital in Washington Township where her pulmonologist had rights to work and see patients. I did not want a hospitalist to be the main doctor working on my wife's case because they didn't know the patient. I stood there in the door way and Colleen waived to me only a few feet from me from behind the blankets. I smiled at her and walked up to her kissing her forehead and blessed her on the forehead. I watched as the EMTs took her to the ambulance and loaded her into the back. She waved at me, and they disappeared into the back of the ambulance. That was the last time I saw my wife in person awake and responsive. I texted her asking her to let me know when she made it into the emergency room and what her status was. She did not reply. I held medical power of attorney for Colleen and sent a copy of the document with her along with her phone. By 11:01pm that same night, Colleen called our daughter Sara. She knew I was sick and was concerned about me wanting me to rest. She told Sara that she was being admitted and she had forgotten to bring her phone charging cord. At no time did any of us expect that Colleen would not leave the hospital. We thought she needed oxygen, monitoring, and care that we could not give her since we all, except for Emma, had become infected.

Friday, Sept. 24th, should have been a day of rest for both of us. But it was filled with calls to family and friends informing them of Colleen's status. I was receiving many calls inquiring of the same. All were shocked that Colleen's status had changed. Colleen called at 0814 and we spoke for 10 minutes. I tried to call her again at 0926 but there was no answer. Colleen called me just before lunch. Each time we spoke she was on oxygen and communication was difficult. I did not know what ward she was on or what type of treatment she received, nor did I think to ask. We offered our love, prayers, and encouragement to one another and ended the call. Phone and text records confirm the calls and texts, but no updates were made regarding changes to Colleen's health status. Earlier in the day, Sara text her mom asking what she needed in the hospital. Colleen did not respond.

Saturday, Sept. 25th, I woke and sent a text to my wife to check her status. She did not respond. Right after my text, around 0830, I called my GP who I was immediately transferred to. I asked about the antibody treatment for me and, again, for Colleen and if there were any alternative treatments that could be used. I asked about Ivermectin, but he stated flatly that the studies didn't show that it worked. He asked me to keep him posted on Colleen's status and my own. One of Colleen's Carmelite Sisters text her around noon regarding how she was feeling exchanging thoughts and prayers for each other. Colleen did text Sara responding to Sara's inquiry the day before listing items she wanted for her hospital stay. She asked about the little grandchildren and then, in the same text, outlined that she was not allowed to move. "...how is Ollie and Lizzie. Honestly am good can't even sit up not allowed" she told Sara to stay home and rest herself. This was something I was not privy to until reviewing all of Colleen text messages. By her text you could determine that she was cogent and coherent. At 1434L I received a call from Colleen's Doctor, a hospitalist. We spoke at length regarding Colleen's status. He informed me that she had been placed on the "Step-down" ward. (One step below the ICU). He stated he was cautiously optimistic because Colleen's C-reactive protein was decreasing but her oxygen requirements were still high. I text Colleen again at 1618 trying to encourage her and to inform her of my call with the hospitalist to which she responded by "loving" my text. I then received a

call a little later from Colleen's nurse, Michaela, informing me that she was stable. I asked if I could have our Parish Priest come up to anoint Colleen with the Sacrament of Extra Unction which she replied "Yes." I told her I would call our Parish Priest to try and set up his visit. One very concerned close friend text inquiring about Colleen and if we had been using the Zelenko protocol and if I had access to Ivermectin. I responded we were using the protocol but did not have access to Ivermectin. I told them that our GP would not prescribe it. Our friend told me she would get me the name of a physician's who would and could prescribe Ivermectin for human treatment.

Sunday, Sept. 26th, I text Colleen at 0827 asking how she was. She responded and we had a short texting conversation. She sent me a picture of her in her hospital bed on a C-pap telling me "...on a soap machine." She explained it was a 'same room C-pap,' She also confirmed that she had not been moved to the ICU; and, that she could not read because she could not fit her glasses over the c-pap machine mask. I told her we were getting her the phone charging cord. I sent her additional texts hoping to calm her and give her hope. Again, she "loved" my texts. I attempted to call our Parish Priest around noon thirty to see if he could go up to Colleen's room to bless her and give her Sacrament of Extreme Unction (the last Rites). I had to leave a message. It hadn't dawned upon me that she should receive the blessings as soon as possible as I truly believed she would recover from this disease. Around 2pm our friend texted me with the name of a doctor who had published a supplement regimen to treat COVID and who would write a script for Ivermectin along with a copy of the supplement protocol. The protocol outlined everything we were taking except for Ivermectin and another heavy-duty antioxidant. At the same time this same friend included the name of a Northern NJ lawyer who was helping people apply for vaccine mandate religious exemptions. Ironically, while all this was happening, I was facing potential loss of employment due to my vaccine status at the same time my wife was fighting for her life. I researched the doctor intending to request Ivermectin for Colleen and myself. Just before 6pm Colleen's hospitalist called with an update informing me that she was doing a little better which gave me some much-needed hope. Father tried to call me back at this time (6pm) but I was already on the phone with her doctor and text I would call him back. I attempted to call Father back, but I could only leave a message. Then at 1851 Colleen texted me asking if I had received a good update from her doctor. I gave her the simple "...yes; the doctor said you were doing better." Colleen and I texted for several minutes, and she was in good spirits and very alert. She even asked me if was feeling any better. She asked me to contact our Pastor as he had tried to call her on her phone. At this time, I found that Colleen answered her Carmelite sister responding to the Sisters final text from the previous day asking if she was "...very ill?" Colleen responded "Very I was moved to ICU...Dave can update you ..." Unfortunately, I had no knowledge that Colleen was moved to the ICU. Never once in any prior call from any of Colleen's doctors did anyone inform me that she had been moved to the ICU. All previous conversations between Colleen's doctors and myself described a guarded condition with potential for improvement. However, soon thereafter, Colleens Nurse from ICU called to inform me that she had stabilized a little and that she had come off the full CPAP and is back on the nasal cannula receiving blood thinners and that her ICU doctor would call me tomorrow. Our same friend from the text thread earlier in the day had sent me the phone number for the hospital's ICU in case I needed it. I informed our friend that Colleen had in fact been moved to ICU sometime after our earlier conversation only confirmed by the call from the ICU nurse. I was continuously receiving calls from family, friends, and acquaintances regarding our status,

especially Colleen's. Calls I sometimes could not handle due to the sheer volume and my fatigue level. My daughter Sara and granddaughter Emma were "steadfast troopers." Emma had been helping and working with the little ones from the beginning while Sara kept the household going and fielded much of the volume of incoming and outgoing calls. Sara told me she would contact Father to ask him to go to see Mom. Again, by this time Sara, her husband and the two little ones had also contracted COVID.

Monday, Sept. 27th, Today began the same way, I sent a morning text and Colleen responded with two heart symbols. I asked if she was still on a c-pap to which she responded "SortA." She sent me a picture of herself on a nasal cannula. We traded texts and then I fell asleep. Friends and family called and sent texts, but I could not answer. I drifted in and out of sleep but gathered myself long enough to contact the doctor who would supply Ivermectin. I had a detailed conversation with his Nurse and set up a telemedicine appointment with the doctor. I submitted several forms with information about Colleen and myself. But, I had to wait until the 29th, Wednesday, before I could see the doctor via "tele med" and ask for Ivermectin. While everyone at home was worrying about Colleen, our son-in-law's infection was worse! His oxygen saturation level had dropped into the low 70's and he had to be transported to the hospital, different from Colleen, for oxygen therapy. This left my daughter, her two children, and myself home sick. My older granddaughter was still with us, quarantining, but was not sick. She was a God Send as she helped my daughter manage the sick children as my daughter worked through her own infection pushing through her illness and symptoms to manage me.

Tuesday, Sept. 28th, I received several phone calls and texts throughout the day from friends and family. A little before 3pm Colleen text her Carmelite sister responding to earlier texts inquiring after Colleen's condition. Colleen text "They are talking vent I am scared" No one ever called me nor did Colleen text me that the doctors were talking about putting her on a vent. This was something that Colleen never wanted nor did any doctor hint that her condition had deteriorated to a point where she needed mechanical intervention to breathe. At this time Colleen had experienced symptoms for 15 days. At approximately 9:04 pm I received a call from Colleen from a hospital phone. She was frantic, afraid, and so very difficult to understand as she was crying with the CPAP mask over her face. Through her tears and the flow of oxygen she told me the hospital had decided to place her on a ventilator. I was stone cold! I cried out in my heart to the Lord for help! Colleen told me in her own words: "...I'm going to die here!" She told me she loved me and the children, and to bury her in her Ceremonial Scapular. I tried to be calm and told her not to be afraid that God would watch over her and to fight. The nurse took the phone away from her and there was silence; no one else spoke to me. That was the last time I heard my wife's voice. I called my children and informed them what had happened. I text our Pastor asking for prayers and I knelt down and prayed.

Wednesday, Sept. 29th, I rose a little early and created the patient portals for both Colleen and me for the doctor I would see a little later. I completed all the necessary paperwork and then had my telemedicine video conference with our new doctor. I informed him of Colleen's updated condition. I told him what transpired on my last phone call with my wife. He prescribed oral Ivermectin for both Colleen and me. He used his own "compounding pharmacy" which would form the medication for each of us. He warned me to hurry and find legal representation to attempt to force the hospital to administer Ivermectin as treatment for Colleen's COVID

infection. Records show that the pharmacy received scripts for both Colleen and me by 3:35 pm that day. The doctor sent me supporting documentation regarding early studies outlining the effectiveness of Ivermectin to combat the COVID 19 infection. He also sent me a medical study published by the NIH reporting the deadly effects of Remdesivir. I was to present these same documents to the Hospital if they refused to administer Ivermectin and to prevent the use of Remdesivir for my wife. Presenting them to the hospital was a problem as the hospital was not allowing any visitors. I was going to have to find a way to present the doctors with Ivermectin for Colleen. The day progressed and my daughter and I updated everyone we could concerning Colleen's change in status. At 1044 local time our Parish Priest text me regarding visiting Colleen in her room. Unknowingly, Sara had contacted Father to ask for him to bless and anoint her mother. He responded to me and forwarded his response to Sara. Father was not allowed to enter the hospital nor visit Colleen. He called the Diocese and found that there was an assigned hospital Chaplin to that hospital. Father spoke with the Chaplin coordinator at the Diocese who confirmed that outside Priests were not allowed into the hospitals. They informed Father that the hospital Chaplin was away for the day but would go to see Colleen tomorrow. A little later, my friend who introduced me to the doctor I just saw, texted me information about an Attorney in NY who was fighting for the families of hospitalized patients. She read an article on line about his work and his progress against the hospitals. The article appeared in Bloomberg Law dated Sept. 1, 2021, authored by Alex Ebert and Allie Reed entitled "String of Suits Force COVID-19 Ivermectin Treatment in Hospitals. The attorney was attempting to legally force the hospitals to administer Ivermectin to COVID infected patients. The lawyer, Mr. Ralph Lorigo, was representing families across the Nation. If he was licensed in a state to practice law, he would represent the patient/family directly. If he was not licensed in a state, he relied upon the family to find a local lawyer to present his complaint documents to a local court to attempt to force the medical institution to follow their own Patient Rights manifestos and patient's advocates' Power of Attorney to administer Ivermectin against the COVID-19 infection. I researched this lawyer hoping to contact him to ask if he would represent me and Colleen. Immediately after my med visit email records show I began a prolonged contact with Mr. Lorigo's office. I called early afternoon and spoke with the main paralegal. I explained the dire situation asking what could be done. I asked if Mr. Lorigo could help me and my wife. He agreed. The contract and questionnaires were exchanged via email. The legal office explained that one of the staff lawyers would contact me within a day as with so many new clients, my information would be addressed in order. Mr. Lorigo's office advised me to begin the process of looking for a NJ lawyer to present the complaint he was drafting in the NJ Courts as he was not licensed in NJ to practice Law. Ironically, the hospital called me some time that day to inform me that they were placing my wife in the prone position for the next 24 hours. They explained this position might help her lungs heal. This was something I was already aware of through my own research.

Thursday, Sept. 30th, At 1125 I received a call from Ralph Lorigo's Office. All paper work had been completed including Colleen's bios, dates of infection, hospitalization and course of treatment to date. They were waiting for me to sign the contract and submit the retainer. I did this immediately. They instructed me that one of their staff lawyers would call me for specifics and that much of the structure of the complaint had been authored from prior cases. I received an electronic Receipt. I was instructed to begin the tedious task of finding a lawyer in NJ who would be willing to present the complaint to a judge for review. I also received an email regarding my payment for the Ivermectin scripts. Generation and shipping were delayed as the

pharmacy needed me to speak with them directly to secure payment. I quickly submitted payment and the process was cleared to proceed. Approximately 1545 Father contacted me by text confirming that the Hospital Chaplin had administered the Sacrament of Extra Unction, Indulgence Prayers, and the Apostolic Blessing. This was a great relief for me and my family. Based upon the lack of care that we believed Colleen was experiencing and the lack of information we were receiving from the hospital I discussed with our 6 children the possibility of moving Colleen to another hospital in the area that might be open to administering Ivermectin to Colleen. We all agreed that moving her might be the only way we could save her life. We did not know how to make that a reality. Some of the children volunteered to research that possibility. Later that evening one of Colleen's ICU doctors called me informing me that there had been no change in her status. He indicated that he was hoping to see some positive change over the next few days, but he couldn't speculate because she was still on high levels of forced oxygen. I took the time to confirm that as Power of Attorney they, the hospital, couldn't do anything drastic without calling or confirming with me first. The doctor did confirm this verbally with me. I contacted a friend asking if she knew of any lawyer that I could trust to present my Complaint in NJ court. She put the word out and I was hopeful. In the meantime, I contacted the local chapter of the NJ Bar Association trying to get recommendations for any lawyer that might be able to present my complaint in court. Finding a few, I left messages with their assistants and waited for call backs. My friend text back that they did know a lawyer who might represent me from our Parish. My friend had contacted him and explained the situation with Colleen and why I needed him. He indicated to them that he would help me. They sent me his contact information and they forwarded my contact information to him. I contacted him via text and waited to hear from him.

I received the Ivermectin prescriptions through the mail sometime between the 1-3 Oct. I had to figure out a way to get it to her.

Friday, Oct. 1st, I made contact with James Ostrowski Family Law who was working with Ralph Lorigo. He was composing our Court Complaint. Mr. Ostrowski spoke with me extensively regarding Colleen's status, the updates that the doctors were giving me, her medical and family background. He asked if I had coordinated for Ivermectin to which I responded yes but it was in transit. He told me he had completed most of the complaint documents and needed Colleen's information to finish. He advised me to hurry and find a NJ lawyer to present the complaint in court. I told him I had found one who seemed to agree to represent me, but I had not heard back from him as of yet. He told me when the lawyer got back to me, he would forward the complaint to him and would speak to him to outline the legal process. That same day, I received a call from one of Colleen's Doctors who identified himself as "Dr. Clock." I told him that this is the first time I was hearing from him as he had not called before. Prior to this call I received calls from several doctors and did not recognize his name or voice. He stated that since Mrs. DeLuca's status was severe and since she was a "very sick woman," he had taken her case. He started telling me that I should start thinking about alternatives to leaving her on the ventilator. I asked what alternatives? He proceeded to outline the possibility of removing Colleen's ventilator to ease her suffering. I realized I was talking to a palliative care doctor. I cut him off and asked him if that was who he was. He did not reply. I told him that I was not interested in killing my wife and that she had only been on the ventilator for 4 days. He stated that she was unvaccinated, and that her prognosis was not very good. I asked him if he and the hospital was discriminating against my wife because of her vaccination status. He said no. I

instructed him not to call me any longer unless he was interested in saving my wife's life and not interested in killing her. I told him to have another doctor call and update me with Colleen's status. Dr. Clock did not abide by my wishes and his calls continued sporadically until Oct 8. I told him not to call each time I spoke with him. Subsequent calls between him and I resulted in early termination of the call initiated by me.

Saturday, Oct. 2nd, I received a call from the hospital very early that morning from one of Colleen's doctors. The doctor informed me that Colleen had contracted MRSA in her right lung and they were treating it with "heavy duty antibiotics." I became angry, but "keeping my head," I asked how this could happen. The answer was stunning! They weren't sure! I immediately disagreed. I told them that MRSA had to have been introduced into Colleen's lungs when they intubated her! It had to have been either from the ventilator, any of the feeding tubes or from the scopes they used before venting her. I sarcastically asked if they cleaned their equipment after each use. The doctor assured me that they did and that they had the infection under control. I tried to go back to sleep but it was difficult. Later that day, I drove to our Church and sat in the Parking lot and said my Rosary for my wife. My children were researching the possibility of moving Colleen to a different hospital, and I felt very helpless. I could do nothing but pray. After Colleen's death, I requested and received a copy of her medical records and imaging. Imaging clearly shows the MRSA infection manifesting itself on the 2nd of October. She did not enter the hospital with MRSA. All early imaging of her lungs did not show any signs of a MRSA infection. They were clear. The images from Oct 2nd and later clearly show progression of the MRSA infection. It began in the lower lobe of her right lung progressing and finally overwhelming most of the right lung as viewed in the last images taken before her death. Colleen's records indicate that the doctors treated her with vancomycin which is normally used to combat such an aggressive and serious infection. The issue is, vancomycin can cause or lead to kidney damage or failure. This medication coupled with the earlier administering of Remdesivir mostly likely lead to renal failure on Oct 10th. Imaging shows the MRSA infection was never cured and was progressing right up to her death.

Sunday, Oct. 3rd, No contact with James Ostrowski from the Lorigo Offices or any NJ lawyer. I drove myself to our Church again sitting in the parking lot in the car praying to Our Lord and Our Lady to heal Colleen.

My daughter Kathryn's Narrative for the day, Oct 3, 2021:

Sunday, October 3, 2021:

I contacted Jefferson Hospital roughly between 8-10 am ET (used the number you gave me) to inquire about transferring my mother from there to a different hospital. I spoke with a woman (I cannot remember her name). I initiated the conversation by asking how we could request a patient transfer if we had concerns about the care the patient was receiving. I was asked if I could elaborate on my concerns. I informed her that the patient was my mother and gave a brief high-level overview of the current situation. I then, followed up with my top concerns: there was an entire lack of medical transparency regarding out mother's care; there was an inability for anyone in our family to gain clarity and/or confirmation on being able to communicate/visit/see our mother; and the fact that the hospital was only updating communication with our father once a day --- typically in the late morning hours, even though he was our mother's Medical POA and they were completing varied methods of care without information, conversation, or the approval by him.

Once learning that our mother was on a ventilator, the woman told me that they do not allow for patient transfers at that stage of care. I told her that there had to be some type of process at Jefferson for transferring a patient when on a ventilator, given the fact that there are patient transfers all of the time to neighboring hospitals when there are electrical/generator outages AND/OR out-of-state transfers when the need for a different physician/specialist to provide care is requested, etc. She confirmed that it could happen; however, that in our mother's case, they would not allow it. I told her that I would not accept that response and that we, as a family, wanted our mother transferred because we feared for her life considering the lack of care she was being given. The lady responded with the scenario of [the only way we could transfer our mother would be for our father to use his Medical POA and overrule the hospitals "recommended care.]]f/when that happened, they would remove the ventilator from my mom, and we, as a family, would have to figure out how to move her from the ICU floor to our vehicle -- they would provide a wheelchair but we would have to manually move her. She stated that they, as in the hospital, would not request an ambulance transport – though we could try to request one and pay for it out of pocket if the ambulatory service obliged – and that we would have to drive her in our personal vehicle to our preferred hospital. She said that it would also be up to us to determine if our preferred hospital had a bed and ventilator available for our mother.]

After receiving that information, I contacted my father and relayed the information I had received. Considering the fact that we were told we would have to make the physical transfer solo, and not being medical professionals, my father thought my mother would have to stay under the care at Jefferson Hospital.

Monday, Oct. 4th, our friend text me to ask if I could contact the Chaplin who saw and administered the Sacrament and Blessing to Colleen. She wanted me to ask him if he would take a religious Relic she had to Colleen and bless her with that. I told her I had no idea who saw and blessed Colleen as our Parish Pastor coordinated the Blessing through the Diocese. I told her the hospital would not let me in to see Colleen. I text (1226L) the lawyer from the 30th asking if he made a decision to take my case since I was informed that he told our mutual friend he would help me but that I had not heard back from him as of yet. I text him that the written Complaint was in its final stages. He texted back informing me that he couldn't help me in this matter. He was sorry but wasn't suited to accommodate this case. He stated he would try to help me find another lawyer who might be able to help. My heart dropped; I thanked him and contacted the friend who originally gave me the name and told them that the lawyer backed out and I needed another lawyer. The friend text back contact information for Andrew L Schlafly Far Hills NJ 908-719-8608. I contacted him and he said he could not help. He was too far north and not familiar with the process in Camden Count NJ. Then at 1334L I Called Camden County Bar Association for lawyer recommendations. Gave me the name of William Hevenor. I called him leaving a message. He called me back rather quickly and I explained my case to him. He agreed to discuss the case with the NY law office and lawyer. Later that day the hospital called me noting that Colleens Oxygen requirements went back up during the day. Things were seemingly getting worse for her. I needed to get into her room or at least the hospital to support my wife and let her know I was there fighting and praying with her. A friend informed me that her mother had contracted COVID and speaking with an infectious disease doctor, based upon her infection date, she was no longer contagious. I calculated Colleen's infection date. I realized she was no longer contagious based upon current CDC guidelines. This only reinforced my determination and drive to demand the hospital allow me to see Colleen. My friend and I discussed that Colleen could no longer be contagious based upon her infection/symptom date of 14 Sept 21. At that time, another friend sent me information about Tom Renz Esq. as an attorney who might take my

case in NJ. I knew nothing about him at the time and I would investigate him. Meanwhile, daughter Kathryn called and spoke with “Kim” ICU Chief Floor Nurse demanding that they let me up to the ICU to see my wife, her mother. She defended my right to visit my wife as I had already contracted the COVID-19 infection which had been previously verified (Sept. 22). She stated that since the hospital followed strict CDC guidelines that I was no longer contagious as I had contracted the virus 13 days ago and, according to the CDC, I was no longer contagious. She strongly argued that anyone who was so strongly tied to her family, as was her mother, needed to know that her husband was there at her bedside to support her and care for her. Kate stated that her mother needed to feel “him” touch her hand, to caress her hair and to pray for her as she lay there. It has been reported that many coma-stricken people, while unconscious, can still hear everything surrounding them. I came to find this out with Colleen as I describe on the last day of her life. My daughter knew that the chances of survival for her mother would greatly increase if I could be let in to the room to be by her side. Her argument convinced “Kim.”

My daughter Kathryn’s narrative for the day, Oct 4 2021:

Monday, October 4, 2021:

My father had mentioned that he had not heard anything further though he had called the hospital hoping for more insight, information, and to speak with the doctors. At that point, I was completely frustrated. The complete lack of engagement, compassion, and interest in my mother and us as her family looking to see her recover, I decided I would call the hospital. I had asked my father for the number to the nurse’s station and made the phone call.

The male nurse who answered my call was nothing short of disrespectful and a reminder that not all healthcare workers should be in that field of service. I gave the gentleman my name and informed him that I was calling to get an update on my mom – I shared that as a family, my father was given minimal information and we were unable to ask questions, make decisions, and have an understanding of what exactly was taking place with our mom. After sharing this, the nurse said, in distaste, “I already told that man that we would update him when we had more information.” For whatever reason, I immediately recognized that when using the phrase “that man,” this nurse meant my father. My heart literally broke at the rudeness and disconnected inference attached to this conversation. Clearly, this nurse had forgotten that while my mother was just a patient to that ICU floor, she was my mother. She was a wife, grandmother, a daughter, a sister, an aunt, a cousin, a friend, and so much more to so many people OUTSIDE of that ICU floor.

Without hesitation, I informed this nurse that his reference to my father as “that man,” would not be tolerated – not by me in this conversation NOR by anyone who was a part in my mother’s care. I shared with him that “that man” was a Colonel in the USAF, a man who fought for our country numerous times, that he was a father to the six children he had with my mother, the grandfather of the grandchildren worried about their grandmother, and that he would receive more respect than he, the nurse, had apparently thought he should be giving. I let him know that as a family we were completely disgusted at the lack of care and communication my mother was receiving and that I was absolutely able to make the 10-hour drive to the hospital to get the answers we needed if no one was going to give them to us over the phone. I then asked for his supervisor. He told me that I would have to call a separate number and gave it to me.

I called the number and received Kim (Lorraine) Kulikowski on the other end. I immediately shared with Kim who I was, my mother’s situation, and the experience I had just had with the male nurse on her floor and that I was done playing games with the hospital. I told her that we as a country had been shown these beautiful stories of how hospitals and nurses were partnering with families affected by COVID-19

and yet, there at Jefferson we were met with indifference and a lack of empathy or concern. Kim was quite nice; she apologized for the experience I had just had, and she began to ask questions to gain a better understanding of my mother's situation, patient care, etc. After having an in-depth discussion, Kim then asked what I would like to see regarding a partnering with my family/dad. I explained to Kim that what I wanted was first and foremost was information. I told her that as a family we felt that we did not have a clear picture as to what my mother was facing, what we were facing, nor did we know the actual prognosis.

I told her that she was truly the epitome of a matriarch of a family – that my father, her children, and her grandchildren were here heart. I asked Kim to relate to my situation. I asked her to recognize that my mother was an individual inside of hospital protocols. I informed her that I was an educator and I equated patient care to teaching a group of students; that regardless of the class size, each student is different. I told her I needed her to begin to individualize my mother's care. To that point, I told her that my mother needed to hear my father, she needed to feel his hand in hers, and that she needed to hear our voices. I stated that she wouldn't know to fight to live – if that was where we were – if she didn't have an understanding that we were rallied around and with her.

Kim seemed to understand my point and we ended that conversation with outlining a communication plan/opportunity for my dad:

Two face-time calls, each day (one morning and one night), with my mother. A nurse would hold the phone for my mom, in my mom's hospital room, so my dad could talk to her.

One 15-minute visit outside of my mother's hospital room – even though we asked for him to be able to be with her considering they both were no longer contagious regarding the COVID 19 virus.

***Please note in this conversation, when asking for my dad to be able to visit physically with my mother in her room, I shared with Kim the CDC guidelines and how my parents were no longer contagious. Still, according to her, per the hospital, they would not allow my dad to be present with my mom.*

We also discussed the possibility of us children being able to get some phone time with my mom too. A last discussion was gaining full comprehension to what exactly was happening with my mom both physically and regarding the actual care. I reminded her that my dad had only been receiving minimal information and that us children, were getting no answers as to her situation at all. In that conversation, Kim informed me we could work to have a conference call with my mother's medical team to ask any questions we had. She was going to need time to establish the call with the team.

Kim made sure to give me her direct number and she said we could communicate via text and calls with it so as to no longer have any communication issues.

I asked Kim, to please make sure, since we couldn't be there to do this for her, that the nurses please keep my mother's integrity and make sure she was modest at all times. I was worried her gown may be getting tousled when she was rotated, etc. I also knew she was embarrassed by her weight, and I didn't want her to feel exposed.

Kim gave me her word; she would make sure my mother remained appropriate while under her care.

I called my dad and gave him Kim's direct number and told him of the new plan we had outlined concerning him being able to communicating with my mother. Based on the time, he had made the decision to facetime with her that evening but planned to visit the hospital for the first 15-minute visit the following day, Tuesday, October 5, 2021.

Continuation of my Narrative for Oct 4th,

Kate related to me the conversation she had with the floor nurse Kim. I was ecstatic. Kim agreed that I could be let up on the floor for a few minutes each day beginning the next day, Tuesday, Oct 5th, but I could not enter her room. That was a battle I would fight once I was on the floor. Kim also agreed to allow me to facetime with Colleen's nurses twice a day to check on Colleen's progress. The nurse would call me and then prop the hospital phone up in front of Colleen where we could talk to her and see her. For us, this seemed like a mini victory. I will go up to the floor to see my wife tomorrow and settled for the Facetime call tonight. I called the hospital ICU floor and was told Colleen's nurse would call me back in a few minutes. The nurse called back from Colleen's room. The delay was due to the nurse having to don their PPE to be able to enter Colleen's room. This was the case during every call. The nurse was professional but very limited in her conversation and information. I asked several questions about Colleen's condition and status and the most prominent answer was "...she is stable." The nurse propped the phone on Colleen's bed and all of us at home could now see and talk to Colleen. My daughter Sara took this opportunity to allow her little one to see and talk to Colleen. Our granddaughter, Emma, was still with us and she, too, spoke to Colleen. The first thing we all noticed was that Colleen had a huge bruise/scab on her lower lip and what seemed like a cut above her left eye on her forehead. The nurse had busied herself taking Colleen's vitals and I asked her what had happened to Colleen's lip. She responded that it might have bruised when they had turned her to the prone position the day after "venting" her, but she was not sure. I asked if this was a normal result of turning a patient to the prone position. She responded she did not know, and I would have to ask the doctors. We assumed the scratch on Colleen's forehead was related. We were infuriated by this, and the nurses' lack of concern and knowledge related to the turn to the prone position also. I would ask when I went to the ICU floor. (Colleen's injured lip and forehead was corroborated by the Funeral Director and his wife once they retrieved Colleen from the hospital. Colleen's injury was so extensive that the Funeral Directors wife instructed all of us during the open casket viewing not to let anyone touch Colleen's lips or forehead as it took quite a bit of reconstruction work to rectify the damage). We all took turns speaking to Colleen encouraging her to fight and get well. We told her about the family and how many people were praying for her. We called out to the nurse but apparently, she had left the room unnoticed. We said good night to Colleen and hung up. These calls continued every day, at least once a day, even when I went up to the hospital, through the 9th of Oct. I wanted to give the kids and grandchildren as much time as I could with their mother and grandmother. My daughter, during her conversation with the head floor nurse, coordinated a phone call between all 7 of us, me and the 6 children, and Colleen's doctor which would take place tomorrow 5th of Oct. This was for us to ask the doctor anything concerning Colleen's condition and prognosis.

Tuesday, Oct. 5th, at 0900 our friend from our Church informed me by text that several Parishioners would be praying the Holy Rosary outside the hospital at 1015 for Colleen. I drove myself to the hospital and met all her sisters in Carmel and several parishioners outside the hospital to pray the Holy Rosary. It was overwhelming to see the outpouring of support for Colleen and me. After the Rosary, I returned home as I was scheduled to facetime with Colleen's nurse approximately at noon. I facetimed with the nurse and spent 15 to 20 minutes with Colleen then set up for our call with Colleen's Doctor. I had the kids on the line and a doctor called. He identified himself as Dr. Nevus. I asked who he actually was as his name was not familiar to me.

It was not one mentioned by any of the nurses, nor had he called previously. He maintained that he was Colleen's doctor. The 7 of us proceeded to question him about Colleen's condition and prognosis. We asked him about Ivermectin, Colleen's bruised lip and forehead, why she had been administered Remdesivir when we all knew she was explicitly against the use of the drug. We asked him about the sedation and treated her as though she was still contagious. She had been sick since the 14th of Sept even though she had arrived at the hospital on the 24th of Sept. It was 12 days since her arrival at the ER on the 24th. Dr. Nevus seemed confused and surprised with our onslaught of questions and with the accuracy of our timeline and pour knowledge of the disease and its alternative treatments. We pushed to have Colleen moved to a different hospital and he vehemently opposed that countering Colleen was too unstable to move. He stated that she was "a very sick person" and that she was unvaccinated! Again, we pushed back! What did her vaccination status have to do with anything as she already had contracted the virus and should be in the recovery stage? We stated that her "vax Status" had nothing to do with her treatment and care. Later in the conversation he contradicted himself by admitting that Colleen's condition seemed to be stabilizing. My children caught this and pressed the issue as to whether their mother was unstable or stable. Dr. Nevus was silent. He did not answer any of our questions. He kept trying to prepare us for the worst, the next step. There was no room for compromise or any move to comply with our wishes even though I had medical power of Attorney for Colleen. The call ended without resolution. It was not until after Colleen had succumbed to her treatment, or lack thereof, in the hospital that we learned that Dr. Nevus was from a palliative care group of doctors. These doctors had been called in without our knowledge on the the 29th of September and began as one of Colleen's doctors as of the Oct 1st. (supported by EOB)

At approximately 1730L I text Kim, the ICU senior floor nurse informing her that I was "...so physically drained tonight after that call I'm going to start my visuals tomorrow." (Wednesday Oct 6th). She stated "...I understand. A lot to process. You need to take of yourself too!" (Verified via text message) I did not want her to think that me or my daughter were not serious and committed to me visiting my wife. I asked if I had to call, and she stated that she would let the front desk know that I had permission to visit the floor.

My daughter Kathryn's narrative for the day, Oct 5 2021:

Tuesday, October 5, 2021:

I followed up with Kim to discuss a few things. The first was that she was implementing the outlined plan we had established for my dad regarding being able to communicate with my mother. I wanted to make sure she knew that I had talked to him following our phone call the previous day. I wanted her to know that he had intended to start the allotted 15-minute visit outside of her ICU room that afternoon. I also wanted to make sure that the process of him visiting with her via the FaceTime calls would be someone assisting inside of her room while they visited.

Along with solidifying the communication piece for my dad. I asked her if we, the six kids and possibly the grandkids, would be able to FaceTime with our mother. I reminded her that we were a family unlike many where communication, interaction, and engagement with one another was a common practice – that my mother talked to each of us at least once a day; we were a very close family. Kim told me the only way that could happen would be if we were with my father during the established FaceTime call he had with my mom.

*That said, she did tell me that she was able to connect with my mom's medical team and had asked me how I would like a conference call to happen. I asked her if it could be a Zoom call since we lived in different states and, she said it would be more of a landline conference call – the doctors would be in a conference room within the hospital and that we could all call in for the conversation. I agreed, thankful that we would have an opportunity to discuss my mother's care and as questions – gain some answers. Kim told me the call would be the following day, Wednesday, October 6, 2021 at **I can't remember the time!!** pm. She gave me the conference call time and phone number for us to call into and asked that I pass it along to the individual family members. We also discussed the attendees: my father and the six children only.*

Wednesday, Oct. 6th. I sent a few texts to NJ lawyer, Bill Hevenor, to find out if he decided to take Colleen's case. He replied that he was in contact with the NY lawyer and was still reviewing complaint Documents. Today was the first day visiting the ICU floor. I brought my copy of Colleen's Medical Power of Attorney with me and the Ivermectin I had received from the doctor. I expected to need the POA as I hoped to confront the ICU doctors with Ivermectin. I arrived and no one paid any attention to me. After going through security and the entry process on the main floor, I walked right onto the ICU floor and walked to my wife's room. Standing outside Colleen's room I opened the sliding glass door enough to speak into the room for several minutes. I called out to her letting her know I finally made it up there. I assured her that all the children and grandchildren were praying hard for her. I told her there must be at least 1000 people across the nation praying for her. I told her I loved her, we all loved her, and that Lizzie was calling for her every day. I told her to fight as hard as she could. I closed the door. I was worried that if anyone saw me I would risk being removed permanently. I could see Colleen was heavily sedated, restrained to the bed and gasping for air with the vent in place. The nurse came by and I asked why my wife was restrained to the bed? She responded that it was standard procedures in order to prevent the patient from potentially pulling the vent out. I asked how they could pull the vent out if they were sedated and in a coma. She told me they periodically give their vented patients "a sedation vacation" where they attempt to bring the patient out of the sedated state to check their challenge response abilities. I asked the nurse "wasn't that what they wanted?" To be able to have a patient come off the vent? The nurse stated that Mrs. DeLuca's condition was very serious as she was unvaccinated. I was surprised and taken aback. I asked "...what did her inoculation status have to do with anything." To which she responded that the vaccine would have made the symptoms less severe. I couldn't believe it! I told her there was no way you could determine how severe an infection would be in an individual because each person was different. I stated that she had been infected three weeks ago and should be getting better! She curtly shrugged off my response. This topic of vaccination was recurrent every day I visited the ICU. Either a doctor or a nurse reminded me that Colleen was unvaccinated. At one point during the 5 days, I visited the ICU I asked if they, the staff were holding it against her that she wasn't "vaccinated." Not one person responded to my question! Doctor Naveen Malik, DO. Senior ICU Hospitalist, Doctor McBride, DO. Senior Fellow and Doctor Sunny Kapoor, DO., appeared at my side introducing themselves. We spoke about Colleen's condition and prognosis. I asked about the bruise and cut on Colleen's lip. You could clearly see how bruised her lip was. She was "wearing" a huge fat lip and it looked sore and scabbed. The cut on her forehead was scabbed and red. Dr. Malik had nothing good to say about her condition and told me the bruised lip and forehead might have happened during the time they put Colleen in the prone position. I stated how they could let that happen. Weren't they watching her while she was prone? Dr. Malik had no response. I asked if they were administering the Zelenko protocol. She responded

that they were following CDC guidelines. They were giving Colleen a satisfactory level of zinc, but the amounts of Vitamin C and D were well under the amounts outlined by private doctors and the FLCCC necessary to combat the virus. Here was my opening; I informed Dr. Malik that I had obtained Ivermectin from one of Colleen's doctors who had the medicine compounded for human consumption. I clearly stated I wanted it administered to Colleen. I did not reveal that I was working with a lawyer to try to force the hospital to administer Ivermectin. Dr. Malik flat out refused. She stated that they would not give Colleen Ivermectin as "...they took an oath to do no harm to any patient..." and that would be going against that oath. I stated that Ivermectin has been used for over 3 decades and was already approved by the FDA for human consumption and that the medicine I had for my wife was legally prescribed and approved by her doctor for treatment against this virus. I had proof that her doctor prescribed the medication and wanted it administered to his patient. I stated that this course of meds was compounded by a pharmacy in the United States for human consumption and would not hurt her. Dr. Malik stated she would not harm a patient and administering it would go against their protocol and she would not allow it. I told her there, in front of the other two doctors, that I would take full responsibility for anything that happened. I told them in the same breath that I was personally taking it right now to combat my infection and I was not dead! I stated my Power of Attorney allowed me to direct the administration of the drug. She refused and walked away. Dr. McBride paused to talk to me. He told me that Colleen was in a bad way and her prognosis was not good. I asked about the Ivermectin again stating that as my wife's power of attorney I had a right to try this medication to see if it could reverse the effects of the virus. I told him that the FLCCC has numerous studies on Ivermectin posted on their website and that I could produce several of these for his and Dr. Malik's review. He told me that was hospital rules and that there was not enough literature "out there" to warrant the use of the medicine. I asked him about the village in northern India, population over ninety-five thousand, who had taken the drug and not one individual was lost to the virus. I asked him about the region of south West Africa where the entire population was taking Ivermectin prophylactically and they, too, had lost so few to the COVID virus! (Actual number of deaths attributed to the virus can be found in the written studies involving Ivermectin). He told me there was nothing he could do. I should have gone in the room and given my wife the Ivermectin. I half thought I would; but, between not wanting to risk removal by security and not knowing which tube was her feeding tube I chose not to. I stayed a while and spoke to Colleen through the glass. Hospital employees were now walking past me at an increasing rate. I concluded my visit and left for home. Arriving home, I contacted our children and outline the particulars of my first visit. I knew Colleen was in trouble but not from the disease. We still had not given up on the idea of trying to move Colleen to another hospital but all those we contacted stated they would not be able to take her. It was as if the entire medical community of South Jersey had forgotten their Hippocratic Oath. We needed the lawyer more now than ever.

My daughter Kathryn's narrative for the day, Oct 6 2021:

Wednesday, October 6, 2021:

I connected with Kim via text message to confirm the scheduled conference call and gain any last-minute insight. I double checked with my siblings and father to see that they had the number and were ready to go.

At the start of the call, Dr. Neevus introduced himself. My father spoke first, thanking him for meeting with us and stated that the six children were on the phone with him. After my dad gave a basic introduction, I started by first letting Dr. Neevus know that I had requested the call because, as a family, we felt that there was a complete lack of transparency and communication concerning our mother's health, care, and overall prognosis. I told him that our father was receiving minimal insight into what was happening to her on a daily basis, being updated typically only once a day with it being in the late morning rotation.

The call was quite concerning, mainly because it created so much confusion as there was a lot of circling-back and statement changes throughout. Here are some of the statements made regarding my mother:

- *She was stable and responsive to certain tests.*
- *She was stable but she was also decomposing.*
- *She was too unstable to allow for a CT scan to test her brain waves.*
- *The prognosis was uncertain – though Dr. Neevus said she was most likely going to pass away but it wouldn't be for weeks, giving us enough time to get to her and to spend time with her.*

Thursday, Oct. 7th, I was awakened in the early hours of the morning, maybe 0330, by the hospital notifying me that my wife had experienced a cardiac “sinus pause” and that they (the doctors) had already implant a pacemaker in order to normalize her heart rhythm. I asked what caused this. They claimed that her body was feeling the effects of her infection. They assured me that Colleen was now stable, but the pacemaker would only last a few days and they would need to replace it in the next few days. They concluded their conversation stating that they knew I had power of attorney and they wanted to get my approval for the procedure. I told them that their request was “a little late!” I asked them if the pacemaker would save Colleen's life to which they responded “yes.” I said then it needs to be done. Again, I asked what could have caused this and they said they were not sure. I tried to go back to sleep. Later that morning a friend notified me that Parish members with the Pastor were heading to Hospital grounds to pray the Holy Rosary tomorrow, 8 Oct. I told them I would be there. I either texted or called Bill Hevenor to see if he had decided to take my case. The response was the same, “I'm reviewing the Complaint Documents.” I went to the hospital early that day because of the cardiac issue Colleen experienced in the early morning. Arriving outside her room and looking in, I saw two doctors at Colleen's bedside administering some kind action. I asked the nurse what was happening! The nurse said they were working on Colleen's pacemaker. I waited patiently outside for the doctors to finish what they were doing. When they completed their procedures and exited the room, I asked what was wrong with Colleen and what they were doing. Again, I was told it had something to do with her pacemaker. I asked if they had not implanted the pacemaker earlier that morning either during or after their phone call to me. I recall they said it had to be changed for a different type or size. I am not clear on this. I told them that Dr. Nickolas DePace, a local cardiologist was Colleen's Cardiologist. I told them I knew he had privileges at the hospital and that they could do nothing to Colleen regarding her cardiac condition without directly consulting him to get his approval. They recognized his name and stated they understood and would contact him to “bring him up to speed” on Colleen's condition. They said they would get his opinion for future courses of action. I waited and stayed with Colleen for some time talking to her through the closed glass door and finally went home.

To be clear and forthcoming, Colleen had been referred to Dr. DePace many months earlier by our GP. She was in contact with the doctor's office, had completed the required paperwork as a new patient and even spoken with the doctor personally about her condition and symptoms. Dr. DePace was very eager to see her. Colleen but was scheduled to see him on Oct 8th after two unsuccessful visits leading to rescheduled appointments. I found out one month after Colleen had died, by Dr. DePace's own admonition to my daughter Sara, who is also a patient of his, that the hospital never called him about Colleen and her hospitalization. They never brought him into her care nor informed him of any issue or for any reason at all. He never knew that Colleen had been admitted into the hospital for COVID-19, had experienced a cardiac event nor passed away during her stay. There are 9 pages of notes which show an electronic signature by Dr. DePace on Oct 7th in Colleen's medical records. These notes state he saw Colleen and was in agreement as to the course of care and action the hospital had and was taking regarding Colleen's treatment. Why do the two accounts differ? Did the hospital call and inform the doctor about Colleen and he just forgot that he reviewed Colleen's records and treatment? Or, did the hospital disregard my request for them to inform Dr. DePace and just input notes and electronically sign for the doctor? During a later review of Colleen medical records we discovered that the hospital staff cardiologist stopped Colleen's current cardiac medication in favor of a different medication while she was on the ventilator. This was paramount because her current medication warned that stopping required a weaning off process. If the medication was stopping abruptly the patient risked a heart attack!

My daughter Kathryn's narrative for the day, Oct 7 2021:

Thursday, October 7, 2021:

I had brief text conversation with Kim regarding setting up the Zoom conference call with my mom. Kim was working to find a way to allow all us six children, the grandchildren, and possibly others (my mother's sister and niece) to have an opportunity to see my mother and speak to her since none of us had been allowed to at that point. She was working out the details and would get them to us. Later that afternoon she had text me to see if I could rally everyone together to have a Zoom call for Friday. While I was greatly excited I did ask her if she had a few options in the event that one or more sibling would not be able to do Friday. I did remind her that we lived in different states and on different time zones and that because we were only being given one opportunity to talk to our mother, I wanted to make sure everyone could be there. She came up with a few day opportunities and I sent a group chat out to my family to see which day would work best for everyone. It was agreed that Saturday within a timeframe would be the easiest for us all to make.

Friday, Oct. 8th, I was awakened early in the morning, somewhere between 0330 and 0530 (phone records will verify), by call from the ICU, either by a staff or resident doctor. He informed me that Colleen had experienced a Pneumothorax! Even in my groggy state of mind, I believed I understood that to mean that one of her lungs had collapsed! I asked what caused this. How could this happen? What have you done for her? The doctor responded that he was calling because I was "Mrs. DeLuca's power of attorney..." and he wanted to keep me informed of the medical procedures that she needed. I asked him if they had successfully inflated her lung and had she survived? He said yes. I asked was he calling me to ask permission to do what was necessary to help my wife or to inform me of what they did. He stated it was to inform me what they were doing. I told him that they should do what was medically necessary to save my wife.

He told me that she was stable and resting. I hung up. It was apparent that they had over pressurized the vent and had blown her lung out themselves. I tried to go back to sleep but kept thinking of my wife and how to get her Ivermectin or get her out of that hospital. I drifted off to sleep. Rising later, I told my daughter and granddaughter what had happened to Colleen. They were mortified! Worrying was weighing them down as it was me. I left as early as I could to visit the ICU. I arrived on the floor and there were two doctors in the room with Colleen attending to her. You could see they were working on her right side. There was left over medical waste on the floor around and under Colleen's bed. I got the impression the doctors were still inflating her lung. I waited for the doctors to leave my wife's room intent upon asking how this happened. Colleen's nurse intercepted me, and we spoke concerning the cause behind the pneumothorax. She gave me no clear answer. The doctors (I believe it was Dr. Malik and a resident. Hospital records should identify which doctors performed the inflation) departed the room, removed their PPE. I semi yelled at the Doctors about Colleen's condition, and they responded that Mrs. DeLuca was very sick. But they were successful in repairing the pneumothorax. They gave me no clear answer as to why this happened but did say it had to do with the condition of her lungs because of the COVID and departed the area. I asked the nurse to allow me to speak with Dr. Malik. I wanted to get a clear and concise picture of my wife's condition and care not just that she was "very sick." She was visibly annoyed with me but consented to get the doctor. The nurse came back to me and told me that one of the doctors would come out to speak with me but that we should talk in the waiting area outside the ICU floor. I consented and the nurse left me. Doctor Sunny Kapoor (Resident Doctors) came out a few minutes later along with a different nurse. I was surprised that the nurse came along but after thinking about it, it made sense as the nurse knew more about Colleen than the doctors did. The doctor told me that Colleen's lungs had been so damaged by the COVID infection that they were "fibroided out." I asked if he was making that up. He stated that Colleen's right lung was not functioning allowing oxygen and CO2 transfer to take place. He told me there was nothing that could be done for her. I told him I was not going to give up on her and that we should put her on the lung transplant list. He immediately stated she was too unstable for a transplant. I brought up the Ivermectin again asking to at least try it since it was my desire to try it and my wife's desire to live. He refused and left. I walked back to Colleen's room, prayed outside her door then left. Later that day, approximately 1330L, Colleen's Sisters in Carmel, several parishioners and our Pastor arrived at the hospital gathering to pray the Holy Rosary outside the building. I attended and relayed to Father everything that had transpired that day. Finishing our prayer, I returned home and called a doctor friend from my time in the Air Force. We spoke at length regarding Colleen's condition and her status. He told me that the only way to determine if a lung had lost its primary function was to perform a lung biopsy. He advised me to ask the question and demand a biopsy the next day. Thanking him, I attempted to contact Bill Hevenor again, to see if he had decided to take my case but there was no response. All we could do was wait for the evening facetime with Colleen. During the facetime call we could see Colleen was struggling to breathe. We spoke to her with love and caring and attempted to give her hope.

My daughter Kathryn's narrative for the day, Oct 8 2021:

Friday, October 8, 2021

Kim and I discussed via text that with everyone's schedule, meeting on Saturday would be the best option for us all to be able to join. Kim was going to work the details out and e-mail me time, Zoom link, etc. I gave her my e-mail and she me all of the information at 6:59 pm. She had included instructions that she

would be giving the information to her charge nurse as well because she personally would not be at work. She told me the charge nurse's name was Chrissy and that I was to call into the main desk number and ask for her that she would be setting up the call on my mother's end. I forwarded the Zoom information to my family via text and/or e-mail.

Saturday, Oct. 9th, I went to see Colleen on the ICU Ward during the day. I was standing outside her room trying to talk to her through the sliding door. I finally got fed up and opened the door about 6 inches. I didn't open it any more than the 6 inches as I did not want to be accused of violating or abusing the privilege of being allowed on the floor and risk armed removal by security. I called out to Colleen reassuring her I was there and that all the children and grandchildren were praying for her. I told her all our Parish was praying for her and thousands of people were storming Heaven praying for her recovery. Only the shift nurses were milling around on the floor. I stopped Colleen's nurse and told her that I needed to go into her room to hold her hand, to reassure her that she was not alone. To caress her hair! I told the nurse that there was no conceivable way Colleen was contagious anymore and that the quarantine was ridiculous. The nurse told me I had to speak with the chief ICU doctor. The nurse got Dr. Malik. Dr. Malik came and I brought up Colleen's collapsed lung again. Pressing her to admit they over pressurized her lung. She deflected my question. I asked about a lung biopsy stating that Dr. Kapoor told me yesterday that Colleen's lungs had "fibroided out" to which I asked if that was even a term. Again, she told me Colleen was too unstable for a biopsy. I asked for a lung transplant. And, again, the same answer; too unstable! I switched tactics and stated that I needed to be let into Colleen's room to let her know she was not alone. Dr. Malik flatly refused! Citing that she was infected and contagious. I informed Dr. Malik that Colleen could not be contagious any longer. Dr. Malik proudly informed me that her staff and the hospital followed strict CDC guidelines regarding quarantine and isolation. I told her that if she was worried about Colleen being contagious then she did know her patient. She looked surprised. I asked her when she thought Colleen was admitted to the hospital or when she first developed symptoms. She stated that she was only in the hospital for about 8 days. I said "Really?" I asked her if that was the case then why wasn't she worried about infection from me, standing masked, and two feet from her. I informed the doctor that I caught Covid from Colleen. I was symptomatic and tested on 22 Sept. It had been 18 days since my first symptoms. I told her Colleen was admitted to the hospital on 24 Sept first showing symptoms 15 Sept. This would place Colleen on day twenty-five of her illness and day 16 in the hospital (I previously stated that Colleen's initial symptom onset began Sept 14th. That is the correct date. I had not given detailed thought about actual events on the 14th during my trips to the hospital). I told Dr. Malik that if she followed strict CDC guidelines that Colleen was not contagious, and that the CDC would allow me into the room. (At that time, CDC guidelines stated that an individual can be with others after a period of at least 10 days of quarantine from symptom onset or for severe illness up to 20 days after symptom onset). I told Dr. Malik that Colleen had been sick for more than 3 weeks and had been in the hospital for 16 days. She stated I was wrong. While bantering with her I saw the nurse at her computer, who came to us after a few seconds. She had a printed page for the Dr. to review. The nurse stated "...I'm sorry Dr. Malik, but Mr. DeLuca is right. Mrs. DeLuca has been in the hospital since the 24th." I looked at Dr. Malik and said "...she is no longer contagious by CDC guidelines; and, if you follow strict CDC guidelines you need to let me in the room to see her! She is no longer contagious!" Dr. Malik was visibly frustrated with this latest information and after a few seconds told me I could go into Colleen's room but not today since it was too late. She would have to inform the administration that they were letting me into the room to see my wife. She told me

she would inform the administration in the morning and when I came back tomorrow, I would be allowed to “gown up” and go into the room. Dr. Malik left me and I stayed a while talking through the glass to Colleen then left for the day. Little did I know that I would enter Colleen’s room the next day only to watch her die before my very eyes!

My daughter Kathryn’s narrative for the day, Oct 9 2021:

Saturday, October 9, 2021:

I contacted my siblings in the early afternoon to make sure they didn’t have any questions regarding the Zoom conference call; and I set an alarm to call Chrissy for 3:45 pm ET. I called into the hospital, was connected with Chrissy and she began the process on her end, setting up a computer in my mother’s room and initiating the Zoom meeting room. At around 3:55 pm ET I dialed into the Zoom meeting along with my father, five siblings, the grandkids, and aunt and cousin (both from my mother’s side).

The Zoom call was bittersweet. My mother did NOT look like herself. Her face was swollen, and they had braided her hair almost directly on the top of her head, adding a small, bright orange, child’s bow at the top of it. This was not how she had ever worn her hair. It was also heartbreaking to see my mother on the ventilator. She had a sore on the top of her forehead and she looked weak, ashy, and broken.

We spent an hour talking with my mom and one another hopeful that her hearing us would give her the strength to come back to us.

After an hour, we ended the call – unaware of what next steps we would face.

Sunday, Oct. 10th, I awakened early as usual on Sunday mornings readying myself for Holy Mass. I wanted to get to the Church early to have extra time to pray for the recovery of my wife. Mass began at 0800 and while I was in my pew silently praying (0739L) the same friend who I had reached out to help secure a lawyer text me with the name of a private patient advocate who might be able to help convenience the hospital to administer Ivermectin. Almost immediately thereafter (0743 phone records) I received a call from one of the hospital residents informing me that Colleen’s vitals had become more erratic through the night and that I should come to the hospital as soon as I could. I asked him what that actually meant. Were they stabilizing her? Was her life in danger? I informed him that I was attending Holy Mass and asked if I could come to the hospital when Mass concluded. He said OKAY. Then the senior ICU doctor, Dr. Malik, called me right back (0751 phone records) who informed me that I didn’t understand the serious nature of Colleen’s current condition. Colleen was experiencing multiple organ failure, most notably renal and cardiac. She advised me that I should get to the hospital as quickly as possible. My heart sank! My worst nightmare had become real! I had to tell someone! I left my pew whispered to a friend that Colleen was dying that I had to leave to go say good bye to my wife. I asked her to please tell Father what happened and to pray for Colleen. I then informed the friend who just texted me I was leaving Mass to get to the hospital as Colleen was dying. During the 15–20-minute drive my mind and heart were racing. Unexpectedly, I received a call from one of our daughters who had thought I would be home recuperating. I told her what was happening and that I would call her to update as soon as I got to the hospital. I made sure she updated her sister whom she was staying with at the time. Hanging up, I began calling the rest of our children. My

son told me he would call our oldest. I then called our Pastor knowing he was saying Mass and left a message. I wanted him to know as soon as possible what was happening to Colleen. I arrived at the hospital about 0825, checked in at the front desk and went up to the ICU ward. I was desperately trying to hold back my emotions to think of what I could do for Colleen. Nothing was different on the ward from any other day that I observed. A few nurses were moving about the floor, “gowning up” and moving in and out of patient’s rooms. Their faces seemed focused on their immediate duties. I very quickly crossed the floor approaching my wife’s room full of anxiety. She lay there alone and strapped to her bed gasping for air around the ventilator. I could see her vital signs were not good. Her heart rate was erratic and weak almost looking as though it was fibrillating. Her oxygen saturation level was reading 82%. Dr. Malik seemed to come out of nowhere standing behind me. She explained that Colleen’s condition had worsened through the night and that there was no hope. She said that Colleen was experiencing renal and cardiac failure. My mind went immediately to the Remdesivir she had been treated with earlier in her hospital stay. She told me that the staff had tried to bring her out of sedation to give her “a sedation vacation” but that it was unsuccessful. When they reduced the sedation meds she never responded to their commands. To which I stated “...because she is either allergic or naïve to the sedatives.” To which she responded that there should be some response on Colleen’s part. She told me there was nothing that could be done for her, and that Colleen would not survive. She advised me the best thing for me to do was to remove the ventilator and allow her to pass quietly. I was astonished! For someone who spoke so emphatically about the Hippocratic Oath and a Doctors vow to never “hurt anyone” (her words not mine) all she wanted me to do was to facilitate my wife’s death! I immediately asked for a Priest but was met with the standard answer that there wasn’t enough time. I did not fight that answer I knew that Colleen had been visited earlier that week by a Priest and had received the Sacrament or Extra Unction, the Apostolic Blessing and Holy Communion. I then demanded that I be let into Colleen’s room to be with my wife! I reminded the doctor of our conversation from the day before. She looked at the nurse who was attending to my wife and told him to “gown” me up and let me in. Ironically, as I donned the PPE Doctor Malik disappeared. I entered Colleen’s room. I wanted to rush to her bedside to hold her and kiss her, but I could not get past the medical equipment attached to her. Here I was, a man that has flown into and out of combat, and I didn’t know what to do! The Good Lord inspired me. I called all six of the children, Colleen’s sister and several of our grandchildren. I relayed the information that Doctor Malik had given me and showed them mom’s vitals. My youngest son, who worked in the medical field, told me to demand that they put mom on kidney dialysis hoping this would stabilize her. The nurse told me he had to go ask the doctor. He left me alone with Colleen and the children. We spent the next minutes talking to her and encouraging her to fight and to trust In God. The nurse returned informing me that Dr. Malik told him Colleen was too unstable to dialyze! It came to me that a few days earlier, immediately after the vent induced a full pneumothorax, Dr. Malik told me Colleen was too unstable to do anything! I remembered that I asked them to put Colleen on the lung transplant list offering my own lung as a replacement! And, of course, she was too unstable for that treatment. Looking at my wife, I realized that I could walk through the maze of medical equipment to a section of her bedside and hold her hand. I took her hand in mine and held it. It was cold and limp. The nurse asked me if I had “...made a decision” regarding removing the vent. I told him the doctor was asking me to kill my wife. He reassured me that was not the case. I laughed at him! My children and I discussed this process, and I began to realize the futility in debating the subject any longer. I couldn’t move her to another hospital, the hospital would not allow

Ivermectin, they had gone against our wishes by administering Remdesivir and she had contracted MRSA! There was no one at that hospital fighting for my wife. I sent her to hospital trusting that the hospital would do everything they could to save and heal her and the opposite was happening before my eyes. But, still trusting in God, I believed, even from the beginning, that if we brought her out of sedation and removed the ventilator she would wake up. I discussed this with the children and my son agreed. But he cautioned me that if I removed the vent and something tragic happened, I would regret it of the rest of my life. He was correct! He was still advising me to leave mom on the vent and force dialysis! He believed that after dialysis mom would be stable and then we could remove the vent. I believed that the only thing left for me to do was trust in God. If God wanted her to live she would. Amidst all our prayers and tears, contemplating what I was about to do, continuously holding her hand, I leaned over to Colleen and cried out “Leeny I can’t do this to you!” She squeezed my hand as tightly as she had ever done before! My heart jumped and I told my children what had just happened. I told my children that Mom was telling me it was alright for me to remove the vent. I made my decision to remove the vent. My children told me not to and my son reiterated his advice. I told the children that I believed mom would wake up when the vent was removed. But if she didn’t then it would be God’s Will. However, I genuinely believed that Colleen would wake. I gave my children and grandchildren and Colleen’s sister time to say good bye. The nurse called the respiratory therapist to come to remove the ventilator. He retrieved sedative meds for Colleen so she would not feel any pain. How naïve was I then? How was Colleen going to wake if they were going to put her to sleep so she could die! The nurse returned with the sedatives and the respiratory therapist arrived. The drugs were administered, and the therapist removed the vent. My children and I watched as the remaining life in my wife, their mother slipped into the realm of the Almighty. Within thirty seconds of them removing the vent Colleen, my wife had died. The biggest and best part of my heart was gone. I prayed God have mercy on her soul. I watched in anticipated hope that a miracle would be granted but it was not. Her beautiful blue eyes were open along with her mouth. I reached up and tried to close her mouth, but her stomach decided to release. I looked around for anybody to help me clean her! But the therapist had quickly vacated the room and the nurse busied himself with “things” away from Colleen. I was extremely bothered and angered by the need to clean her and the lack of attention she was receiving! I yelled at the nurse to help me clean her and he apologetically obliged. Colleen’s eyes were still open. I reached up and closed them for her. It was the last time I looked into her beautiful loving blue eyes. There was no life left in them. I told the children I would call them back with answers to their questions. The children, amidst all their pain and grief, asked if there was going to be an autopsy performed; I had no answer to any of these questions but told them I would ask. We hung up. I looked at the nurse asking what would happen next. I told him I wanted to remain with Colleen while they took care of her. He told me that I could not. He promised he would take care of her. I told him I didn’t know what to do. He asked if I had a good funeral director to which I said no, as if I had a contact in my back pocket! He suggested I try to find one. I asked him about requesting an autopsy. He said he did not know about that. I leaned over my beautiful wife, kissed her forehead and blessed her. My wife had gone to the Lord. All I could think to do now was to take care of her in death as best I could. I left her room to find someone who could help me! I was devastated; but, somehow, walking through the corridor and to my car, I found a calmness in Colleen’s last effort to tell me it was “alright” when she squeezed my hand. I contacted my Pastor asking if he could recommend a funeral Home. He responded with sorrow, concern for the family and sympathy. For he too, had lost a friend and a sister in Carmel! I

contacted the Funeral Director who Fr. Had recommended and left a message. At approximately 3 that afternoon, the director called me and told me he would take care of Colleen and treat her with the respect she was due. I told me that I should not worry. He was a God send to me and my family. He had already gone to the hospital to retrieve Colleen's remains and was already caring for her. Ironically, looking back at those last 90 minutes of my wife's life, after Dr. Malik had left me. No doctor came to my side. No one, absolutely no one at the hospital came to advise me in my grief. No one advised me as to what steps I needed to take after Colleen had died. I had no guide. There was no concern by the doctors. There was no contact! There was no compassion for the remains of my wife. There was no empathy for me or my family! Where was the concern or grief counseling? Where were the doctors and nurses who are supposed to fight for life up until the last moment? So much for the Hippocratic Oath or patient's rights! It was as if they expected her to die when she was stepped up into the ICU ward or even when she was admitted! The only problem they faced was how long it would take for her body to give out. I contacted Bill Hevenor later that day who miraculously answered my text. I told him not to worry about taking my case as Colleen had passed away. He was deeply apologetic.

My daughter Kathryn's narrative for the day, Oct 10 2021:

Sunday, October 10, 20201:

Early Friday morning, my father sent a message to the family in our family group chat that he was leaving mass and heading to the hospital – that our mother was dying, and he had to get to her. I happened to be the first child to see the text and immediately called my dad for confirmation that I was reading what he wrote and to gain clarity on what he was saying.

My dad told me that he had been at Mass when the hospital had called him and told him that my mother was fading fast – that her organs were shutting down. He told me he had to leave to try to get to her before she died. I told my dad to just stay calm, to get to the hospital safely, and that when he was there, he was to make the nurses understand he was going to go into my mother's room because if she was dying, she was not going to die alone. I told my dad that once he was inside of her room, he was to Facetime me back and that while he was getting to my mama, I would be getting the siblings together.

I hung up with my dad and went to my older sister who was downstairs. I asked her if she had seen our dad's text and as she was reading it, I filled her in on what we had just spoken about. After sharing that with her, I went to my brother and woke him up to do the same.

While we were all gathering understanding as to what the last few minutes gave us, my sister and I started to organize a plan as to how we could all connect together again for both, our mother and father.

After what had felt like forever, but had only been about 30 minutes or so, my father Facetimed me. He was at the hospital, suiting up, because they authorized him to go into our mother's room. My dad, once inside, spent a few moments talking with the only nurse in the room. He was asking questions for himself and for us as my two siblings and I were huddled around my phone trying to support my dad with asking questions and dissecting the little information that was being given to him/us. My brother, who works with dialysis was asking questions and directing consideration to dialysis, but the nurse simply refused to

entertain the idea saying my mother's kidneys were "just too weak," and that her organs were failing her. They told us the best thing for us to do was to have final moments with her.

My sister and I started to add remaining siblings, grandkids, and my mother's one sister and niece into varied Facetime calls with one another so that we could all be together in the room with my dad and her during what we felt were her forced, last minutes.

Weirdly, I remember taking a moment to tell my father that if at any time he needed our mother's last moments to be just his that he could simply disconnect from the call, and he would be with her alone.

As the nurse began to turn off machines and medications connected to our mama, I told my father, we need to pray. We need to pray with mom – and so we did. We prayed the Our Father, the Hail Mary, the Salve Regina, and St. Michael's prayer. After that we began the rounds of each one of us talking to her so that she could hear us. We said our goodbyes – together, with each person able to hear the last thoughts of love, fear, reassurance, etc., with our mom. Some might think that would be a beautiful thing but for some of us, it felt violating.

I was the last of the family members to say goodbye. It felt awkward, rushed, unplanned, and unfinished. Adjectives, I know many – if not all -- of my siblings, children, and nieces and nephews would agree they too felt with why, how, and when they had to say their last words to someone so loved and very much still wanted and needed in life.

Moments after I ended my final words, my mother's ventilator was removed. We watched as stomach contents produced the tube, and we listened as my father had to ask the nurse to please help wipe her up. In the seconds after the tube was taken out, ALL of us could see that my mother's mouth was stiffened and in a distorted position, leading my immediate thought to her being in some stage of rigor mortis. My father, when seeing this, immediately put his hand to her mouth to try to adjust it and close it for her – when he brought his hand to her mouth and felt it, he let out a guttural exclamation of sorrow and then, he hung up the phone.

It was thirty minutes later when I Facetimed him back – thinking that was enough time for whatever he was feeling to pass and for him to collect himself for us. However, when he answered he was already back in his car, heading home. He picked up my call only to immediately say, she's gone. She died. It was only seconds after the vent was out. I am on my way home, they told me to find a funeral home. I asked him why he left her because I knew he wouldn't have unless there was no other option for him. He responded with because no one was there with any explanation of any type of next steps except for telling my dad that my mother would be moved downstairs to the morgue and that he needed to find a funeral home so they could claim her body for him.

And that was it. She was just gone, and we were expected to just, go home.

My daughter Kathryn's narrative for the day, Oct 11 2021:

Monday, October 11, 2021:

Kim sent me a text to let me know she had heard about my mother passing away, and she apologized for our loss.

My narrative is a narrative which outlines the events that affected my wife, my family and me. It has changed our lives on this earth forever. But we are not alone! This narrative describes, with uncanny similarity, the events that thousands of other families experienced with their loved ones. Research has discovered that the behavior of the medical community during the hospitalization of so many people during the infection of the SARS- Co-V2 virus was despicable. Their behavior was guided by greed, avarice, and discrimination! It violated and decimated the Hippocratic Oath. It ultimately destroyed the trust in the medical community that was ingrained in us as young children. The medical community was supposed to help! It was supposed to care for those who were sick, asking for help! To try and heal or cure those ill and incapacitated victims. These hospital protocols have driven the medical community into a purveyor of evil and death. I always believed that each of us were our best and first advocates when we became ill. But I believed that we could always turn to the medical community in time of sickness when needed. These events have proven to me that the medical community cannot be trusted. You may need their care sometime in the future which is understandable. But never, never blindly trust them. Fight for your loved ones. Use the legal system as often as needed. Ensure you have medical power of attorney. Always print off a copy of the hospital's list of patients' rights and demand the hospital follow them!

Colleen remanded to Hospice care:

**29 Sept 21 Samaritan Healthcare and Hospice IN EOB 9/29/21 for inpatient physician.
Check sent to Palliative medical Partners**

**01 Oct 21 Samaritan Healthcare and Hospice IN EOB 10/01/21 for inpatient physician
Check sent to Palliative Medical Partners**

**04 Oct 21 Samaritan Healthcare and Hospice IN EOB 10/04/21 for inpatient physician
Check sent to Palliative Medical Partners**

**08 Oct 21 Samaritan Healthcare and Hospice IN EOB 10/08/21 for inpatient physician
Check sent to Palliative Medical Partners**

Original Medical Complaint Letter composed in early 2022:

Colleen contracted COVID-19 approximately 9/12/21 symptoms manifesting by 9/21/21. Confirmed COVID-19 infection 9/23/21, Jefferson Emergency room with severe cough, difficulty breathing, and low oxygen saturation levels, 86-92%. Colleen moved to Step-Down ward, treated with Oxygen (Nasal cannula/CPAP mask). 9/28/22, 2236 noted intubation, Victoria Reimer, D.O. for hypoxemia and respiratory failure transferred to ICU. Colleen remained in ICU through 10/10/21.

Discrepancies regarding reason for admission. ER misdiagnosed Colleen with Septic Shock, 9/24, lacking fever, elevated white blood cell count and organ damage. 9/26, Dr. Staroselsky noted "...organ Dysfunction IS NOT PRESENT." Organ dysfunction only manifested itself after diagnosis of MRSA.

Flow Sheets list discrepancies regarding need, timing, and technical procedure for intubation. There are no progress or nursing notes regarding pulmonary distress requiring intubation. Oxygen saturation levels were erratic, dropping to 74% during pre-intubation evaluation but immediately returned to sustained saturation levels in the high eighties. Colleen was a known asthmatic who normally experienced low oxygen levels (low eighty's). Hospital informed of this during ER check-in. Physician notes indicate intubation accomplished 9/28, 2236 via video assist laryngoscopy. Further notes list ETT tube placement via video assist at 2130L?

Flow sheets indicate Colleen contracted MRSA without any documentation regarding mechanism of infection. Immediately after intubation she registered elevated white blood cell counts and fever. It is clear MRSA originated from either the scope or intubation tube. How many Video assist Laryngoscopes are available and what are hospital sterilization procedures?

Notes: 10/04, concerns for barotrauma prior to experiencing pneumothorax. Was this due to excessive high-volume oxygen? Did not inform Power of Attorney of pneumothorax and treatment.

Refused to inform patients' Cardiologist w/privileges, of hospitalization: changed cardiac meds without patients' cardiologist concurrence.

Palliative Care began day after intubation, 9/29. Notes suggests palliative care prior to intubation. Why would focus of care change?

Remdesivir administered without permission. (WHO recommended against use in treatment, 20 Nov 20).

Why was dialysis refused after reporting onset of kidney failure?

Flow sheets indicate Colleen was continuously referred to as "unvaccinated female." Did Jefferson's medical professionals treat unvaccinated individuals differently than vaccinated individuals?

Why were known alternative treatments (not experimental treatments) for COVID disease, whose efficacy has been proven and corroborated by expert scientific study and field implementation, disregarded by attending ICU physician?

It is my contention that Colleen Deluca suffered from premeditated mistreatment, discrimination, and incompetence as an in-patient w/COVID-19 infection at Jefferson Hospital directly causing her death.

References:

...article from the Buffalo SPECTRUM NEWS1 Buffalo NY authored By [Ryan Whalen](#) UPDATED 7:31 PM ET Sep. 16, 2021 PUBLISHED 8:43 PM ET Sep. 15, 2021 entitled "As WNY attorney fights for COVID patients to get Ivermectin treatment, UB doctor cautions more studies are needed."

Bloomberg Law dated Sept. 1, 2021 authored by Alex Ebert and Allie Reed entitled “String of Suits Force COVID-19 Ivermectin Treatment in Hospitals