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2022 May 10

Thank you, Mr. Chair and members of the committee.

My name is Brittany Vessely and I am the Executive Director of the Colorado Catholic Conference (CCC), which is the united voice of the four Catholic bishops of Colorado in public policy. I testify in support of SB 53. SB 53 ensures that a hospital patient or a nursing or assisted living facility resident has at least one visitor during a pandemic. This includes “compassionate care visits,” which can be clergy.

During the COVID-19 pandemic, many Catholic Coloradans were denied Last Rites by healthcare facilities due to the institution’s COVID-transmission restrictions. Because of these restrictions, many Coloradans’ sincerely held beliefs were disregarded, even at the point of their death. That is a violation of human dignity and religious freedom.

Catholic “Last Rites” encompass the Sacraments of penance, Holy Communion, and the Anointing of the Sick. The Sacraments provide the sick person with the Holy Spirit's gift of peace and courage to deal with the difficulties that accompany serious illness or old age. Some stories of healthcare facilities denying Last Rites due to the COVID-19 pandemic include:

- A priest was denied access to dying patient at Lutheran Medical Center and dying patients in an Arvada assisted living facility. He eventually was given access through a closed window where he could only hear confession, but not Anoint the sick or celebrate Communion.
- Another priest was called to North Suburban Medical Center where an elderly woman was near death. She had been in the hospital for over 2 weeks and not allowed a visitor. The priest was denied access for days before he could deliver Last Rites to her.
- Another priest was denied access to his elderly parishioner at Lutheran Medical Center, and only allowed to video call. He was also deterred from his chaplain visits for a dying COVID patient by St. Anothony’s Hospital. He said these situations are deeply disturbing for the clergy and the families, but even more so for the patients who were in fear of dying alone or in a state of sin.
- Another priest said that University Hospital only allowed video calls – no family or priests for dying COVID patients were permitted to enter.
- Another priest was asked to anoint a 102 year old man in a convalescent home. The home refused the priest’s access, saying that the man wasn't close enough to death.
- Another priest was also denied access to his dying parishioners at a hospital and a nursing home. Because of the hospital and nursing home’s actions, both patients died alone, without the necessary Sacraments, which caused more suffering for them and their families.

We respectfully ask the committee to vote “Yes” on SB 53. This is a matter of human dignity, religious freedom, and ultimately a respect for Coloradans at the end of their lives.

Sincerely,

A handwritten signature in black ink that reads "Brittany Vessely". The signature is written in a cursive, flowing style.

Brittany Vessely
Executive Director, Colorado Catholic Conference

Today in Committee - YES - SB22-053 Hospital & Patient Visitation Rights

We request the passing of this bill, and consideration of an amendment to name it the SAY Patient Before Policy Act (SAY - Shirley Ann Younger).

May 09, 2022

Colorado House State, Civic, Military, & Veterans Affairs

Greetings Representatives of the State, Civic, Military, & Veterans Affairs Committee

First, our thanks to Sen. Sonnenberg and Rep. Pelton for bringing this important bill; and the Senate for passing this and sending to the House.

This bill has been assigned to your Committee, and has finally been scheduled. It was my intent to submit written testimony and give personal testimony; however, due to conflicts with clients I cannot cancel, I cannot personally testify. I have signed up for written testimony and I am sharing this information and invite you to contact me any time with any questions.

Your YES vote is a legislative corrective measure against the executive actions and to restore the rights of patients to have visitors - to have loved ones during their recovery process, and for those who will not leave the hospital or other healthcare facility, to die with dignity and their loved ones. For over two years this has been denied, with ad hoc policies which vary from facility to facility and are generally not based on reality. For example, a completely empty clinic (except for employees) not allowing a support person with a patient - because others (for which there are no 'others' present) may be exposed. These same people - providers, patients, and family - have all continuously gone big box stores and other environments. This must change and must never happen again.

The dignity of every Coloradoan should be UNANIMOUS to this Committee and the full House.

Please see our story at www.deathcasereview.com/afi-llc-blog/your-rights-and-dignity-afi-llc-february-2022

I had previously contacted our state Senator, John Cooke, and state Representative Mary Young. At the time, both had already submitted their five bills; and I was advised the majority party can introduce late bills. Rep. Young responded all her requests had been previously denied. The reason - leadership has determined the focus of this session would be on bills designating the expenditures of the balance of the American Recovery and Reinvestment Act. If this is true - it is both wrong and wrong. A legislative goal to spend unused taxpayer monies has no excuse. The protection of every basic human right - love and dignity, particularly in dying, should have every priority.

Rep. Young shared HB20-1425 with me, hoping it might address my concerns. Frankly, it falls so far short - its embarrassing this was drafted and passed. Why? It does absolutely nothing - and actually permits the very issues which need addressed to protect patients. Specifically:

1 (e) - *"In order to balance the need to reduce virus transmission with the benefits of having family members present during illness, especially at the end of life, as knowledge of COVID-19 advances, hospitals are encouraged to follow infection prevention protocols and identify ways to improve visitation policies while still following best practices."*

What is "encouraged"? What forces a healthcare provider to treat patients better? This new law empowers healthcare providers to continue treating patients and families in undignified manners. Two years is past the time for a reality check. There are two major healthcare systems in Colorado - and they treat patients and their families horribly. I have two personal examples - my Dad was terminated by a specialist for not following ever-changing policies (one policy was changed system-wide seven minutes after the last appointment). Policies continue to be more important than life-saving care. The primary care physician was changed to outside the healthcare system; and no longer goes to any specialists. I had to take our Mom to three clinics for treatment and then hospitalized for "observation". She died five days later. Prior to her death I had to call the police on their security for harassment, and was allowed up by a caring doctor - despite policies - to hold my Mom for her last 12 hours. Even then, they still tried to stop me from entering the building.

Our legislature is accountable to the citizens of Colorado - your constituents. This is so important, here is the full-story of my Mom's death:

On Monday 11/15/2021 my Mom was admitted to the ER after having tested COVID positive at a clinic – she had developed low oxygen saturation with nausea; no COVID symptoms – as was initially expressed by the examining physician – until she came back positive, then she had ‘hidden’ symptoms. At the ER she was diagnosed with bacterial pneumonia - which, according to medical research, is not COVID related (viral pneumonia may be). Because I was with her that day to take her to the urgent care, I was considered exposed and prohibited from any visitation. During the week, as my Mom improved and also declined, I was continually denied. I am her only local relative, my Brother lives in New Orleans. I have also been her Medical Power of Attorney and during her hospitalization executed a Power of Attorney.

She was admitted with the understanding she would be prescribed and provided oxygen, then released. She was then taken to the COVID floor and given two initial doses of Remdesivir right away. She never signed a hospital treatment / billing consent form; instead – in the signature space someone had written “COVID” across it. Remdesivir is the only FDA approved protocol for COVID positive treatment. As part of the EUA and then approval, there are three specific criteria in advising patients: 1) consent; 2) side effects warning, and 3) it is the only protocol and was not developed for COVID. Mom was given none of these. I was not allowed to be with her as her MPOA.

At every interaction and communication I was told the hospital systems face a moral dilemma in allowing or denying patient's the presence of a loved one (something I have seen other families exactly told in Senate committees testimonies - an apparent talking point of hospital systems). This is no moral dilemma - the undignified death of a patient without any family is immoral. First do no harm. We all know, and the medical profession emphasized the importance of family presence to the patient's healing and positive progress. Until the events of 2020. Hospital systems claim, as a private business – they may be more restrictive than public health order and even law. This is wrong and abusive. Hospitals are not a choice to patients – they are a requirement for their health, even their life – they do not have other options, such as may be with going to a restaurant or grocery store. Hospital systems have completely ignored the ADA to enforce these policies. We have lived this.

Shortly after hours on Friday 11/19/2021 I was called by a hospital system representative, and informed an exception was being made specifically for me. The conditions were I had to wait five days from last exposure (would be the next day) for a COVID test, (if negative) wear required PPE, and schedule a 1-hour visit each day. I was also told if the status of my Mom became End of Life, I could visit whether positive or negative due to the circumstances and for planning - being no longer able to communicate by phone (voice or text) usually. I received the confirmation letter within 15 minutes or so - and, as expected from experience, the stipulations had changed - if a test was positive, absolutely no visitation would be allowed – not even for End of Life comfort and communication. This is what healthcare systems are "encouraged" to do. This has never happened before and is WRONG.

About 7:00am the next day, I received a call as I was preparing to leave and be tested in Loveland - the nearest available, and had to be their hospital system testing and at my cost - no other testing allowed (despite all this 'free' testing push for 20 months). The call was from Mom's hospitalist, who had taken over earlier and was new. She asked me what my plans for the day were, which I explained (paragraph above). She told me to not be tested, because if I was positive the letter circulated to the hospital specifically denied any visitation, and with my Mom not expected to live through the weekend, she did not want my Mom to die alone - or any patient. She told me to proceed straight to the floor and she would advise staff and security.

I arrived at the hospital about 7:15, as I had been staying at my Mom's house nearby. Security did attempt to stop me, and I did as directed by the doctor due to her stated urgency. Another employee stated I had to be screened. I did not stop. Screening is a means which - depending on the objective determination of the screener - may have denied my entry (I have never had symptoms - and neither has Mom, or any one I know). I wasn't taking the chance and was doing as instructed by the attending physician. I reached the floor without issue, consulted with staff including the charge nurse and doctor. I was provided PPE and entered the room to be with my Mom at 7:19am.

I was with my Mom until she died at 7:00pm, and I was allowed to stay with her and then escort her to the morgue. There were no issues during my stay, the staff was exceptional, and most important - my Mom had someone, and my family all over the country had someone who could help Mom talk to them and text them - as she was unable to beginning the night before.

My Mom died with dignity and all of her family spoke to her while she could. She was able to do this only because I was there to facilitate all this. I also had to make the decision she was unable to continue on her own, and would die with dignity and respect. Something I would not know without being there. I held her hand for 12 hours, and held her at her worst times and when the decision was made. I cannot explain the difficult, and comfort, this was for her and our family. No one should experience this - and everyone should have the choice of dignity.

This was not my first experience of inhumane policy before patient with this hospital system. This has been going for two years. I am available any time to share those full, and very relevant experiences.

As a family, we are concerned these policies changes are directed by healthcare systems - not medicine and not by legislative processes - by their actuary and legal counsel for decision making; with no consideration of the medical and family level. They change because there are no legislative restrictions to this. This must change for the patient.

Thank you for taking the time to read this life-changing event, which has happened to too many people in Colorado, nationwide and worldwide. It is time to end these undignified and immoral policies.

We request the passing of this bill, and consideration of an amendment to name it the SAY Patient Before Policy Act (SAY - Shirley Ann Younger).

**With appreciation, Dean A. Beers & Karen S. Beers and Family
For Our Mom - Shirley Ann Younger
(970) 691-0813**