

Solitary confinement has begun to be fully recognized as a severe form of torture. United Nations experts on torture have called for all countries to “ban solitary confinement.”

In a report made by the University of North Carolina School of Law, the severe isolation that solitary confinement entails was found to cause anxiety, depression, mental illness, panic, and “constitutes as a form of torture”. However, the worst of the torture stems from the lack of human contact. This basic human need, to interact with others, is incredibly important to the maintenance of a healthy mind and body. Psychologists have seen that extreme isolation (even for a short time) can quickly cause long-lasting psychological harm.

My question to you is are we talking about prisons or how the current healthcare system is handling the covid-19 pandemic?

PAUSE

In our own circle of friends there is a family that had their dad and adult daughter in different hospitals, both with COVID. The dad was in Colorado and was denied family visitation for 19 days before the family saw him on his death bed. The adult daughter was in Nebraska and was allowed to have her husband by her side 24/7. He provided the steady care that she needed and she is alive and well to this day. Clearly, there are emotional and health benefits to having loves ones by our side.

We recognize that there are variations within different healthcare systems and how they are handling patient visitation policies, but the beauty of this Senate Bill is that it will get rid of this most severe form of torture – also known as isolation.

I watched my parents fight for the right to see my grandpa. I saw them cry and grieve over time lost. I never got the chance to say good-bye. On January 30th, 2021 I walked upstairs and found my mom crying on the couch. She told me that Grandpa had died. This finality is incomprehensible.

Everything about my life is my family living out life **together**. We do it all together! We have breakfast **together**, my mom home educates us **together**, dad heads home for lunch and we eat **together**, my brothers and I go outside and play **together**, we do chicken chores and gather eggs **together**, we work cows and ride horses **together**, we go to church **together**. Simply... we do ALL of life **together**! Please stop the torture of solitary confinement and allow us to do life together.

You have a remarkable opportunity with this Senate Bill 22-053. You have the opportunity to let families be **TOGETHER** again. Please pass this bill, so that no matter the future pandemic, we would never have to face sickness or old age **apart**. Thank you for your time.

Testimony for Senate Bill 22-053

Today I come as a husband, a father of 4 boys, as a grieving son who recently experienced the loss of my father, as a rancher, as a man who **believes** that it is a families' right and duty to be together and care for their loved ones.

When we took Dad to the hospital, I told him we wouldn't leave him alone. The first hospital my Dad was in threatened to call the police when I went in to check on his well-being in spite of the fact that their **Patient Bill of Rights** specifically says that all patients may have a support person.

While my Dad was **locked** in the hospital with no love or support system, we called and tried to meet with every nurse or hospital administrator we could to plead our case that it would be better for Dad if he were allowed to have his wife at bedside. The amazing thing was **they all agreed with us**. They said these no visitation policies go against everything they believe about a patient's physical healing, and their emotional, and mental well-being. We spoke with nurses who literally said they go home and cry after shift because they are exhausted not only from the work-load, but the emotional strain of feeling the pain from these families torn apart.

I want to tell you, that seeing my Dad at time of death was **far too little** and **far too late**. It is pitiful. It is **criminal and inhumane** at best. (The end comes to us all.) The issue isn't the fact that Dad passed away. The issue is the way he was treated and the separation in his last days. I spent over three decades working alongside my dad nearly every day. **He needed us to be with him** during his last days as well.

I've got a little experience and perspective regarding the value of a patient having support at bedside. My third son lived through a similar life-threatening respiratory sickness which required sedation and spending time on a ventilator at Children's Hospital. The staff did remarkable work, but I also know that **it was imperative** for my little boy to have his Mama and Daddy there. When my son had been unable to eat for 13 days and continuity of care was lost, I was there to advocate and demand that the staff actually get some nutrition flowing through his feeding tube. We prayed, we encouraged him, we dried his tears, and **when the fear** from choking and the pain from needles was **so intense** that he fought through the sedation and opened his eyes, I was there to steady him, to look him in the eye and comfort him saying Daddy is here. **I know for a fact** that helped him. **I know for a fact** that every patient needs that support. And **I know for a fact** that **every patient deserves** that opportunity and respect.

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I am writing to provide testimony for my wholehearted support in favor of the passage of SB22-053 (Health Facility Visitation During Pandemic).

I am a retired Army Medical Service Corps officer who served 24 years as a hospital/healthcare administrator. I have an MBA in healthcare administration and completed additional graduate work in managed healthcare. At the time of my retirement in 2014, I was board-certified in healthcare management and was a Fellow in the American College of Healthcare Executives. I worked my way through my undergraduate degree as a nursing assistant caring for scores of patients who were dying.

The love, care, presence and support of family members and friends is a critical and indispensable component of healthcare delivery. Particularly during the current pandemic, there simply is no acceptable substitute for the psychological, emotional and physical support and comfort that can only be provided in-person by family and close friends at this critical time in a patient's life – families need to be able to be together more now more than ever. When this is thwarted, permanent trauma results for both the patient, family and friends.

We must find new ways to learn to live with Covid in our midst so we can return to some semblance of normalcy, and we can with measures like this bill.

Clearly, our experience in attempting to deal with Covid over these past 2 years has shown that our measures have largely been ineffective in stopping the spread of Covid and, in some cases, have been downright harmful to our wellbeing. The occurrence of breakthrough Covid cases in fully vaccinated individuals – some having had Covid multiple times – have repeatedly shown that the vaccinated can contract Covid as well as pass it on to others. The CDC itself has said that the paper and cloth masks the majority of Americans are ineffective and yet we require they be worn on flights and public transportation in the false hope they are actually making a difference.

In many ways, we have allowed the pandemic to alter adversely the practice of medicine in the US. Some examples are:

- the disregarding of natural immunity;
- the time-honored physician prerogative of ordering off-label medications as treatment alternatives has gone by the wayside when it comes to Ivermectin, Hydroxychloroquine and other potential treatments;
- rationing healthcare procedures and services based on vaccination status – just one short step from doing the same for obesity, smoking, diabetes and cancer;

We will potentially pay a very dire price for some of the stopgap measures we implement today.

This past fall we witnessed countless college football games – many with more than 80,000 in attendance and, truth be told, the majority of attendees mask less shoulder-to-shoulder for 4 hours without the catastrophic impact many in the science community insisted would happen. Given the supposed wide availability of Covid rapid testing kits, it seems to me that visitors could easily and immediately be tested on entry into the healthcare facility where a negative test would allow admission. As an alternative, the visitor could provide evidence of a negative Covid test within 72 hours.

I would be happy to respond to any comments or questions and can be contacted by email and phone.