

are services that are all paid for on top of the basic rate. From our perspective, a lack of oversight during COVID allowed the facility to cut many corners.

Lastly, we would just like to pass along that facility personnel became extraordinary belligerent anytime a family member would want to visit. In the case of my wife and her father - she was there as an RN to provide health services to her father ... which the facility was negligent (contractually) to perform! Only with our firm pressure on the Executive Director (and management above), one by one - we were successful to eliminate the numerous excuses given in an attempt to keep her from entering.

ACTION PLAN: we wish to work with you and anyone else - to pass legislation to PROTECT our elderly mothers and fathers from a lack of oversight during a pandemic. This over-reach by the corporations to exile families is inexcusable. My wife works at a national-leading hospital and executed the protocols that the hospital developed to meet the needs for social interactions while maintaining safety. This can be done at retirement/nursing homes too. There are no excuses for corporations to hide behind and escape oversight.

We respectfully request a meeting with you. We would also like to volunteer to further expose what we believe has been happening in these kinds of facilities all over the state. This must not continue, and we need legislation that provides oversight!

Sincerely,

[REDACTED]
[REDACTED]
[REDACTED]

Constituent Letter #2

Dear Senator [REDACTED],

Your call to me this day lends encouragement that a movement is in place to address the urgent need for a policy change that speaks to how our State's nursing home residents are viewed, understood, and treated during a mandated lockdown. One can learn much during a crisis such as the one we are experiencing with COVID-19. I believe this is a time when those in decision-making positions can take a step back and look more objectively at issues brought to bear associated with this crisis that requires re-evaluation for the benefit of all citizens, particularly those living in skilled nursing facilities, that can heal families and save lives.

In the last four months of [REDACTED] time on earth, I saw her once – through a large pane glass window for approximately 30 minutes. We kept up hope that the restrictions on visiting would end, but they did not and they persist to this day. She died alone; she without me, and I without her.

May I be so bold as to urge our State's legislature or the office of the Governor on behalf of my deceased beloved, and on behalf of citizens like me across our State of Arizona who share this deeply emotional, anxiety-driven common experience to continue to give this issue your highest consideration toward the direction for change.

Best Regards and, again, thank you for your deep and obvious interest in this important issue,

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Constituent Letter #5

"My Dearest [REDACTED],

"Absence certainly does make the heart grow fonder. I, truly, didn't know how much you meant to me until this absence separated us. I did spend a lot of time talking to God. But the time I spent thinking about you took up more of my time. I know you have your place with Him well thought out."

These words written on June [REDACTED] of this year, exactly three months into the state's mandated lockdown and quarantine of nursing home residents, were the last words my wife, [REDACTED], would write to me from her nursing home bed. One month later she was gone. The last time I visited her in person was on March [REDACTED], the day I was informed that visiting my wife was no longer allowed; [REDACTED] skilled nursing facility was officially on lockdown as a protective measure against the coronavirus. The glue that attempted to keep lifting up both of our spirits during the four-month quarantine and lockdown that [REDACTED] and I experienced individually and that continues still were the phone calls to each other every day. Our mutual expressions of yearning and longing for even a simple embrace were compelling.

How could I have known that after that March [REDACTED] visit I would not be with her again; to hug her, to grasp and hold her hand, to kiss her on the cheek, to brush her hair, to whisper "I love you" in her ear, to let her see me and reach out to touch me, or for us to enjoy a leisurely visit to talk or watch a game show together on TV. Yet, for one exception.

On July [REDACTED], the nursing home arranged for us to see each other. She to be inside the lobby and I to be outside looking in being separated by the large glass pane window of the entrance to the facility. We communicated with our cell phones and "touched" each other's hands by placing them on either side of the window. Such a "visit" was better than none at all. But subsequent phone calls revealed just how our yearning for physical contact had increased by virtue of its absence that day in July.

Fifteen feet away from me on this same occasion was a woman with her son speaking loudly through an adjacent window to an elderly man inside that nursing home lobby sitting in his wheelchair. They had traveled some distance from out of state to see him – her father, the young man's grandfather. But all the three of them could do was to look at each other through the glass pane window that separated them and awkwardly piece together across the five-foot expanse between them any semblance they could of the love and care they held for each other.

All across Arizona, husbands, wives, fathers, sons, mothers, daughters are deprived of access to cherished loved ones, to each other during a mandated lockdown. In [REDACTED] case, I could see the heartbreak and loneliness in her eyes through that big glass window on that hot day in July. How different it was compared to all those times I'd pop into her room every day and watch her eyes brighten, cheeks flush with color, and mouth wide open with a smile when she saw me and pulled me close once I was at her bedside.

Drugs help many of these residents, including my wife, cope with the pain, stress, and other afflictions with which they live. But being connected to others in secure and loving relationships helps nursing home residents, like [REDACTED] better deal with stress and emotional pain. It is not hard to find described in psychology white papers and a plethora of medical journals that social isolation is clearly linked to higher rates of depression and anxiety. Mahatma Ghandi once wrote, "Where there is love there is life." Vocal signals via a phone call or adding a face via a Zoom meet become so much less important as tactile signals intensify through the face-to-face, loving attention one can give to another in person. Oh, how [REDACTED] and I missed out on this!

Through my personal experience observing [REDACTED] over the course of the eight months, she was a nursing home resident, especially during her last four months there, it seems to me that a resident's level of social connectedness should be evaluated equally among the myriad of other routine measurements and observations that occur on a daily basis. [REDACTED] passed away from complications related to her disease. We spoke every day on the phone these past 4 months. She was losing hope; I heard it in her voice. And, oh how much she expressed her extreme wish and need to see me, not to mention how much I needed to see her!

Constituent Letter #4

Dear [REDACTED],

Last Sunday, my wife [REDACTED] passed away at [REDACTED]. But telling you this is not the purpose of this communication.

My sense is that you have connections at the State level with whom you might be able to put me in touch.

You see, I wasn't able to see my wife in her assigned room - to hug her, to grasp and hold her hand, to kiss her on the cheek, to brush her hair, to whisper "I love you" in her ear, to let her see me and reach out to touch me, or for us to enjoy a leisurely visit to talk or watch a game show together on TV.

Why? Because the coronavirus pandemic put [REDACTED] and all the other residents in lockdown; visits by family or friends stopped. I wasn't able to see my wife [REDACTED] since March [REDACTED]! She passed away on July [REDACTED].

Four months without the mutual benefit of seeing each other.

What I'm seeking to do is to find someone in the State congress with whom I could begin to discuss how change needs to occur in how nursing home residents are quarantined during a pandemic. Isolating them from the very people they need - their dearly loved ones - only exasperates their decline. And, dying from loneliness is a real thing!

[REDACTED] passed away from complications related to her disease. We spoke every day on the phone these past 4 months. She was losing hope; I heard it in her voice. And, oh how much she expressed her extreme wish and need to see me, not to mention how much I needed to see her!

So, I have this urge to begin a conversation with someone at the legislative level to see what can be done to review lockdown and quarantine mandates from the perspective of nursing home residents and their families.

Do you know of one with whom you might put me in touch?

Best Regards,

[REDACTED]
[REDACTED]

Constituent Letter #3

My father is currently in the skilled care center. I would like to know how long we are going to imprison and isolate our senior citizens, that we are trying to protect. You are killing them emotionally and spiritually. Not only them but their families as well. They are slowly dying by themselves because we are not allowing the families in. How can staff members who don't have half as much emotional input in the senior citizen's life go in-and-out of the building? They are living their lives and going in and out of facilities. Of course, everyone's going to take precautions but there's got to be a way to include family into this thing. You cannot imprison the seniors, prisoners are still allowing visitors. But not our loved ones who may only have a month or so left to live. Are you going to let them die in a so-called care center by themselves? This is killing them, emotionally and spiritually. How can we fix this!!! There's gotta be away, there's just got to be away. Please help me I want to be able to hug my dad, not watch him wither through a window as "he cries that he is sorry, he will behave please do not let me die in here."

Help me please, and all other families of this population we have imprisoned for there own good is not an acceptable response. I would rather take the chance that he dies from any disease than to have him slowly die because he feels abandoned.

Please help,

Sincerely

██████████
██████████
██████████

Surely it is possible for Arizona's medical establishment, its leadership, skilled nursing facility owners and administrators, and front-line nurse practitioners to come up with innovative ideas and strategies that can significantly limit the harm that occurs during lockdown and quarantine procedures and implement them in a manner that does not compromise the state of care in nursing homes and the safety of its residents. It is my opinion that change needs to occur in how nursing home residents are quarantined during a pandemic. Isolating them from the very people they need - their dearly loved ones - only exacerbates their decline. And, dying from loneliness is a real thing. The preceding is just one perspective from a citizen of the State of Arizona.

Constituent Letter #6

████████████████████, Governor Doug Ducey's Task Force,

Arizona Governor Doug Ducey acted swiftly to close Senior Living communities across the state on March 17. The measure taken was categorical across all facets of aged care, which continues to impact our Senior Citizens. The initial action was to curtail the immediate threat. However, Dr. Cara Christ, as well as Doug Ducey must, (MUST) have a very limited scope of understanding or experience regarding the many types of support structures that are provided by retirement communities, long term care, assisted living facilities, adult daycare, and daily senior centers which are so critical to living aged.

While it is appreciated that AZDHS and our Governor chose to protect our healthy aging population initially, it has become more apparent with each passing day that the impact of isolation on our elderly is a critical mass.

Timeline of Isolation of Arizona's Senior Population (as of August 9, 2020)

- 12,614,400 seconds
- 210,240 minutes
- 3504 hours
- 146 days
- 20 weeks and 6 days
- 39.89% of 2020

As my mother's caregiver, my experience has been arduous and made next to impossible since COVID-19. Two years ago our family was in the midst of our own crisis. My husband; an active duty service member and I were in transit back to Arizona to address my reoccurrence of breast cancer which had spread. My parents were facing their own medical apocalypse with Dad's heart which he succumbed to, and Mom's undiagnosed Dementia. Needless to say, support systems regarding these life-changing medical issues are non-existent. I had no way forward as many of the nonprofit, City, or State-funded entities are in the habit of handing out telephone numbers and pamphlets without actionable assistance. At best, their help is to inform, not assist.

After █ years my mom had to move into a dinky apartment in a retirement community. She was placed into an independent living apartment with mild cognitive impairment. This was the best we could do at the time while juggling moving our house, her house, death, and medical needs of all. But as time passed we found that mom's memory issues weren't just a result of grief. Over the course time, she was diagnosed with █ with a subsequent diagnosis of █ later on. Mom was finally approved for █ this █, during the COVID-19 Lockdown. I can't begin to express the detriment this lockdown caused.

My mom received a written notice from the director of her community on March █ stating that all residents must remain in their apartment until further notice. It was indicated that if they didn't comply, they would be evicted. Unfortunately, my mom lacks the ability to discern, she then stuck to the mandate given by the director. Despite being given additional guidance following the initial notice such as remain in your apartment, but you can go outside; my mom couldn't grasp the nuance. She locked that door on March █ and didn't emerge until April █.

The day following Easter, my mom phoned hysterically screaming she wanted to die, and was sobbing completely inconsolable. She didn't understand why people in her community were allowed to go to the store, walk around, why residents were interacting while she was told to remain in her apartment. Despite all residents receiving the same notice my mom, in her mind was in-prisoned, and she stated she was going to kill herself.

Daily and weekly routines, which used to keep her calm and her anxiety level low went right out the window. She couldn't even be consoled by her church. No longer was I able to come into the facility to check for spoiled food she hoarded in the fridge because she isn't able to operate a microwave. I wasn't there to ensure she took a shower. I wasn't there to set up her medication, and ensure she took it. I couldn't check to make sure she was changing her clothing and underwear. I couldn't console her loneliness or heartbreak from losing her spouse.

That day we brought her to our home, and for two months we waited, with the assurance given by Dr. Christ and Doug Ducey that they would COVID test our senior citizens. That statement was made by a press conference on March 11, 2020, which still hasn't happened to date. We waited for the promise of testing to be fulfilled. We waited until we couldn't wait for it anymore. It was one of the hardest choices I've had to make. Mom returned to her apartment while the [REDACTED] started experiencing cases of COVID among the airmen which put my husband at risk of bringing it home. Mom had to go where there was no threat of COVID, where we hoped it was safer.

Before COVID, I had a job that was meant to offset the cost of hired caregivers when needed. Now, without a job, we were forced to pay for care since I wasn't able to provide care inside mom's facility. This put an extreme financial burden on us on top of the emotional toll, and constant concern we had for mom while waiting to qualify for [REDACTED]. Come to find out, the "hired" caregivers entering the COVID-free facility, started developing cases beginning of June and into July. Yet despite my limited exposure to the potential of my husband being exposed at the [REDACTED], I was most likely the most COVID-free of all options that could have been available.

My mom's safety and security are dependent on the familiarity with her medical, and emotional needs. A hired caregiver who doesn't know the patient's deficiencies sets the patient and the hired caregiver up for failure. Despite trying to articulate needs to caregiving company managers, I've found (I've gone through 4 companies) that critical information just doesn't make it to the person who shows up at the door. The family isn't allowed to communicate directly with the person who shows up. The order from Arizona health, Governor, and CMS stated "compassionate care circumstance only" visits are left up to personal interpretation by Facility directors. Without an income to offset hired care, I was forced to pay for substandard care all to protect the facility. Yet, still no COVID testing, still isolated, no oversight, and mom forced to eat alone.

Knowing mom would be on [REDACTED] during the summer, I started calling [REDACTED] facilities in April as there are months-long waiting lists. My intent was to find her an assisted living facility so that she could resume activities with those who were also COVID free, eat a meal with others, and re-engage in living. Everyone I called required 14-day isolation within their facility which would be unfamiliar to mom. Plainly, we were told we couldn't tour or inspect a facility ahead of moving in. I asked each place how many times the ombudsmen inspected since the lockdown because family members weren't allowed eyes on their loved ones during the lockdown. Concerned, I received a resounding answer of NO inspections had taken place in each place I phoned.

Another made-up rule by facilities was I had to pay for a moving company as we were told it was safer than family doing so. Who would put clothing away? Make sure things are placed where mom would find them? Remove boxes? Ensure mom had her medication set up? That mom would even eat during 14 days of isolation in an unfamiliar apartment? We were given the same reason for hired caregivers as opposed to the family; which was it's safer.

After several discussions with several directors, it became increasingly clear it was not so much about safety of the Patients inside nor the person in need, but rather, the safety of the facility in terms of liability. This is wrong on so many levels. I had offered out of my own pocket to pay outright for the nasal swab test for my mom to isolate/quarantine for the duration of the test result in order to be able to inspect facilities ahead of her move in. This would

ensure she could be familiar with the facility and see if it was a good fit. Again I was told NO by several assisted living places despite no ombudsmen oversight since locked down March 17.

I phoned the Alzheimer's Association, my mom's doctor, pretty much anyone I could think of that could advise me on how to move my mom into Assisted Living as her mental and emotional health was severely declining, and I was told I just had to put her in care and hope for the best. Mom's new case manager through [REDACTED] then told me that many of the licensed by state facilities were not allowing low acuity persons to move into assisted living at this time and no one had an answer as to why. The best advice she could give was to allow my mom to remain at her Independent living apartment with additional caregivers. The very thing I had been doing since the pandemic, only with more visits, and without cost to me. After agreeing to that plan, we found out many of the contracted home health aid companies have staffing issues because their caregivers are getting sick with COVID and they can't promise they can fill the need. They also can't seem to keep their staff COVID free.

Additionally, many of those elderly living in facilities are not residing in licensed care. Virtual visits of the medical persuasion are covered under HIPPA yet, many Senior Citizens can't operate computers or tablets and must rely on residents or staff who do not have HIPPA Authorization to listen in. It also puts the elderly at risk and subjects them to health profiling.

We need a timely plan forward. I will outline what I feel as a primary caregiver would be best practices, and actionable items that can be implemented safely.

- Allow one family member / primary caregiver access into living quarters within facilities once per week (for oversight, and morale wearing full PPE with a time limit of 1.5 hr with a waiver of liability)
- Allow the elderly to inspect and tour facilities ahead of moving in with protective measures in place for the facility as well as the potential resident. (negative test required)
- Increase funding for Ombudsmen, hire more Ombudsmen and require Ombudsmen to inspect each facility one time per month.
- Uniformity of policy across all congregate facilities to include independent living, assisted living, memory care, as well as Nursing home care
- Follow the same rules for Senior Daycare, and Senior Centers that are in place for Child Daycare, and Schools.
- Test ALL residents in ALL senior living facilities (independent, assisted, memory care, and Nursing) using the PCR test to the baseline to allow them to fraternize with those who have the same test results.
- After the baseline is established, the weekly rapid test should be given to ensure the infection isn't spreading by employees, or outside caregiving agencies
- Allow in-person visitation by the limit of 2 immediate family persons / or close personal friend every 14 days. Adults Only. PPE required (neg test result would be prudent)

I do hope you consider my recommendations moving forward, and at a minimum consider adapting them to a course of action on behalf of our senior citizens within Arizona. I also hope you consider the many circumstances facing each one of us, as well as our loved ones, as a one size fits all blanket mandate doesn't afford enough flexibility for everyone.

Sincerely,

[REDACTED] on behalf of my Mom, [REDACTED]