

Proponent Testimony on House Bill 324
Ohio House Health Committee
18 May 2021

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Good morning, Chairman Lipps, Vice-Chair Holmes, Ranking Member Russo, and Committee Members. My name is Alfred Davis. I am the pastor of the Bible Baptist Church in Richfield, Ohio, and a board member of the Ohio Christian Alliance. Thank you for the opportunity to give testimony in support of House Bill 324, *Enact Shirley and Wilma's Law*.

On January 25, 2021, I was admitted to the hospital in Akron, Ohio, with COVID pneumonia. My wife, a Registered Nurse not employed by the hospital, brought me into the ER due to fever and low blood oxygen levels. She accompanied me through triage and into the examination room where she remained with me until the decision was made to admit me to the hospital.

The last I saw my wife was as she waved goodbye while I was being wheeled out of the ER. I did not see her again until five days later when she came to pick me up. During those five days I was isolated alone in a room with no visitors allowed. Not my wife. Not my adult daughter. No clergy members. My only direct human contact for five days was brief visits from doctors, nurses, other healthcare workers, and the people who brought my meals and emptied the trash.

Due to "COVID fog", which makes it hard to concentrate, read, or even follow a television program, most of my time initially was spent staring at the monitors or out the window looking at the brick wall across from my room. Even having a telephone conversation was difficult due to shortness of breath and being tired. Thankfully, as my condition improved, I was able to do a little more reading, watch television, and enjoy short telephone conversations. Fortunately, I am somewhat of an introvert but, even so, just having my wife sit with me or having a pastor visit and pray with me would have made a world of difference during my hospital stay. I cannot imagine how more extroverted people handle the days of isolation.

In addition to my own experience, I have also dealt with several others who were isolated from family and clergy while in the hospital with COVID. For instance, in 2020, a 92-year-old veteran, a paratrooper in World War 2, Korea, and Vietnam, languished alone, isolated in the hospital with COVID. As a pastor and long-time friend of the family, I counseled with his wife and daughter who expressed their frustration at not being able to visit him. They asked me to try to see him but all I was able to do was talk with him and pray with him on the telephone. Unfortunately, he was mostly unresponsive; a nurse had to hold the telephone up to his ear. I had absolutely no way to know if I was even being heard. I felt frustrated and ineffective in my ability to minister to this man as he passed away alone, separated from family, friends, and clergy at Christmas time.

More recently, a member of my church was admitted to the VA in Cleveland with COVID pneumonia just before Christmas. Because he was unresponsive and had no family in the area other than our church family, I was designated as his medical power of attorney. Again, I felt frustrated and ineffective in my ability to minister to this member of my church because I was unable to visit and pray with him. Fortunately, he recovered and is back in church with us today.

In each of these situations, and others, the inability of clergy and family to visit people in the hospital makes an already bad situation even worse for both patients and their families. Patients are deprived of the comfort, encouragement, and spiritual support needed during their illness. Families are deprived of the opportunity to see and spend time with their loved ones or, in worst case situations, to hold them one last time as they make their final goodbyes. Clergy are prevented from providing vital spiritual counsel and support, often during the most needful times as the patient approaches the end of their life. Certainly, if proper and common-sense precautions can be taken to allow for healthcare workers to tend to the physical needs of hospitalized patients, the same precautions can be taken to allow family and clergy to tend to their emotional and spiritual needs. To deprive patients, families, and clergy these things is unconscionable in a civilized and Christian society.

Epidemics, pandemics, and other health emergencies do not take away the need for comfort, encouragement, and spiritual support. They only increase the need. Remember, as Jesus said in the 25th chapter of the Gospel of Matthew, "I was sick, and ye visited me." When asked when, He answered, "Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me." But, lest we forget, Jesus also warned, "Verily I say unto you, Inasmuch as ye did it not to one of the least of these, ye did it not to me." As a Christian and as a pastor, I take these words very seriously indeed.

Therefore, I respectfully urge the Members of the Ohio House Health Committee to pass House Bill 324, *Enact Shirley and Wilma's Law*, to ensure that Ohio's citizens are not deprived from the comfort, encouragement, and spiritual support that they so desperately need in the midst of a health crisis.

Thank you for your time. I am happy to answer any questions from the Committee.