Families Who Lost Loved Ones Under Rigid COVID Hospital Protocols Take Their Fight to Capitol Hill

Widows and relatives who lost loved ones under rigid pandemic rules hope the September 28 gathering will open the door to formal hearings on hospital accountability

By Liberty Bell Staff

WASHINGTON — For years, grieving families have carried the same unanswered questions: Why were they locked out of hospital rooms while their spouses and parents deteriorated? Why did requests for alternative treatments or simple discharge meet a brick wall? Why did standard protocols appear to override family wishes, informed consent, and even the desperate hope of a dying patient?

On September 28, some of those families will finally place their stories before a United States senator in a Capitol Hill roundtable convened by Sen. Ron Johnson of Wisconsin. The event is not a formal congressional hearing. Organizers and participants, however, see it as a critical first step toward the deeper investigation they have long demanded; one that examines the role hospitals and their protocols played in the deaths of thousands of Americans during the COVID-19 pandemic.

"These are serious questions," the families insist. "Isolation, denied treatments, forced ventilation, and a system that seemed to value federal reimbursements more than patient outcomes deserve real scrutiny."

The roundtable will focus on the experiences of relatives who say their loved ones were subjected to stringent hospital protocols that left little room for individual judgment, family advocacy, or alternatives. Participants plan to describe a recurring pattern: patients isolated from advocates, requests for early or non-protocol therapies refused, discharge and transfer attempts blocked, and rapid escalation to mechanical ventilation after heavy sedation. Many believe these practices were reinforced by financial incentives that rewarded aggressive COVID coding and intubation far more than recovery-oriented care.

Sen Ron Johnson

Fighting Hospitals in Court — and Losing

The anguish did not stop at the hospital door. Across the country, families turned to the courts in last-ditch efforts to force hospitals to administer treatments they believed might save their loved ones, or to stop protocols they feared were hastening death. In nearly every case that reached higher courts, the hospitals prevailed.

In Ohio, Julie Smith sued West Chester Hospital in August 2021 to compel staff to give ivermectin to her husband, Jeffrey Smith, who lay in a medically induced coma on a ventilator. A judge initially granted an emergency order requiring the hospital to administer the drug for 13 days. A subsequent ruling overturned that order, holding that a court cannot force a hospital to provide care that falls outside established medical standards or lacks broad scientific consensus.

In Kentucky, registered nurse Angela Underwood sued Norton Brownsboro Hospital in Louisville, demanding the right to administer ivermectin to her husband, Lonnie Underwood, herself if hospital staff refused. A circuit court judge denied the request, ruling that courts cannot legally require a hospital to take orders from outside individuals or mandate an unproven off-label therapy.

In Wisconsin, Allen Gahl sued Aurora Health Care to force the administration of ivermectin to his uncle, John J. Zingsheim. The case climbed to the Wisconsin Supreme Court, which ruled in 2023 that patients and their families do not have a legal right to compel a private hospital or physician to administer a specific treatment against the providers' medical judgment.

Other families focused their legal fire on the drugs hospitals insisted on giving. In late 2022, two California widows, including Evangeline Ortega, filed a fraud lawsuit against Kaiser Permanente and Redlands Community Hospital. They alleged their husbands received the antiviral remdesivir without informed consent or knowledge, that the drug contributed to organ failure, and that hospitals had financial incentives to use it. Activist networks such as Medical Justice Minnesota formed around similar collective actions, accusing local hospitals of isolating patients, confiscating personal vitamins, and forcing standard medications against families' explicit wishes.

Lower courts sometimes issued temporary emergency injunctions when families were desperate and patients were dying. Higher courts consistently reversed those orders. The prevailing legal consensus, echoed by major medical and bar associations, held that there is no constitutional right to demand a specific treatment, and that judges must defer to the medical standard of care and the clinical judgment of hospitals rather than family preferences or emerging alternative approaches.

To the families, those rulings felt like a second betrayal. While they fought in courtrooms, their loved ones remained behind closed doors, subject to the very protocols the lawsuits sought to interrupt. Many never got the chance to say goodbye in person.

A Pattern of Isolation and Control

The legal battles grew out of experiences that families describe as dehumanizing. Visitation bans left spouses, children, and adult children unable to advocate, interpret wishes, or simply hold a hand. Requests for discharge or transfer to facilities willing to try different approaches were frequently denied. Hospitals cited protocols, liability concerns, and the prevailing standard of care. Families experienced those decisions as a form of medical captivity: once admitted, patients and their advocates lost the practical ability to exit the system or alter its course.

Senator Johnson has previously used hearings, investigations, and roundtables to probe aspects of the government's COVID-19 response and has called for greater transparency. The September 28 gathering is designed to put the hospital-protocol experiences themselves on the record — medical documentation, timelines, photographs, text messages, and firsthand testimony from relatives and from healthcare workers who questioned the rigid rules.

Organizers emphasize that the roundtable is not a trial and does not establish legal findings against any particular hospital or clinician. It is an opportunity for the people who lived through the isolation, the refused alternatives, and the final days on ventilators to be heard at the national level. From there, participants hope the discussion will build momentum for formal hearings that examine how hospital policies, financial incentives, and institutional deference combined to shape patient outcomes.

"We are not asking anyone to accept every claim without evidence," one family representative said. "We are asking that the medical records be examined, that the questions about consent and isolation be taken seriously, and that the people who watched their loved ones die under these protocols finally have a seat at the table."

For the widows and relatives who have spent years gathering documents, filing lawsuits that ultimately failed, and searching for accountability, September 28 is not an endpoint. It is a beginning, a chance to turn private grief into public scrutiny of the hospitals that, they believe, put protocols and profits ahead of the patients they were entrusted to heal.

The search for answers, transparency, and accountability continues.