

**General Assembly of Maryland  
House Appropriations Committee**

**HB 187 – Public Institutions of Higher Education – Outbreak Response Plan  
“Olivia’s Law”  
January 28, 2020 - 1:00PM / Room 120**

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Madame Chair and members of the Appropriations Committee, my name is Ian Paregol and I am the father of Olivia Paregol. I am a Howard County resident and I come before you today as not only a concerned citizen of the State of Maryland, but also a brokenhearted father. My beautiful 18 year old daughter, Olivia, died during the fall of her Freshman year (November 2018) after first becoming ill with respiratory symptoms - as did dozens of other housekeeping staff and students who were living in the mold-infested dormitory of Elkton Hall at University of Maryland at College Park - and then succumbed to the adenovirus outbreak which the University failed to report to the campus community until 19 days after it was initially made aware of the first positive finding of the virus on November 1, 2018.

I am submitting this written testimony **in support of House Bill 187**– Public Institutions of Higher Education – Outbreak Response Plan (“Olivia’s Law”).

Pursuant to the proposed legislation before you, public institutions of higher learning - like the University of Maryland - will be required to submit an outbreak response plan to the Maryland Department of Health outlining the institution’s protocol should a life-threatening contagious disease or similar health emergency arise. Particularly important within this proposed legislation is section 18-214.2(C)(2)(II) - the provision that would have directly importantly impacted the treatment of my daughter. Section 18-214.2(C)(2)(II) would have required that Olivia – as an immuno-suppressed student with a higher risk of complications from an infectious disease like adenovirus - would have been notified of the burgeoning outbreak in the Fall of 2018. Had this legislation been in place, Olivia would have surely been told of the need to seek enhanced medical care upon her initial visit to the University of Maryland Health Center on November 2<sup>nd</sup> where she was seen with symptoms of adenovirus. But instead she was sent back to her dorm room with over-the-counter medication.

I am certain the members of this committee were made aware of the adenovirus outbreak at the University of Maryland in 2018, but I am not sure that you are aware of the timeline of notices and university-based actions which the proposed legislation would have enriched.

The University knew about the first case of adenovirus on November 1<sup>st</sup>. My daughter, Olivia – who in her medical records maintained by University Health Center was known by the University as immuno-suppressed because she received her medication for Crohn’s Disease directly at the University Health Center - was seen at the Health Center on November 2<sup>nd</sup> exhibiting all of the characteristics of adenovirus. She was given no blood tests, she was given no prescriptions, she was given no suggestion to see a more competent physician, she was not told that there was a finding the prior day of the presence on campus of a significant virus, and she was not told that as an immuno-suppressed student, she would be at risk for significant complications if she were to have contracted this virus.

Instead, Olivia was sent back to her dorm; and from the University’s perspective, that was the end of it. No follow-up, no medications, no tests, no warnings.

On November 5<sup>th</sup> the University was made aware of the second adenovirus finding. Still no communication to students or staff about the growing threat. On November 9<sup>th</sup>, there was a third case of adenovirus.

It was not until I contacted the University Health Center directly on November 13<sup>th</sup> to try and ascertain what Olivia - now in the ICU fighting for her life - could have had contracted at University, did I learn that there "might be" a connection to the first unannounced adenovirus findings that the health center had seen now almost two weeks prior. Olivia was tested for adenovirus, the diagnosis was confirmed and an anti-viral was started immediately.

But it was too late.

Olivia's lungs were no longer functioning. She was on a horrifying machine called Extracorporeal Membrane Oxygenation, or ECMO, that removed all of her blood through a gardenhose-sized tube that ran from her left leg to a series of units that oxygenated her blood which then tracked back into her neck. This was the only chance she had. This was the only chance she had because no one had communicated with her or with the student body about the adenovirus outbreak. There was no email from the university, no communication, and no notice was ever disseminated by the University about the growing adenovirus outbreak at the University of Maryland until after Olivia died. Then it was a problem. Then the University reacted.

The University learned of Olivia's diagnosis on November 13<sup>th</sup> and still no communication was issued. It was not until November 19<sup>th</sup>, when we informed the University that Olivia had succumbed to adenovirus, that the University first mentioned adenovirus in any communication to staff or students.

I have not detailed the dozens of students who also suffered respiratory symptoms, just like Olivia did, and reported to the University Health Center in September and October of 2018 with complaints of shortness of breath, coughing, wheezing, headaches and infections resulting from mold exposure...which in itself should be deemed a health emergency given the extent of the presence of mold in the residential facilities of the University. Nor have I addressed how the University's failure to come forward with information about the adenovirus outbreak in a timely manner resulted in at least 42 known cases of the virus, resulting in at least 10 hospitalizations.

However, I do want each of you to understand what this legislation, if enacted, will address because Olivia was not the only immuno-suppressed student at the University of Maryland. More and more students with some degree of medical fragility are attending institutions of higher education. As parents, we were assured in writing and during staff communications by University staff of the reasonable expectation that our children would be kept safe from direct harm caused by the University. That expectation was not met and that failure clearly warrants governmental oversight and accountability.

I am hopeful that with the added requirements inherent in HB 187, no one else will experience the devastating loss that our family has had to endure.

Respectfully submitted,



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