

Our Amazing Grace's Light Shines On, Inc.
Kevin Tuttle, Public Relations Director
608-630-7668
kevin@ouramazinggrace.net



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DISABLED DYING AT FAR GREATER RATE IN HOSPITALS

FREEDOM, WISCONSIN, June 1, 2022 — When Grace Schara passed away, medical professionals told her bereaved family that they did all they could to save her life. Grace was young – only 19 years old – but had Down Syndrome. However, facts show that her death was more likely due to her disability the moment she was admitted to a hospital in Appleton, Wis.

The Schara family isn't believing that medical professionals did "all they could" to save Grace's life. To the contrary, they believe medical professionals, including doctors, nurses, pharmacists, and hospitalists, deliberately target those with disabilities.

Researchers at Jefferson Health in Philadelphia, published a study as a commentary in the *New England Journal of Medicine Catalyst*, noted that the leading factor of death, besides age, was intellectual disability (<https://catalyst.nejm.org/doi/full/10.1056/CAT.21.0051>). The commentary notes other studies that show anywhere from 2.75 to 8 times increased mortality if the patient has an intellectual disability. The authors mistakenly attribute Covid-19 diagnosis to the patient's inability to socially distance or wear masks properly, but that doesn't explain the fact that once admitted into a hospital, these patients die at a much higher rate. Clearly, masks and social distancing didn't keep able-bodied people out of the hospitals, so why the disparity in mortality?

"It's clear as day – hospitals are dangerous places for the disabled," said Scott Schara, Grace's father. "Realize that if your loved one is considered a 'useless eater,' they're far more likely to die in a hospital. This is happening all across the country and we all need to wake up to this reality."

Throughout the Covid era, disabled people's lives have ended early in hospitals due to decisions made by medical professionals either not to treat, or to treat with deadly protocols such as ventilators and Remdesivir. In July of 2020, Michael Hickson died when a hospital in Austin, Texas, refused to treat him further because he was a quadriplegic. His wife, Melissa Hickson, believes doctors denied him treatment because they viewed him as having a low quality of life.

Giving a quadriplegic person invasive treatment would have been cruel and pointless, according to the hospital that treated Hickson.

"Violating laws like the Affordable Care Act and The Americans with Disabilities Act apparently means nothing to medical professionals, who also violate the Nuremberg Code where a patient is supposed to have informed consent," Schara said.

Grace was given a combination of three contraindicated medicines – Precedex, Lorazepam, and Morphine in 29 minutes. The package insert for Precedex says not to administer the drug for more than 24 hours, yet Grace was on it for four

days, including her last day when a maximum dose was administered eight minutes before a medical doctor submitted a do-not-resuscitate (DNR) order in the system, without consulting family. That doctor not only gave Grace a maximum dose of a dangerous sedative, but he also sealed her fate through the DNR.

A DNR order is legally required to be discussed with family and consented to in writing, neither of which occurred in Grace's case. Grace was not given a DNR bracelet, which is also required by law.

Lorazepam is an anti-anxiety medicine. Grace was already unconscious, from Precedex, before Lorazepam was administered, which begs the question as to the need of an anti-anxiety drug being ordered in the first place.

Morphine shouldn't be combined with either of the other two sedatives, and the reversal drug should be "immediately available" in case of complications and staff is to monitor the patient. None of these rules were followed by medical personnel at the hospital. Not only was the reversal drug not available, no medical staff stepped foot into Grace's room after the Morphine was injected, until after Grace died.

"No one helped. Grace's sister, Jessica, was in the room with her and ran to the hallway where she estimates about 30 nurses were there because of shift change," Schara explained. "She begged them to save her sister and we were on FaceTime begging them to save our daughter. 'She's DNR,' they told us. That was the first we heard about a DNR and we shouted to them that she's not DNR. That should have been enough for them to act and to save her life, but they didn't care. They let her die." In the State of Wisconsin, such verbal commands supersede DNR orders.

Was it because Grace had Down Syndrome? According to Disability News Service out of the United Kingdom, disabled females between nine and 64 had a hospital death rate 10.8 times higher than non-disabled females. The Schara family believes that's no coincidence.

"We saw firsthand how Grace was treated at the hospital. We have the medical records of 22 doctor reports where they stated 36 times that Grace was Down Syndrome. Why would they include that fact so often – it shouldn't make a difference in her treatment," Schara said. "If you have a loved one with a disability, please know what you're getting into when you take them to a hospital because the white coats shouldn't simply be trusted. Make them earn your trust."

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