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--FOR IMMEDIATE RELEASE--

WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES COLLUDES WITH MEDICAL INSTITUTIONS IN ILLEGAL EUTHANASIA SCHEME

Sham investigations and outright lies abound

FREEDOM, WISCONSIN, December 19, 2022 — A recent query of the Wisconsin Department of Safety and Professional Services (DPS) by an investigative journalist regarding hospitals issuing Do-Not-Resuscitate (DNR) orders on patients without their consent revealed a massive coverup of wrongdoing by medical personnel by the agency that is supposed to ensure public safety.

Scott Schara says his 19-year-old daughter Grace's life ended prematurely in October 2021, when Ascension NE Wisconsin – St. Elizabeth's Campus in Appleton, Wis., failed to inform the family they had placed a DNR order on her life. The order wasn't warranted or desired, Schara says, nor was there any informed consent given. Rather, Dr. Gavin Shokar, M.D., issued the DNR on Grace, 8 minutes after giving her a near-maximum dose of a powerful sedative called Precedex.

After Schara requested a formal investigation in December 2021, through Department of Safety and Professional Services (DPS) related to the doctor, the Department of Health Services (DHS) related to the hospital, and the Department of Justice (DOJ) related to the disability violations because Grace had Down syndrome, the agencies found no wrongdoing.

In a letter dated January 20, 2022, by the Wisconsin Department of Safety and Professional Services (DPS), it said they "conducted a thorough review of the treatment records. They did not find a violation of minimal competency standards in the care rendered." The letter also states: The details of the complaint were reviewed and evaluated by a screening panel made up of members of the regulatory authority for the profession and/or a department attorney.

Schara believes that decision is the result of the government investigating those who are doing their bidding.

"They are not interested in the uncovering of facts, but are concerned about protecting doctors and hospitals. When the investigative body is protecting the institutions they're supposed to be investigating, there can be no justice. This is a system rife with conflicts of interest propagated by the government itself through its COVID bonuses and monetization program where hospitals are rewarded for COVID deaths."

When pressed by the investigative journalist specifically about the illegal nature of the DNR, an email written by DSPS' Jennifer Garrett, Assistant Deputy Secretary Department of Safety and Professional Services, on December 5, states: Chapter 154 of the Wisconsin Statutes does not apply to physicians operating in a hospital, non-emergency room setting such as the one in question.

Schara has studied Chapter 154 of the Wisconsin Statutes and sees little sense in such a statement by DSPS.

"If the statute doesn't apply to doctors in a non-emergency room setting, why is there an entire chapter on the correct processes and procedures required to administer a DNR? The agency (DSPS) took § 154.17, which talks specifically about emergency room situations and ignored the rest of the chapter, like § 154.19 that gives specific instruction to validate a DNR. The definition requires them to follow the subchapter. The agency is lying to protect the hospital," Schara said.

WISCONSIN STATE LEGISLATURE

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SUBCHAPTER III

DO-NOT-RESUSCITATE ORDERS

154.17 Definitions. In this subchapter:

- (1) "Do-not-resuscitate bracelet" means a standardized identification bracelet that meets the specifications established under s. 154.27 (1), or that is approved by the department under s. 154.27 (2), that bears the inscription "Do Not Resuscitate" and signifies that the wearer is a qualified patient who has obtained a do-not-resuscitate order and that the order has not been revoked.
- (2) "Do-not-resuscitate order" means a written order issued under the requirements of this subchapter that directs emergency medical services practitioners, emergency medical responders, and emergency health care facilities personnel not to attempt cardiopulmonary resuscitation on a person for whom the order is issued if that person suffers cardiac or respiratory arrest.
- (2r) "Emergency medical responder" has the meaning given under s. 256.01 (4p).
- (3) "Emergency medical services practitioner" has the meaning given under s. 256.01 (5).
- (4) "Qualified patient" means a person who has attained the age of 18 and to whom any of the following conditions applies:
 - (a) The person has a terminal condition.
 - (b) The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation would be unsuccessful in restoring cardiac or respiratory function or the person would experience repeated cardiac or pulmonary failure within a short period before death occurs.
 - (c) The person has a medical condition such that, were the person to suffer cardiac or pulmonary failure, resuscitation of that person would cause significant physical pain or harm that would outweigh the possibility that resuscitation would successfully restore cardiac or respiratory function for an indefinite period of time.
- (5) "Resuscitation" means cardiopulmonary resuscitation or any component of cardiopulmonary resuscitation, including cardiac compression, endotracheal intubation and other advanced airway management, artificial ventilation, defibrillation, administration of cardiac resuscitation medications and related procedures. "Resuscitation" does not include the Heimlich maneuver or similar procedure used to expel an obstruction from the throat.

History: 1993 a. 200; 1997 a. 27; 1999 a. 9; 2007 a. 130; 2017 a. 12.

WISCONSIN STATE LEGISLATURE

HOME SENATE ASSEMBLY COMMITTEES SERVICE AGENCIES

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History: 1993 a. 200; 1997 a. 27; 1999 a. 9; 2007 a. 130; 2017 a. 12.

154.19 Do-not-resuscitate order.

- (1) No person except an attending health care professional may issue a do-not-resuscitate order. An attending health care professional may issue a do-not-resuscitate order to a patient only if all of the following apply:
 - (a) The patient is a qualified patient.
 - (b) Except as provided in s. 154.225 (2), the patient requests the order.
 - (bm) Except as provided in s. 154.225 (2), the patient consents to the order after being provided the information specified in sub. (2) (a).
 - (c) The order is in writing.
 - (d) Except as provided in s. 154.225 (2), the patient signs the order.
 - (e) The health care professional does not know the patient to be pregnant.
- (2)
 - (a) The attending health care professional, or a person directed by the attending health care professional, shall provide the patient with written information about the resuscitation procedures that the patient has chosen to forego and the methods by which the patient may revoke the do-not-resuscitate order.
 - (b) After providing the information under par. (a), the attending health care professional, or the person directed by the attending health care professional, shall document in the patient's medical record the medical condition that qualifies the patient for the do-not-resuscitate order, shall make the order in writing and shall do one of the following, as requested by the qualified patient:
 1. Affix to the wrist of the patient a do-not-resuscitate bracelet that meets the specifications established under s. 154.27 (1).
 2. Provide an order form from a commercial vendor approved by the department under s. 154.27 (2) to permit the patient to order a do-not-resuscitate bracelet from the commercial vendor.
- (3)
 - (a) Except as provided in par. (b), emergency medical services practitioners, as defined in s. 256.01 (5), emergency medical responders, as defined in s. 256.01 (4p), and emergency health care facilities personnel shall follow do-not-resuscitate orders. The procedures used in following a do-not-resuscitate order shall be in accordance with any procedures established by the department by rule.
 - (b) Research (c) does not apply under any of the following conditions:

Garrett further states in her email, "Among the allegations that the Panel reconsidered and thoroughly discussed was the allegation that the attending physician violated Wis. Stat. § 154.19. The purpose of a written DNR as outlined in chapter 154 of the Wisconsin Statutes, Advance Directives, is to direct care provided in emergency department and out-of-hospital emergency settings so that the medical care provided in those settings is consistent with a patient's wishes

and an attending physician's authorization. They are sometimes referred to as 'community' DNRs, which is reflective of their purposes."

This makes little sense to Schara who wonders why Grace was put on a DNR order when she was an in-patient in the hospital, not an emergency room.

"If it's the definition of a DNR that it only applies to emergency personnel in emergency room situations, then why was one put on Grace?" he asked. "Advanced directive planning is part of estate planning, so it doesn't make sense to say DNRs only apply in emergency room situations."

Since the government issued its COVID policies to help the citizens of the United States, more than 1 million people have died. According to the Vaccine Adverse Events Reporting System (VAERS), more than 32,500 people have died from the COVID-19 gene therapy jab falsely labeled a vaccine, as it neither prevents the spread or infection of SARS-CoV-2, the virus that causes COVID-19 symptoms.

Government officials refuse to acknowledge their role in these deaths nor address the fact hospitals receive bonuses when COVID-labeled patients die. In the case of Grace Schara, St. Elizabeth's Hospital received \$13,000 for her death.

In Wisconsin, the DNR laws were not altered at any time for COVID-19. The Wisconsin Department of Health Services (DHS) Communications Team communicated with the investigative journalist and admitted:

- Wisconsin did not temporarily waive or alter any laws/policies related to DNR orders during the pandemic
- The statutory requirements for DNR laws did not change during the pandemic.
- According to their own website, for a DNR to be ordered, the patient, legal guardian or health care agent and the attending health care professional must sign a form for a DNR to be valid/approved

Despite there not being a change in laws, Schara says hospitals have operated illegally by getting patients to sign, upon initial check-in paperwork, a DNR order. However, under § 154.25 (3) it states under health insurance: "No person may be required to request a do-not-resuscitate order as a condition prior to being admitted to a health care facility or being insured for, or receiving, health care services."

The investigative committee from DSPS that was responsible for the investigation into St. Elizabeth's refused to interview Schara during their first, and latest, investigation into the matter, making him believe they continue to avoid the truth and only want to protect the system.

"The system is corrupt from top to bottom. Patient care isn't the priority of these medical institutions – profit is their priority. Safety and protection aren't the concern of the governmental institutions overseeing the medical institutions – facilitating the genocide to rid the world of the disabled, elderly and otherwise to reduce the world population because of a ridiculous climate change narrative."

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