

## What the Grace Schara Wrongful Death Trial Showed the World

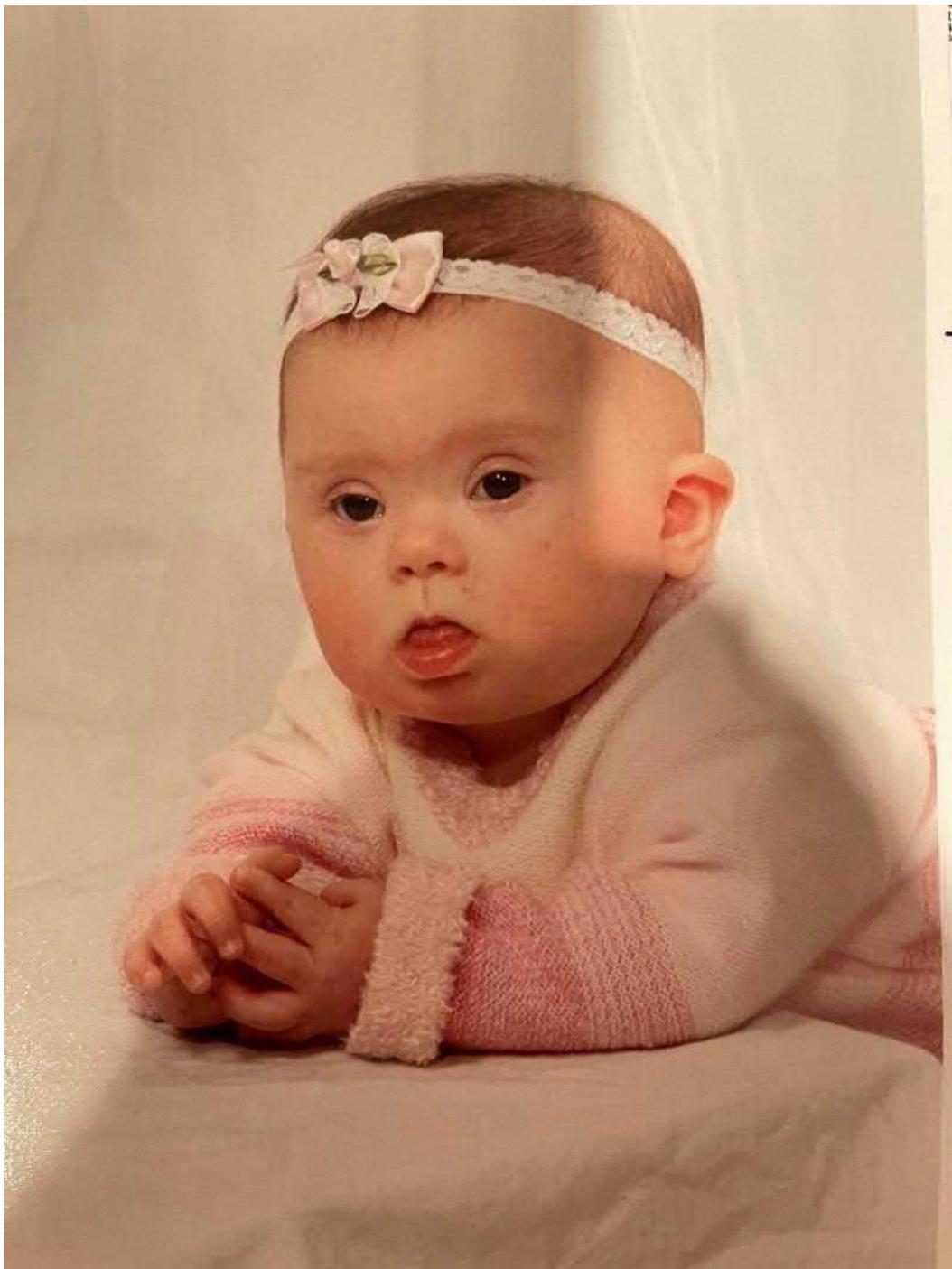
Grace Schara

September 22, 2002 – October 13, 2021

*The veil has been lifted. People saw what goes on behind the curtain, some for the first time.*

*This is a very long summary. I want to first show the world who God gave us and the reason we're in this fight against evil.*



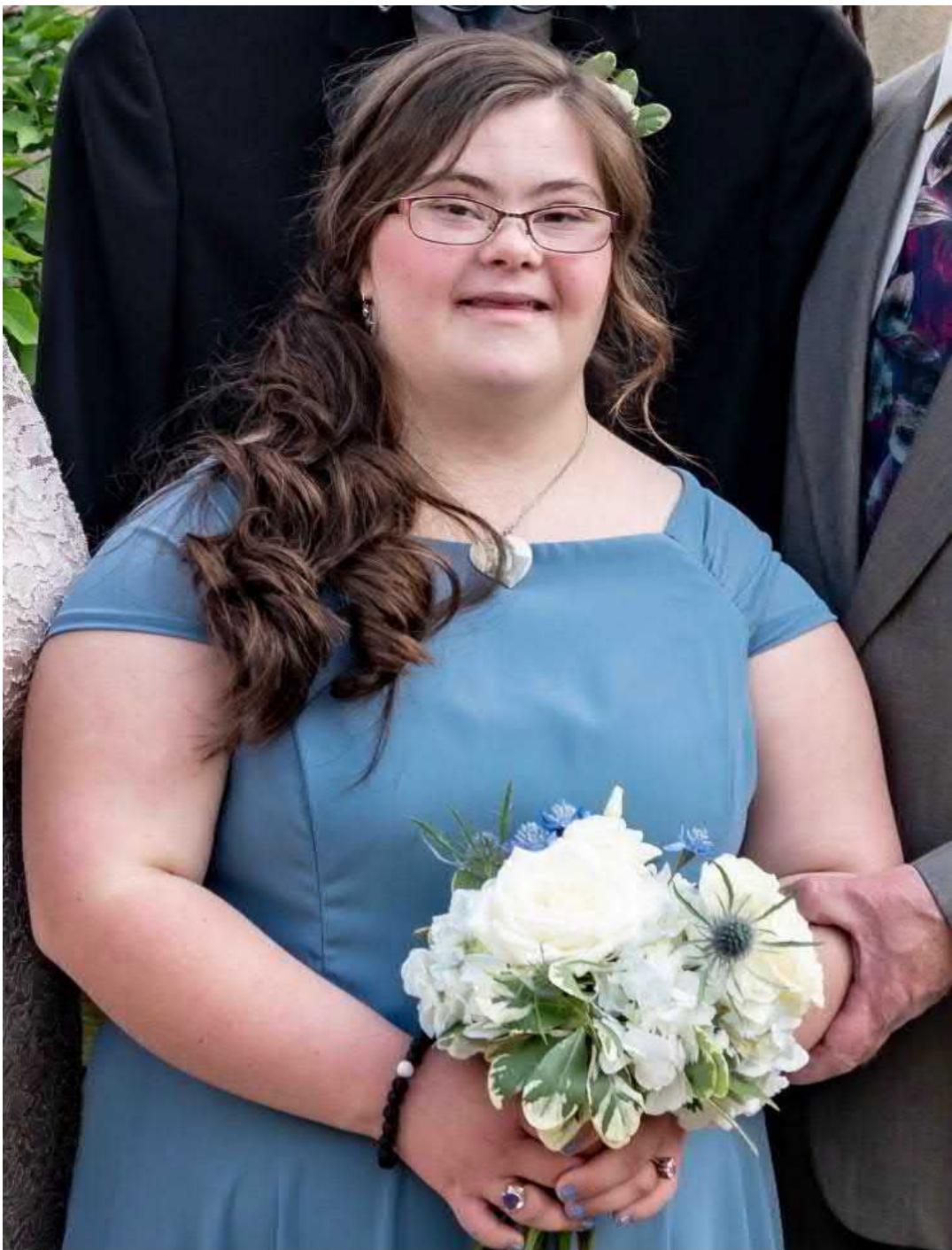


Grace was special from the day she was born.

The world didn't want her. She was the best gift God ever gave our family, second only to salvation.



As she grew up, she became my best buddy, helping with all kinds of things.



Cindy taught her to read and write and blossom as a young woman.

She was a bridesmaid at her big sister Jessica's wedding and played her violin as Jess walked down the aisle.

She was a special, sweet sister to Travis and Jess.



Three weeks before she was killed in the hospital, she celebrated her 19<sup>th</sup> birthday. She was an Elvis fan.



## What Happened to Grace?

### An Event That Started a Mission: The Backstory

Grace died at a COVID hospital—a hospital that adhered to the government treatment protocols that failed to prevent COVID deaths. It was one of many hospitals that are committed to following what the government dictates—and they receive handsome financial benefits for doing so. COVID was used as the excuse to *directly* incentivize hospitals to follow protocols that killed patients. As I have discovered, the *indirect* government incentives have been legally programmed into the medical system for decades.

Grace's case highlights a staggering number of abuses, along with the dangers of financial temptation. This is nothing short of a tragic story that can help awaken us to what's happening in most hospitals today and turn us to the only One who can truly fix this mess.

My daughter, Jessica (Grace's sister), and I were given a rare opportunity to witness what really happens inside the doors of a COVID hospital. The fear of COVID, being spread shamelessly by the media, convinced an entire population to be deathly afraid of a supposed virus. This type of widespread fear, which incited panic for many, caused people to succumb to hospital policies that ended up preventing advocates, family members, and caregivers from even being in the room with COVID patients. As our family studied what happened with Grace, we became keenly aware of hundreds of thousands of similar cases, including where advocates attempted to push back on these inhumane and unjustified protocols. But the hospitals proceeded (bullied) with their agendas. It's difficult to believe this is really happening here, in America.

Our family's definitive conclusions are this: Once the hospital realized they couldn't convince us to give them authority to put Grace on an unnecessary ventilator, it's probable that Grace was worth more dead than alive. Why do I make this claim?

As I dug into government incentives for the use of ventilators, it seemed plausible that Grace was worth more dead than alive to the hospital. I'm saying two things with this speculation:

1. If we had given a preauthorization for a ventilator, Grace would not have died on October 13, but approximately 22 days later. This timing is consistent with research showing the average hospital stay before death once someone is put on a ventilator.
2. Because we didn't give a preauthorization, was that a motivation to have a potentially higher-paying patient take Grace's room?

We heard at the trial that the Delta wave of Covid was running rampant during October 2021. The local news had reported that emergency rooms were full.

Based on the research from 'Follow the Money,' by listing Grace's cause of death as Dr. Shokar did, the hospital received a bonus of over \$13,000.

WISCONSIN CERTIFICATE OF VITAL RECORD					
STATE OF WISCONSIN DEPARTMENT OF HEALTH SERVICES ORIGINAL CERTIFICATE OF DEATH FACT OF DEATH			STATE FILE DATE: OCTOBER 18, 2021 STATE FILE NUMBER: 2021044489		
1. DECEDENT'S NAME First: GRACE	Middle: N	Last: SCHARA	2. SOCIAL SECURITY NUMBER 381-23-0769	3. DATE PRONOUNCED DEAD OCTOBER 13, 2021	

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause are listed sequentially and the underlying cause is listed last.
Immediate Cause: (a) <b>ACUTE RESPIRATORY FAILURE WITH HYPOXEMIA</b>
Due to or as a consequence of: (b) <b>COVID 19 PNEUMONIA</b>

A few of the estimated MS-DRG payments under IPPS (including adjustment provided by Section 3710 of the CARES Act) for patients diagnosed with Covid and discharged on and after 1 Apr 2020 until end of declared PHE period<sup>48</sup> are shown in **Figure 8**.

- \$13,155.10 – Covid-related respiratory infections, acute respiratory failure/hypoxia

I was able to find this information about bed capacity at St. Elizabeth's Hospital, the week Grace died:

COVID-19 Hospital Capacity												
Nov. 12, 2021	157.1	<b>100.0%</b>	133.3 of 133.3 beds used	<b>100.0%</b>	5.1 of 5.1 beds used	19.6	N/A	14	N/A	N/A	681	
Nov. 5, 2021	156.1	<b>98.7%</b>	131.3 of 133.0 beds used	<b>98.9%</b>	8.6 of 8.7 beds used	12.1	N/A	N/A	N/A	16	679	
Oct. 29, 2021	161.1	<b>99.0%</b>	136.7 of 138.1 beds used	<b>96.8%</b>	6.1 of 6.3 beds used	14.9	N/A	N/A	N/A	N/A	646	
Oct. 22, 2021	154.6	<b>96.0%</b>	126.3 of 131.6 beds used	<b>90.0%</b>	6.3 of 7.0 beds used	12.7	N/A	9	N/A	N/A	624	
Oct. 15, 2021	152.7	<b>99.2%</b>	128.7 of 129.7 beds used	<b>96.4%</b>	5.4 of 5.6 beds used	11.7	N/A	8	N/A	N/A	652	
Oct. 8, 2021	156.8	<b>99.8%</b>	133.3 of 133.8 beds used	<b>100.0%</b>	5.1 of 5.1 beds used	16.3	N/A	6	N/A	N/A	669	
Oct. 1, 2021	155.6	<b>97.2%</b>	130.3 of 134.0 beds used	<b>96.8%</b>	6.1 of 6.3 beds used	16.9	N/A	5	N/A	N/A	648	
Sept. 24, 2021	145.0	<b>96.5%</b>	117.7 of 122.0 beds used	<b>97.8%</b>	9.1 of 9.3 beds used	17.7	N/A	4	N/A	N/A	707	
Sept. 17, 2021	162.0	<b>86.3%</b>	128.1 of 148.4 beds used	<b>77.0%</b>	8.7 of 11.3 beds used	18.0	N/A	5	N/A	N/A	505	
Sept. 10, 2021	151.4	<b>89.2%</b>	123.0 of 137.9 beds used	<b>73.3%</b>	6.3 of 8.6 beds used	13.0	N/A	6	N/A	N/A	505	
Sept. 3, 2021	154.1	<b>78.3%</b>	118.1 of 150.9 beds used	<b>61.2%</b>	7.1 of 11.6 beds used	13.7	N/A	N/A	N/A	N/A	101	
Aug. 27, 2021	135.7	<b>97.2%</b>	109.6 of 112.7 beds used	<b>96.8%</b>	9.1 of 9.4 beds used	12.7	N/A	8	N/A	N/A	707	
Aug. 20, 2021	145.0	<b>97.0%</b>	118.4 of 122.0 beds used	<b>100.0%</b>	8.7 of 8.7 beds used	10.7	N/A	6	N/A	N/A	707	

St. Elizabeth's was at 99.8 percent bed capacity and 100 percent ICU bed capacity when they gave Grace the third overdose, after we denied the request for a preauthorization for a ventilator on October 13.

On the final day of Grace's life, after the doctor proclaimed how well she was doing, he unilaterally labeled her as Do Not Resuscitate (DNR) and then administered a combination of IV sedatives and narcotics over a short timeframe—a combination that *no one* would survive, especially if already in respiratory distress from being chemically restrained. After reviewing the details of her hospital stay, later in this summary, you will be the judge.

Before going public, I evaluated the medical records with a doctor and submitted a detailed summary to the hospital, with supporting research, with a request to meet with the CEO and the medical provider

involved. I recognized my ethical and Biblical responsibility to allow both of them to discuss their perspectives with me. But they refused to meet.

Our family didn't accept the FEMA funeral reimbursement money available to us (\$9000). Cindy Schara (my wife and Grace's mom) said, "We don't want their dirty money." Accepting it would've been an acknowledgement that Grace died of COVID. And as you'll learn, she unequivocally did not die of COVID!

Genesis 50:20 has been our calling: "You intended to harm me, but God intended it for good to accomplish what is now being done, *the saving of many lives.*" (My emphases.)

Grace's death has no doubt lit a fire under my rear end, and God has graciously given me a platform to share what I've learned. Praise Him for this amazing opportunity.



By His providence, I was the plaintiff in the first jury trial in the country where COVID was listed as the cause of death on a death certificate. The trial concluded on June 19, 2025, and I wrote an editorial (modified slightly) summarizing the results:

#### **Bellwether Case Determined That Medical Institutions Have a License to Kill**

[By way of understanding the gravity of the title, many are concerned that the case set a precedent – a barometer of how similar cases are likely to be judged. I disagree. Through my research, I've concluded that what happened in the courtroom showed what IS happening, and the jury simply agreed with what society has concluded is acceptable collectivist behavior.]

### **I was forced to watch my daughter die on FaceTime.**

That may seem like something out of a movie in a kidnapping/ransom situation, but it was my reality that awful evening on October 13, 2021. The perpetrators were not guys dressed in black with ski masks on who held my daughter in a windowless van. They were medical professionals in a hospital, wearing white lab coats and scrubs, standing idly by as my precious daughter Grace's heart slowly came to a halt from the dangerous concoction of drugs given to her.

Our jury trial showed that medical murder continues unabated in America.

We weren't the only ones to have lost a loved one during COVID. In fact, 1.2 million Americans died in hospitals during COVID, by far the worst outcome of any country in the world. India was second with 533,000 deaths, but it has four times the population as compared to the U.S.

The jury decided that COVID killed my daughter. I disagree, and so do hundreds of thousands of other people who had loved ones die in hospitals, like Grace did. Considering 142,000 medical murders occur each month in America, the chances are high your loved one didn't die by accident if their death was recorded in a hospital.

Multiple times, and without medical need, doctors wanted preemptive permission to put her on a ventilator, "just in case," which we refused. While Grace was in the hospital, I heard of the carnage that came from ventilator use. After her death, I learned about the odd \$39,000 bonuses hospitals received just for placing patients on ventilators. I also learned of the bonuses they received for patients being nefariously diagnosed and officially dying from COVID. There appeared to be financial motivation to make room for more patients—ones who would approve ventilator usage—by freeing up Grace's bed.

Grace had Down syndrome, which the medical records show was a factor in how she was treated in St. Elizabeth's (Ascension), a Catholic hospital that apparently doesn't appreciate people with special needs taking up valuable hospital real estate. She was just 19 years old and full of joy until she entered those doors with what I believed at that time was COVID, a week before her death. She was a very capable young lady who loved everyone, especially her family and God. She was funny, warm, and compassionate—attributes that the medical staff at this hospital sorely and tragically lacked. Despite our begging the medical staff to save Grace and the fact that she wasn't Do Not Resuscitate (DNR), they all refused to help her. With her sister Jess in the room with her, and her mom (Cindy) and me on FaceTime, we watched our beautiful angel succumb to the deadly multi-drug assault.

When I reviewed the medical records with a doctor, we discovered that Grace received Ativan (a Schedule IV substance under the Controlled Substances Act), Precedex (for multiple days despite the package insert warning to use for 24 hours max), and morphine, all on the same day, within 26 minutes of each other. We were shocked. I requested a meeting with the hospital CEO and the doctor. They refused to meet.

Given the fact that a unilateral DNR order was placed on Grace's chart a mere eight minutes after giving her the max dose of Precedex, the digging into 'why' led to the first (and likely last) wrongful death lawsuit in the country, with COVID listed as the cause on a death certificate.

Our three-week jury trial, Schara v. Ascension Health, et al (Case Number 2023CV000345), was a historic trial with implications felt by millions. The jury found Ascension and its medical staff not guilty. The jury got it wrong. Juries get things wrong every day.

- The jury determined that by being in a hospital, you're giving implied consent, and that the drugs that ended Grace's life are normal in an ICU, so no informed consent is necessary.
- Doctors aren't even required to inform the patient or advocate of an overdose. Additionally, a doctor can unilaterally place a DNR on a patient, without consent, without a witness, without a signature, and without a DNR bracelet.
- The jury's decision establishes that patients lose all rights upon admission to the hospital.

The decision shows the medical industrial complex, along with our government, condones the killing of innocent people so long as someone in a white lab coat does it. This decision should motivate anyone with ears to hear to prepare. Why? Informed consent, a fundamental protection in the Constitution, is dead when the issue involves "public health."

A primary goal of the lawsuit was to stop this behavior and prevent such government-protected assaults on the people. We need to move away from doctors and nurses following government orders that result in perverting medicine and hospitals from healing institutions to a murderous, for-profit industry.

My family and I hope to show that children with Down syndrome aren't a curse. There is no love like the love you receive from a child with Down syndrome, and certainly no better hugs. I would give anything for one more of Grace's hugs.

In an interview after the trial, I was asked what Grace would be saying right now. She would tell me, "God did it, dad," and "Keep going, earthly dad." Of course, I will, buddy.

Finally, Grace is the one who God used to show me that we've been programmed to trust the medical industrial establishment, and repentance is the only answer to our way out of this mess...stay tuned.

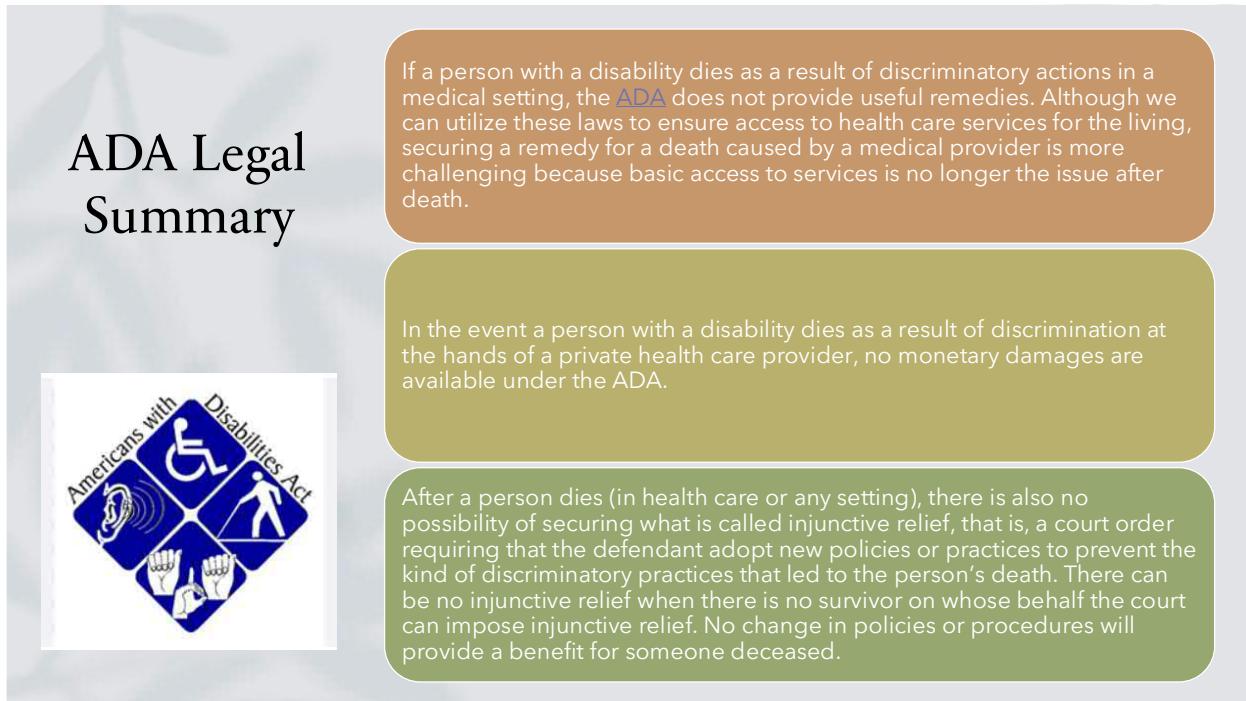
## **What was the case about?**

Grace died at St. Elizabeth's Hospital in Appleton, Wisconsin, on October 13, 2021. By God's providence, we were able to file a wrongful death civil case in state court.

Originally, we believed our case would be about disability rights violations. Specifically, Grace was without an advocate for 48 hours and was restrained to the bed, without consent.

For background regarding restraints, please see: <https://ouramazinggrace.net/Tragedy-Thou-Shall-Not-Kill-Restraints>

The legal team did a summary of Grace's rights under the Americans with Disabilities Act:



The graphic is titled "ADA Legal Summary" in a large, serif font. To the left of the text is a logo for the Americans with Disabilities Act, featuring a blue diamond shape divided into four quadrants. The top-left quadrant shows a person in a wheelchair, the top-right shows a person walking, the bottom-left shows a hand with a hearing aid, and the bottom-right shows a hand with a cane. The text is organized into three colored callout boxes: an orange box at the top right, a green box in the middle right, and a blue box at the bottom right. The orange box contains text about discriminatory actions in medical settings. The green box contains text about discrimination in private health care providers. The blue box contains text about injunctive relief and its limitations.

**ADA Legal Summary**

If a person with a disability dies as a result of discriminatory actions in a medical setting, the ADA does not provide useful remedies. Although we can utilize these laws to ensure access to health care services for the living, securing a remedy for a death caused by a medical provider is more challenging because basic access to services is no longer the issue after death.

In the event a person with a disability dies as a result of discrimination at the hands of a private health care provider, no monetary damages are available under the ADA.

After a person dies (in health care or any setting), there is also no possibility of securing what is called injunctive relief, that is, a court order requiring that the defendant adopt new policies or practices to prevent the kind of discriminatory practices that led to the person's death. There can be no injunctive relief when there is no survivor on whose behalf the court can impose injunctive relief. No change in policies or procedures will provide a benefit for someone deceased.

Because of this research (Grace's ADA rights expired upon her death), we didn't file in federal court; we filed a complaint in state court, based on five claims:

- Wrongful Death
- Medical Malpractice
- Lack of Informed Consent
- Medical Battery
- Declaratory Judgment

We had these five claims going into the trial, all based on the medications given to Grace and the DNR order.

## **A short summary**

I'm no longer bound by restrictions on my free speech. Accordingly, this is the most complete summary of what I've learned so far. I'm hopeful this information will be shared to help save lives.

Yes, I'm shocked by the verdict, but not surprised. Juries get things wrong every day. I completely disagree with the verdict.

I will explain why in this extensive update.

Based on the jurors' immediate questions after receiving the case, our legal team believes the jury deliberated for only 15 minutes in a case that lasted one day short of three full weeks. Is this possible? I've talked with a few friends who have sat on a jury, and each told me that just the process of going through the questions on the Special Verdict form would take longer than 15 minutes. The fear of retribution that the judge communicated to the jurors seemed odd to me, but I'm just a dad. One friend wrote to say, "Either the jurors remain believers in their oppressor's ways through thick and thin, or there was something else hidden at play."

Here are the six main questions the jury decided against us:

**QUESTION NO. 1:** Was Dr. Gavin Shokar negligent with regard to the care and treatment he provided to Grace Schara on October 12-13, 2021?

ANSWER: \_\_\_\_\_

"Yes" or "No"

**QUESTION NO. 2 (if "Yes" to Question No. 1):** Was such negligence by Dr. Gavin Shokar a cause of injury and/or death to Grace Schara?

ANSWER: \_\_\_\_\_

"Yes" or "No"

**QUESTION NO. 3:** Was Dr. Gavin Shokar negligent in informing Grace Schara and/or her Power of Attorney about the availability of reasonable alternate medical modes of treatment and about the risks and benefits of these alternate treatments with regard to the care and treatment on October 12-13, 2021?

ANSWER: \_\_\_\_\_

“Yes” or “No”

**QUESTION NO. 4 (if “Yes” to Question No. 3):** Was such negligence by Dr. Gavin Shokar in informing Grace Schara and/or her Power of Attorney a cause of injury and/or death to Grace Schara?

ANSWER: \_\_\_\_\_

“Yes” or “No”

**QUESTION NO. 5:** Were one or more of the nurses at St. Elizabeth Hospital negligent with regard to the care and treatment provided to Grace Schara between October 6, 2021, and October 13, 2021?

ANSWER: \_\_\_\_\_

“Yes” or “No”

**QUESTION NO. 6 (if “Yes” to Question No. 5):** Was such negligence by one or more of the nurses at St. Elizabeth Hospital a cause of injury and/or death to Grace Schara?

ANSWER: \_\_\_\_\_

“Yes” or “No”

Our team presented a better case, better witnesses, better experts, and had the truth on our side.

Assuming the jury was not compromised, the fact is that only one juror stood against the verdict. I believe she was the oldest member of the jury. 1 of 12 represents 8%. Is 8% representative of the real number of people who are awake in America? It seems that the influence of Satan’s programming was loud and clear. Not just the indoctrination from the public fool system, but Satan’s lie that people are inherently good, and the lie that doctors and nurses take an oath to help people. It seems likely the jury had confirmation bias and simply could not believe the system they have faith in could do something so immoral. That’s why I’m not surprised.

**The defense, through their experts, said that by being in a hospital, you are giving implied consent, and that the drugs that euthanized Grace were normal in an ICU, so no informed consent is necessary. Doctors informing the family is not even necessary for the two prior overdoses; the third overdose killed Grace. Finally, their experts stated that a DNI = DNR and a doctor can unilaterally place a DNR on a patient, without consent, without a witness, without a signature, and without a DNR bracelet.**

This highlighted paragraph will be expanded upon in the next section to show how appalling this verdict was.

One of the defense experts agreed that if his child had an allergic reaction to aspirin, he wouldn't give aspirin again. What about a second allergic reaction? If you did this as a parent, you'd be negligent. What about a third allergic reaction? This would be criminal. Our medical expert, Dr. Gilbert Berdine, explained that Grace had two overdose reactions to Precedex before the third overdose killed her. The second overdose almost killed her. The overdose facts were repeated to the jury multiple times.

Dr. Berdine gave a scathing account related to the staff's use of Precedex. In his report dated December 6, 2024, he stated, "The only solution recommended by **ANY** of the physicians named as defendants in this case for the observed agitation of Grace was chemical sedation starting with Precedex." He added, "Precedex was **NOT** safe for Grace Schara at an infusion rate greater than 0.7 microgram/kg/hr. It does not matter what the prior experience of **ANYONE** has been with **OTHER** patients."

He then added, "Every time the use of Precedex by defendants failed to achieve the desired result and caused life threatening complications, the defendants got a bigger hammer by raising the Precedex dose." Most damning of his conclusion was, "On October 13, around 0000 the Precedex was increased to 0.8 microgram/kg/hr."

And his conclusion, "This was a deliberate overdosage. The predictable result of this dose change would be cardiovascular collapse. The only question would be how long it would take for the overdosage to become fatal." (These are literal quotes with caps and bold from the report.)

On the other hand, the defense experts tried to say in more than one instance and in more than one way, and the judge agreed, that I was responsible for Grace's death by my implied consent just by agreeing to a hospital stay. And, supposedly, the jury bought it.

We only had to provide a single feather of evidence greater than the argument against us. That's the burden of proof in a civil case. We plucked the whole goose (Guse 😊). That's why I'm shocked.

In short, the jury decided in favor of the defense. In Wisconsin, there must be 10 of 12 jurors on either side in a civil lawsuit. It was all over quickly and swiftly. This decision should scare anyone with ears to hear. Informed consent for medications is dead, in favor of implied consent, and a doctor can unilaterally put a DNR on a patient without consent. It seems odd that any juror would want to be treated like Grace was.

Interestingly, I was on the verdict form until the last minute! A verdict form is a document used in legal proceedings to record the formal decision of a jury regarding the facts of a case. It serves as a structured way for the jury to communicate their findings to the court. The defense attempted to hold ME responsible for a percentage of negligence as a CAUSE of Grace's death. For example, the defense was blaming me for not approving the EUA-incentivized drug Tocilizumab after my research showed the placebo did the same as the drug, and the side effect of the drug is respiratory infections; and for not agreeing to a preauthorization for a ventilator. Praise God the judge saw through this deception. [Here's the article from the New England Journal of Medicine that I showed to Dr. Leonard when he was irritated with me not agreeing to use Tocilizumab: <https://www.nejm.org/doi/full/10.1056/NEJMoa2028700>.]

Despite having my name removed from the verdict form, the defense did a good job putting me on trial. They had to; they didn't have a defense for what their clients did to Grace. After Grace's death, my research showed that the ventilator had a \$300,000 payday, and the hospital receives \$22,000 for a single dosage of Tocilizumab. If Grace had received Tocilizumab or had been put on a ventilator and subsequently died, there would not have been a lawsuit. Why? Because EUA modalities come with another government incentive – immunity from liability. An interesting fact is that my permission was needed to use EUA drugs to facilitate the immunity provision, but because of their experts' opinions regarding 'standards of care,' the jury believed I gave implied consent for the drugs that overdosed Grace three times. Again, praise God this was brought out at the trial for most of the public to hear for the first time, even though making me look like a crackpot seemed to have worked. Their legal maneuvers are not God's way. My testimony regarding incentives stood the entire trial...unrefuted.

In this update, I want to peel back what people saw and some of the things they didn't see due to livestream and legal limitations. Some of the items I hope will shock you to the core.

I also want to share some thoughts as to what the verdict means and how to be prepared.

Finally, I want to thank The New American and Children's Health Defense for livestreaming the entire trial and the press conference. Through their commitment, the world saw what was behind the curtain as we lifted the veil through America's first jury trial with Covid listed as the cause of death on the death certificate. This was truly a miracle only God could have orchestrated.

## **A verdict doesn't change the facts: A summary of Grace's case – she couldn't survive the final bullet (a must-read – it took 15 bullets to take out my best buddy)**

According to the CDC, Grace had a 1 in 44,843 chance of dying from Covid. According to Dr. Berdine's testimony, she had a 1.4% chance of dying from Covid once she entered a typical hospital. Based on a review of the records and facts surrounding Grace's death, it appears that St. Elizabeth's hospital toe-tagged her six days before she died and ensured her chance of death would be 100%.

Below is a chronology of Grace's hospital stay and the bullets she survived before the 15<sup>th</sup> bullet took her life.

1. The big lie that Grace was short of breath upon entering the hospital is cemented in the records as the justification for a hospital stay. This lie is woven through the doctor's reports and in all the expert reports. Why the 'big lie?' It seems to be the premise that the hospital staff used for all subsequent opinions and actions. Grace was admitted to the worst floor of the hospital (per Dr. Zeimet's deposition) under this false premise. As pointed out at the trial, she was in a regular room. Once she was sedated with Precedex, that room was "transformed" into an ICU room. I had no idea until I received the hospital invoice for Grace's stay. Grace was never short of breath until the adverse reactions to Precedex on her last day. **Bullet #1.**
2. Grace entered the hospital under the conditions that I could unconditionally stay with her, and she would be administered oxygen and a steroid for a few days as a precautionary measure. If the hospital had followed the agreed-upon conditions, Grace would be alive today.
3. COVID-19 (hereafter Covid) blinders begin in the ER with documentation of a BiPAP order, which pointed to their intentions to follow oxygen protocols regardless of the plan I agreed to. They would not use anything like a nebulizer because of the fear of spreading Covid. Who were they protecting, given they were all triple jabbed and wearing PPE/"space suits"?

In preparation for this mission, I was short of breath on October 16 and went to a different hospital. They used a regular cannula, steroids, supplements, and nebulized budesonide. That hospital staff turned me around in 24 hours. I was significantly worse than Grace. Regarding the progressive use of oxygen delivery methods, they first blamed Grace for pulling off the cannula, even though I told the staff repeatedly that it was not the case (it was falling off her ears). Why not just use cheek tape to keep it in place instead of using BiPAP? Once on BiPAP, presumed agitation set up the "need" for sedation.

The Covid death culture was established by their Covid expert, Dr. Zeimet. Grace was on a low dose of steroids (proven to have little impact), while their confirmation bias fed the new "plan of care," which proceeded without knowledge or informed consent. The presumption of death included no physical or occupational therapy. Grace was labeled as a fall risk as soon as she entered the hospital. This fact is in the medical records, and we learned about it when an Ascension insider told me that Grace's yellow gown signified she was labeled this way. Once Grace was diagnosed with Covid, they focused on the diagnosis instead of the patient. See related Substack: <https://ouramazinggrace.substack.com/p/the-patient-is-the-standard-of-care>.

**Bullet #2.**

4. On October 7, instead of a regular cannula, vapotherm was unilaterally ordered, without knowledge or consent, and turned up; ultimately causing agitation and a switch to BiPAP. Background: I was not told of the Vapotherm order, nor the subsequent increase in flow. Vapotherm was started on a low setting and then turned up to 40L – why? Grace was doing well on 3L with a regular cannula. **Bullet #3.**
5. Sedation meds were used in the BiPAP conversion, causing an overdose (Precedex and Lorazepam combined, as I learned after reviewing the medical records). Why not simply remove the 40-mph high-flow cannula, which caused Grace to be irritated? Medications are always the answer in their paradigm. I found out about the overdose when reviewing the medical records. The overdose was ignored by Nurse McInnis and Dr. Shokar. **Bullet #4.**
6. Grace had a second overdose on October 8 and almost died. She was given resuscitation medications, which saved her life. I also found out about this overdose from a review of the medical records. The second overdose was also ignored by Nurse McInnis and Doctor Shokar. **Bullet #5.** Why is it important not to ignore the prior overdoses? From Dr. Berdine's deposition:

20 A Because given Grace's condition objectively, based  
21 on the radiographic evidence and her gas exchange  
22 and her age, she would have more likely than not  
23 survived if they would have stopped overdosing her  
24 with Precedex.

25 Q Can you point me to anything in the record or any

Gilbert Berdine, M.D. January 04, 2025  
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1 source that would support that speculation on your  
2 part, Doctor?

3 A That's not speculation. That's just she got  
4 overdosed once, had a bad result; got overdosed  
5 twice, had a bad result, and third time was the  
6 charm and was fatal.

7. Grace recovered by October 9 and was herself again. A review of records shows Precedex sedation was shut off.

8. On October 10, I was evicted for challenging what was and wasn't happening – the refusal of nursing staff to allow feeding Grace, challenging faulty equipment, and alarms going off, not allowing Grace to sleep. I asked for a meeting with the attending doctor and the unit supervisor. That request was ignored. Instead, the head nurse (Alison Barkholtz), with an armed guard, showed up and demanded that I leave with the threat of calling the Appleton Police Department if I didn't. This exchange happened in front of Grace.

Nurse Barkholtz lied by stating that a family member could replace me. Their subsequent actions showed they had no intention of letting another advocate in the room. Grace was doing great the morning of October 10, or I would have never left or would have taken her with me – we never left Grace alone. I was still under the illusion that a hospital was a safe zone. I believed her progression was such that she would be discharged shortly. We retained an attorney to negotiate with the hospital’s attorney for Jessica, our older daughter, to replace me (Cindy was sick), after Jess was refused entry at 11:00 a.m. on October 10. Grace had a right to an advocate under the Americans with Disabilities Act. During the trial, we showed that the hospital’s very own policy allowed Grace to have an advocate, despite the Covid excuse. [Interestingly, once Attorney Franckowiak knew my eviction was a breach of the standard of care, he said it was my fault for not taking Grace home at this point. See the reference during Dr. Berdine’s deposition, noted below.]

10 A Yes. If he had removed her from the hospital, she  
11 would have survived with supplemental oxygen.  
12 Q Okay. So Mr. Schara's failure to remove her from  
13 the hospital was a cause of her death, true,  
14 Doctor?  
15 MR. EDMINISTER: Objection.  
16 BY MR. FRANCKOWIAK:  
17 Q You can answer the question, Doctor.  
18 A No, it didn't cause it. This is -- this is a  
19 guilt by association.

Think about how much Grace needed her mom or dad. This event was the most significant bullet, in my opinion. **Bullet #6.** Dr. Berdine agreed (from his deposition):

7     Q     Okay. What is the basis for your conclusion that  
8                   it was a catastrophic breach of the medical  
9                   standard of care to ask Mr. Schara to leave the  
10                  hospital on the morning of October 10th?  
11    A     Because that was what -- that was what triggered  
12                  the avalanche of events that would culminate in  
13                  the death of Grace on the 13th. Even with all the  
14                  previous breaches of the medical standard of care,  
15                  had they let -- allowed him to stay, things would  
16                  have turned out differently.

9. Grace had over 48 hours without advocacy. Grace was sedated rather than cared for – the Precedex dosage was increased 7X when there was no advocate – the last increase, by Nurse McInnis, was to the maximum allowable dose facilitated by the lie that Jess couldn't shower in the room (see 16. below). Agitation and RASS score were used to justify sedation, over and over again at the trial, again showing their focus on the diagnosis instead of the patient.

It is unconscionable for someone with Down Syndrome to be without an advocate, especially in a hospital. The Precedex Package Insert, being admitted into evidence, was one of the many items that showed the patient was ignored in favor of the diagnosis. It proves that Grace was chemically restrained to set up her death on October 13. **Bullet #7.**

# Precedex Package Insert

## HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use PRECEDEX safely and effectively. See full prescribing information for PRECEDEX.

### Precedex (dexmedetomidine hydrochloride) Injection

Precedex (dexmedetomidine hydrochloride) Injection, Concentrate  
For intravenous infusion or injection following dilution of concentrate  
Initial U.S. Approval: 1999

#### —INDICATIONS AND USAGE—

Precedex is a relatively selective alpha<sub>2</sub>-adrenergic agonist indicated for:

- Sedation of initially intubated and mechanically ventilated patients during treatment in an intensive care setting. Administer Precedex by continuous infusion not to exceed 24 hours. (1.1)
- Sedation of non-intubated patients prior to and/or during surgical and other procedures. (1.2)

#### —DOSAGE AND ADMINISTRATION—

- Individualize and titrate Precedex dosing to desired clinical effect. (2.1)
- Administer Precedex using a controlled infusion device. (2.1)
- Dilute the 200 mcg/2 mL (100 mcg/mL) vial contents in 0.9% sodium chloride solution to achieve required concentration (4 mcg/mL) prior to administration.
- The 200 mcg/50mL and 400 mcg/100 mL single-use bottles do not require further dilution prior to administration.(2.4)

For Adult Intensive Care Unit Sedation: Generally initiate at one mcg/kg over 10 minutes, followed by a maintenance infusion of 0.2 to 0.7 mcg/kg/hour.  
(2.2)

- Bradycardia and sinus arrest: Have occurred in young healthy volunteers with high vagal tone or with different routes of administration, e.g., rapid intravenous or bolus administration. (5.2)
- Hypotension and bradycardia: May necessitate medical intervention. May be more pronounced in patients with hypovolemia, diabetes mellitus, or chronic hypertension, and in the elderly. Use with caution in patients with advanced heart block or severe ventricular dysfunction. (5.2)
- Co-administration with other vasodilators or negative chronotropic agents: Use with caution due to additive pharmacodynamic effects. (5.2)
- Transient hypertension: Observed primarily during the loading dose. Consider reduction in loading infusion rate. (5.3)
- Arousalability: Patients can become aroused/alert with stimulation; this alone should not be considered as lack of efficacy (5.4)
- Prolonged exposure to dexmedetomidine beyond 24 hours may be associated with tolerance and tachyphylaxis and a dose-related increase in adverse events (5.6)

#### —ADVERSE REACTIONS—

- The most common adverse reactions (incidence greater than 2%) are hypotension, bradycardia, and dry mouth. (6.1)
- Adverse reactions associated with infusions greater than 24 hours in duration include ARDS, respiratory failure, and agitation. (6.1)

To report SUSPECTED ADVERSE REACTIONS, contact Hospira, Inc. at 1-800-441-4100 or electronically at [ProductComplaintsPP@hospira.com](mailto:ProductComplaintsPP@hospira.com), or FDA at 1-800-FDA-1088 or [www.fda.gov/medwatch](http://www.fda.gov/medwatch).

#### —DRUG INTERACTIONS—

## Precedex Side Effects Impacting Grace (from the medical records and trial testimony)

1. Respiratory depression
2. Hypoxia
3. Agitation
4. Acidosis
5. Hypotension
6. Fever
7. Blood Pressure fluctuation
8. Anxiety
9. Delirium
10. Sepsis
11. Acute Respiratory Distress Syndrome (ARDS)
12. Cardiac arrest

## THE PRECEDEX STORY CONTINUES...PER THE MEDICAL RECORDS

### What happened when Grace's advocate was gone?

Precedex was reduced to 0.0 before Scott was ejected from the hospital

Grace didn't have an advocate for 47 hours, during which Precedex was increased six times

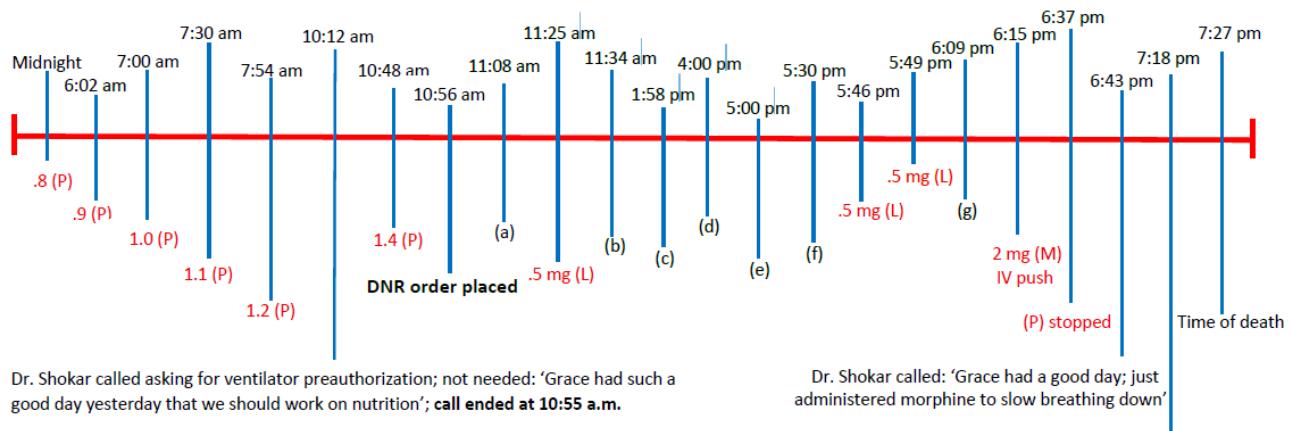
Precedex was increased to the maximum allowable dose when nurse McInnis told Jess she couldn't shower in the room, on Grace's last day

10. Grace was her typical self (personality-wise – joking around; observant) when Jess arrived on October 11, despite the continuous, lower dosage, Precedex sedation. Dr. Baum reported that Grace was improving before he left on vacation and turned her care over to Dr. Shokar.
11. A shift to Nurse McInnis being paired up with Doctor Shokar occurred on October 12. Nurse McInnis has much more experience than Doctor Shokar and looks to have controlled the timeline of Grace's last day. She had 18 years of ICU experience at the time of Grace's hospital stay. During the trial, Dr. Shokar expanded on his study of toxicology and pharmacology that we learned about in his deposition. Additionally, we learned that Grace was Nurse McInnis's only patient on both October 12 and 13. All of these points add clarity as to what happened to Grace.  
**Bullet #8.**

This timeline was presented to the jury on the court TV screens, and zeros in on the essence of the case:

## Grace's Last Day (10/13/21)

Precedex (P), Lorazepam (L), Morphine (M) – Drugs Administered  
Nurse McInnis Nursing Notes



### Footnotes

- (a) 11:08 am - DNR acknowledged by Nurse McInnis (2SEH0843)
- (b) 11:34 a.m. - NG tube placed (2SEH0086)
- (c) 1:58 p.m. - Tube feeding started (2SEH0087)
- (d) 4:00 p.m. - Dr. Shokar aware of sats, no further intervention available (2SEH0349)
- (e) 5:00 p.m. - Somnolent, min/no response (2SEH0349)
- (f) 5:30 p.m. - Somnolent, min/no response (2SEH0350)
- (g) 6:09 p.m. - BP undetectable (2SEH0350)

12. Grace was about the same on October 12 as on October 11 – stable. Jess was with her continuously beginning at 11:00 a.m. on October 12.
13. Dr. Shokar initiated a call with Cindy and me on October 12 to introduce himself and set up the final request for ventilator preauthorization on October 13.
14. Before going to bed on the night of the 12<sup>th</sup>, Grace called us and her nephews on FaceTime, waving and hollering "hi, boys" through the mask. She was prone the entire night with the help of her big sister Jess's encouragement. Her oxygen saturations were 98/99% all night.
15. On October 13, Dr. Shokar called and told us Grace had such a good day on the 12<sup>th</sup> that we should work on nutrition and get her moving so she can get out of the hospital in the next several days. We were not surprised based on what Jess had told us about Grace's oxygen level overnight.

The approval of a feeding tube facilitated the kiss of death. **Bullet #9**. Nurse McInnis justified the feeding tube even though she described Grace as "near death." Nurse McInnis combined Lorazepam (at 11:25 a.m.) with the already overdosed Precedex – unilaterally. She ordered Lorazepam using a doctor's name who was on vacation. The excuse given at trial was that Lorazepam was necessary to control expected anxiety related to the feeding tube. Grace was already on maximum sedation with Precedex – think about this decision for a moment. More

importantly, Jess was there to comfort Grace, but was kept away from the bed by Nurse McInnis. **Bullet #10.**

16. Behind the scenes, it appears Nurse McInnis was urging Dr. Shokar to get a DNR status, according to the medical records. Upon arrival on October 13, she increased Precedex over the rate that caused the October 8 overdose – immediately upon her arrival at 7:00 a.m. At 8:00 a.m., she told Jess she had to leave to take a shower because of her belief that the “virus” would be aerosolized, and Jess would not be protected due to not being able to wear PPE in the shower. Grace was in a negative-pressure room. She was also outside the window of having COVID, according to one of their gods - the CDC.
17. While Jess was gone, she strapped Grace to the bed instead of helping her to the bathroom and increased Precedex to the maximum allowable dose. She “misremembered” the restraints during the trial. Dr. Shokar admitted that restraints were used. **Bullet #11.**
18. “Caring” Nurse McInnis unilaterally gave a second dose of Lorazepam at 5:46 p.m. and then gave a third dose at 5:49 p.m. to facilitate two dosages in 3 minutes (against the PRN order) and three dosages in just over six hours. Lorazepam has a half-life of 10 – 12 hours. Grace was now overdosed for the third and final time – Precedex was 40% higher than it had ever been, and Lorazepam was 50% higher than it had been during the first overdose. Nurse McInnis didn’t obey the order to shut off Precedex before Dr. Shokar gave the order for morphine. She had a PRN order for morphine (for pain – a blatant lie), presumably to ensure the job was finished. Dr. Shokar’s deposition testimony shows he did not know the half-life of Precedex (despite his study of toxicology and pharmacology), so Nurse McInnis’s obeying the order to shut off Precedex would not have mattered, as the combination of meds given by Nurse McInnis killed Grace, regardless. **Bullet #12.**

Was the third Lorazepam dose given ‘nefariously’? What I’m sharing next was not allowed at the trial and was the subject of numerous objections.

**The short conclusion regarding the documentation that follows is that it seems Dr. Shokar and Nurse McInnis deceived the Medical Examining Board once they were under investigation. You be the judge... As of October 11, 2025, per the investigation of Rebecca Terrell, Senior Editor of The New American, neither has sent an explanation to the Medical Examining Board as to the “inconsistencies.”**

Take a look at what Dr. Shokar wrote, through his attorney Randy Guse, to the Department of Safety and Professional Services on August 23, 2023:

[Note: all redactions are to Grace’s name since the documents were obtained through a public records request.]



OTJEN LAW FIRM, S.C.

*Attorneys at Law • Founded 1881*

August 23, 2023

**Via Email: [Jaclyn.Andrzejczak@wisconsin.gov](mailto:Jaclyn.Andrzejczak@wisconsin.gov)**

Jaclyn Andrzejczak  
Consumer Complaint Program Associate – Senior  
Dept. of Safety and Professional Services  
Division of Legal Services & Compliance  
PO Box 7190  
Madison, WI 53707

**RE: DSPS Complaint No. 23 MED 368, Gavin Shokar MD  
Our File No. 230145**

Jaclyn Andrzejczak  
August 23, 2023  
Page 6

The Precedex was discontinued the afternoon of the 13<sup>th</sup> due to her reducing heart rate. Her respiratory rate was in the mid-50s. The only option was to administer 2 mg of Morphine IV push as Ms. [REDACTED] could not tolerate a respiratory rate in the 50s for any period of time.

Jaclyn Andrzejczak  
August 23, 2023  
Page 7

The complaint also suggests that [REDACTED] was on a maximum dose of Precedex. In fact, the Precedex was being weaned at the time and had been discontinued prior to the administration of Morphine. She had received Lorazepam previously in the day, which had not been effective in resolving her agitation.

It should be noted that of the three medications referenced in the complaint, the only medication ordered by Dr. Shokar was the morphine. Dr. Shokar did not place any orders for Lorazepam or Precedex.

In addition to the lies regarding Precedex, Dr. Shokar does not reference that Lorazepam was given in his timeline of events presented to the state licensing board. He only references that he didn't order Lorazepam, and Grace has received it previously.

Of note is that the term 'agitation' keeps showing up as an excuse. Nurse McInnis noted that Grace was somnolent before giving her the last two doses of Lorazepam (see Grace's Last Day timeline above). The discrepancies in the medical records are too numerous to count.

Now, take a look at what Nurse McInnis wrote to the Department of Safety and Professional Services, through her attorney Jason Franckowiak, on August 18 (five days before Dr. Shokar's letter):



OTJEN LAW FIRM, S.C.

*Attorneys at Law • Founded 1881*

August 18, 2023

Philip Averill  
Dept. of Safety and Professional Services  
Division of Legal Services & Compliance  
PO Box 7190  
Madison, Wisconsin 53707  
[Philip.Averill@wisconsin.gov](mailto:Philip.Averill@wisconsin.gov)

**RE: DSPS Complaint #23-NUR-537, McInnis, RN  
Our File #: 230137**

August 18, 2023

Page 8

A standing order for Ativan 0.5 mg p.r.n. had earlier been entered in order to help the providers control [REDACTED] anxiety as her work of breathing continued to increase. Pursuant to this order, at 1746 hours, Nurse McInnis administered 0.5 mg of IV Ativan. At this point, Dr. Shokar was at the patient's bedside.

[REDACTED] When the 0.5 mg of IV Ativan administered at 1746 hours had no effect in relieving agitation, Nurse McInnis relayed that information to Dr. Shokar at the patient's bedside. Dr. Shokar instructed McInnis to administer another 0.5 mg dose of IV Ativan. Pursuant to that instruction, Nurse McInnis administered a second dose of 0.5 mg Ativan IV at 1749 hours.

To connect the dots, a PRN order for Lorazepam was already in the system on October 7. Because Nurse McInnis failed to see that order, or wanted a new order so she could double up, she entered another order at 11:23 a.m. on October 13 under Dr. Leonard, who was on vacation. Why didn't she order under Dr. Shokar? What was she trying to hide?

Dr. Shokar testified in his deposition that he was not at the bedside when giving the oral order for Lorazepam, the opposite of what was documented in Nurse McInnis's August 18 letter. Dr. Shokar's letter of August 23 states that he never ordered Lorazepam. It appears that after Dr. Shokar's deposition, the two attorneys realized that they had to come up with a story to meld the differences in the letters.

In his deposition, Dr. Shokar said he verbally ordered the 5:49 p.m. order when paged by Nurse McInnis. He also said that the 5:49 p.m. order was the second order, not the third order, for Lorazepam. Why didn't Nurse McInnis tell him this was the third order?

In her letter, she justifies all medications given and does not acknowledge the third Lorazepam dosage she gave Grace. She was just following orders.

August 18, 2023

Page 9

The allegations advanced by complainant Lorna Speid as to Nurse McInnis have no substance. The three medications identified by Ms. Speid – Precedex, Lorazepam (Ativan) and Morphine, had each been ordered by a treating physician for [REDACTED], and each of those medications are clearly indicated in [REDACTED] medication administration record. Precedex is an anti-anxiety medication ordered for [REDACTED] in order to help keep her increasing anxiety to a manageable level. Due to her increasingly difficult work of breathing as her stay in the ICU proceeded, [REDACTED] anxiety was increasing commensurately, and the Precedex was administered in an effort to reduce [REDACTED] anxiety level to a point where it was less likely to interfere with efforts at proning her, and efforts to keep the BiPAP mask on and her IV tubes intact. [REDACTED] treating physicians were aware of the fact that [REDACTED] was receiving Precedex until the afternoon of the 13<sup>th</sup>, as numerous notes in the hospital chart attest.

Ativan was also clearly noted in [REDACTED] MAR, and doses of this medication had been administered on several occasions prior to October 13<sup>th</sup>. Once again, [REDACTED] physicians were aware of the fact that Ativan was on her MAR, and Nurse McInnis administered the 1746 dose of that medication pursuant to the order in [REDACTED] MAR. Nurse McInnis administered the second dose of Ativan at 1749 hours upon the direct verbal order of Dr. Shokar, who was with her that afternoon at [REDACTED] bedside. The second dose of Ativan administered that afternoon was given because the first dose had not had any effect upon [REDACTED] clinical presentation.

To review, Dr. Shokar's deposition testimony conflicts with his letter, which states he didn't order Lorazepam. They had to unwind these "inconsistencies" at the trial. The judge would not allow the information I just spelled out at trial – the fact that both Nurse McInnis and Dr. Shokar seemingly lied to the Department of Safety and Professional Services, the Wisconsin Medical Examining Board, which resulted in a sham "investigation." These DSPS "misstatements" were

the source of multiple objections, and the judge ruled these letters could not be used as evidence in the trial. His ruling was based on the idea that another agency's ruling cannot be used as evidence. We disagreed. We were not using the ruling as evidence, but to show the inconsistencies that should lead a juror to not trust the credibility of these witnesses.

Finally, the medical records do not show that Dr. Shokar ordered Lorazepam. Additionally, the medical records show that Precedex was at the maximum dosage until 6:37 p.m., after the morphine was given. A summary of these records follows.

**Precedex in the medical records:**

RUN DATE: 03/04/22	Affinity Health System **LIVE** NPR PHA	PAGE 13				
RUN TIME: 1347	MEDICATION ADMINISTRATION SUMMARY					
RUN USER: ASDUESTE						
<b>PATIENT:</b> SCHARA, GRACE N	<b>ACCT #:</b> E39547554	<b>LOC:</b> E.2-C				
	<b>AGE/SX:</b> 19/F	<b>ROOM:</b> E.2029				
<b>REG DR:</b> BECK MD, DAVID	<b>STATUS:</b> DIS INx	<b>REG:</b> 10/07/21				
		<b>BED:</b> 1				
SCHARA, GRACE N	E39547554	<b>DIS:</b> 10/13/21				
		<b>(Continued)</b>				
DEXMED2ML - dexmedeTOMIDine INJ 100 MCG/ML VIAL - 400 MCG (4 ML) in NS100 - 0.9% SODIUM CHLORIDE 100 ML BAG - 100 ML						
<b>ROUTE:</b> IV						
<b>SITE:</b>						
<b>TOTAL VOLUME:</b> 104 MLS	<b>RATE:</b> TITRATE	<b>DURATION:</b> TITRATE				
<b>SIG:</b> TITRATE (SCH)						
<b>START:</b> 10/07/21-2145	<b>STOP:</b> None	<b>DC:</b> 10/13/21-0813				
<b>ORD DR:</b> MARADA MD, RAMANA R						
<b>LAST BAG:</b> 11						
<b>TOT DISP:</b> 11						
<b>Rx #:</b> E10023498						
<b>ADMIN DATE</b>	<b>TIME</b>	<b>USER</b>	<b>GVN</b>	<b>BAG</b>	<b>REASON CODE</b>	<b>VOLUME GIVEN</b>
10/07/21	2200	SHAIN002	Y			104 MLS
Current Rate: 0						
Rate Changed to: 1						
MAP: If applicable						
RASS: 3 If applicable						
10/07/21	2220	SHAIN002	N		DOSE/RATE CH	
Current Rate: 1						
Rate Changed to: .7						
MAP: If applicable						
RASS: -3 If applicable						
NEEDED TO QUICKLY REDUCE DOSE R/T OVERSEDATION. PATIENT'S BP DROPPED TO A MAP <65 AND O2 SATURATION WAS DECREASING						

**(documents the first overdose on October 7)**

10/13/21	0700	HMCINNIS	N	DOSE/RATE CH
Current Rate: 0.9 Rate Changed to: 1.0 MAP: If applicable RASS: If applicable pt not tolerating prone position				
10/13/21	0730	HMCINNIS	N	DOSE/RATE CH
Current Rate: 1.0 Rate Changed to: 1.1 MAP: If applicable RASS: +1 If applicable Pt rolling on side, increase to help tolerate prone position				
10/13/21	0754	HMCINNIS	N	DOSE/RATE CH
Current Rate: 1.1 Rate Changed to: 1.2 MAP: If applicable RASS: +1 If applicable increased to help pt prone, rolling onto back and desats				

(documents Nurse McInnis's increase to the highest level since October 8 immediately upon arrival on October 13; Dr. Berdine called this repeated administration of Precedex insane; Jess had Grace proning all night and the morning of the 13<sup>th</sup> without any issues; Grace was not agitated whatsoever)

10/13/21	1048	HMCINNIS	Y	260 MLS
Current Rate: 1.4 Rate Changed to: MAP: If applicable RASS: If applicable				
10/13/21	1837	HMCINNIS	N	DOSE/RATE CH
Current Rate: 1.4 Rate Changed to: OFF MAP: If applicable RASS: If applicable STOP GTT FOR NOW PER DR SHOKAR, RESTART AS NEEDED				

(documents Precedex was not being weaned (see DSPS letter) and wasn't shut off until after the morphine injection)

#### Lorazepam in the medical records:

Category	Procedure	Order Number	Date	Time	Pri	Qty	Ord	Source	Status	Ordered By
MEDS	ZZF	20211013-1267	10/13/21	1123	R	1			CMP	LEODA
Other Provider :					Sig Lvl		Provider :			
RX: E10030394							Start: 10/13/21	1123	PRN	CMP
Stop:										
Key For Med Lock Boxes (*Key Lorazepam)										
Dose: 0 EACH										
Route: FS Direction: .DISP										
Order's Audit Trail of Events										
1	10/13/21	1123	HMCINNIS	Order ENTER in PHA						
2	10/13/21	1123	HMCINNIS	Ordering Doctor: LEONARD DO, DANIEL P						
3	10/14/21	0128	DISCHARGE	DISCONTINUE in PHA						

(documents Nurse McInnis ordering Lorazepam using a doctor who testified in deposition that he was on vacation)

RUN DATE: 03/04/22	Affinity Health System **LIVE** NPR PHA	PAGE 5				
RUN TIME: 1347	MEDICATION ADMINISTRATION SUMMARY					
RUN USER: ASDUESTE						
<b>PATIENT:</b> SCHARA, GRACE N	<b>ACCT #:</b> E39547554	<b>LOC:</b> E.2-C				
	<b>AGE/SX:</b> 19/F	<b>U #:</b> E000365038				
<b>REG DR:</b> BECK MD, DAVID	<b>STATUS:</b> DIS INX	<b>ROOM:</b> E.2029				
		<b>REG:</b> 10/07/21				
		<b>BED:</b> 1				
		<b>DIS:</b> 10/13/21				
SCHARA, GRACE N	E39547554	(Continued)				
LORAZ2I - LORazepam 2 MG/ML VIAL						
DOSE:	0.5 MG (0.25 ML PER DOSE)					
ROUTE:	IV					
SIG:	PRNQ6H (PRN) PAR=	PRN Reason: ANXIETY/AGITATION				
START:	10/07/21-1930	STOP: None				
ORD DR:	BECK MD, DAVID	DC: 10/13/21-1927				
TOT DISP:	2					
Rx #:	E10023368					
<b>ADMIN DATE</b>	<b>TIME</b>	<b>USER</b>	<b>GVN</b>	<b>BAG</b>	<b>REASON CODE</b>	<b>DOSE GIVEN</b>
10/13/21	1125	HMCINNIS	Y			0.5 MG
10/13/21	1746	HMCINNIS	Y			0.5 MG
10/13/21	1749	HMCINNIS	Y			0.5 MG
					RR 55, GIVEN FOR WORK OF BREATHING	
					RULE: PRNQ6HRULE	

**(documents the order implemented solely by Nurse McInnis on October 13)**

It seems one or both of them is not being truthful. It appears that Nurse McInnis unilaterally delivered all three orders for Lorazepam and created the excuse for the third oral order from Dr. Shokar, after reviewing the records when she was under investigation. It further appears that Dr. Shokar participated in the cover-up at his deposition and during the trial by reversing what he wrote to the Medical Examining Board, through his attorney. That's the only explanation that makes sense when you step back and see the facts.

Both of the complaints were closed without investigation:

The details of the complaint and other materials were reviewed and evaluated by a screening panel. Screening panels include members of the relevant profession and/or a department attorney. Based on their review and evaluation of the complaint, a decision has been made by the screening panel not to take any action based on this complaint.

Thank you for your patience as we considered this matter.

Sincerely,

Complaint Intake Unit  
Dept. of Safety and Professional Services  
Division of Legal Services and Compliance

**(from DSPS letter to a professional, who is a Master of Pharmacy; she filed both complaints after reviewing Grace's medical records)**

From the actual complaint filed with DSPS, received through a public records request:

26 July 2023

DEPT SAFETY & /

**Dan Hereth, Secretary**

Wisconsin Department of Safety and Professional Services  
Division of Legal Services and Compliance  
P.O. Box 7190  
Madison, WI 53707-7190

**FORMAL COMPLAINT AGAINST MS. HOLLEE J. MCINNIS, RN, A REGISTERED NURSE LICENSED BY  
WISCONSIN DEPARTMENT OF SAFETY AND PROFESSIONAL SERVICES**

From pages 5 and 6:

I respectfully allege that Ms. McInnis was a collaborator in bringing about the deliberate death of Ms. [REDACTED] because no reasonable nurse would have expected a patient recovering from a mild to

5

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case of respiratory distress syndrome, secondary to infection with Sars-Cov-2, to be able to survive the combination of drugs that Dr. Shokar had prescribed recklessly, and deliberately. Ms. McInnis administered Morphine twice, and Lorazepam twice, while Dexmedetomidine was prescribed and administered by Ms. McInnis several times that day. It was still in Ms. [REDACTED] system. By so doing, at the very least, there is a case to answer for gross negligence, recklessness, and gross incompetence. I understand the family is pursuing criminal charges against both Dr. Shokar and Ms. McInnis and I applaud their actions because that is the level of seriousness that their actions warrant.

**Troubling Case**

When animals are put down, it causes tremendous distress to the families that they have been a part of. Normally, the family is given warning. In this case, Ms. McInnis used her position not to question or correct Dr. Shokar's egregiously poor prescribing, but to take the life of the patient who should have been able to depend upon her for protection. Ms. [REDACTED] was not even afforded the dignity that would be afforded a family pet.

19. Dr. Shokar entered a DNR order simultaneously at the end of the call with Cindy and me at 10:56 a.m. on October 13. **Bullet #13.** Why didn't he simply say, "Since you decided you don't want to give us a preauthorization to intubate Grace, I'm going to enter her as DNR on her medical chart." That simple communication would have made the difference between life and death. Instead, he presented a hypothetical of having to keep working on Grace over and over in the event of her heart stopping AFTER getting us to approve a feeding tube because "Grace had such a good day yesterday that we should work on nutrition." We were unaware of the DNR order until it was too late. As we learned at the trial, Nurse McInnis "forgot" to put the purple DNR bracelet on Grace. That would have been an alarm bell that would have facilitated us immediately removing the DNR order from Grace's record. Think about how fast Jess would have called us if a DNR bracelet had been put on Grace.

How does the denial of a preauthorization for a ventilator turn into no ventilator under any circumstances?

Why not tell us that if you are not going to give a preauthorization for a ventilator, we are going to label Grace DNI, which = DNR at Ascension?

20. Dr. Shokar ordered, and Nurse McInnis gave Grace morphine at 6:15 p.m. Morphine Package Insert warnings are plain to see for anyone who wants to put patient care above hospital protocols. Additionally, Grace did not have a detectable blood pressure at this time, according to Nurse McInnis's own record at 6:09 p.m. **Bullet #14.**

2551 Vital Signs (VS) ^ D Q2H 0E

- Document 10/13/21 1809 HJM 10/13/21 1810 HJM

P 80 R 51

SpO2%: 51 Oxygen (LPM): Oxygen (%):

FiO2 (%): 100 PF Ratio (PaO2/FiO2):

Humidified: Pediatric patients (%):

Device: BiPAP

ETCO2%: Pediatric Patients | Respiratory Score: BPWNS:

Pasero Opioid-Induced Sedation Scale (POSS)\* Somnolent, min/no respons \*Blue ?

Resp Quality: Labored

RASS Scale (ICU patients)

Position:

BP MAP: BP#2 MAP:

Extremity:

Extremity:

Mode:

Mode:

T (degrees F) T (degrees C) Route:

CVP: ICP:

PAS: CPP:

PAD:

PAW/PAOP:

CO: IAP:

CI: APP:

SVR: Corrected CVP:

PVR:

SVO2%: TOF Baseline mA: TOF Current mA:

ScVO2%: TOF:

SpCO2%: Location:

Comments: BP UNDETECTABLE

DR SHOKAR PRESENT

**(This fact led to Dr. Berdine's testimony that giving Grace morphine was the worst clinical decision he has seen in 46 years of medical practice. Dr. Berdine's case summary: <https://youtu.be/yNAIwJsK028>.)**

#### HIGHLIGHTS OF PRESCRIBING INFORMATION

These highlights do not include all the information needed to use MORPHINE SULFATE INJECTION safely and effectively. See full prescribing information for MORPHINE SULFATE INJECTION.

Morphine Sulfate injection, for intravenous or intramuscular use, CII  
Initial U.S. Approval: 1941

**WARNING: ADDICTION, ABUSE, AND MISUSE; LIFE-THREATENING RESPIRATORY DEPRESSION; NEONATAL OPIOID WITHDRAWAL SYNDROME; and RISKS FROM CONCOMITANT USE WITH BENZODIAZEPINES OR OTHER CNS DEPRESSANTS Lorazepam and Precedex!**

*See full prescribing information for complete boxed warning.*

- Morphine Sulfate Injection exposes users to risks of addiction, abuse, and misuse, which can lead to overdose and death. Assess patient's risk before prescribing and monitor regularly for these behaviors and conditions. (5.1)
- Serious, life-threatening, or fatal respiratory depression may occur. **Monitor closely**, especially upon initiation or following a dose increase. (5.2)
- Prolonged use of Morphine Sulfate Injection during pregnancy can result in neonatal opioid withdrawal syndrome, which may be life-threatening if not recognized and treated. If prolonged opioid use is required in a pregnant woman, advise the patient of the risk of neonatal opioid withdrawal syndrome and ensure that appropriate treatment will be available. (5.3)
- Concomitant use of opioids with benzodiazepines or other central nervous system (CNS) depressants, including alcohol, **may result in profound sedation, respiratory depression, coma, and death**. Reserve concomitant prescribing for use in patients for whom alternative treatment options are inadequate; limit dosages and durations to the minimum required; and **follow patients for signs and symptoms of respiratory depression and sedation**. (5.4, 7)

- Individualize dosing based on the severity of pain, patient response, prior analgesic experience, and risk factors for addiction, abuse, and misuse. (2.1)
- **Direct Intravenous Injection:** Initiate treatment with 0.1 mg to 0.2 mg per kg every 4 hours as needed to manage pain. (2.2)
- **Intramuscular Injection:** Initiate treatment with 10 mg, every 4 hours as needed to manage pain (based on a 70 kg adult). (2.2)
- Do not stop Morphine Sulfate Injection abruptly in a physically dependent patient. (2.4)

**DOSAGE FORMS AND STRENGTHS**

Injection, 2 mg/mL, 4 mg/mL, 5 mg/mL, 8 mg/mL, and 10 mg/mL in a pre-filled disposable syringe for intravenous or intramuscular use. (3)

**CONTRAINDICATIONS**

- Significant respiratory depression. (4)
- Acute or severe bronchial asthma in an unmonitored setting or in absence of resuscitative equipment. (4)
- Concurrent use of monoamine oxidase inhibitors (MAOIs) or use of MAOIs within the last 14 days (4)
- Known or suspected gastrointestinal obstruction, including paralytic ileus. (4)
- Hypersensitivity to morphine. (4)

**WARNINGS AND PRECAUTIONS**

- **Cardiovascular Instability:** High doses are excitatory. **Have Naloxone Injection and resuscitative equipment immediately available.** (5.5)
- **Life-Threatening Respiratory Depression in Patients with Chronic Pulmonary Disease or in Elderly, Cachectic, or Debilitated Patients:** Monitor closely, particularly during initiation and titration. (5.2)
- **Adrenal Insufficiency:** If diagnosed, treat with physiologic replacement of corticosteroids, and wean patient off of the opioid. (5.8)
- **Severe Hypotension:** Monitor during dosage initiation and titration. Avoid use of Morphine Sulfate Injection in patients with circulatory shock. (5.9)
- **Risks of Use in Patients with Increased Intracranial Pressure, Brain Tumors, Head Injury, or Impaired Consciousness:** Monitor for sedation and respiratory depression. Avoid use of Morphine Sulfate Injection in patients with impaired consciousness or coma. (5.10)

21. A responsible doctor and nurse are to be closely monitoring the patient and have the reversal drug immediately available. Neither happened. According to her trial testimony, Nurse McInnis left promptly at 7:00 p.m. [Her timecard, the length of the courtroom away from her station, showed she punched out at 7:36 p.m., nine minutes after Grace died – she testified that she didn't know Grace died until the next day.] Jess's testimony stated that Nurse McInnis would not come into the room when Jess felt Grace getting cold, but instead told Jess 'That's normal, just cover her with a blanket.' Furthermore, Jess testified that Nurse McInnis told her, 'we've done everything we can for your sister' - after 7:00 p.m. Dr. Shokar's shift ended at 6:00 p.m. He was in Grace's room until approximately 6:30 p.m. He called me at 6:43 p.m. to inform me that 'Grace had another good day and he just gave her morphine to slow her breathing down.'

At 7:18 pm, Jess called Cindy and me on FaceTime because Grace's numbers were dropping and no nurses would come into the room to help. Cindy and I screamed to save our daughter. Their response, from outside of the room..."She's DNR." We hollered back, "She's not DNR, save our daughter." Still, no doctor or nurse would come into the room.

We watched Grace die on that call at 7:27 p.m.

In Dr. Shokar's deposition, he acknowledged that reversal drugs should not be ignored because of code status:

22. During depositions, I learned the staff knew if the patient is DNI, they are DNR. This is the excuse Dr. Shokar used to justify the illegal DNR order. The nurses completely ignored our family's screams, "She's not DNR, save our daughter." Dr. Berdine testified that Grace could have been revived with the reversal drugs for morphine and Lorazepam. **Bullet #15.**
23. The facade was exposed immediately after Grace died. Cindy was allowed in the hospital without concern for Covid (she was still sick but not required to wear PPE), and a nurse said to Cindy, "Me and several other nurses don't think Grace should have died today." That statement lit a fuse that has resulted in a mission. Praise God for this opportunity.  
**(Dr. Berdine took this case, as his first-ever plaintiff case, for no compensation because of what he saw when reviewing the medical records. Dr. Berdine's trial testimony explaining: <https://www.youtube.com/watch?v=4CVYYGwVIHo.>)**



24. One of the consistent themes of Grace's hospital stay was limited to no communication. I didn't know about the meds, the overdoses, or the ICU room. I never saw the results of the CT scan or any X-rays. More importantly, there was the soft-peddling communication style of Dr. Shokar. He never used the words: 'code,' 'DNR,' 'DNI,' 'comfort care,' 'CPR,' 'defibrillation,' or 'resuscitation' as testified to in my deposition. At the trial, everyone saw him have a vivid memory of the October 12 call, even noting that I introduced other people in the room. In my rebuttal testimony, I was able to correct his recollection. Who do you believe has a better memory of the call? Someone who had one call like this in his lifetime, whose life was changed, or someone who has had thousands of similar calls? FYI, at the trial, we chose not to rebut the phantom call Dr. Shokar said he had with Cindy, although the rebuttal is documented in my deposition; the call never happened.

Lastly, I called Dr. Shokar on the morning of October 14 and asked him if a ventilator would have saved Grace's life. He acknowledged that it would not.

Here's a perspective of Dr. Shokar's communication style from his deposition excerpts:

14 Q Okay. And did you ever inform either Grace's  
15 sister Jessica or Scott or Cindy Schara that you  
16 thought that it was likely that Grace would die in  
17 the next day or two?

18 A Not in those words. I didn't directly say she's  
19 going to die in the next day or two. Again, we  
20 were in an air of optimism here. That was a very  
21 sensitive topic to say that she's going to die.  
22 She was still saturating -- you know, at the time  
23 of this note, she was still saturating above 88,  
24 90 percent, and we were still able to keep her  
25 oxygenations there.

21 So I had to, again, tread carefully  
22 on giving them objective data and giving them as  
23 much information as I could without ruining that  
24 relationship or changing the care plan.

22 So it's -- it's like I gave them  
23 everything to come to a reasonable conclusion that  
24 this is on the horizon as much as I could. I had  
25 conversations that revolved around the fact that

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LEXITAS

Gavin Shokar, M.D.

May 22, 2024

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1 this was imminent. But never did I actually say,  
2 within 24 hours your daughter's going to die. I  
3 didn't -- I didn't feel that was appropriate given  
4 the conversational perception of the family.

3 Did you express that heightened  
4 probability to the family on the phone that it was  
5 more likely that day that Grace would die in the  
6 next day or two?

7 A In a way, yes. I mean, I didn't say exactly like  
8 you just said it in regards to it's probable she's  
9 going to die. The problem was I was reaching in  
10 the context -- in a conversation structure which  
11 was -- it had to be in an optimistic fashion. I  
12 was talking to Scott about it. You know, he  
13 really did not appreciate and like the negativity  
14 that was surrounding the conversation, and  
15 everybody kind of, you know, alluding to the fact  
16 that she was going to die.

For full disclosure, his entire deposition transcript is on Grace's website.

## **Was the fix in? Why did we lose?**

The seeds of the case being about conspiracies were planted during Voir dire – the jury selection process. Questions over and over about Covid, Covid, Covid set the table as to what their plan was. For some background, please read: <https://ouramazinggrace.substack.com/p/grace-got-covid-grace-died-of-covid>. The case became about what I learned after Grace was killed because the judge unilaterally denied our Motions in Limine without discussion. As most of you know, I became a full-time researcher and advocate when my entire world changed after I was evicted and discovered the meds killed my daughter. I wanted to find out why. Isn't this what any dad would do if he didn't take the law into his own hands?

We made the case about medicines and the illegal DNR order – the truth.





The defense brought in experts who were 180 degrees from ours. Additionally, they made the case about the “vaccine,” Ivermectin, Tocilizumab, ventilators, conspiracies, and God. They had to use this deceptive strategy, given all the evidence we had. The defense seemingly believed the jury was still indoctrinated with the Covid narrative. They were correct in their assumption, and they did a good job of influencing the jury with things that had nothing to do with Grace’s hospital stay and how she died.

Regarding the battery claim, we made the argument related to our claim – intent to act, without knowledge. Did Nurse McInnis and Doctor Shokar intend to give medications to Grace? Were those medications given without consent? Did those medications cause harm to Grace? That was the legal standard we believe we proved at the trial. The defense attempted to make the claim about ‘intending to harm’ Grace. We were not asking the jury to look at their hearts, but using the legal standard that the judge had used in allowing the battery claim to proceed in the trial. This claim was dismissed by the judge after the conclusion of the evidence he allowed to come into the trial, under the theory that we gave implied consent to the “care” by Grace being in the hospital.



<https://truecovidfacts.org/>

We had two experts, one who didn't make a penny. They brought in six experts who were paid several hundred thousand dollars and who created a 'standard of care' consistent with what they were paid to say. That was expected. Long before ever filing a lawsuit, we had decided not to do so at that time. Why? Because I was told a story by the best medical malpractice attorney in Wisconsin. He told me about a case where a sponge was sewn up inside the patient, and he lost. He told me they circle the wagons around their own, so even in slam dunk cases, you have a 1 in 10 chance of winning - at best. As the world saw, 'standards of care' are subjective. Experts can say anything, and then the jury has to decide what and whom to believe.

Add programming to this discussion. We've all been programmed to trust the white coat. We've been told that doctors and nurses are to be trusted, and they have taken an oath to 'Do No Harm.' The average person does not know that the Hippocratic Oath is an oath to satanic gods. The average person does not know that the government has unlawfully created state actors of the entire medical industrial complex, and the players are bound by government-controlled "health care" initiatives at the risk of losing their licenses if they don't follow the script. If you would like to learn more about the Hippocratic Oath, please review these podcasts:

Part I: [https://rumble.com/v55xfj0-hippocrates-warned-us-and-so-did-god-part-i-the-framework.html?e9s=src\\_v1\\_ucp\\_a](https://rumble.com/v55xfj0-hippocrates-warned-us-and-so-did-god-part-i-the-framework.html?e9s=src_v1_ucp_a)

Part II: [https://rumble.com/v562w31-hippocrates-warned-us-and-so-did-god-part-ii-the-implementation.html?e9s=src\\_v1\\_ucp\\_a](https://rumble.com/v562w31-hippocrates-warned-us-and-so-did-god-part-ii-the-implementation.html?e9s=src_v1_ucp_a)

Ben Franklin said, "Those who give up liberty for security deserve neither." In 1 Thessalonians 5:3, Paul said, "While people are saying, 'Peace and safety,' destruction will come on them suddenly, as labor pains on a pregnant woman, and they will not escape."

The jury predictably sided with the peace and safety of the programming they've been conditioned to believe. I'm hopeful the trial is the beginning of their process of waking up.

Here's another, drilled-down perspective regarding programming from a friend who wrote to me after the trial. He describes how easy it is to manipulate with words.

*"My friend attended most of the trial sessions and took copious notes to share with me afterwards. He has keen insight and makes some rather astute observations.*

*I've been casually studying mind control techniques and the effects on a large, unsuspecting society for the last several years. Forewarned is forearmed!!*

*The tactics of the defense attorney, unaffectionately dubbed Mr. Roboto, were of particular interest to me. He wrote in his notes over and over and over again, Ad nauseam.*

*The monotonous drone and constant repetition of the very limited talking points available to the defense caught my attention. I believe his delivery and the means of presentation may have been a clever form of hypnosis. Sounds incredible? Maybe, but maybe not. Thought manipulation is actually much easier than we realize, and it's extremely effective.*

*In spite of the overwhelming preponderance of damnable evidence brought against those indicted, the jury deliberation was unimaginably brief for a trial that consumed over two weeks.*

*The seemingly evenhanded, unbiased conduct of the judge was very suspicious to me, especially for a high-profile case such as yours. The dark powers never play fair, and I was always suspicious that your trial would be somehow tipped in their favor."*

He shared this example to show how easily our minds can be manipulated:

## **Derren Brown's Toy Story | HOW TO CONTROL THE NATION**

<https://www.youtube.com/watch?v=EchfO2pjOrM>

## Is a loss better than a win?

Hundreds have reached out directly to say, "I'm sorry you lost." I explain that there is nothing to be sorry about. I've never worked so hard on something only to lose. Of course, I'm disappointed, but I prayed for God's will to be done. God is sovereign, so I am content with the outcome.



Dr. Jane Ruby also expressed shock at the verdict. She represents the sentiment I've seen on alternative media. I framed the bigger picture in our interview: <https://www.youtube.com/watch?v=T0rKyCbBeFM>.

God knew (He's omniscient) the verdict before the trial began, so He must have something bigger to accomplish with a loss. He is in the business of saving souls. His ways are above our ways. Social media is spreading the news so people can be prepared. Praise God!

The stunning verdict has impacted many people who thought we couldn't lose, given the evidence. I understand. I was shocked too.

Zooming out, we went into their legal system and played by their rules. If we had won, it could have had the opposite effect. Specifically, people could have seen the win as "justice" and/or that the system works, instead of seeing God's hand and giving Him the glory. When you see that "God's got this, dad" we can praise God regardless of a win or a loss.

A kind lady wrote to me shortly after the verdict. Her note helps explain what God may have in store for us.

*"I have seen your case show up on more and more mainstream news sources with much less bias since the unjust verdict. Mainstream media know that public opinion is strengthening against medical tyranny and medical abuse. Mainstream media has quoted statements you said about God and Christ, which is a great heavenly victory, because they have tried to portray themselves as secular people in the past. I have noticed more balanced coverage of the unjust verdict on Yahoo News and even MSN. When the*

*media know there is a huge public outcry against a great injustice, it looks better for them to provide more balanced news coverage.*

*Our nation needs to reform many areas of our society in order to create a functional and moral society that follows God. The negative verdict, which makes no sense, exposes the medical brainwashing and corruption in the courts for all of the world to see. In contrast, your calm responses show your faith in God for all of the world to see."*



## **Why did we file a lawsuit?**

The case was never about justice. They nailed the King of justice to the cross. What does justice look like in a case like this? Repentance. Praise God this question was asked during the trial. Writing a check, assuming we won, is not justice.

We would not have filed a lawsuit unless God called us to do so, through a series of providential events. Why? Satan is the prince of this world. We entered the world's legal system. By doing so, we submitted to their process and Godless rules. This system is designed to provide an illusion of justice in Satan's quest to imitate God. Think about this reality in the light of Jesus's words in Matthew 12:26: "And if Satan cast out Satan, he is divided against himself; how shall then his kingdom stand?" From my deposition testimony:

3     Q     Okay. What is the purpose, if any, at least in  
4                 your own mind and underlying the filing of the  
5                 present lawsuit?  
6     A     To -- the purpose? Is that your question?  
7     Q     Yes.  
8     A     There's multiple purposes. The first and most  
9                 important is repentance of the individuals  
10                 involved. Second, is to stop the behavior.  
11                 Third, is to shed light on evil. And fourth, is  
12                 to have the death certificate changed to the  
13                 truth.

Additionally, a lawsuit makes no sense - logically:

**State Immunity:**

**Wis. Stat. §§ 893.55:**

- ❖ Limits liability claims to \$750,000 to ensure affordable health care.
- ❖ This statutory limit has been in place for 16 years.

**Wis. Stat. §§ 655.006:**

- ❖ No loss of companionship for adult siblings.
- ❖ This statutory limit has been in place for 47 years.

**Wis. Stat. §§ 895.04:**

- ❖ No wrongful death claim for adult children.
- ❖ No exception made for disabled adult children under a parent's care.

***The out-of-pocket legal costs to bring a trial to a jury are over \$1,000,000, with the maximum payout of \$750,000. The defense's legal fees are paid by insurance, per another Wisconsin Statute. Think about these facts.***

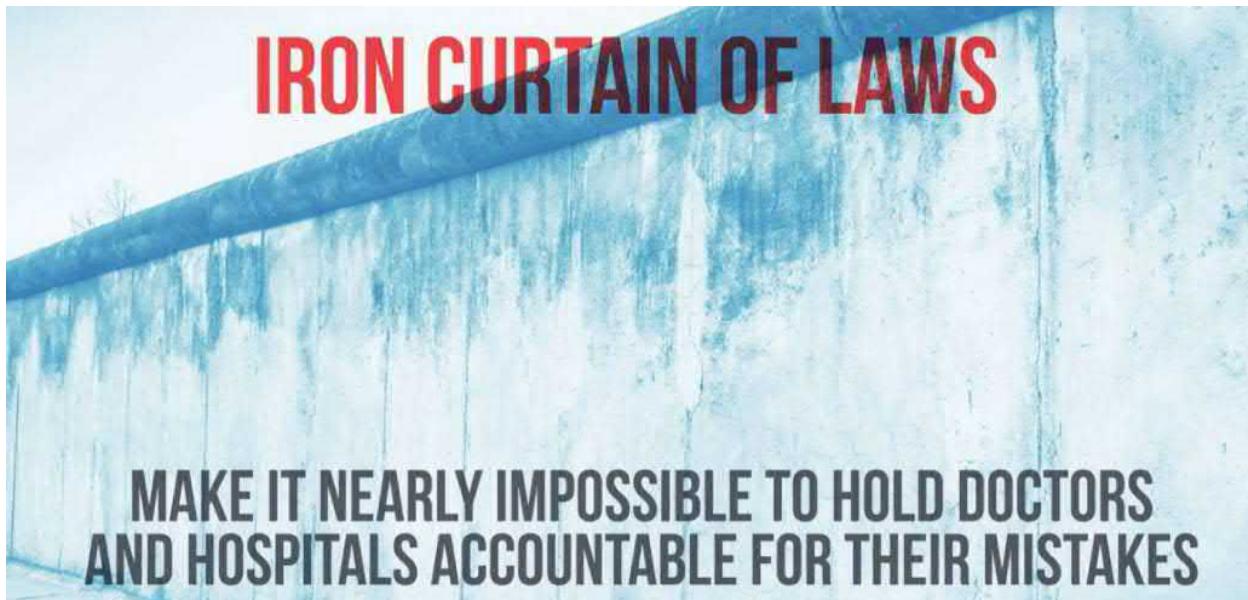
The jury did not know of the \$750,000 cap as stipulated by both sides. Assuming we'd be successful in their system, we hoped for an excessive verdict. This would have allowed us to take the case to the State Supreme Court in an attempt to have the unlawful caps removed for future victims. We had already agreed not to take any money personally, assuming we won, consistent with our calling. This fact was declared both publicly and in my deposition testimony. Our team didn't bring this fact into the trial; we wanted the case to be strictly about the medicine that euthanized Grace and the illegal DNR. Again, from my deposition testimony:

10	Q	But you are looking for money. So either
11		you're not looking for money now, or this was
12		an untrue statement that you gave in this book,
13		true?
14	A	No, because you're not understanding what
15		looking for money is.
16	Q	Okay. What am I missing?
17	A	You're missing that to the extent there's any
18		money awarded, one dollar or \$1 million, we are
19		not going to take any money personally. We
20		don't want to benefit financially from this
21		lawsuit.

There's more...what are the odds of winning? [The next two slides courtesy of 'Bleed Out' – an HBO documentary by Steve Burrows.]

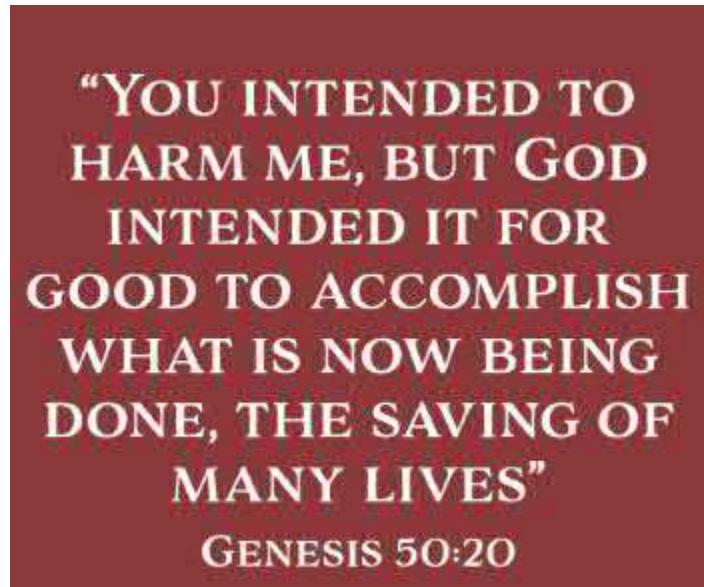


In short, "tort reform" was designed to protect the medical industrial complex.



*All of this was known before we filed the lawsuit, so why did we file?*

When we were called into the fight in January of 2022, Cindy and I wondered if Grace would be the one. Genesis 50:20 has been our motivation to help save others. The lawsuit has saved more lives, both physically and spiritually, than we could have expected by facilitating an opportunity to get the truth out to those with ears to hear.



The legal system was designed to create an illusion of consequences for the wrongdoers. The reality is just the opposite, by design. In God's economy, there are consequences for choices. When consequences are taken away, what should we expect to happen? [rhetorical]

For an in-depth review of the secret purpose of the legal system, please see:



<https://ouramazinggrace.substack.com/p/deprogramming-with-graces-dad-what-6a7>

## **Big picture, our responsibility is to rebuke and shed light on evil**

Grace's story has become the face of 1,200,000 hospital murders labeled as Covid deaths because of government incentives. These incentives drove the deaths, and the fear porn used to convince people to get jabbed.

It was humbling to have many who cared come to the trial in support of Grace. Many had lost loved ones to medical staff in different hospitals across the country, and others came as friends. We've also received hundreds of e-mails, comments, and cards.

The following statistics were the motivation for my deep dive into government control of health care:



We've been lied to. "We have the best health care in the world." 1,200,000 Americans were murdered to create fear to facilitate the goal of the PSYOP – get the "vaccine"/bioweapon jab into the arms of a fearful population. Over 600,000 have already died of the jab, and countless have permanent disabilities.

Our billboard campaign was launched to wake people up in the area. The URL on this billboard links to my seven-part series on medical murder being the number one cause of death in America.



<https://ouramazinggrace.net/medical%20murder/introduction>

We live in a world where the legal part of the beast system provides no consequences for the medical offender. On a macro level, the National Childhood Vaccine Injury Act of 1986 eliminates downstream liability for “vaccine” manufacturers. During Covid, the 2005 PREP Act provided immunity to the medical community for following government-incentivized “recommendations.” Additionally, the rights of the disabled under the 1990 Americans with Disabilities Act expire upon death, and in civil cases, the state statutes all but bar a lawsuit from ever seeing the light of day under the guise of tort reform. Why does the medical industrial complex have no consequences for its choices? That is not God’s way.

The lawsuit gave us an opportunity, like no other, to shed light on the medical and legal evil that has been deceptively hidden and further the mission God gave us to save lives.

## The medical records

Should it surprise anyone that the medical records contain lies when the mission of Ascension is a lie?



# Our Mission

Rooted in the loving ministry of Jesus as healer, we commit ourselves to serving all persons with special attention to those who are poor and vulnerable. Our Catholic health ministry is dedicated to spiritually centered, holistic care which sustains and improves the health of individuals and communities. We are advocates for a compassionate and just society through our actions and our words.

At the trial, it became clear that the defense relied on the records when it benefited their clients and ignored the records when it didn't. We pointed out this reality many times during the trial. The most egregious example was with Precedex, as noted in **Bullet #7** above.

### Morphine vs. Precedex Nurse McInnis entries...

During the trial, one of the most notable lies was that Precedex was shut off before the morphine injection. Dr. Shokar stated that he didn't believe the medical record. Their nurse expert, Julie Davis, testified that the recording of entries is often late and noted in the records that way. Interestingly, the culprit is again Nurse McInnis. Look at how she recorded the 6:15 p.m. morphine injection, at 6:30 p.m. – the late entry is noted with parentheses:

MS1-10 - MORPHINE SULFATE 1 EACH SYR						
INSTR: 2 MG						
ROUTE: IV						
SIG: NOW (ONE)						
START: 10/13/21-1830	STOP: 10/13/21-1831	DC: 10/13/21-1831				
ORD DR: SHOKAR MD, GAVIN						
TOT DISP: 0						
Rx #: E10031073						
<b>ADMIN DATE</b>	<b>TIME</b>	<b>USER</b>	<b>GVN</b>	<b>BAG</b>	<b>REASON CODE</b>	<b>DOSE GIVEN</b>
10/13/21 (10/13/21)	1815 (1830)	HMCINNIS	Y			2 EACH

Now look at how she recorded the Precedex being turned off at 6:37 p.m.:

DEXMED2ML - dexmedeTOMIDine INJ 100 MCG/ML VIAL - 1,000 MCG (10 ML)  
in NS250 - 0.9 % SODIUM CHLORIDE 250 ML BAG - 250 ML

ROUTE: IV  
SITE:  
TOTAL VOLUME: 260 MLS RATE: TITRATE DURATION: TITRATE  
SIG: CONT (SCH)  
START: 10/13/21-0815 STOP: None DC: 10/13/21-1927  
ORD DR: LEONARD DO, DANIEL P  
LAST BAG: 3  
TOT DISP: 3  
Rx #: E10030001

ADMIN DATE	TIME	USER	GVN	BAG	REASON CODE	VOLUME GIVEN
10/13/21	1048	HMCINNIS	Y			260 MLS

Current Rate: 1.4  
Rate Changed to:  
MAP: If applicable  
RASS: If applicable  
10/13/21 1837 HMCINNIS N DOSE/RATE CH  
Current Rate: 1.4  
Rate Changed to: OFF  
MAP: If applicable  
RASS: If applicable  
STOP GTT FOR NOW PER DR SHOKAR, RESTART AS NEEDED

These morphine and Precedex entries were recorded within 7 minutes of each other. There was no late recording notation for Precedex. The jury saw another anomaly but decided to look the other way, siding again with Goliath.

#### Bias toward the unvaccinated...

#### ASCENSION NE WI ST. ELIZABETH HOSPITAL, APPLETON, WI CONSULTATION REPORT

PATIENT NAME: SCHARA, GRACE N

REPORT NO: 1007-0140

we would plan to continue that for up to 10 doses while she requires supplemental oxygen therapy.

6. We briefly discussed the possible use of tocilizumab. Currently, the patient does not meet criteria for. She is on Vapotherm, flow rate of 20 and things seem to have calmed down and she is improving, so at this time, she does not require this. She is going to her own research on this drug whether she wanted to use or not and things were to worsen and we will just kind of reassess things from there. At this time, she does not meet criteria for tocilizumab.

7. I stressed the importance of proning, continue with supplemental oxygen and time and we will have to kind of see how things proceed as we move forward here.

8. Unfortunately, I think the patient probably would not be here if she has been fully vaccinated.

**Grace was not a VIP...**

RUN DATE: 03/04/22	Affinity Health System *LIVE* PCI for ASDUESTE	PAGE 3
RUN TIME: 1353	DEMO RECALL PRINT	
RUN USER: ASDUESTE		
<b>NAME:</b> SCHARA, GRACE N		
Did you get a copy of the ins card? N		
Date: 04/16/21		
Language Understood: ENGLISH		
Preferred verbal language for discussing healthcare: English		
Preferred written language for discussing healthcare: English		
Preferred Written Language: ENGLISH		
Preferred Contact Method: CELL PHONE		
Ethnicity: Not-Hispanic or Latino		
Portal enrollment instructions given or already enrolled? Y		
Race2:		
Advance Directives: NA		
Patient requests additional information: N		
Date asked:		
Location:		
:		
:		
PHONE: 920-788 [REDACTED]		
INS VER: 11/21/02		
SPECIAL NEEDS?		
STATE: WI		
RESTRICT DIR DISCLOSURE:		
<b>VIP PATIENT:</b> N		

**Grace was deaf from October 6 through October 13...**

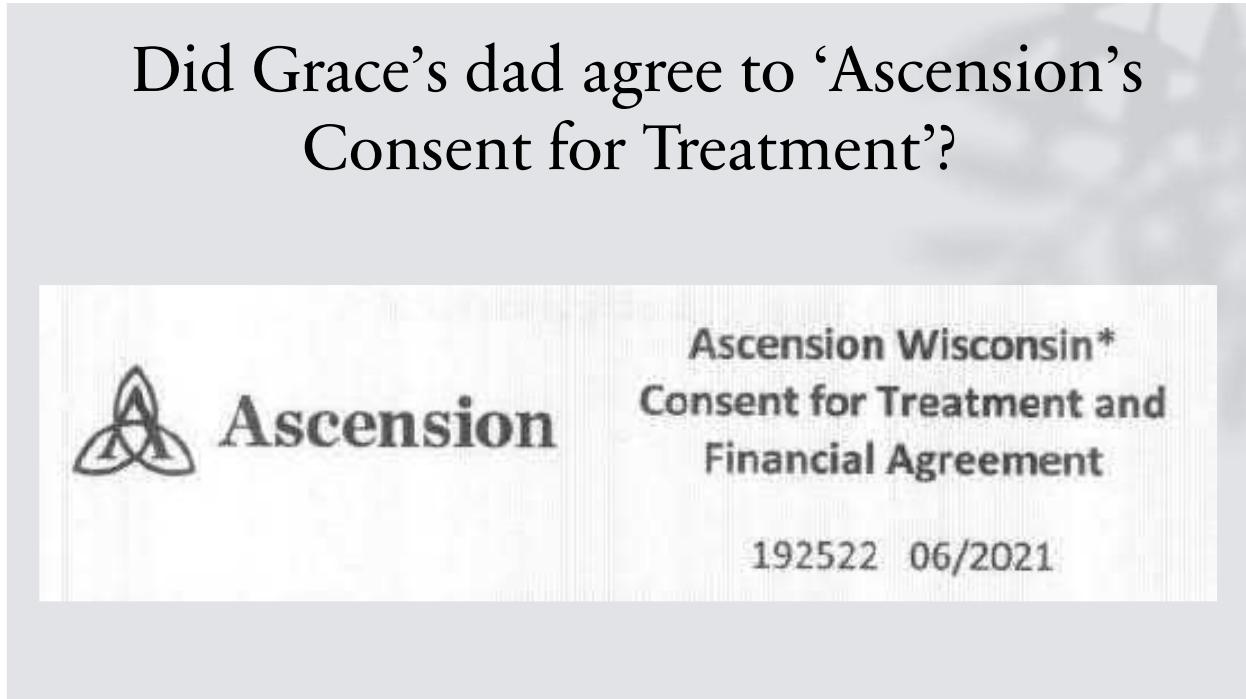
## Carrying forward mistakes impacts Grace's care – hearing loss from October 6 – October 13

PROVIDER: BECK MD, DAVID	REPORT NO: 1007-0034
DATE OF ADMISSION: 10/07/2021	
DATE OF SERVICE: 10/06/2021	
REASON FOR ADMISSION: Acute hypoxic respiratory failure.	
HISTORY OF PRESENT ILLNESS: The patient is a 19-year-old female with past medical history of complete trisomy 21 syndrome, <b>conductive hearing loss</b> and	
- Document 10/13/21 1405 LR 10/13/21 1426 LR	
Standard Assessment - Nutritional Service	
Diagnosis: COVID POSITIVE	
Past Medical Hx: HIGH FUNCTIONING DOWN SYNDROME, SLEEP APNEA ON CPAP, <b>HEARING LOSS</b>	

## Fraudulent medical records

### General Consent Document

Grace and I arrived at the ER at approximately 2:10 p.m. on October 6.



17 minutes later, a phantom conversation with Grace took place while I was in the room as her dad, her advocate, and her Power of Attorney.

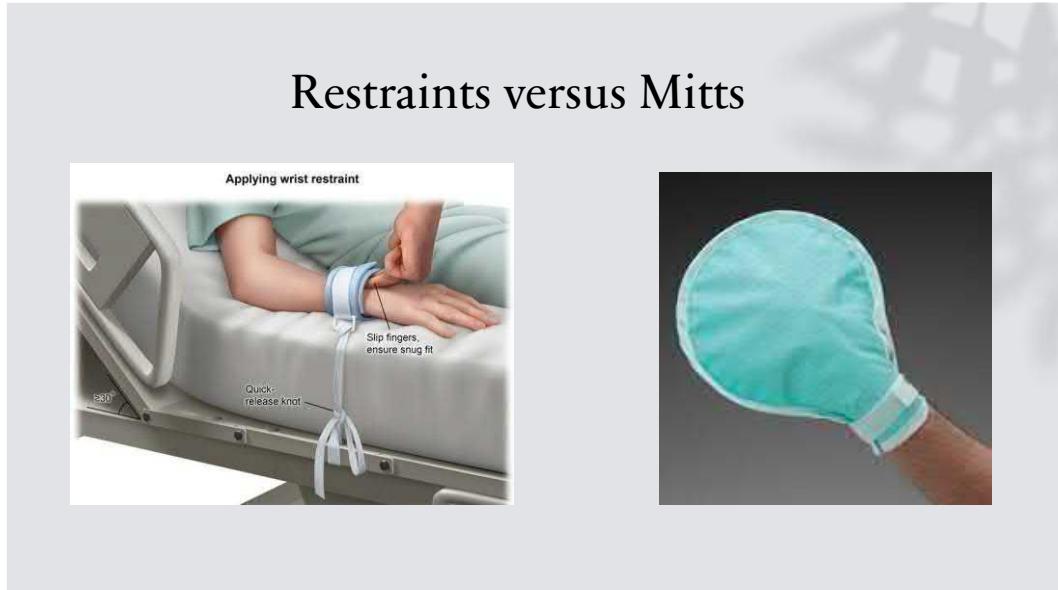
DOCUMENT ACKNOWLEDGEMENT AND DURATION		
<ul style="list-style-type: none"><li>My signature indicates that I have read and understand the Consent to Treatment and Financial Agreement form.</li><li>I understand that this agreement applies to all Ascension Wisconsin facilities and is valid for one year for treatment at the doctor's office (s) and for outpatient hospital services including radiology, laboratory, nutrition, cardiac diagnostic, respiratory pulmonary, outpatient behavioral health, rehabilitation and oncology and with each episode of care for all other services including emergency room, inpatient, observation and surgical services including GI services.</li></ul>		
Verbal consent per Patient/Legal guardian signature	10/6/21 Date	14:27 Time
Grace due to COVID-19 Person signing on patient/s behalf/relationship	Date	Relationship to patient
Signature of Face to Face Interpreter – OR Signature of Designated Interpreter (per Waiver) – OR Phone or Video Interpreter ID#	Printed Name/Affiliation	Date/Time
Patient unable or unwilling to sign form. Document reason: _____		

We showed this document at the trial because the judge told us he was leaning toward the idea of implied consent being the standard he was going to use to rule on our battery claim. How about fraudulent consent? Not only didn't the conversation happen, but they didn't even complete the fraud by filling out the name of the 'Interpreter' or the reason Grace could not sign the form.

## Restraints

Both Dr. Shokar's October 13 progress report, along with his deposition testimony, and Jessica's testimony showed that Nurse McInnis put Grace in restraints on October 13. During her testimony, Nurse McInnis said that Grace was never in physical restraints, but she was put in mitts after inserting the feeding tube so she wouldn't pull on it. Jess testified that mitts were not used during the feeding tube process, and Grace was in restraints when she got back shortly after 9:00 a.m., after going home to take a shower. Nurse McInnis was Grace's only patient, which means she put Grace in physical restraints.

Jess testified that mitts were not used.



Dr. Shokar's progress note confirms Jess's testimony.

ASCENSION NE WI ST. ELIZABETH HOSPITAL, APPLETON, WI  
PROGRESS/STAFFING NOTE

PATIENT NAME: SCHARA, GRACE N  
PROVIDER: SHOKAR MD, GAVIN

ADMIT DATE: 10/07/21  
REPORT NO: 1013-0156

DATE OF SERVICE: 10/13/2021

CHIEF COMPLAINT: Shortness of breath.

SUBJECTIVE: The patient was doing well on same settings of BiPAP this a.m. of 20/15 at 100% FIO2. She was unable to wean to 90% as she does desaturates to about 80s. She had an episode where she got agitated after being assisted to stool and her Precedex was increased to help control agitation as she is starting to try to pull out a PICC and remove the mask. She required restraints by the time of interview with the goal to remove the restraints as soon as possible. She has been able to prone for an hour here and there overnight. This a.m. seems that we have been having less success proning her for more than 20 to 30 minutes as she returns back over onto her side, this is per her nursing report. We will continue to encourage and assess if proning is a viable option for her.

What about the fraudulent record? Consistent with the inconsistencies at the trial and in the medical records, take a look at this record; interestingly, not part of the medical records received in my records request, but was given to the defense by the hospital. St. Elizabeth's Hospital failed to report that Grace was in restraints to the Department of Health Services. Why?

JEPARTMENT OF HEALTH SERVICES Division of Public Health F-05043 PART I (Rev 01/17)		PART 1 <i>faxed 10/14</i>		STATE OF WISCONSIN Chapter 69, Wis. Stats. Page 1 of 3
<b>NOTICE OF REMoval OF A HUMAN CORPSE FROM A FACILITY</b>				
Hospital / Nursing Home / Hospice Care				
Items 1-31 of Part 1 and all items in Part 2 to be completed by the facility or hospice administrator (or a designee). Items 32-38 to be completed by a Wisconsin licensed funeral director, coroner/medical examiner, or family member.				
1. DECEASED'S CURRENT LEGAL NAME-First		Middle	Last	Suffix
AKA:	<i>Grace</i>	<i>N</i>	<i>Scharr</i>	
TYPE OR PRINT IN PERMANENT BLACK INK ONLY				
YES NO				
<input type="checkbox"/> <input checked="" type="checkbox"/> <b>CORONER</b> notified, Time: _____ Name: _____ <input type="checkbox"/> Body released by coroner <input type="checkbox"/> Coroner Hold, Restrictions to Organ/Tissue Donation? _____				
<input type="checkbox"/> <input checked="" type="checkbox"/> <b>AUTOPSY</b> Requested by: <input type="checkbox"/> Coroner <input type="checkbox"/> MD <input type="checkbox"/> Family (None of the below apply to Coroner cases) <input type="checkbox"/> Autopsy consent signed <input type="checkbox"/> Pathology notified <input type="checkbox"/> Record (disassembled) taken to pathology office				
<b>RESTRAINTS</b>				
<input type="checkbox"/> <input checked="" type="checkbox"/> Did the patient expire within 1 week of restraint/seclusion. If Yes, complete below. Patient died while in Restraint, Seclusion, or Both: <input type="checkbox"/> Yes <input type="checkbox"/> No Patient died within 24 hours of removal of Restraint, Seclusion, or Both: <input type="checkbox"/> Yes <input type="checkbox"/> No Patient died within 1 week of removal where Restraint, Seclusion, or Both may have caused physical harm based on review of documentation <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes to any of the above: Complete the Restraint/Seclusion Death Report (Y DEATHRS) and fax the form to Quality/Risk Management at 920-628-8935				
Sent to Quality: Date: _____ Time: _____ Initials: _____				
Continue to complete back of document				
 <b>Ascension</b> <b>Record of death</b> Original copy to patient record <b>MMC:</b> Provide 2 copies for ED registration <b>CMC:</b> Provide 1 copy for registration Ascension Wisconsin ASCWI-1934 03/2020		Patient identification  <div style="display: flex; align-items: center;"> <div style="flex: 1;">           E39547554            SCHARR, GRACE N         </div> <div style="flex: 1; text-align: center;">  </div> <div style="flex: 1; text-align: right;">           E00036503E            BECK, MD, OF JJD            NORDSTROM, ID, MBR            10/27/21            920-788-8428            29/22/02         </div> </div>		

### Incapacitated

Finally, the same girl who was deaf, but was able to hear and give oral consent to her hospital stay, was unilaterally labeled incapacitated by Doctors Beck and Baum. Why? This is another record that I had no knowledge of until receiving the medical records. Q: How is it that an incapacitated person is denied an advocate? A: Because they can get away with it. How is it that the hospital has a document for incapacity, but not a document for a DNR order?

I have personally examined Grace Schara and in my opinion, he/she is unable to receive and evaluate information effectively or to communicate decisions to such an extent that he/she lacks the capacity to manage his or her health care decisions.

Health care decisions means informed decisions in which this individual exercises his/her right to accept, maintain, discontinue and refuse care, treatment, service or procedure to maintain, diagnose or treat his/her physical or mental condition.

10/8/21  
Date of Examination

1130  
Time

\_\_\_\_\_  
Signature of Physician

Karl Baum

\_\_\_\_\_  
Printed Name of Physician

Karl Baum MD

10/8/21  
Date of Examination

22:15  
Time

\_\_\_\_\_  
Signature of Second Physician or of Psychologist

B

\_\_\_\_\_  
Printed Name of Second Physician or of Psychologist

David Beck

NOTE TO STAFF: The revocation section must be completed when the patient regains capacity for decision making.

## **Recurring questions from interviews since the verdict**

Are you surprised by the outcome? I'm surprised from the perspective that we had a better case, better facts, better preparedness, and a better team. I'm not surprised from the perspective of the legal system being in bed with the medical industrial complex. A specific example related to tort reform. Wisconsin has a medical malpractice damage cap of \$750,000; doctors, by statute, have to have medical malpractice insurance; if an attorney is on contingency, the maximum he can take of the proceeds is 33 1/3%, by statute. A case like Grace's is literally impossible to bring to a jury trial without self-funding. This case cost over \$1,000,000 to bring to trial. Let that sink in. The bigger picture, and substantially more important, is that only one juror sided with us. That's 8%. This fact is representative of the programming in our society to trust the medical system. 92% of our society are sitting ducks, and that's why we keep speaking out. Once you see what is happening, you can't unsee it. Losing in a courtroom only empowers our message of saving lives. That's why Grace died – so others would have a chance to wake up and live.

Are you considering an appeal or any other legal options at this time? Win or lose, the purpose of the lawsuit was repentance and to show the world what is going on behind the curtain. We did that thanks to The New American and CHD livestreaming the entire trial and the press conference. There are limited appeal options that I'm reviewing with our Wisconsin attorney Joe Voiland at this time (immediately after the trial). Subsequently, I decided not to file an appeal.

Do you believe the jurors were impartial -- not just in terms of their possible beliefs toward Covid or toward "conspiracy theories" but also in terms of standing up to a local hospital that they may feel they need in the future? How can they be in a society that programs them to rely on the state for their rights from the moment they are born?

Do you believe your case was hampered in any way by the judge or anyone else involved in this case (e.g., discussion of Covid financial protocols)? The main hampering factor was the judge denying our Motions in Limine to exclude my research after Grace's death. The defense wanted these facts in the trial to paint me as a conspiracy nut. What I've learned since Grace died had nothing to do with what happened in the hospital. Our expert showed that Grace was overdosed three times, the third time resulting in her death. The hospital staff didn't discuss the first two overdoses from me, and Nurse McInnis and Doctor Shokar used the same medications, at higher dosages, on Grace's last day. Their experts said the related decisions followed the "standard of care" because "those meds are commonly used in the ICU." Think about how crazy this thought process is! Those meds have adverse side effects, and Grace had those exact side effects twice before the fatal overdose. Equally important is the fact that she could have still been saved, despite the overdose, if there had not been an illegal DNR put on her chart that the nurses would not reverse, despite us screaming, "She's not DNR, save our daughter." All DNR orders, whether illegal or valid, can be reversed at any time.

Even with this outcome, what do you believe this trial accomplished that can benefit the public and also benefit similar cases in the future? I'm thankful for the opportunity to have Grace's death not be in vain. We've also created a roadmap, through our filings in this case, for others to have a legitimate battery argument in other cases in the future. More importantly, the main benefit to the public is to be prepared for a hospital stay. The jury ruled that no consent is required in a hospital, and a doctor can

unilaterally place a DNR on a patient, without consent, without a witness, without a signature, and without a bracelet. This decision should scare anyone with ears to hear.

Was Grace targeted because she had Down Syndrome? I believe so, but I cannot prove it. However, I will provide the circumstantial evidence I'm aware of:

1. 90% of Down Syndrome babies are murdered in the womb in America.
2. The doctors' progress reports referenced Grace's Down Syndrome 36 different times.
3. The doctors acknowledged no special training for people with Down Syndrome. They had no idea that it is common for people like Grace to metabolize medications differently.
4. After Obamacare was passed on March 23, 2010, the bureaucracy wrote training documents for doctors to implement what the government said its citizens had to follow. Ezekiel Emanuel, one of the country's most influential bioethicists and a prime architect of Obamacare, wrote as far back as 1996 that health care "services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed. An obvious example is not guaranteeing health services to patients with dementia." Section 1553 of Obamacare legalized euthanasia:

PUBLIC LAW 111-148—MAR. 23, 2010

124 STAT. 259

**SEC. 1553. PROHIBITION AGAINST DISCRIMINATION ON ASSISTED SUICIDE.**

42 USC 18113.

(a) IN GENERAL.—The Federal Government, and any State or local government or health care provider that receives Federal financial assistance under this Act (or under an amendment made by this Act) or any health plan created under this Act (or under an amendment made by this Act), may not subject an individual or institutional health care entity to discrimination on the basis that the entity does not provide any health care item or service furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

Here's what a July 2011 training document says regarding Down Syndrome adults:



**FAST FACTS AND CONCEPTS #243  
PALLIATIVE CARE FOR PATIENTS WITH DOWN SYNDROME**

**Jane E Loitman MD and Gail Gazelle MD**

"The lifelong toll on families is high. Part of a robust plan of care includes acknowledgment of this toll by healthcare providers."

“Whenever possible, decision makers for people with DS should be encouraged to use substituted judgment to make key palliative care decisions. All efforts should be made to determine the preferences of the patient; however, because of lifelong cognitive impairment, the views of the person with DS may not be known.”

5. Since the Covid PSYOP, many studies have been done. Here's a not-so-surprising research article regarding the use of DNR orders on patients with Down Syndrome:



RESEARCH ARTICLE

## **Retrospective review of the code status of individuals with Down syndrome during the COVID-19 era**

Jennifer Jett, Alexander Fossi, Heather Blonsky, Wendy Ross, Sabra Townsend, Mary M. Stephens, Brian Chicoine, Stephanie L. Santoro 

First published: 12 December 2023 | <https://doi.org/10.1002/ajmg.c.32080> | Citations: 1

The article explained that from January 2019 to June 2022, if the patient had Down syndrome, they had a 6.321 odds ratio of having a DNR status ordered upon admission to the hospital compared with those with COVID without Down syndrome. This statistic is a result of a review of records from 825 hospitals representing 1,739,549 patients with COVID. During Grace's jury trial, I was quoting from this article when asked the question regarding my perspective, to which the defense objected, and the judge sustained the objection because I'm not an expert (another rule in their system). Now you know the truth.

What testimony surprised me? There was a lot that surprised me because I foolishly presumed people would tell the truth, especially in court. In that light two items stick out: 1) Nurse McInnis explaining that she forgot to put a DNR Bracelet on Grace, when asked an unscripted question by a juror and then her later reversal when asked a scripted question from her attorney; and 2) Nurse Barkholtz caring so much about my health and that I could barely stand up the morning I was evicted and calling me an asshole in her same stint on the stand. Surprisingly, the judge said nothing.

What was the highlight of the trial? Hands down was when attorney Joe Voiland, on redirect with Cindy, put Jason Francowiak in his place. After his rude cross-examination of Cindy, he deserved to have her read back what he said in her deposition. This was put on the TV screens in the courtroom, and the jury gasped when they learned that Jason admitted his fear of the vaccination during her deposition:

12 Q Okay. You also mentioned in the next line there,  
13 "the sterilization they're intending to do."

16 A I think you know that.

17 Q No. I -- I was kind of hoping -- unfortunately,  
18 I've -- I've had the vaccine, and I'm a little  
19 concerned I might be sterile.

20 Is that true?

What would I do differently? If I knew we were going to lose, I would have connected the dots regarding the spiritual battle between God and Satan and focused on all of the “conspiracies” I now believe based on research. The defense was able to ask questions, and I provided limited but thorough responses. However, I didn’t expand on the answers further because we didn’t want to open up even more unrelated testimony as to why Grace died. We kept our case about what happened to Grace above reproach and put a case based on facts to the jury.

Is there anything else you would like to add, not covered by the above? Do not put your trust in man's medical system. Do not put your trust in man's legal system. Neither is designed for your protection. They are designed to hasten death. Put your faith in the only one who will always protect you, our Lord and Savior, Jesus Christ.

## What's next?

We'll keep on the mission we've been given. An incorrect verdict doesn't change our calling.

Immediately, the physical warnings I've been sharing are now even more urgent.

The government has made state actors out of hospitals and doctors who accept Medicare and Medicaid. They follow the rationed care model, which hastens death. This is done through programming the lies of collectivism and the need to balance the budget (we have a fiat currency). Rationing care = standards of care = hastening death = medical murder. Why? The lie facilitating medical murder is that there are too many people on the planet, so there are not enough resources.

How did we fall for this trap? As God warned in 1 Thessalonians 5:3, we fall for peace and safety every time Satan uses fear. Our sinful nature (laziness and not wanting to be accountable) makes us easy prey. Satan deceives us with lies, creating fear, so he can legally trap us with "solutions." We then turn over our God-given freedoms for the illusion of peace and safety. Think about the lies of 911 and Covid from that perspective. What did we legally agree to? The Patriot Act and the "vaccine." We traded freedom for the illusion of peace and safety. Satan is a legalist and uses this method over and over to turn our God-given rights over to the state, putting us in chains. However, we are responsible for our choices, which is why I am confident the only way out of this mess is repentance. The new king and the new HHS secretary are providing an illusion of a solution. Now that you are awake and repentant, you don't have to participate any longer. It is time to take back the freedom God gave you.

Right now, I encourage everyone to proactively exit the medical industrial complex and prepare for a hospital stay before the need arises. How? Once you change your false belief that hospitals are safe zones, and doctors and nurses have pure hearts and only want to help, you will clearly see some simple steps:

1. Get your critical thinking back by dropping your medical insurance. Reclaim the ground you gave up before you were awake. Samaritan's Ministry is an option.
2. Find a medical professional who does not accept Medicare or Medicaid, so they are not controlled by the rationing care model the government incentivizes.  
[https://therebelpatient.substack.com/p/resources-assisting-you-in-search?publication\\_id=770643](https://therebelpatient.substack.com/p/resources-assisting-you-in-search?publication_id=770643)
3. Get your paperwork in order with a medical directives document and a medical Power of Attorney. <https://ouramazinggrace.net/Hospital%20Rescues-Forms%20you%20need>
4. Review the Hospital Survival Guide from Protocolkills.com.  
<https://www.protocolkills.com/survival>
5. Have an advocate who is awake and willing to stay with you 100% of the time in the event of a hospital stay.
6. Start with the position that nothing will be done to you or the person you are advocating for, without your express written consent. Do not rely on the doctor to provide informed consent. If our lawsuit did nothing else, it showed the world that the standard of care for informed consent is subjective, which means they will do whatever they want based on what they believe is right, not what you believe is right. Of course, objective emergencies are excluded from this stance.

Spiritually, I had taken three months off from the research I'd been working on to focus solely on the trial. I had been working on a series called 'Escaping Babylon', which is based on God's description of Satan's dual nature in Revelation 13. Part one of the series was released in February:

<https://ouramazinggrace.substack.com/p/deprogramming-with-graces-dad-escaping>

God showed me, in July 2022, not to use Grace's story to expose evil because it fits into Satan's angel of light playbook. Satan deceives even in changing the Scriptures (I encourage you to research Ephesians 5:11). To that end, I've been bluntly challenging that less evil cannot fix evil. There's a choice outside of the dialectic traps Satan uses to deceive. God calls us to shed His light on evil and rebuke evil. That's not the same as 'exposing' evil. For some context, please review:

<https://ouramazinggrace.substack.com/p/can-evil-be-fixed-with-less-evil>.

Jesus gave us that warning that I mostly ignored until Grace's death woke me up. In Matthew 12:30, He said, "Whoever is not with me is against me." His ways are not of this world.

I'm going to quote a good friend, because he instinctively saw (in the trial) what I've been seeing as I have been rebuking the 'evil versus less evil' dialectic we've been programmed to believe.

"Take note of all the talking heads you worked with over the years, and note their conspicuous absence during this trial, even on mentioning the trial. Whose side are they really on? Who and what do they really care about? What does their absence imply?

I include Wisconsin Senator Ron Johnson. Where was he in all this? Why didn't this trial behoove him to be a leading spokesman nationally, as he is a U.S. Senator and hosted several panels where these 'medical freedom' doctors were whining about losing their licenses, acting like victims of this insidious profession they are clinging to?

This is predictable in the big scheme of things. Those who have eyes should see this trial scared many who should be scared of exposure. On the surface, they appear to be in control. They are not. They are simply effective with their PSYOPS, misinformation, and theater.

Be sure that all these people were tuned in and were watching this closely. I may be wrong or misinformed on some of them, but I was looking around for coverage in some obvious places, and found not a mention, except for the comments I left behind. They, too, might as well have been on that jury.

I, for one, remain disgusted by all of them, both inside and outside this trial. As these ill-trained legalizers and pundits would say, "the preponderance of evidence is overwhelmingly clear against them."

I agree with you wholeheartedly. This was a landmark case for the whole world to stand behind, or, at least, actively learn from. Stick with the ones who tuned in and supported this event, then question openly those who didn't. You may not realize this yet, but your trial exposed them, too. There was a distinct line drawn."

I'm looking forward to getting back to answering the call to escape Babylon and sharing the research along the journey.

## The take-home message – a dad's job (if you take nothing else from this message, learn this lesson)

Grace made this drawing after Travis died. She wrote, "Dad is a bundle of nerves. It is his job to keep Grace safe." The most important message I could ever share with you is this: don't let fear control your decisions. Grace is not here because of my fear of Covid. I had to repent for not trusting God. One of the reasons I speak out now is that I don't want others to make the same mistake.



In Hosea 4:6, God said, "My people are destroyed for lack of knowledge." It is not red-pill knowledge He is talking about. It is knowledge of His ways. He never uses fear to control us. He wants us to trust Him alone. God cares that we are white-pilled: [https://rumble.com/v4nwb5b-the-matrix-revealed-explainer-video.html?e9s=src\\_v1\\_ucp\\_a](https://rumble.com/v4nwb5b-the-matrix-revealed-explainer-video.html?e9s=src_v1_ucp_a).

God gave us bodily autonomy. Period. That means no one can do anything to you without your consent. To be blunt, those screaming for 'Informed Consent' are in a dialectic trap. Why do I say this? I was in the trap. The trial taught me that the idea of 'Informed Consent' is part of the fallacy of Satan's medical system. The concept of informed consent presumes the doctor is above your rights but has to inform you and get your consent. That deception is part of the slippery slope we've been programmed to believe. The jury decided that informed consent is not necessary if paid "experts" say it's not. This is despite a state statute to the contrary. They also decided that a person is giving implied consent by entering a hospital. Those two decisions show how far down the slope we are today. God wants us to know the freedom He died for and gave to those who believe. That's the truth we can stand on to rebuke evil within the medical industrial complex and all the evil in Satan's beast systems.

God cares about each individual. The collectivism lie that became legal precedent in 1905 with the Jacobson vs. Massachusetts Supreme Court ruling and further legalized with Obamacare, has permeated our culture – that's what this jury showed the world. It is time to reclaim the ground we've given up.

If I knew what true advocacy meant, in October 2021, Grace would be with us today.

## The trial of the century...she is the one



[https://www.youtube.com/results?search\\_query=new+american+trial+of+the+century](https://www.youtube.com/results?search_query=new+american+trial+of+the+century)

Covid is a convenient excuse for murder. We are responsible for showing the world otherwise.

On a larger scale, Grace moved the needle regarding the euthanasia discussion in America. Praise God. For some background, please see: <https://ouramazinggrace.substack.com/p/is-euthanasia-legal-in-america>

The trial received a large amount of media coverage, from Joe Rogan to the local news stations. One of the clips on X, of Jess's testimony regarding the illegal DNR, received over 1,000,000 views.

Joe Rogan: <https://x.com/GraceEmilysDad/status/1932566233930662150>

Our very own Jess: <https://x.com/MdBreathe/status/1934573864018682095>

We've posted many media outlet posts and interviews on Grace's website. They are linked here: <https://ouramazinggrace.net/TrialNewsStories/TrialNewsStories>

As I stated earlier, when Cindy and I jumped into this fight in January of 2022, we wondered if Grace would be the one - the one God would use to shed light on the medical industrial complex. She was and is. She has shed light on a lot more...Satan's legal control and his programming of the masses.

At the end of the story, there's a beautiful soul who was a shining star, no longer with us because of the arrogance of not wanting real family involvement and Covid blinders putting profits over caring for the patient. The bias toward those with special needs, especially if unvaccinated, is now plain for all to see. It is a bias that goes beyond those with special needs. It is a bias towards God's creation.

Grace gave up her life to save others with ears to hear.

Last week, I was asked what Grace would be saying right now. She would tell me, "God did it, dad," and "Keep going, earthly dad." Of course, I will, buddy.

Finally, Grace is the one who God used to show me that repentance is the only answer to our way out of this mess...stay tuned.



Our family appreciates each of you, your support, and your encouragement

