
8 Minutes: How those caring for
your loved ones are killing them

Who was Grace?

Grace had an amazing sense of humor.

What happened to Grace?

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

PATIENT NAME: SCHARA,GRACE N ADMIT DATE: 10/07/21
PROVIDER: ZEIMET DO,ANTHONY P REPORT NO: 1007-0140

DATE OF SERVICE: 10/07/2021

REQUESTING PHYSICIAN: Dr. Baum.

This is an infectious diseases consultation requested by Dr. Baum for patient with COVID-19.

HISTORY OF PRESENT ILLNESS: The patient is a 19-year-old female with Down syndrome who was basically admitted with COVID-19. The patient's father is at the bedside, who provides the history. Apparently, they went to christian concert on 09/25/2021. The patient started having a runny nose around 09/27/2021 or 09/28/2021 and then started having a fever, diminished appetite, doing more fatigue and weakness. They started monitoring her oxygen saturation, eventually got her tested on 10/01/2021 and then from there, they followed the frontline doctors, missed the information campaign and placed her on some ivermectin and as the vitamins and all that stuff, but her oxygen saturation continued to drop down and eventually they brought her in and she was satting around 86%, was placed on some oxygen and then BiPAP for a short time, but now is on Vapotherm with a flow rate of 20. In any case, I am being asked to render input on next steps. The patient's father feels that she is doing a lot better now. She is not vaccinated and he does not go into details on why that is.

PAST MEDICAL HISTORY: Significant for trisomy 21, hearing loss, obstructive sleep apnea. He has a history of hidradenitis. Obstructive sleep apnea. Seborrhea dermatitis.

PAST SURGICAL HISTORY: Includes an I and D of a pilonidal cyst.

ALLERGIES: NO KNOWN DRUG ALLERGIES.

CURRENT MEDICATIONS: Include heparin, dexamethasone, clotrimazole, clindamycin, Zofran, Mucinex, albuterol and Tylenol. "the clotrimazole and clindamycin are topical agents."

SOCIAL HISTORY: No tobacco, alcohol or substances.

FAMILY HISTORY: Apparently, mother has COVID-19 as well.

REVIEW OF SYSTEMS: Unable to obtain from the patient, otherwise as above from the father.

PHYSICAL EXAMINATION:
VITAL SIGNS: Temperature afebrile, heart rate 89-97, respirations 18 to 25, O2 saturation 97% to 99%, currently on a 20 liters of Vapotherm, blood preassure 96-99/50-58.
GENERAL: The patient is awake. She is alert. She is in no distress. She

SCHARA,GRACE N
MRN: E000365038
ACCT: E39547554 ADM IN E.2029-1
DOB: 09/22/02
DEPT: E.DICT

appears pleasant. She does have the [redacted] Extraocular muscles appear full and intact. No scleral icterus or injection noted.
HEENT: No conjunctival petechiae. Mucous membranes are slightly tacky.
NECK: Supple. Nares patent. Vapotherm cannula is in place.
HEART: Appeared regular rate and rhythm.
LUNGS: Appear fairly clear to auscultation bilaterally. No wheezing or rhonchi appreciated.
ABDOMEN: Positive bowel sounds, soft, nontender.
SKIN: No rash, no splinters noted.

LABORATORY DATA: Sodium 141, potassium 4.1, chloride 100, bicarbonate 18, BUN 23, creatinine 1.4, glucose 152, total protein 7.9, albumin 3.8, total bilirubin 0.3, alkaline phosphatase 49, AST 54, ALT 26. WBC is 3.5, H and H 14.8 and 44.7, platelet count 149, neutrophils 54.7, lymphocytes 31.6, monocytes 7.4. Procalcitonin 0.22. From a COVID perspective, went to a concert on 09/25/2021, signs and symptoms started on 09/27/2021 or 09/28/2021, tested positive on 10/01/2021, placed her around day 10 of symptoms. Her CT angiogram showed extensive motion artifact, no gross PE seen. Extensive infiltrates in the areas of consolidation in both lungs, likely related to pneumonias mild cardiac prominence.

ASSESSMENT:
1. COVID-19.
2. Hypoxia.
3. [redacted]

RECOMMENDATIONS:
1. This patient was exposed to SARS-CoV-2 virus presumably from going to a [redacted] concert on 09/25/2021. Symptoms started a few days later around 09/27/2021 or 09/28/2021 and she tested positive on 10/01/2021, placed her around day 10 or 11 of symptom onset. The patient's family was [redacted] but clearly that did not really help her. She continued to decompensate and subsequently was brought in. She was initially on BiPAP for a short time, but then was placed on Vapotherm. She is on a flow rate of 20 and it looks like she has perked up a little bit.
2. I discussed with the father that typically COVID last anywhere from 10 to 14 days that she is in the middle of that. There are three distinct phases, the viral followed by lung phase followed by the complication recovery phase. She is in the lung phase morphing into the complication and/or recovery phase.
3. We discussed several different treatment modalities that we have for COVID with regards to remdesivir. She does not really qualify for this, but he informed me that he did not want to be on this drug anyways. So, this drug will not be utilized.
4. The patient does not qualify for use of convalescent plasma or the monoclonal antibody or Regeneron and these will not be utilized.
5. I think her anti-COVID treatment of choice is dexamethasone 6 mg daily and

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.

We will plan to follow with you.

Thank you for allowing me to participate in the care of your patient, please call if there are any questions.

JOB ID: 1053286

cc: Karl Baum MD
Trans: R1
ZEIA /escript

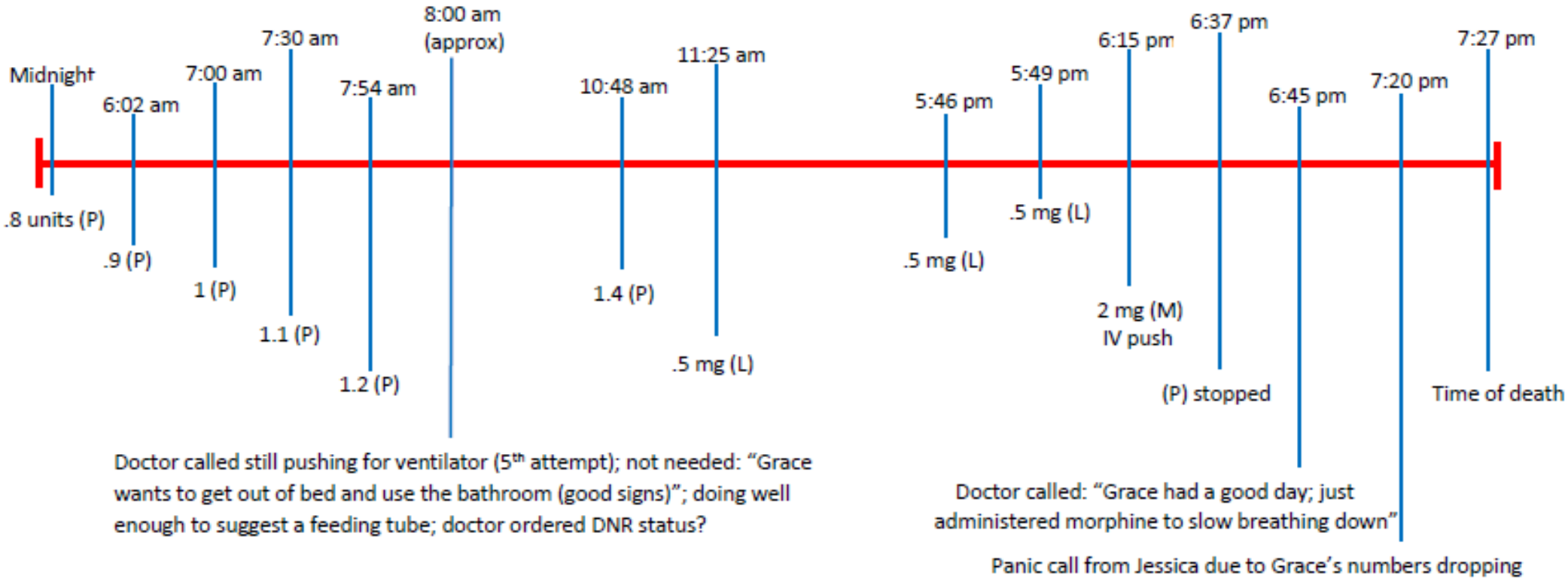
Dict: 10/07/21 1153
Tran: 10/07/21 1220

Electronically Signed: ANTHONY P ZEIMET DO 10/07/21 1643

FINAL ORIGINAL IN COMPUTER PATIENT RECORD

Thou Shall Not Kill - Grace's Last Day (10/13/21)

Precedex (P), Lorazepam (L), Morphine (M) – Drugs Administered*



* Source: timeline and dosages are per hospital records; Ativan is brand name of Lorazepam

Package Insert Notes

Lorazepam: A sedative used for anxiety, insomnia. Can increase the risk of serious or life-threatening breathing problems, sedation, or coma if used along with other sedative medications.

Precedex: A sedative that is used for things like ICU sedation, keeping someone sedated while on a ventilator, or anesthesia for surgery or procedures. Common side effects (especially when used for more than 24 hours) are confusion, agitation; slowed breathing; slow or irregular heartbeats; respiratory failure; cardiac arrest. Due to possible interactions, a reduction in dosage of Precedex, sedatives, or opioids may be required when co-administered. [Grace was on Precedex beginning 10/7/21!]

Morphine: A narcotic (opioid) pain medication, which can slow or stop breathing resulting in death, especially when combined with other sedative medications. Have Naloxone Injection (reversal drug) and resuscitative equipment immediately available for use whenever morphine therapy is being initiated. Monitor closely, especially upon initiation. Concomitant (concurrent) use with benzodiazepines (Lorazepam) or CNS depressants (Precedex) may result in death.

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 of injection following dilution of concentrate
Initial U.S. Approval: 1999

----------INDICATIONS AND USAGE----------

Precedex is a relatively selective alpha$_2$-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)
- 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)
- Arousability: 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
ProductComplaintsRR@hospira.com, or FDA at 1-800-FDA-1088 or

See 17 for PATIENT COUNSELING INFORMATION

Revised: 06/2013

----------CONTRAINDICATIONS----------

None (4)

----------WARNINGS AND PRECAUTIONS----------

- Monitoring: Continuously monitor patients while receiving Precedex. (5.1)

From Grace's Death Certificate:

41. PART II. 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) ACUTE RESPIRATORY FAILURE WITH HYPOXEMIA

Due to or as a consequence of: (b) COVID 19 PNEUMONIA

Reference ID: 3326669

8 Minutes That Changed Our Lives (page 853 of 948)

RUN DATE: 03/04/22 — Affinity Health System **LIVE** OE — PAGE 59
RUN TIME: 1345 — Discharge Report
RUN USER: ASDUESTE

PATIENT: SCHARA,GRACE N — **A/S:** 19 F — **ADMIT:** 10/07/21
ACCOUNT NO: E39547554 — **LOC:** E.2-C — **DISCH/DEP:** 10/13/21
RM: E.2029 — **STATUS:** DIS IN
ATTEND DR: BECK MD,DAVID — **BD:** 1 — **UNIT NO:** E000365038

CODE STATUS: No Code

Order's Audit Trail of Events

1	10/13/21	1056	GSHOK003	Order ENTER in POM
2	10/13/21	1056	GSHOK003	Ordering Doctor: SHOKAR MD,GAVIN
3	10/13/21	1056	GSHOK003	Order Source: POM
4	10/13/21	1056	GSHOK003	Signed by SHOKAR MD,GAVIN
5	10/13/21	1108	HMCINNIS	order acknowledged
6	10/13/21	1137	LREYN026	order viewed
7	10/13/21	1946	LRITTMEY	order viewed from Order Management
8	10/14/21	0129	JCAST126	order viewed from Order Management
9	10/14/21	1142	RJANZEN	order viewed from Order Management
10	01/19/22	1024	ABUSHMAN	order viewed

10:48 a.m. – Max dosage Precedex (this after chemically restraining Grace with Precedex for 4 full days prior)
10:56 a.m. – Illegal DNR by doctor
12:57 p.m. – Dr. Shokar dictated notes for the day (always dictated end of shift prior)

Category	Procedure	Order Number	Date	Time	Pri	Qty	Ord Source	Status	Ordered By
NUR	INSFT	20211013-0458	10/13/21				VO	IPR	SHOGA

Other Provider : **Sig Lvl Provider :**
Tube Type: Nasogastric (NG)
F9 To View Options

Order's Audit Trail of Events

1	10/13/21	1111	HMCINNIS	Order ENTER in OM
2	10/13/21	1111	HMCINNIS	Ordering Doctor: SHOKAR MD,GAVIN
3	10/13/21	1111	HMCINNIS	Order Source: Verbal Ord/Read Back
4	10/13/21	1111	interface	order's status changed from TRANS to ACTIVE by NUR
5	10/13/21	1137	HMCINNIS	order acknowledged
6	10/17/21	2302	GSHOK003	Signed by SHOKAR MD,GAVIN

Conclusions:
1. Was DNR put on Grace 8 minutes after maximum dose Precedex because they thought she would be taken out then?
2. If a DNR was suggested, why not contact Cindy (POA) to sign DNR since they had 6 1/2 hours before Grace was killed?

How did this happen to Grace?

The White Coat: A Veil for State Killing?

by Joel Zivot, MD August 17, 2014

In this guest post, Joel Zivot, MD, of Emory University Hospital, recounts witnessing an execution by lethal injection, and laments the secrecy surrounding the identity of physicians who participate.

"This cannot be permitted. If the state prevents the board from regulating certain doctors, public health can be undermined in secret. If the state has the power to immunize physicians from oversight of their peers and colleagues, they have a terrible power to pervert the delivery of healthcare for some bureaucrat's idea of the public good. It is a horrific precedent that can be abused, even with the best of intentions."

Doctors requesting lethal injection drugs to help treat COVID-19 patients

by Rebecca Pryor
Tuesday, April 14th 2020

OKLAHOMA CITY (KOKH) — Doctors from across the nation have written an open letter to all states that allow the death penalty asking them to donate certain lethal injection drugs that are also being used to treat coronavirus patients.

Drugs used to carry out the death penalty such as fentanyl, midazolam, vecuronium bromide, and rocuronium bromide; are now listed by the American Society of Health-System Pharmacists as being in short supply.

Excerpts from the letter:

Dear State Correctional Facility Directors,

As pharmacists, public health experts, and front-line ICU doctors serving patients at the bedside, we write to inform you that many of the medicines your states are currently holding for use in lethal injection executions are in short supply and desperately needed to treat patients suffering from COVID-19. We respectfully request that you release these medicines to healthcare facilities in your states so they may be used to treat COVID-19 patients.

As you will be aware, healthcare workers across the United States are facing unprecedented shortages of vital resources needed to battle COVID-19. Scarce resources include not only ventilators and masks, but also key medicines such as sedatives and paralytics needed for intubation and mechanical ventilation. Many of the medicines needed during this critical time are the same drugs used in lethal injection executions.

Sedatives and paralytics are already in dangerously short supply across our nation and will become scarcer as this virus continues to sweep through our hospitals. Four drugs in many of your states' execution protocols, midazolam, vecuronium bromide, rocuronium bromide, and fentanyl, are currently listed on shortage by the American Society of Health-System Pharmacists (ASHP), with midazolam and fentanyl also listed on shortage with the Food & Drug Administration (FDA). At the bedside, we are already rationing the use of both midazolam and fentanyl.

Sincerely,
Joel B. Zivot, MD, FRCP(C), MA
Associate Professor of Anesthesiology and Surgery
Emory University
Atlanta, Georgia, USA
Joshua M. Sharfstein, M.D.
Professor of the Practice
Johns Hopkins Bloomberg School of Public Health
Prashant Yadav, Ph.D.
Lecturer, Harvard Medical School & Fellow, Center for Global Development
Kenneth W. Goodman, PhD, FACMI, FACE
University of Miami Institute for Bioethics and Health Policy
Donald F. Downing
Clinical Professor of Pharmacy at the University of Washington

Megan '
MRN: DOB: , Sex: F
Adm: 11/17/2021, D/C: 11/18/2021

11/17/2021 - ED in ' **Hospital Emergency Department (continued)**

ED Care Timeline (continued)

ED Notes
Addendum

Chief Complaint
Patient presents with
- Shortness of Breath

8:30 PM Father at bedside requesting additional breathing treatments. No prn available. MD made aware; no orders at this time.

8:50 PM Father states they do not want the patient to be DNR. Dr. Fox made aware; plan to speak with family again concerning pt's code status and goal of care.

19:50:13	**Orders Placed**	Code Status - No Code/DNR/No ACLS	MD
19:52:03	**Orders Acknowledged**	Now - No Code/DNR/No ACLS	RN

Patient Name: MEGAN DOB:

Progress Notes

Father did not want remdesevir or tocilumab. Had long conversation with him about risks and benfits of both and he ultimately consated to doing whatever is our standard of care to try to pull megan through.

Multiple additional visits to bedside. All questoin answered. Started on vasopressor suport later. Explaied course and expected milestones to dad and sister.

additional care throught the day not includng separately billable procedures is 90 minutes.

Electronically Signed on 11/19/21 10:49 PM

MD

Electronically Signed on 11/20/21 10:25 AM

MD, Resident

ICU Day
ICU day #1

History of Present Illness
This is a 37-year female patient with history of Down

No IVF
Received one dose of Lasix overnight.
No central lines.
No Foley.
No drips.

Review of Systems
unable to obtain, as the patient is currently unable to provide any meaningful information.

Problem List/Past Medical History
Ongoing
No qualifying data
Historical
No qualifying data

Medications
Inpatient
albuterol, 180 mcg= 2 puffs, Inhale, every 6 hr
Bactroban 2% topical ointment, 1 app, Nasal, BID
Decadron, 10 mg= 1 mL, IV Push, BID
levothyroxine injection, 75 mcg= 3.75 mL, IV Push, Daily
Lovenox, 50 mg= 0.5 mL, Subcutaneous, every 12 hr
normal saline drip 1,000 mL, 1000 mL, IV
tocilizumab
Home
Albuterol (Eqv-ProAir HFA) 90 mcg/inh inhalation aerosol, 2 puffs, Inhale, every 6 hr
Synthroid 100 mcg (0.1 mg) oral tablet, 100 mcg= 1 tab, Oral, Daily

Allergies
No Known Medication Allergies

Social History
Tobacco
Never smoker

Date	Rev Cd	Svc Cd	Description	Qty	Amount ($)
CHARGES					
11/19/2021	301	82947	GLUCOSE BLOOD QUANT	1	20.00
11/19/2021	301	82803	ARTERIAL BLOOD GAS-ANALYSIS	1	130.00
11/19/2021	300	82962	GLUCOSE POINT OF CARE TESTING	1	16.00
11/19/2021	300	82962	GLUCOSE POINT OF CARE TESTING	1	16.00
11/19/2021	300	82962	GLUCOSE POINT OF CARE TESTING	1	16.00
11/19/2021	301	82247	BILIRUBIN TOTAL	1	25.00
11/19/2021	301	80051	ELECTROLYTE PANEL	1	35.00
11/19/2021	301	84075	ALK PHOSPHATASE	1	26.00
11/19/2021	301	82565	CREATININE BLOOD	1	26.00
11/19/2021	301	84520	UREA NITROGEN QUANT	1	20.00
11/19/2021	301	84450	TRANSAMINASE AST SGOT	1	26.00
11/19/2021	324	71045	RAD EXAM CHEST SINGLE VIEW	1	131.00
11/19/2021	324	71045	RAD EXAM CHEST SINGLE VIEW	1	131.00
11/19/2021	636	J3262	TOCILIZUMAB 1MG INJ	800	22,226.40
11/19/2021	410	94002	VENT MGMT INITIATION, INITIAL DAY	1	3,646.00
11/19/2021	250		CHLORHEXIDINE 0.12% 15ML UD	1	69.46
11/19/2021	200		R&B ICU	1	5,417.00
11/19/2021	306	87040	CULT BLOOD ISOL W PRES ID	1	52.00

Thank you for selecting our hospital for your health care needs.

Banality of Evil

- Disabled abortion culture
- Nursing home culture
- School (fool) system training out critical thinking
- The State taking the place of the family
- Collectivism
- Moral Relativism – Milgram's Obedience Experiment vs The Hippocratic Oath


INNOCENT LIVES STOLEN BY MEDICAL TYRANNY??
OurAmazingGrace.net
OS402S
JONES

Why did this happen to Grace?

The Love of Money?

Ascension Health System Exposed

Was the culture of pursuing money over patient care the cause of Grace's death?

	Fiscal Year 2020	Fiscal Year 2021	Increase	Percentage Increase
Revenue	$ 25,300,000,000	$ 27,200,000,000	$ 1,900,000,000	8%
Profit	$ 1,200,000,000	$ 5,700,000,000	$ 4,500,000,000	375%
Cash	$ 17,000,000,000	$ 26,000,000,000	$ 9,000,000,000	53%

It's impossible to increase profit by more than the sales increase without a significant outside event!

Ascension Health System (nation's largest Catholic health system) Facts:

CEO Compensation	$ 13,000,000	
Federal Bailout Grants Received	$ 1,800,000,000	
Taxes paid ("Not for Profit")	$ -	
Number of hospitals	142	
Number of hospital beds	28000	
Estimated CARES Act bonus payments	$ 8,300,000,000	explains cash increase (outside event)
Estimated COVID death payments	$ 109,000,000	

Per Centers for Medicare and Medicaid Services (CMS) whistleblowers, the average CARES Act bonus is at least $100,000 per COVID patient. Hospitals receive:

* Fee for each "free" *required* PCR test in the Emergency Room or upon admission for every patient
* Added bonus payment for each positive COVID-19 diagnosis
* Another bonus for a COVID-19 admission to the hospital
* A 20% "boost" bonus payment from Medicare on the *entire hospital bill* for use of Remdesivir
* ICU bonus for patients on Precedex
* Large bonus payment to the hospital if a COVID-19 patient is mechanically ventilated
* More money if cause of death is listed as COVID-19, even if patient did not die directly of COVID-19

If COVID is cured, the "free" money stops flowing!

Ascension Facts Related to Grace's Death (St. Elizabeth Campus, Appleton, Wisconsin):

Percent ICU bed capacity when she died		100%	
Percent bed capacity when she died		99.8%	
Daily amount received from Medicaid	$	1,680	
COVID death bonus received	$	13,000	
Medicine administration grade		F (45%)	avg hospital = 86%
Avg cost oxygen satuation lead for Grace	$	78	only 3 charges in 7 days!

Numbers Don't Lie

Covid death facts:

Covid hospital deaths:

U.S. 1.1M https://www.worldometers.info/coronavirus/country/us/

India .5 M https://www.worldometers.info/coronavirus/country/india/

Population:

U.S. 335M https://www.worldometers.info/world-population/us-population/

India 1,410M https://www.worldometers.info/world-population/india-population/

World 8.0B https://www.worldometers.info/world-population/

The U.S. has 3X the land mass of India, 24% of the population of India, over 2X the number of dead people from COVID. The U.S. has the best medical facilities on the planet. The U.S. has only 4.3% of the world's population and is the only country with over 1 million COVID deaths. Why? Hospital protocols:

- Ventilators – 90% kill rate
- Remdesivir – 75% kill rate for 3 doses or more
- End of life meds (Precedex, Lorazepam, Morphine); illegal DNR orders – Grace and many others were murdered with this hidden protocol

We are the only country using these protocols!

Why are the elderly and disabled the population groups with the highest mortality of the 1 million+ COVID deaths?

$400 billion was paid to hospitals to follow death protocols in first two years of COVID – source = Ron Johnson January 24, 2022 hearing – why?

Annual Federal Budget 5.6T

Annual Federal Budget for Medicare (elderly) and Medicaid (disabled) = 2.2T (39% of total)

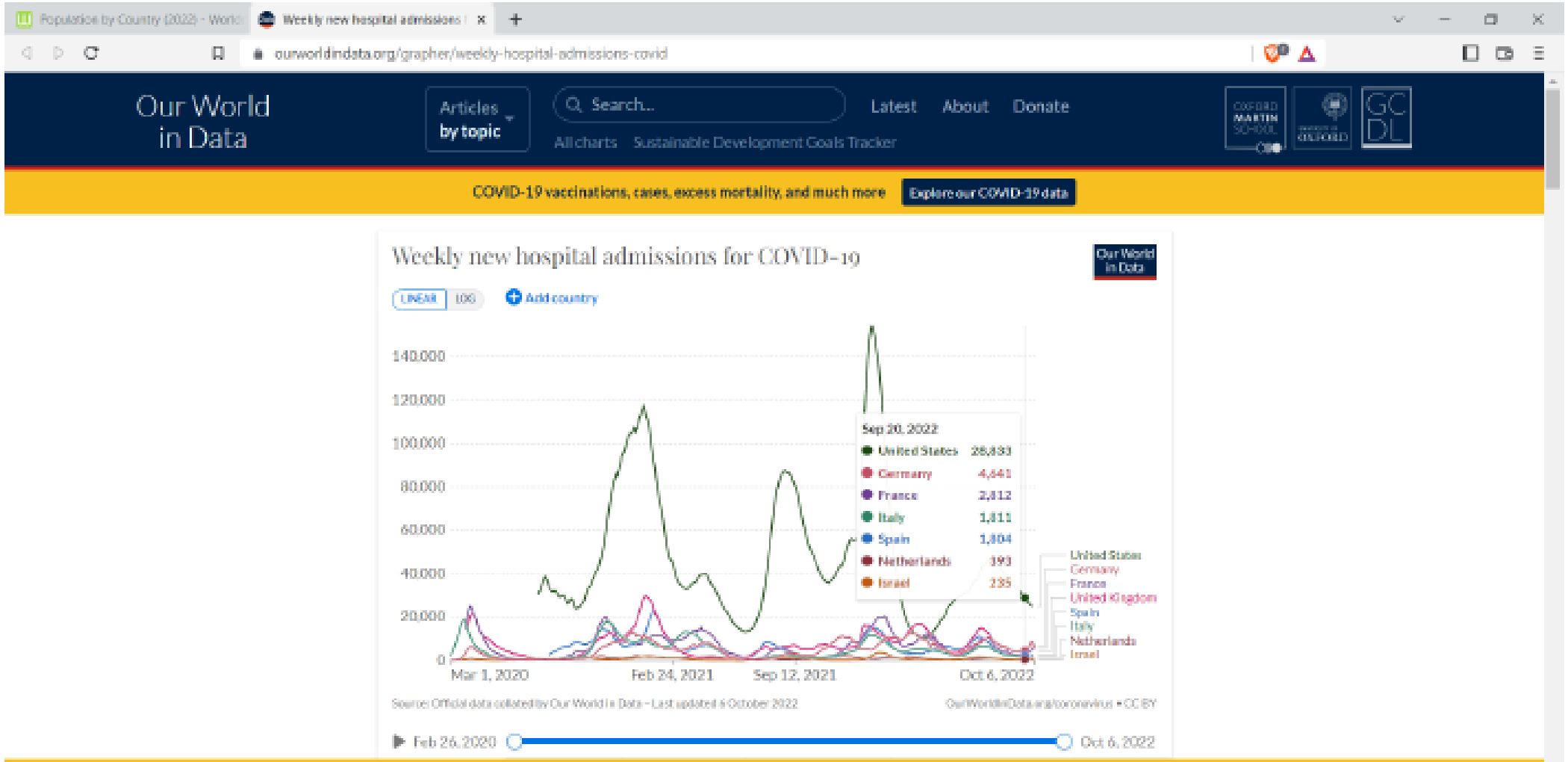
The elderly and disabled are a financial burden to society! Grace was taken from us because of this agenda.

Is COVID Over?

On September 19, Biden announced the pandemic is over. On July 15, he renewed the Public Health Emergency (PHE) which has been renewed every three months since January 27, 2020. By renewing the PHE, the PREP Act liability protections and the Covid "countermeasures" (the jab and NIH hospital protocols, including related hospital bonus payments) remain in effect! Our government has legalized and continues to fund murder.

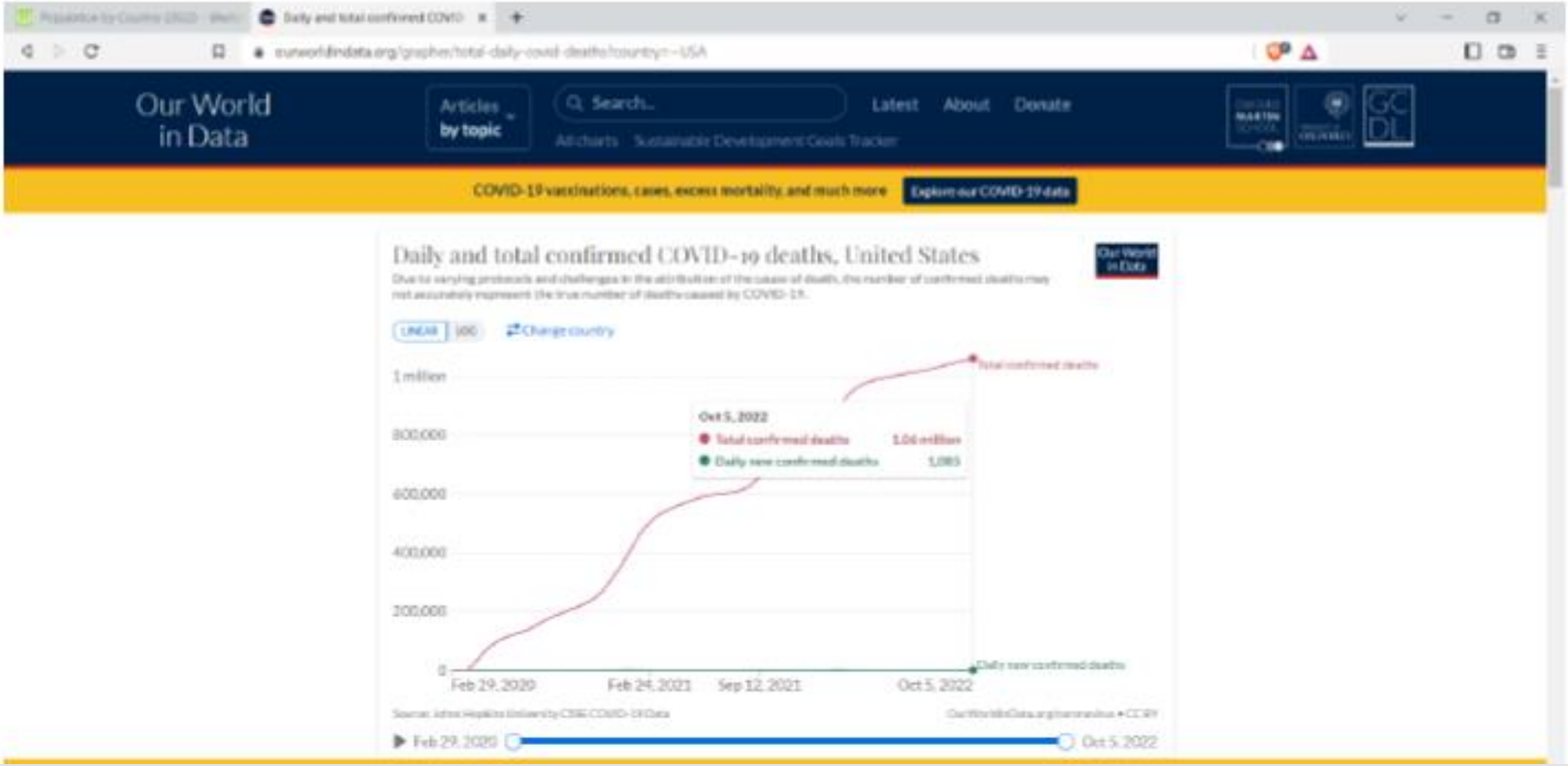
For the week ending September 20 (note combined population 12M > U.S.; 17,000 fewer hospital admissions):

https://ourworldindata.org/grapher/weekly-hospital-admissions-covid



Hospitals are still murdering 1,000 souls per day:

https://ourworldindata.org/grapher/total-daily-covid-deaths?country=~USA



ONE HOLOCAUST IS ENOUGH

GOD AND NONCOMPLIANCE: THE ONLY WAY OUT

Solutions

- ✓Deprogram yourself – thinking produces disobedience
- ✓Problem/reaction/solution – don't fall trap to their security and comfort solutions based on your fear
- ✓Do something with your one talent
- ✓There are two mistakes you can make – failure to prepare and relying on your preparations; "Apart from me you can do nothing"
- ✓Immediate preparations
  - ✓Blood supply (https://ouramazinggrace.net/resources-unvaccinated-blood?Pad=1)
  - ✓Legal documents (https://thedrardisshow.com/forms)
  - ✓Source of local care (https://jointhewedge.com/)
  - ✓Hospital hostage hotline (https://ouramazinggrace.net/urgent-hotline?Pad=1)
  - ✓Advocacy (https://www.handsforhealthandfreedom.org/patient-advocacy-protocol/) (https://graithcare.com/)
- ✓Most important preparation…


Seek Him NOW, before He returns!
His light shined through her.
Light overcomes darkness! John 1:5
OUR AMAZING GRACE'S LIGHT SHINES ON, INC.
OurAmazingGra
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