



# Hospitals are the New Killing Fields

*Grace Schara's death at the hands of medical  
personnel reminiscent of the Holocaust's  
beginning*

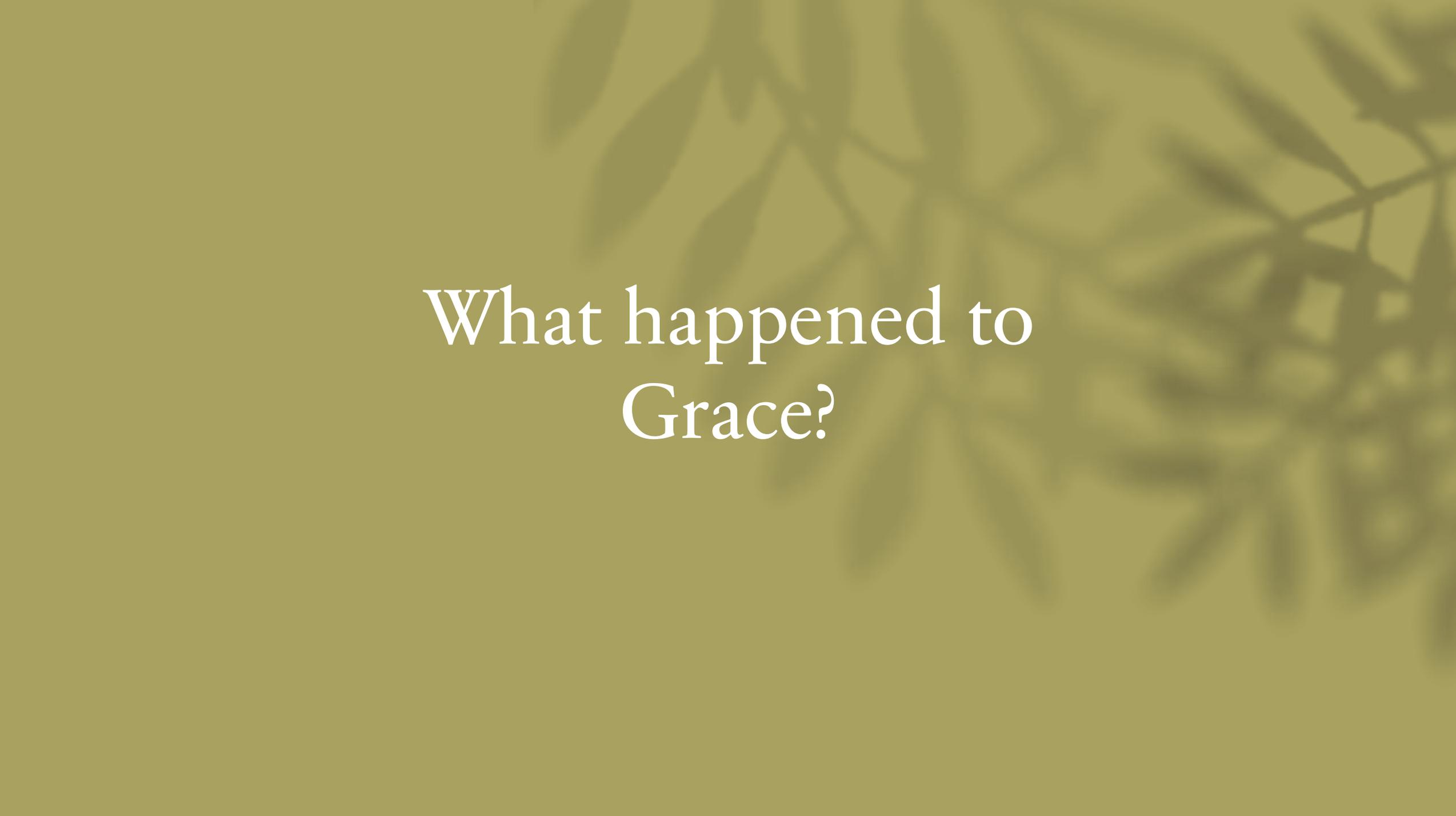
# Who was Grace?







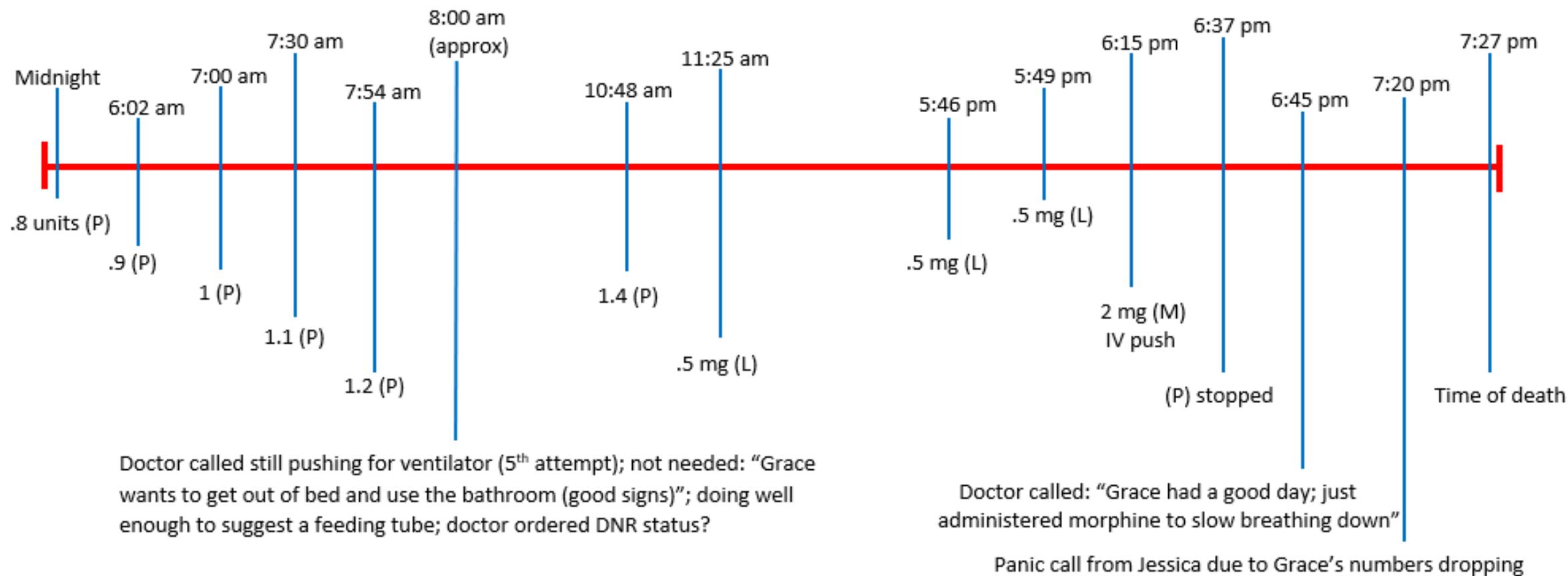
Grace had an  
amazing sense of  
humor.



What happened to  
Grace?

# 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 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)

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)
- 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 [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 Injection 400 mcg/100 mL (4 mcg/mL) in a 100 mL glass bottle. (3)

nursing woman (8.5)

See 17 for PATIENT COUNSELING INFORMATION

**CONTRAINDICATIONS**

None (4)

Revised: 06/2013

**WARNINGS AND PRECAUTIONS**

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

## From Grace's Death Certificate:

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) ACUTE RESPIRATORY FAILURE WITH HYPOXEMIA

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

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

RUN DATE: 03/04/22 RUN TIME: 1345 RUN USER: ASDUESTE	Affinity Health System **LIVE** OE Discharge Report	PAGE 59
PATIENT: SCHARA, GRACE N ACCOUNT NO: E39547554 ATTEND DR: BECK MD, DAVID	A/S: 19 F LOC: E.2-C RM: E.2029 BD: 1	ADMIT: 10/07/21 DISCH/DEP: 10/13/21 STATUS: DIS IN UNIT NO: E000365038

CODE STATUS: No Code

### Order's Audit Trail of Events

1	10/13/21 1056	GSHOK003	Order ENTER in POM
2	<span style="background-color: red; color: white;">10/13/21 1056</span>	GSHOK003	<span style="background-color: red; color: white;">Ordering Doctor: SHOKAR MD, GAVIN</span>
3	10/13/21 1056	GSHOK003	Order Source: POM
4	10/13/21 1056	GSHOK003	<span style="background-color: red; color: white;">Signed by SHOKAR MD, GAVIN</span>
5	10/13/21 1108	<span style="background-color: red; color: white;">HMCINNIS</span>	<span style="background-color: red; color: white;">order acknowledged</span>
6	10/13/21 1137	LREYN026	order viewed
7	10/13/21 1946	LRITTEY	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	INSPT	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

### 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?

# 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 saturation lead for Grace	\$	78 only 3 charges in 7 days!

RE: Complaint # 21 MED 509

Dear Mr. Schara:

This letter is to inform you of the results of the complaint filed by you against Gavin Shokar.

The details of the complaint were reviewed and evaluated by a screening panel made up of members of the regulatory authority for the profession and/or a department attorney. Based on the review and evaluation of the complaint and other materials, a decision has been made that the information presented does not warrant further investigation.

The process of evaluating complaints is often difficult and complex, involving legal issues and professional or technical evaluation. While it may be disappointing to learn a decision has been made that your complaint will not be pursued further, we want to assure you that the decision was made only after serious consideration of the issues you raised. Your complaint will be retained on file for future reference.

Thank you for calling this matter to our attention. Information from the public is critical to the Department if we are to be made aware of potential violations of the law and the possible need for enforcement action.

We appreciate your patience as we considered this matter.

Sincerely,

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

**Unbelievable. The doctor who ordered the lethal dosage of meds, and issued the DNR order, did nothing wrong! This decision is the result of the government investigating those who are doing their bidding!**

WI Dept of  
Safety and  
Professional  
Services  
Response,  
Jan 20, 2022

# Worldwide Genocide

## The Interim Solution in the Worldwide Holocaust

**God is using Grace's death to bring our family, all who will hear, closer to Him**

- **Who – everyone who is undesirable**
- **What – genocide**
  - **The Jab**
    - **Declining birth rates, rising deaths, strokes, cancer**
- **Hospitals**
  - **Disabled and elderly – first to go – collectivism has led to playing God with the standard of care**
  - **Unvaccinated**
  - **Christian**
  - **The disobedient will become the target once population is reduced**

**ONE HOLOCAUST IS ENOUGH  
GOD AND NONCOMPLIANCE: THE ONLY WAY OUT**