



Written by [Rebecca Terrell](#) on April 25, 2023

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Saving Victims of Medical Tyranny

A landmark court case underway in Wisconsin promises to be a watershed in patient advocacy for those harmed by disastrous Covid hospital protocols of the past three years.

That, at least, is the hope of the family filing the case. Scott and Cindy Schara lost their daughter, Grace, in a Covid hospital on October 13, 2021. Her death certificate blames the virus, but the Scharas disagree.

"In 29 minutes, she had Precedex, lorazepam and morphine in her system," Scott recounted at a press conference on March 30. "If you're not familiar with those drugs, that's what they give hospice patients during the last half-hour of their life. No one could have survived that med combination."

He spoke outside in below-freezing temperatures to a crowd of more than 100 supporters, across the street from Ascension St. Elizabeth Hospital in Appleton, where Grace breathed her last. With him was Cindy and their eldest daughter, Jessica Vander Heiden, along with fellow patient advocate Kelly Moore and attorney Joseph Voiland of Veterans Liberty Law.

They called it "Day One of the justice phase surrounding Grace's death," having spent more than a year in preparation to at last submit preliminary paperwork in Madison with the director of state courts.

"What we're filing today is a demand for mediation which is required by the Wisconsin statutes prior to filing any medical malpractice claim against a healthcare provider," explained Voiland, who is a U.S. Navy veteran and former Wisconsin circuit court judge.

"I'm so happy and proud to be representing them," he said of the Schara family, calling them "true fighters for patient rights and informed consent."



Watershed moment: On March 30, the Schara family announced "Day One of the justice phase surrounding Grace's death" across the street from the hospital in Wisconsin where she passed in 2021.



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Here, Grace's mom, Cindy, speaks at the podium.

Hidden Agenda Exposed

Why is their case so special? If many have been harmed by Covid hospital protocols, courts should already be flooded with malpractice suits.

They are not, for several reasons. Primary on the list is the Public Readiness and Emergency Preparedness (PREP) Act, passed by Congress and signed into law by President George W. Bush in 2005. It protects Big Pharma from liability should its products, as countermeasures to pandemics, harm any patient.

But there are other stumbling blocks to litigation. In Scott's meticulous research, documented at his website [OurAmazingGrace.net](#), he points to government incentive payments and liability shields provided to hospitals since the dawn of the public health emergency (PHE), which the U.S. Department of Health and Human Services declared on January 31, 2020. For more than three years, Covid proved a windfall to hospitals. (The PHE expired on May 11, 2023.)

Congress orchestrated this nefarious incentive system in March 2020 by passing the Coronavirus Aid, Relief and Economic Security Act. The Centers for Medicare & Medicaid Services (CMS) fell in lockstep with its "New COVID-19 Treatments Add-On Payment" system, "effective from November 2, 2020, until the end of the fiscal year" in which the PHE ends. Hence, CMS payments will continue through fiscal year 2023.

Both measures provide financial bonuses to hospitals on the condition that their Covid-related treatments follow strict dictates, crafted not by a doctor in private consultation with his patient but by faceless bureaucrats at the National Institutes of Health (NIH). Scott calls it "one-size-fits-all medical practice" that effectively established a reward system to lure avaricious hospital executives down a genocidal path.

If that sounds dramatic, consider this: Why are patients required to submit to Covid testing upon arriving at the hospital, no matter their symptoms? The answer could easily be that the facility gets a taxpayer-funded bonus for each test, and an additional payment for each positive diagnosis. Moreover, the provider receives yet another payout for each Covid hospital admission.

Then the money really starts rolling in. CMS awards a 20-percent bonus payment on the entire hospital bill if doctors prescribe the antiviral remdesivir instead of alternative treatments, such as ivermectin, that are proven effective against the disease.

Remdesivir, on the other hand, is highly toxic. Results of the PALM Clinical Trial, published in the *New England Journal of Medicine* in late 2019, revealed a death rate of more than 50 percent among patients using the drug, and extensive kidney damage in survivors. It was so toxic that researchers stopped using the medication in the middle of the experiment. Yet NIH gave thumbs up to the antiviral and stubbornly persists in promoting it, despite the World Health Organization's November 2020 recommendation "against the use of remdesivir ... regardless of disease severity."

The list of hospital incentive payments does not stop there. Another treatment that spells huge dividends for hospitals is mechanical ventilation. Though specific dollar amounts depend on various factors, Scott estimates that each ventilated patient garners an average of \$39,000, though he says the



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machines have a “90 percent kill rate.” He believes this is why doctors at Ascension St. Elizabeth hounded him for pre-authorization to place Grace on a ventilator.

More cash flows into hospital coffers if a patient dies with a Covid diagnosis, even if Covid was not the primary cause. Again, amounts can vary, but Scott’s research shows an average of \$13,000, while “the ‘free’ money stops flowing” if the patient recovers. There is even an “ICU bonus for patients on Precedex,” he notes. (That is one of the three sedatives his daughter received on the day of her death. In fact, Scott says hospital records reveal her doctors had been upping doses of the tranquilizer for four days without the family’s knowledge. Precedex is normally used as anesthesia for surgery or ICU sedation, and its package insert warns against administering it for more than 24 hours.)

However, the Scharas never allowed Grace to be ventilated, nor did she receive remdesivir. In the end, Scott and Cindy believe that their daughter was worth more to the hospital dead than alive, and they think she was targeted because she had Down syndrome. According to records they later obtained, on the day of Grace’s death and without consent, her doctor listed her as DNR (do not resuscitate) and administered high doses of sedatives and narcotics until she stopped breathing and died.

Happy family: Grace Schara was her dad’s “best buddy” and her mother’s “bright shining star.” The Scharas now run the foundation Our Amazing Grace’s Light Shines On, Inc., to provide grants to others with special needs. ([OurAmazingGrace.net](#))



First of Its Kind

But that was in October of 2021. Why are the Scharas only now filing their lawsuit?

“The fact that we’re filing is really a miracle,” Scott told *The New American*, blaming multiple roadblocks now inherent in the judicial system. “Early on, we contacted the best medical malpractice attorney in the state, and he told us that even in cases that are slam-dunks, you have only a one-in-ten chance of winning,” he explained. That is simply because hospitals are larger; for every expert a plaintiff brings to court, a behemoth healthcare system like Ascension can enlist 10. “They circle the wagons,” Scott said.

Additionally, Wisconsin state statutes are lined up against them. Since Grace was 19 years old when she died, she was an adult. State law precludes her parents from filing for loss of companionship, and even



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a wrongful death claim is limited. In order to act on her behalf, they had to open an estate in her name. Moreover, the Wisconsin Patient Compensation Fund requires any medical malpractice claim to be preceded by an appeal for mediation, which will take roughly 100 days. Only then can the Scharas' civil case be heard, but they are filing immediately so it will become public record, creating a model for other injured parties to use. "We've been working with attorneys since September," said Scott, who cited 30 hours with his legal team in one week just to file the mediation. "It costs a lot of money, so I see why there are no cases."

Even should they win, Scott acknowledges, there will be little payout. "Basically, we'd get our funeral expenses back," he says, but they would like instead to give any proceeds to "other families who need to file suit." However, the primary goal is not monetary gain, Scott declares. "We're trying to get this case out to expose evil" and show "doctors and nurses across the country that there are real consequences to their choices."

"They are not following the Hippocratic oath. They have sold out to the financial gain that they get by following protocols that are not designed to keep us well. In fact, they're designed to euthanize us," Scott warns.

This has been government's goal for years, he says, pointing as an example to ObamaCare. Its chief architect, Ezekiel Emanuel, wrote that "services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed." In other words, the official healthcare agenda demotes people to mere economic resources who either contribute to or burden society. Anyone elderly or disabled, such as Grace with her Down syndrome, would fall into the latter category, according to those promoting this diabolic notion.

"Covid opened the floodgates for what they had already planned," Scott reasons. "It's about a euthanasia agenda." He notes that of the 1.2 million excess deaths recorded by the federal government in the last three years, the top two demographics affected are elderly and disabled. To those who still hope for a supposed return to normal, he says, "This euthanasia agenda is coming to you personally. Be aware it's not going to end when the public health emergency ends."

"Grace is one of many with Down Syndrome and special needs that were taken out," said Cindy in a tearful presentation during the press conference. "There is an agenda, and it parallels the Holocaust.... There are so many people that need to have their eyes and hearts opened to the truth, so we can — as Grace would say — blow this out of the water. She would want us to expose this."

Even now, her story is "literally saving lives," Scott asserts, citing "miracle after miracle" in hospital rescues that families have reported after learning about Grace.

"Had we not heard your story," relates one father, "[our son] could have ended up another statistic at St. Elizabeth's Hospital."

Robert Paiser and his family also credit the Scharas with a rescue. Robert, who lives with a debilitating condition called spinal muscular atrophy, was near death in a Covid hospital when Scott personally came to the facility to advocate for him. "If Grace had not died, Robert would not be alive," Scott says, and the Pairs agree.

Now, the Scharas want their lawsuit to help more "victims of medical tyranny."

"Grace's case will hopefully lay the groundwork for thousands of other hospital victims and families who



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were denied informed consent,” said Kelly Moore, who also spoke at the press conference. She credits lethal hospital protocols for the death of her husband in 2021, and thanked the Scharas for the time and money they have spent on their groundbreaking case.

“Grace did not die in vain,” Scott affirms, citing Genesis 50:20: “You intended to harm me, but God intended it for good to accomplish what is now being done, the saving of many lives.”



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