



Landmark Covid Trial: Ongoing Coverage

Jurors deliberated for under 2 hours and brought back a clean slate for the defense with no guilty verdicts and zero damages awarded.

The Scharas and their legal team will hold a press conference Friday, June 20 at 9 a.m. Central. We will livestream in partnership with Children's Health Defense.

This morning jurors in Schara v. Ascension Health were given an 18-page packet containing jury instructions, and the verdict form, which accounted for 10 pages of the packet. Below is a summary of the eight questions on the verdict form.



1. Was Dr. Gavin Shokar negligent with regard to care and treatment provided to Grace?
2. Was Grace's condition aggravated by Dr. Shokar's treatment?
3. Was Dr. Gavin Shokar negligent in informing Grace or her Power of Attorney about the availability of alternate modes and treatments for her condition?
4. Was such negligence by Dr. Shokar a cause of injury or death to Grace?
5. Were one or more of the nurses negligent with regard to care and treatment provided to Grace?
6. Was negligence by nurse(s) a cause of injury or death to Grace Schara?

Questions 7 and 8 deal with damages incurred by care and treatment at St. Elizabeth Hospital.

Closing arguments followed.

Day Twelve (June 18): Composing the Verdict Form

Today's nearly-empty courtroom witnessed the judge and attorneys haggling over the verdict form in *Schara v Ascension Health*. This form clearly delineates the charges on which jurors must rule.

Defense attorneys opened the case by complaining that someone on the Children's Health Defense (CHD) livestream chat was trying to provoke people in the area "to get rid" of nurse McInnis after the judge dismissed her from the case yesterday by throwing out the battery charge. CHD has since removed the chat option from its livestream.

It was one of the primary claims in the case: common law battery that would have taken the case outside of the state statute monetary caps. Punitive damages could have been associated with that claim.

Closing out further discussion begun yesterday, the judge decided to deny defense request to include a line on the verdict form about Scott Schara's negligence in providing proper care for his daughter. The judge argued for Schara, listing ways he had proven himself a good father, patient advocate and power of attorney.



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Deliberation over the verdict form and jury instructions concluded today around 2:30. There are 17 pages of jury instructions.

Tomorrow, the jury will return at 8:00 a.m. for closing statements, which the judge expects to take all morning. Afterward, the verdict form and instructions will be explained to them. Jury deliberations will begin tomorrow and likely continue through Friday.

Claims on which the jury will rule include wrongful death, negligence, medical malpractice, lack of informed consent and a declaratory judgment relative to the DNR (Do Not Resuscitate) order and fatal combination of meds that Grace Schara received. The latter ruling will influence future case law.

Day 12, part 2:

Day 12, part 1:

Watch each day's testimony here: <https://www.youtube.com/@TheNewAmericanVideo>

Day Eleven (June 17): Last Day of Evidence

Today began with a short but lambasting cross-examination of Dr. Gavin Shokar, with focus on the sedative medications administered to Grace in the minutes and hours before she died.

The attorney noted that the peak effect of lorazepam is between 10 and 30 minutes after administration. However, hospital records relate that Shokar ordered it to be administered at 5:46 and again at 5:49. The record also notes that lorazepam was administered before Precedex was discontinued. As before, Shokar contested both of these recorded timings. He said that he told Nurse Hollee McInnis to turn off the Precedex prior to administering lorazepam. He claimed that the first dose of lorazepam preceded the second by more than three minutes.

In answer to a question about how easy it is to revoke a DNR (Do Not Resuscitate) order, Shokar answered that "it's situational." He said to do so in such a case as the Schara's, you risk acting in an illogical way in an emotional situation.

The attorney also noted that Shokar had include long-term care plans in his physician notes for Grace on October 12. But on October 13, there was no such plan included. Later that evening, she passed away. Shokar said it was not necessary for him to include long-term plans.

Among the jury questions for Dr. Shokar was this: in the phone call placed to Scott Schara after morphine was administered, did Dr. Shokar tell him that the only thing that could be done to save Grace's life was to put her on a ventilator? Shokar answered that he had already discussed the topic earlier with the Scharas, so there was no point in revisiting it.

Another juror asked why the NG (nasogastric) tube (for nutrition) was not started prior to October 13.

Shokar explained that the topic had come up before, but the family did not approve until the 13th.

A third juror asked about the risks of intubation? Shokar's answer came in the form of questions such as: Will the patient be "stuck on life support" for the remainder of life? "How do you recover; what will your lung function be?"

The last juror question for Shokar was: "Do you think the family understood that without intubation Grace could not survive?" He said yes.

The defense rested at 9:20 a.m.



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Plaintiff rebuttal witness Scott Schara took the stand at 9:47.

His attorney reviewed the General Consent for Medical Care form that was included in Grace's paperwork upon her arrival at the hospital. "My understanding of this document is that in order to get any treatment in a hospital they want you to sign away your rights," Scott commented. The attorney pointed out that there is no signature on the document, nor was there a reason for the missing signature noted. "Why would there need to be a consent form if they don't need consent for common meds?" he queried.

He then asked Scott whether anyone ever discussed Precedex or lorazepam with him, and whether there is any hospital documentation regarding such discussion. Scott's answer to each of these questions was no. "Were you ever actually asked to put Grace on a ventilator?" the attorney asked. "Never," Scott answered.

But then he made an exception, relating that one doctor on October 8 told Scott that he would need to put Grace on a ventilator within the next two hours. Scott asked him on what that recommendation was based. The doctor explained it was because of a blood gas reading that was drawn on October 7. Knowing Grace seemed to be doing well, Scott asked for the blood gas to be re-drawn. It was, and Scott said based on the new reading, the ventilator was never an issue again. (Incidentally, the blood gas drawn on the 7th was done during her overdose incident that day - which bolsters Dr. Gilbert Berdine's contention that Grace suffered metabolic acidosis from overdoses of Precedex.)

Scott did relate that several doctors asked the Scharas to sign a pre-authorization for ventilator "in case" Grace ended up needing it.

His attorney then asked Scott, "If someone told you the only way to save Grace's life was with intubation, would it have changed your mind?" Scott answered, "Of course I would have changed my mind."

His attorney then picked apart multiple errors in Grace's medical record. For example, Dr. Shokar testified the he told Scott during a phone conversation on October 12 that Grace "could crash" at any time. "Did that conversation ever happen?" the attorney asked. "No," Scott replied. He said that Shokar placed the October 12 call to introduce himself and get a report of Grace's case from Scott. The latter informed the doctor of faulty equipment issues. Shokar mentioned pre-authorization for a ventilator, but Scott told him the family would get back with him.

"Did he tell you that if you wouldn't grant the ventilator he was going to label Grace DNI [do not intubate]?" asked the attorney. "Did he tell you that if he labeled her DNI, that meant DNR?"

"That was never stated," Scott said. "If that statement had been made, all kinds of red flags would have gone up."

The attorney then mentioned, "Someone also questioned: why didn't you call Jessica and let her know Grace was DNR?"

Scott answered, "We had no idea she was labeled DNR."

He found it out in November 2021 when he received Grace's records, which he had requested from the hospital after her death. That was the first time Scott learned of the DNI designation. "Anywhere in this note, does Dr. Shokar recount a conversation with you about DNR?" asked the attorney. "No," said Scott. There is a notation in her plan of care which labeled her DNR/DNI, but Scott denies that Shokar ever mentioned these terms to him. "Our conversations do not resemble what he wrote in the notes," he



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said.

The attorney then switched gears to discuss prior trial testimony about Covid drugs and therapies. Scott explained that in his research since Grace's death he has learned that medicines like remdesivir and tocilizumab were administered under the U.S. Food and Drug Administration's EUA (emergency use authorization) designation. "This means that when the government, through the HHS Secretary declares a public health emergency, EUA kicks in. Whatever modalities are given EUA status are immune from liability if something happens as a result of administering them. If a patient suffers adverse event or death, the hospital, caregivers, providers, could not be held liable," Scott said.

He related that Grace was not a candidate for remdesivir, but she could have received tocilizumab. He researched the drug when a doctor suggested it but decided against it because of its lack of clear benefits and evidence of adverse effects.

Scott said none of the hospital doctors ever explained the EUA designation or any of the financial incentives the federal government was offering hospitals for administering approved Covid therapies. However, the defense objected to this subject, and the judge sustained the objection. No further mention of government incentives for federal-government-recommended Covid therapies was allowed. This means, of course, that any financial motive behind Grace's death is kept from the jury.

However, on cross examination, the defense attorney curiously toyed with the issue. "You thought they were going to make money on the ventilator?" he asked. "It was fact," Scott replied.

Jury questions were revealing. The first asked Scott why he was giving Grace an "experimental" drug like ivermectin if he was unwilling to agree to Covid medicines and therapies recommended by professionals. He used the opportunity to educate the jury about ivermectin's 50-plus-year history as a beneficial medicine for humans. Moreover, Grace had received a prescription from a doctor for ivermectin. He also was able to explain the dangerous record of Covid interventions.

Evidence in the case completed at 11:00. Shortly thereafter, the judge dismissed the jury so he and the attorneys could compose the verdict form that jurors will use to make decisions during their deliberations.

The afternoon was spent composing the verdict form. One question that the defense requested to be included: "Was Scott Schara negligent with respect to his decision-making as power of attorney for Grace Schara between October 6 and October 13?" It is unclear whether the judge will allow this.

However, the judge did grant a motion by the defense to dismiss a battery charge in the case. It was one of the four main charges, and by dismissing it, he removed Nurse Hollee McInnis as a defendant.

The verdict form was still incomplete as of 5:00, so the judge adjourned until 9:00 tomorrow. He expects their work on it to be complete sometime tomorrow afternoon. The jury will begin deliberations on Thursday.

Day Ten (June 16): Repeat Witnesses Haines, McInnis and Shokar

The third week of *Schara v. Ascension Health* began with defense witness Sam Haines. He is a registered nurse with Saint Elizabeth Hospital in Appleton, Wisconsin, where Grace Schara died in October of 2021.

He took care of her during a couple of night shifts (7 p.m. - 7 a.m.) on October 7-8 and October 12-13.



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He was the nurse who discovered her first adverse reaction to Precedex, the sedative medication she was receiving and on which plaintiff expert witness Dr. Gilbert Berdine says she overdosed twice. Hospital records indicate that Berdine's assessment is correct because the staff had to insert a PICC line to administer overdose antidote medications to Grace. Haines said the PICC line and antidote medicines do not indicate overdose; his rationale was that the PICC line merely allowed staff to administer medications in the appropriate way.

Hospital witnesses like Haines maintain that when Grace first started receiving Precedex as a sedative medication, she was automatically classified as an ICU patient, even though she was not in an exclusive ICU unit. One question that has been posed by the plaintiff is this: why was Grace admitted to the hospital ICU when the same hospital's emergency room gave the family the option of going home, indicating that Grace's case was not severe?

But on Haines' cross examination, the attorney didn't focus on this point. Instead, he quoted medical literature regarding known adverse reactions to Precedex (e.g. low blood pressure, agitation, and rapid breathing), all of which Grace was evincing. The attorney asked Haines if he ever considered whether Grace was having an adverse reaction to Precedex. At first Haines balked before answering that he would have thought it was respiratory acidosis rather than metabolic acidosis (as Berdine has surmised).

After Haines' testimony, the defense called registered nurse Hollee McInnis, who is one of the defendants in the case. Questioning went on for several grueling hours, and in its course, the defense attempted to exonerate both McInnis and the hospital, claiming that all care administered to Grace was appropriate and exemplary. McInnis testified that revoking a DNR (Do Not Resuscitate) is a time-consuming process. This is the same claim maintained by all expert witnesses called by the defense, but refuted by the plaintiff's expert witnesses who say it can be revoked verbally and, when done so, is instantaneous. McInnis also said her previous testimony regarding DNR bracelets was incorrect, and that during 2021, it was not the hospital's policy to place them on patients.

In cross examination, she said that not knowing about the overdose incidents on October 7 and 8 did not affect her ability to care for Grace. This was met with incredulity on the part of the plaintiff's attorney, who noted that McInnis both increased Precedex (a sedative) to the maximum dose allowed and then administered two doses of lorazepam (an anti-anxiety drug) and one dose of morphine (an opioid), shortly before Grace died. McInnis disclaimed any responsibility for overdosing Grace.

The attorney then asked her why she would not have mentioned Grace's DNR status to Jessica, Grace's sister, patient advocate, and power of attorney. McInnis said that would not be an expected conversation for a nurse to initiate. On rebuttal, her own attorney asked why Jessica's parents would not have told Jessica about the DNR order. This question presupposes that the Scharas *did* approve the DNR (which they deny), but McInnis's answer didn't seem to help her case. She said she did not know, which could only bolster the plaintiff's charges.

Jurors peppered McInnis with questions, one of which asked why a patient naïve to morphine and experiencing breathing difficulties would not be monitored for at least half an hour. McInnis answered that the effects of the drug would be seen within a few minutes. Another asked why she left the hospital at the end of her shift instead of staying with her mortally ill patient. McInnis said that she had already "handed her off" to the incoming nurse and that she was exhausted from "breathing through a mask all day" as was the Covid policy for hospital employees. A third asked why the RASS score (Richmond Agitation-Sedation Scale) was not noted on each titration of Precedex? The reason for this question is



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because the dose of Precedex is only intended to be increased if a patient is agitated. McInnis answered that such notation would not be common practice.

Interestingly, the judge kept McInnis on the stand after dismissing the jury for a mid-day break. He had a few questions for her. He first cited a written copy of her hospital's DNR bracelet policy which was in effect in October of 2021. She said the policy that required patients to wear a DNR bracelet only applied to outpatients. The judge then noted the hospital's policy for treatment without informed consent, which explained that in an emergency, consent is implied unless providers possess "visual documentation or prior knowledge of a patient's wish to the contrary." Then, he cited Wisconsin statute 154.19 which requires DNR bracelets for DNR patients. McInnis said that there were no bracelets available at the time Grace was in the hospital.

At 2:45 p.m., Dr. Gavin Shokar took the stand in his defense. He first gave details of his education and medical training. A Canadian, he earned degrees in medical science and biology, at the University of Western Ontario. He obtained his medical degree from Ross University School of Medicine in Barbados in the West Indies. (Incidentally, that university's corporate owner has a [controversial history](#) that has placed it under investigation by states attorneys general, the Federal Trade Commission and the U.S. Senate Committee on Health, Education, Labor and Pensions, among others.)

Testimony then shifted to Grace's particular case. It was his contention that Grace's records prove she died from Covid and not from metabolic acidosis (as expert witness Dr. Gilbert Berdine testified).

Significantly, Shokar denied Scott Schara's contention that he had told Scott that Grace had a "good day" on October 12, the day before she died. Scott had testified that Shokar used this as rationale for ordering a naso-gastric (NG) tube. (Nutrition is supplied through an NG tube.)

Direct examination continued until after 4:00 p.m., so the judge ruled that cross-examination will begin tomorrow morning. After dismissing the jury, he discussed the verdict form with attorneys. There was significant disagreement. The plaintiff wants specific charges of breach of standard of care itemized, but defense attorneys insist on as little verbiage as possible.

The judge sought to end the disagreement by posing an example. He cited the hospital's failure to allow Grace's sister, Jessica, to immediately replace Scott Schara as Grace's advocate when he was evicted from the hospital. He went on to note that once she was allowed in, she was again forced to leave when "visiting hours" expired. The defense attorney interrupted the judge with a denial:

Attorney: "She was never removed."

Judge: "No, she was removed. At 7:00 she was told she had to leave because she was treated like a visitor."

Attorney: "At the end of visiting hours?"

Judge: "Right. So that first day she went there on the 11th. She then had to leave at 7:00. That's what the testimony is, and that's not disputed. I don't know if that's [the responsibility of] a nurse or the hospital, but if that breached the standard of care by failing to recognize her as something more or something different than a visitor then I think your client's responsible. You're looking at me like I'm talking a foreign language. Do you remember that Mrs. Vanderheiden was removed from the hospital?"

Attorney: "Yes. I don't recall that there was any expert testimony on that or not."

Judge: "There was. I have it right here. On my list - I just put together a whole bunch of notes. I have it



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down and then I have it down that the testimony came in undisputed, that she was treated like a visitor instead of like a power of attorney or a patient advocate. That was testified to by [expert witness] Nurse Eichinger. It was testified to – as a fact it was testified to by Jessica Vanderheiden, Scott Schara, Cindy Schara. The opinion was from Nurse Eichinger, and your people have verified this fact, so there's nothing to the contrary."

Attorney: "Except that she wasn't the power of attorney. She was the third alternate power of attorney."

Judge: "I said power of attorney or patient advocate. You can be a patient advocate without being an official power of attorney. So anyway, be ready for that, because that question is going to be asked. It's going to be part of our instructions on our verdict form."

He continued:

"And so tomorrow what I want us to do, and I tried to tell you this today in trial, let's quit advocating and just deal with reality when we draft these instructions. So our goal is to get answers from the jurors. I'd like to do it in a very less confusing way. And I'm bothered by the fact, Mr. Franckowiak, that you're confused kinda with my questions right there on a matter of clearly undisputed facts."

If you want to see the full exchange, scroll to 09:01:00 in the "Day 10" video above.

Significantly, the judge also revealed, "I don't think the battery claim is going to survive, but I'm going to listen to Mr. Schara tomorrow on that. But I'm bothered on the consent issue." (The battery claim has to do with the Schara's testimony that the DNR was imposed, and the medications were administered, without their knowledge.)

Another odd (but less significant) question came up earlier in the day. Before their first break, the judge asked jurors if any of them were uncomfortable serving with any other particular jurors. He asked them to inform the bailiff privately if this is the case. After he dismissed the jury, the judge explained to the attorneys that one of the jurors had disclosed to him that she personally knows two of her fellow jurors. One had been a student of hers years ago when she taught third grade, and another she knew from her yoga class. None of the attorneys raised any objection to these connections.

Watch each day's testimony here: <https://www.youtube.com/@TheNewAmericanVideo>

Day Nine (June 13): Experts Dodge Questions

Two expert witnesses for the defense took the stand in the ninth day of Schara v Ascension Health.

First up was Mary Beach, MD, a medical ethicist from the Johns Hopkins Bloomberg School of Public Health. Incidentally, hers is the same organization that has hosted several prescient tabletop exercises for the reputed purpose of pandemic or catastrophe preparedness. These include:

- 2001: "Dark Winter" depicted a (then obscure) terrorist group called Al Qaeda setting off an outbreak of smallpox in the U.S. The event occurred less than three months prior to the 9/11 attacks.
- 2017: The "SPARS Pandemic" drill involved a novel coronavirus spread from Asia. The exercise addressed issues such as broadcasting an officially inflated fatality rate, dealing with "misinformation" rumors that "SPARS-CoV" originated in a government-funded lab, and liability protection for vaccine manufacturers.
- 2018: CladeX addressed a fast-moving man-made respiratory virus which wiped out more than 100 million people worldwide. The perpetrators used gene-editing CRISPR technology to create



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the novel pathogen. Scientists moved quickly to sequence the viral genome and develop vaccines, but the pandemic left the global economy in shambles.

- 2019: “Event 201” was the infamous planning session which concluded only weeks before Covid-19 burst on the scene. Like “SPARS,” it involved a hypothetical novel Chinese coronavirus, global lockdowns, massive economic disruption, censorship of “misinformation,” and implementation of a globally coordinated health policy.

None of these Johns Hopkins exercises came up during Beach’s testimony. She noted that she was not called to testify regarding Grace’s cause of death or particular standard of care. Instead, she was consulted as an expert on the sedatives used on Grace as well as general standards of informed consent and DNR/DNI orders. (The acronyms stand for “Do Not Resuscitate” and “Do Not Intubate.”)

Her direct examination backed up every decision and action of the hospital staff in Grace’s case. On cross examination, she agreed that a patient advocate for a disabled person would not be equivalent to a visitor, contradicting yesterday’s testimony of Nurse Barkholtz.

The plaintiff’s attorney asked compelling questions in cross-examination regarding the hospital’s removal of Grace’s patient advocate (her father, Scott) and its stonewalling of his replacement (her sister, Jessica). Beach disclaimed any inappropriate action on the part of the hospital in this regard. She also stated her opinion that hospital staff had acted appropriately in their administration of Precedex to a patient who had already had two adverse reactions to it.

Before Dr. Beach was dismissed, one of the jurors posed what seemed like a rhetorical question: Since Scott Schara asked to know every medication his daughter was receiving, was it medically ethical to withhold information from him, regardless of “informed consent” policies? Dr. Beach did not answer directly but commented about the inappropriateness of doing so.

Registered nurse Julie Davis next took the stand. A specialist in critical care, she appeared on behalf of the defense to provide expert nursing opinions. Davis rejected the conclusions of plaintiff expert witness Dr. Gilbert Berdine, a respiratory and critical care specialist, that Grace suffered any overdose or died from metabolic acidosis. Her rationale was that Precedex is a titratable medication.

Like Beach, Davis justified all activity of all nurses who cared for Grace. Davis claimed the nurses would have violated a doctor’s order had they complied with the power of attorneys’ denial of DNR as Grace was dying.

Davis also alleged that Grace never lost advocacy at any point during her admission, though this 19-year-old Down syndrome patient was deprived by the hospital of her bedside advocate for more than 30 hours.

On cross examination, the plaintiff’s attorney asked whether it was outside their scope of practice for nurses to initiate an urgent discussion about DNR with the doctor, as Grace’s family had requested. Failing to answer directly, Davis insisted that the nurses had acted appropriately when they ignored the request.

The attorney asked: “Is it a breach of standard of care to administer morphine to a patient without a pulse” or without palpable blood pressure? Davis dodged by noting that these conditions indicate death, so no, you would not administer morphine.

Pressing further, the attorney addressed Davis’ claim that St. Elizabeth Hospital’s nursing staff had met all aspects of standard of care in regard to Grace. (During direct examination, Davis had refuted the



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conclusions of Suzi Eichinger, the plaintiff's expert witness in nursing. Eichinger had found 13 standard-of-care breaches.) "You have never supervised, hired or fired a single nurse?" the attorney queried. Once Davis admitted that she has not, he noted that Eichinger had 37 years' experience as an ICU nurse - many of those years spent in a supervisory position.

The attorney then called Davis' "expert" status into question. She had previously worked as a schoolteacher before changing careers to go into nursing. He pointed out that she entered the field of nursing consultancy after only two-and-a-half years of practice. The attorney also went into great detail about Davis' consultancy fees, complaining that his team has yet to be provided with complete information. Davis explained her rates are \$135 per hour to review records, \$250 per hour for testimony and \$95 per hour for trial time. However, no total of invoices was mentioned.

The attorney then asked Davis to read directly from a drug reference guide about the risks from concomitant use of Precedex with other respiratory depressants or benzodiazepines, all of which were administered to Grace shortly before her death. The literature included strong language about limiting doses and durations, as well as a nurse's responsibility to monitor for respiratory depression in patients on these medications. Regardless, Davis insisted that Grace never suffered an overdose, even after the attorney pointed out that the defense expert witness in toxicology had earlier this week admitted Grace's overdose. He countered by pointing out that Davis is not an expert in toxicology or pharmacology, and that contrary to previous testimony and evidence, Davis had disclaimed the synergistic effect of these drugs in combination.

The judge had to intervene three times during Davis' testimony to insist that she answer the plaintiff attorney's questions directly. After the third admonishment, she was forced to admit that, should a nurse have questions or concerns about a doctor's order, he or she should address them with the ordering physician. She also agreed that monitoring for respiratory depression is part of an ICU nurse's standard of care.

After Davis was dismissed, the judge mentioned to attorneys that he thought she went outside her area of expertise "in a lot of areas." He was surprised that no objections were lodged.

Since today is Friday, court adjourned early, at 2:13 p.m. Central time. The judge said he expects jury deliberation to begin as early as next Wednesday, June 18.

Final defense witnesses and plaintiff rebuttal witnesses will be called on Monday and Tuesday. Both Dr. Gavin Shokar and nurse Hollee McInnis are scheduled to be called for the defense. Scott Schara and Dr. Gilbert Berdine will appear with rebuttal.

Watch each day's testimony here: <https://www.youtube.com/@TheNewAmericanVideo>

Day Eight (June 12): Heated Cross Examinations of Experts

The eighth day of testimony in Schara v Ascension Health has been the most action-packed yet. It began with testimony by Dr. Brian Garibaldi, a pulmonary and critical care specialist who is a member of the Pulmonary-Allergy Drugs Advisory Committee of the U.S. Food and Drug Administration.

He began by explaining the anatomy and physiology of lungs and described the ventilator as life-saving and crucial to Covid hospital treatment. He also explained the process of acute respiratory distress syndrome (ARDS). Garibaldi stated emphatically several times that the ventilator was Grace's only chance of survival. He implied that the family's refusal to consent to ventilator was what killed her.



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This expert witness insisted that there was nothing in her record to indicate Grace did not consistently receive care from the hospital appropriate to her condition. (The prosecution has been fixated on driving these points home to the jury throughout the course of their witness testimony.) Garibaldi repeatedly referred to Grace as a critical case and said she was so far gone that, had she recovered, it would have been a long, arduous road to full health. In fact, he was uncertain she ever would have attained that goal. He claimed the anti-anxiety lorazepam administered to her (on top of the sedative drug Precedex) was in extremely low doses.

He refuted the plaintiff's expert witness, Dr. Gilbert Berdine (a respiratory and critical care specialist), saying that the record indicates Grace never suffered metabolic acidosis. He again implied that her family prevented the hospital from saving Grace's life by disallowing intubation.

The plaintiff's attorney came out swinging in cross-examination. He first made it know that Garibaldi has been receiving \$12,000 a day in consultation fees from the defense.

He forced Garibaldi to admit that there is no documentation of a conversation between Dr. Shokar (Grace's attending ICU physician) and the family to indicate that Shokar informed them Grace's life depended on intubation.

Garibaldi consistently denied that Grace experienced an overdose, though she had to have a PICC line inserted so overdose antidote drugs could be administered on October 8. He qualified his answer by saying the drugs were administered to remedy the adverse reaction she had to the amount of Precedex she was receiving.

Plaintiff attorneys demonstrated that Garibaldi disagreed with the definition of "overdose" given by fellow defense expert witness, Dr. Bruce Goldberg, who is a toxicologist. Goldberg defined the term as any dosage of a drug that causes a negative effect. Garibaldi, on the other hand, insisted that Grace never suffered overdose.

Garibaldi admitted in cross-examination that according to her records, Grace was restrained in her bed at least twice, despite defendants' earlier testimony to the contrary. He also had to admit that Grace's rate of breathing was not high until the day of her death, *after* Precedex dosage was increased to the maximum allowed. He claimed that keeping a patient on Precedex for longer than 24 hours (the maximum allowed according to FDA-approved drug literature) is not uncommon, but he admitted that if a patient were on it for longer than a week, the case should be reevaluated.

Debate heated up further over the topic of DNR orders (Do Not Resuscitate) and informed consent. Garibaldi said it is not standard of care to obtain signature on informed consent for DNR, and that it is not outside standard of care for a physician to obtain informed consent from an unwitnessed telephone discussion with the patient's power of attorney.

(Interestingly, the plaintiff's attorney did not take the opportunity at this point to note that, if so, it should be just as simple to revoke a DNR. Scott and Cindy Schara and their daughter Jessica have all testified that they denied DNR the day Grace died. They say none of them ever consented to it. But multiple nurses refused to help them as Grace was dying. The nurses collectively referenced the DNR that Dr. Shokar had imposed as their reason for refusal.)

The attorney pointed out various discrepancies between Garibaldi's report for the defense and Grace's medication record. Garibaldi insisted that none of these points negated what he called the "fact" that Grace died of Covid-19.



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He admitted that none of the care providers obtained consent for any of the sedative medicines Grace received, though he said that step was not required since upon admission to ICU consent would be implied. He alleged that the healthcare providers would not be required to obtain informed consent from the family.

Next on the stand was Dr. Nicholas Sylvia, a pharmacist and director of pharmacy for St. Elizabeth Hospital. He did not take care of Grace during her stay in 2021 and merely explained that nothing in Grace's medication record appeared unusual. He said that Precedex is commonly ordered for ICU patients for well more than 24 hours. "You're not here to tell anyone anything about Grace's cause of death, correct?" countered the plaintiff. He admitted he was not an expert witness and could not comment on Grace's case because he had nothing to do with her case.

The last witness of the day was the registered nurse who evicted Scott Schara from his daughter's hospital room on October 10, 2021. Alison Barkholtz identified herself as the lead RN of the intensive care unit at Saint Elizabeth Hospital.

She said she removed Scott primarily because of his evident Covid infection. She said her concern was for him. She was also aware that nurses had complained about him being rude to them and turning off alarms in Grace's hospital room. She claimed that the armed security guard who escorted her into the room to evict Scott was only there to help collect personal belongings and conduct Scott safely out of the building.

Barkholtz accused Scott of repeatedly silencing a vital alarm that monitored Grace's oxygen levels. She said his interference also turned off the alarm indicator at the nurse's station and then stated, "Mr. Schara was placing [Grace's] life at risk," by doing so.

The defense and Barkholtz continued to refer to Scott as a "visitor," but on cross-exam, Schara's attorney pointed out he was more than that. He was a patient advocate for his disabled daughter. Moreover, upon his removal, Jessica (Grace's elder sister and power of attorney) was prevented from replacing him as patient advocate for more than 24 hours. The attorney read to Barkholtz her employer's exceptions for such caregivers and advocates, but Barkholtz insisted that visitor, caregiver and advocate are all synonymous. She refused to acknowledge her employer's exemptions.

The attorney then asked Barkholtz about the iatrogenic (hospital-induced) injury to Grace on October 8. Amazingly, Barkholtz said she did not know the meaning of the term "iatrogenic." After explaining, the attorney asked her why a life-threatening event that required reversal drugs would not be communicated to incoming staff on subsequent shifts, as revealed in previous testimony. This nursing supervisor replied that she wasn't on duty that day, and that she acts only as support to the nurses - not as a primary caregiver to patients.

The cross-examination then shifted toward the overdose reversal drugs used on Grace, but by that time, Barkholtz's attitude had become openly antagonistic. She dodged the attorney's questions, claiming he was not making himself clear. He ended the session.

Earlier in the afternoon, Judge Mark McGinnis paused briefly to issue a warning to people attending the trial as spectators. He said two jurors had complained of distracting or disruptive behavior from the gallery. He reminded them that they are welcome to attend the public trial but must adhere to his published rules, which demand silence and stillness from attendees. He said he will issue no more warnings and also reminded everyone of potential sanctions for violators.

Before adjourning for the day, McGinnis also mentioned one juror who has asked to be excused from



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the case. The judge did not specify the juror's reason but made that person's written explanation available to all attorneys for their review.

You can view the day's proceedings here:

In the video above (Day 8), at time stamp 7:49:39, you'll hear one of the defense attorneys ask registered nurse Alison Barkholtz a question about whether the hospital visitation policy had exceptions for patient advocates, such as Scott was for his disabled daughter.

Attorney: "Nurse Barkholtz, I believe there may have been some, just terminology, but there may have been some mischaracterizations there. To your knowledge, was anyone exempt from visitor policies?"

Barkholtz: "In regards to... what are you referring to? Like, they get to be an asshole?"

Remember, this was the charge nurse who evicted Scott. The fact that she would say this paints a picture of how they felt about and treated Scott. Ask yourself: would you want this nurse caring for you or a family member? Notice, too, that the judge did not reprimand her for this violation of the dignity of the court. It is curious that the plaintiff's attorneys did not object, but perhaps they did not hear or understand her.

Watch each day's testimony here: <https://www.youtube.com/@TheNewAmericanVideo>

Day Seven (June 11): Defense Expert Witnesses

Today's testimony in Schara v Ascension Health began with radiologist Aaron Binstock, MD, who gave a tutorial on the basic anatomy of respiration. He then went over Grace's x-rays specifically, explaining what he described as an accelerating severity of Covid progression in her lungs.

In cross examination he admitted his assessment was subjective, as the field of radiology is known for being so. He was not able to confirm whether Grace was receiving appropriate medications or care, or what contributed to her deterioration. He could only confirm that her condition was deteriorating.

The bulk of the day was spent with infectious disease expert David Fisk, MD. He spent a lot of time talking about Covid - how dangerous it is, its variants, transmissibility, and mortality rates. He alleged that the prosecution's expert witness, Dr. Berdine, had no basis for his hypothesis that Grace's cause of death was metabolic acidosis brought on by oversedation with Precedex. Throughout testimony he insisted that the hospital records indicate that "this was a Covid death."

In cross examination, prosecuting attorneys caught embarrassing inconsistencies between his previous deposition given during discovery and his current testimony. He reluctantly agreed that her father's removal from her hospital room contributed to Grace's deteriorating condition on October 10, 2021. He effectively admitted that Covid blinders on Grace's care providers would have caused them to attribute her condition to Covid and "nothing else," regardless of lab results. He also admitted that he does not use Precedex or know much about it.

His testimony ran past 5:00 p.m. Central time because he had to catch a flight this evening and therefore could not return tomorrow. However, he insisted to the end that Grace's chances of survival because of Covid were essentially zero, even if she had been intubated.

Interestingly, his invoices to the defense for consultancy fees totaled \$32,000 as of February 2025.

During mid-day recess, the judge pointed out to attorneys that one of the jury members seemed to be sleeping during testimony. He alerted the attorneys to this situation in case any wanted to call it into



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question. None voiced concerns. At the end of the day, the judge noted that the problem had resolved. The judge asked all attorneys to submit to him instructions to be placed on the verdict form; he gave them a deadline of this Friday. He said he will work on the form over the weekend.

You can view the day's proceedings here:

Watch each day's testimony here: <https://www.youtube.com/@TheNewAmericanVideo>

Day Six (June 10): Grace's Sister Testifies; Prosecution Rests; Defense Begins Calling Witnesses

Day 6 of the Schara v. Ascension Health jury trial began with heartbreaking testimony from Grace Schara's sister, Jessica Vanderheiden, who was with Grace when she died. She described her memories of the callousness of nurses who she says refused to help Grace as she was dying. They claimed Grace was "DNR" [classified as "do not resuscitate"], despite repeated pleadings from herself and her parents - the latter via a Facetime call Jessica had placed after realizing Grace was in serious condition.

After Jessica's testimony, defense attorneys filed a motion to declare mistrial because she had addressed the jury directly during her testimony. The judge denied the motion.

Jessica was the prosecution's final witness. After she departed the stand, the defense began calling witnesses. The first was Dr. Bruce Goldberg, a toxicologist who testified that there was nothing unusual about Grace's medication administration record and but did indicate that Grace was overdosed. However, he did admit to prosecuting attorneys that he is not a medical doctor and that as a toxicologist he would not advise the combination of meds Grace received for a patient who was somnolent [very sleepy] and who lacked a palpable pulse.

The final witness was Emily Fisher, a nurse who works at Saint Elizabeth Ascension Hospital. She testified that there was nothing unusual about Grace's care and that the hospital did all it could to help Grace. Again, defense attorneys countered with questions that made her admit that her testimony did not counter any charges of the prosecution.

You can watch the day's proceedings here:

and follow our daily livestream here:

<https://www.youtube.com/@TheNewAmericanVideo>

Day Five (June 9): Expert Witness Suzi Eichinger

The second week of Schara v. Ascension Health began with a full day of testimony by expert witness Suzi Eichinger, a registered nurse from Florida with decades of experience in critical care nursing.

She explained the nurse's role in helping the family understand, confirm and prepare for a decision to impose a "Do Not Resuscitate" order, thereby launching into one of many illustrations of her belief that healthcare providers in the Schara case breached the standard of care in many ways.

She delineated more than a dozen such breaches.

For example, Samuel Haines, RN, should have notified family of Grace's initial adverse reaction to a sedation drug, Precedex, which she continued to receive throughout treatment, and which another expert witness, Dr. Gilbert Berdine, has named as the true reason for Grace's death. Without knowledge of her adverse reaction, the family was hampered from giving informed consent to her care.



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Eichinger also testified about ICU alarm protocols, because hospital staff accused Scott of turning off crucial equipment alarms in Grace's room. Specifically, Eichinger explained that patient movement could trigger false EKG rhythm alarms, prompting nurses to turn them off, thereby illustrating that many alarms can be false alarms.

Watch the full testimony here:

The Schara case centers on the death of 19-year-old Grace Schara, who had Down syndrome and died on October 13, 2021, at St. Elizabeth Hospital in Appleton, Wisconsin, part of the Ascension Healthcare system. She was admitted with COVID-19 symptoms, and her death certificate claims that is what killed her. Her family filed a wrongful death lawsuit against the hospital, Dr. Gavin Shokar, and registered nurse Hollee McInnis, alleging medical negligence, violation of informed consent, and battery. The lawsuit claims Grace was given a combination of sedatives (Precedex, lorazepam, and morphine) without family consent, which allegedly led to respiratory distress and her death, compounded by an unauthorized "Do Not Resuscitate" (DNR) order placed on her chart.

Watch our livestream of the case daily here: <https://www.youtube.com/@TheNewAmericanVideo>

Day Four (June 6): Berdine Expert Witness Testimony Conclusion

The first week of the landmark *Schara v. Ascension Health* ended with a full day of testimony by the prosecution's expert witness, Gilbert Berdine, MD. Scott Schara is suing the hospital and several healthcare practitioners in a wrongful death lawsuit centered on his daughter, Grace.

He called Scott's eviction from Grace's hospital room "shameful," as he was her only patient advocate at the time - a role she needed filled as she had Down syndrome. He named multiple breaches of informed consent on the part of the hospital and said they were "indefensible." He accused providers of administering dangerous medications to their patient that resulted in her death. After enduring two life-threatening overdose events several days earlier, she was administered ever higher doses of Precedex on October 13, 2021. "Insane" was the word he used to describe that situation.

"Administration of morphine on 10/13 to a patient who was unconscious, with no BP, no palpable pulse and a respiratory pattern screaming metabolic acidosis," he noted, "was the worst clinical decision I have ever witnessed in over 40 years of medical practice."

The defense attorneys spent several hours trying to save face in cross examination by attempting to discredit Dr. Berdine. However, when the jury was allowed to ask questions of the witness at the end of the day, it was clear his message had hit home.

Watch the testimony here: <https://www.youtube.com/watch?v=n14NBNPHVc8>

Follow our daily livestream, which will continue through June 20, here:

<https://www.youtube.com/@TheNewAmericanVideo>

Day Three (June 5): Expert Witness Testimony

"An overdosage of Precedex caused metabolic acidosis, which was then misinterpreted by the providers as a problem with breathing. Partially in response to that misinterpretation, other medicine was administered - specifically lorazepam. And the problem with the Precedex progressed, and in addition to the metabolic acidosis, Grace lost her blood pressure, so she went into shock. This aggravated the



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metabolic acidosis. Grace reached a point where her respiratory compensation was as much as she could do... She reached a maximum compensation, but the metabolic acidosis was not stopped. So the acid – the lactic acid – kept accumulating in the blood. And then shortly before her death, she was administered morphine, which had a catastrophic effect in decreasing her respiratory compensation for the metabolic acidosis. This caused a precipitous decrease in her [blood] pH, and her heart stopped.”

That was only part of Dr. Gilbert Berdine’s explosive testimony during Day 3 of the landmark Schara v. Ascension Health lawsuit. Berdine is an award-winning medical doctor with specialties in respiratory diseases and critical care, and he is an associate professor of medicine at Texas Tech University Health Sciences Center. He has been in practice since 1978. Attorneys for the plaintiffs called him as an expert witness earlier today.

Before his testimony both Hollee McInnis, RN, and Gavin Shokar, MD, had taken the stand. They were, respectively, the nurse and doctor who cared for Grace Schara on the day she died in Saint Elizabeth’s Hospital in Appleton, Wisconsin.

Shokar and McInnis blamed Covid for Grace’s demise, but Berdine tutored the jury on metabolic acidosis (low blood pH due to excess acid or reduced bicarbonate).

Symptoms of metabolic acidosis include rapid breathing, confusion, irregular heartbeat, and agitation and in severe cases, coma or death. According to McInnis and Shokar, Grace had evinced all of these symptoms prior to her death.

Berdine explained to them, using her medical records, that the doctor’s prescribed treatments caused metabolic acidosis in Grace Schara, which triggered her respiratory distress. Berdine stated that she died because they administered Precedex (a surgical sedative), lorazepam (a sedative and hypnotic antianxiety med), and morphine (an opioid that can significantly retard breathing) consecutively to slow her breathing. Instead, he believes, they should have reversed the metabolic acidosis.

He called Grace’s healthcare providers “reckless” and their behavior throughout her course of care as “unforgivable.”

Watch the entire day of testimonies here:

https://www.youtube.com/live/-5Y7_mVKq-s?si=EH1CdDsDLFQNJ-nQ

And join our daily livestream of the case thru June 20:

<https://www.youtube.com/@TheNewAmericanVideo>

Day Two (June 4): Scott Schara Testimony

All of Wednesday, June 4, was taken up by testimony of Scott Schara, Grace’s father.

He began with reminiscences of Grace: her talent, her intellect, her humor and her habits. Then he gave a day by day, sometimes hour by hour, account of Grace’s hospital stay and death. He spoke of Grace’s admission to the hospital on October 6, 2021, overdose events on the 7th and 8th, the hospital’s reasons for kicking him out as Grace’s advocate on October 10, the lack of informed consent for many medical interventions used on Grace, and many other issues. Finally, Scott recounted his daughter’s last hours and minutes. He was often tearful during direct examination.

On cross examination, defense attorneys followed the same script they used the day before on Scott’s wife, Cindy. They tried to frame him as a delinquent parent who was responsible for his daughter’s death due to his unreasonable delusions about Covid.



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However, on redirect, his own attorney gave Scott a chance to explain to the jury why he believes Grace was targeted by the system, providing statistics that indicate a clear discriminatory bias of the medical establishment against individuals with Down syndrome.

He also provided information about government-funded Covid-protocol incentives. For instance, he said that during the public health emergency, the federal government was paying hospitals tens and even hundreds of thousands of dollars to put patients on ventilators. He feels that is why the hospital tried to pressure him to sign a pre-authorization for Grace. He refused, having researched the fact that 80 to 90 percent of patients put on ventilators did not survive their hospital stays.

Scott revealed other mistreatment he endured at the hands of hospital staff. For example, they forced him to leave the premises on Grace's fourth morning in the hospital; the reason he was given was that the nurses didn't want him there. He had been trying to feed Grace, had proven their medical equipment to be faulty, and had silenced alarms on Grace's medical equipment according to instructions nurses had given him. Nevertheless, an armed guard escorted him from the building, and the phone number he was given to stay in contact with the hospital was 000-000-0000.

You can listen to his entire testimony on our YouTube channel:

You can also watch our ongoing livestream [here](#) or in our partnership with Children's Health Defense [here](#). The case is scheduled to continue Monday through Friday until June 20.

Details of the case are here:

<https://thenewamerican.com/print/landmark-covid-lawsuit-could-alter-history/>

The Schara's story is available here:

<https://thenewamerican.com/print/covid-hospitals-the-new-killing-fields/>

Day One (June 3): Cindy Schara testimony

The landmark Covid wrongful death suit in Appleton, Wisconsin, began yesterday with the mother of the deceased delivering several hours of testimony both to her attorney and under cross-examination.

Cindy Schara introduced the jury to her daughter, Grace, a high-functioning 19-year-old with Down syndrome. She then described in painful detail the days and hours leading up to Grace's death, as well as what has happened since. She broke down in tears several times during her testimony.

Despite her apparent exhaustion, the defense immediately cross-examined her, painting her and her husband as crazed conspiracy theorists who believe that government-dictated hospital protocols are designed to kill.

For example, the defense attorney peppered Cindy with questions about her belief that the jab could cause a person to become sterile. He did so in a way to make her appear ridiculous, pulling up particular quotes from her original deposition and showing them to the jury on a large screen in the courtroom. Afterwards, her own attorney panned back on the same page to reveal that the same attorney, during that deposition, had revealed to her that he got the shot and is now fearful that he is sterile.

A second witness, Samuel Haines, finished out the first day of testimony. He is one of the registered nurses who took care of Grace before her death.

You can view their [testimony](#) on our YouTube channel.



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We're also teaming with Children's Health Defense to live-stream each day of the trial. The link is [here](#).
For background on the case, see [here](#) and [here](#).



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