

'It's Genocide': Family Alleges Ominous Conclusion in Seeking Answers to Their Daughter's Death

Matt McGregor

Eight months after his 19-year-old daughter Grace died in a hospital after having been given a combination of a sedative, an anxiety medication, and morphine, Scott Schara and his family continue to bring attention to why they think she died, and who's responsible.

Their most recent billboard campaign targets St. Elizabeth's Hospital in Appleton, Wisconsin, where his daughter with Down's syndrome passed.

Hospital staff driving to and from work would have a hard time not seeing the billboards that ask, "Was Grace given a lethal combination of meds at St. Elizabeth's Hospital? Intentional? ... Who's Next?"

Others ask, "Was Grace labeled Do Not Resuscitate without family consent at St. E's?"

Grace died in October 2021, a month after [COVID-19](#) vaccine mandates had been announced by President Joe Biden.

People who didn't want to take the experimental vaccine were being fired, while unvaccinated patients in hospitals were being treated much differently than the vaccinated.

Reports from people such as [Anne Quiner](#) in Minnesota painted a picture of medical discrimination and unusual hospital protocols that many, like Quiner, alleged led to the death of their loved ones.

According to Schara, Grace, who, like the rest of her family, was unvaccinated, was admitted to St. Elizabeth's for COVID-19 respiratory issues on Oct. 6 but had been recovering when the doctor began giving her a sedative called Precedex.

Schara said there were frequent incidents of discrimination regarding Grace's unvaccinated status, and their choice to use other early treatment medications that weren't approved by Dr. Anthony Fauci, the director of the National Institute of Allergy and Infectious Diseases.

Grace was on Precedex for four days preceding her last day, Schara told The Epoch Times, despite severe risks associated with being on the drug for longer than 24 hours.

On Oct. 13, the day Grace died, she was given—in addition to the Precedex

—Lorazepam, and morphine within a 29-minute window, Schara said, even though the package insert for morphine warns against using it in combination with the other two drugs because it can result in death.

With an armed guard standing near the doorway of her room at the hospital, Schara said Grace's sister and patient advocate begged nurses she saw in the hallway to revive Grace as their parents watched from Facetime, joining her in their pleas.

There was nothing to be done, a nurse responded because Grace had been coded as Do Not Resuscitate (DNR), a label that Scott said must be legally approved and signed off on by the medical power of attorney, who was Grace's mother, Cindy.

The family said this never happened.

"Why would we agree to a DNR when we would not only want the doctors to save our daughter at any cost but also the morning of Grace's last day, the doctor recommended a feeding tube to start the process of getting Grace home?" he asked.

The doctor had told the family, Schara said, that Grace "had a good day yesterday; we should work on nutrition," before recommending a feeding tube.

Medical records seen by The Epoch Times show that the DNR order was put into the system eight minutes after a maximum dose of Precedex was administered at 10:48 a.m., on Grace's last day, which Schara calls the "smoking gun."

"She had been on Precedex for four days at this point, then they gave her close to the maximum dose," he said. "Eight minutes later, the doctor puts the illegal DNR on her."

According to her death certificate, Grace died of acute respiratory failure with hypoxemia.

Schara said "respiratory failure" is a direct side effect of using Precedex for more than 24 hours.

"Of course, COVID-19 pneumonia is listed as the second cause of death in order for the hospital to receive the killing bonus from the government," he said.



The Schara family's billboard campaign, 2022. (Courtesy of Scott Schara)

‘We Are in a Spiritual Battle’

Since then, Schara said he has continued investigating and has found even more negligence.

To bring attention to what happened, he's been on over 100 media outlets, and has even [held a rally](#) with city approval outside of the hospital, he said.

Schara said the family has committed over \$300,000 to the campaigns, \$225,454 of that is for the billboards they put up through May 2023.

“Money is temporary,” Schara said. “I don’t want this to happen to anyone else. We are in a spiritual battle, and people must realize that.”

After telling his story to a wider audience, Robin Riley from Newtown, Connecticut, reached out to Schara on [Grace's website](#) to share her own experience.

Riley's and Schara's stories share many similarities. Riley told The Epoch Times that her daughter with Down's syndrome, 37-year-old Megan, was admitted to a hospital for COVID-19 and put on numerous tranquilizers and Fentanyl, as well as remdesivir.

Megan was also labeled as DNR, which Riley said she had never approved, and

didn't know until she got Megan's records.

Megan died on Dec. 9, 2021, Riley said.

After discovering that the hospital had put Megan on DNR, Riley said it made her grief worse.

"Because they had her on DNR the whole time, I just keep thinking, did the doctors do everything they could to save her?" she asked.



Megan Riley, 2021. (Courtesy of Robin Riley)

‘There Was No Reason to Sedate Her’

For Schara, none of this is a coincidence, he said.

For the combination of meds given to Grace, the doctor had to order, a pharmacist had to sign off, the hospital medication alarm had to be overridden, and in Grace's case, a 14-year ICU nurse delivered the lethal combination, Schara said.

"We were not provided informed consent about the drugs administered to Grace, nor did we know they were being administered in the first place," Schara said.

"There was no reason to sedate her. There was no reason to give her Lorazepam—an anti-anxiety drug—while she was knocked out from Precedex. There was no reason to give her morphine. The Nuremberg Code was created to ensure people would have informed consent in regard to any medical procedure, and to be able to opt out of such things. St. Elizabeth's ignored providing informed consent and they ignored all the warnings in the package inserts."

Schara first thought the hospital protocols leading up to her death were about the hospital getting federal reimbursements; however, now he suspects a motive much worse: hospitals are taking federal funding to enact COVID protocols that were not only killing the unvaccinated but the disabled, he said.

He cited one 2020 study from the UK [Office for National Statistics](#) that show that disabled people had made up about three-fifths of COVID-related deaths in England and Wales.

"Disabled females between nine and 64 were even more at risk, in comparison with non-disabled females in the same age group, with a rate of death 10.8 times higher," he said.

He cited a 2021 [report](#) from the University of Minnesota's Center for Infectious Disease Research and Policy that stated that intellectual disability is second to old age as a risk factor for COVID-19 deaths.

"In unadjusted analysis, compared with 431,669 patients without intellectual disabilities, the 127,003 patients with intellectual disabilities were more susceptible to hospitalization, intensive care admission, and death," he said.

He's collected several additional studies and articles that support the theory that the disabled are at higher risk.

Combining that with his own experience, he thinks the disabled with COVID-19 are purposely being murdered.

He points to an [article from NPR](#) that tells the story of Melissa Hickson, who claimed a hospital where her quadriplegic husband was admitted for COVID-19 denied him life-saving treatment because of his disability.

The Milgram Experiment

All these reports and studies connect for Schara, implying ominous motives funded not only by money, but blind obedience, he said, alluding to a set of experiments in

the 1960s that tested how far a person would go to follow orders.

“In the Milgram experiments, these psychologists tested the willingness of the participants in how far they would go to administer electric shock treatment to their peers under orders from an authority figure,” Schara said.

The experiments were held at Yale University by Stanley Milgram three months after the start of the trial of German Nazi war criminal Adolf Eichmann.

Milgram’s intent of the experiments was to study the psychology of genocide, he explained in his reports.

‘Death Protocols’

Todd Callender, an international lawyer with Disabled Rights Advocates and legal counsel to Truth for Health Foundation, previously told [The Epoch Times](#) that the “death protocols” being enacted in hospitals are passed down hierarchically from the World Health Organization to the Centers for Disease Control and the National Institute of Health, using the Public Readiness and Emergency Preparedness (PREP) Act and Health and Human Services authorization to release funding for the declared pandemic that sets the protocols in motion.

From there, hospitals that are federally funded through the Centers for Medicare and Medicaid Services (CMS) use coding tied to NIH and CDC-written protocols. If those hospitals take that funding, they must follow those protocols, starting with [ICD-10 codes](#) (International Classification of Diseases).

According to Callender, the CDC and NIH protocols are based on the WHO’s 2005 [International Health Regulations](#) which directs each of its 196 signatory countries to cede all sovereign powers to the WHO in the case of a declared health emergency.

“The WHO then directs the various state health bodies—in this case, the CDC and NIH—on treatment,” Callender said. “This is why every country is responding in the same way at the same time globally; it’s a back door to a one-world dictatorial government.”

When these protocols are passed down to the hospitals that take funding, under the emergency declaration, patients’ rights are waived under the [CMS COVID waiver program](#) in conjunction with the PREP and CARES Act, giving participating hospitals legal immunity.

Patients admitted for a broken arm can be given a COVID-19 test that “will almost always come back positive,” then are admitted and put on an IV with a tranquilizer that lowers oxygen levels, which then justifies putting the patient into COVID isolation where the antiviral drug remdesivir—which Callender called “lethal”—is added to the bag before being moved into the intensive care unit where the patient is then given morphine and fentanyl while being deprived of nutrition, he said.

“Everybody talks about their fear of FEMA (Federal Emergency Management

Agency) death camps,” Callender said. “Well, they’re already here; they’re called hospitals.”

Each of these procedures brings in high federal reimbursements of up to hundreds of thousands of dollars, Callender said.

Tom Renz, an attorney with America’s Frontline Doctors and Make Americans Free Again—organizations that oppose unconstitutional federal health mandates—hosts his own show on Brighteon TV where [he interviewed Schara](#).

He told The Epoch Times that, because the PREP and CARES Acts have been passed, it’s made it impossible to sue hospitals because they convey immunity to these hospitals.

“Through those acts, we’ve given hospitals as much immunity as we’ve given vaccine makers as long as the state of emergency is continuing,” he said. “And we’ve got to ask ourselves, why is there still a national emergency?”

In addition to immunity, hospitals get federal funding through the CARES Act, which gives a [20 percent increase in reimbursement](#) to hospitals for inpatient stays resulting from COVID-19, Renz said.

“The laws are structured in a way that incentivizes hospitals to kill people,” Renz said. “The hospital makes more money if you die from COVID-19 than if you recover from it. Why don’t we incentivize hospitals for getting people cured of COVID?”

Renz supports Schara’s conclusion that the hospital killed Grace, he said.

“Can you imagine watching your daughter die on Facetime, begging the hospital to revive her, and they say, ‘No, we are not going to do that,’ claiming that they have a DNR that you didn’t agree to?” he asked. “I mean, can you imagine the horror? No person should have to go through that, and we’ve got to have accountability.”

Like Schara’s response from the hospital, Riley said the hospital contended that the family agreed to the DNR.

In a Dec. 15 letter to the Schara family, the hospital said that “multiple and in-depth discussions and explanations occurred with you, your wife and family in regards to resuscitation and intubation. The medical record documentation on October 13, 2021, reflects additional discussion and confirmation of the family decisions related to resuscitation and intubation interventions should Grace’s condition deteriorate.”

“What a bunch of crap,” Schara said, reemphasizing that his family never agreed to a DNR.

“The doctors only discussed the concept of DNR,” Schara said. “Why would we agree to a DNR when he just got done telling us that Grace had such a good day yesterday that we should work on nutrition?”

St. Elizabeth’s Hospital did not respond to The Epoch Times’ request for comment.

‘Genocide’

There’s a pattern, Schara said, that he hasn’t been able to ignore.

“If I would have listened to me saying these words now seven months ago, I would have thought, at best he’s become a conspiracy theorist; at worst: a whack job,” he said.

However, too many incidences of negligence have lined up to be a coincidence, he said.

“At first I thought this was about money, but it’s clear to me now that money was used to simply grease the wheels to accomplish a bigger agenda, which, in my opinion, is genocide,” he said.



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