



Medical Murder

**Proving Collusion From the Top Down
(They are all in on it!)**

The Beginnings



What is Eugenics?

- Eugenics: Excluding people and groups judged to be inferior or promoting those judged to be superior. "Survival of the fittest" has been proactively practiced since ancient times.
- In one of Plato's (died 348 BC) best-known literary works, *The Republic*, he wrote about creating a superior society by procreating high-class people together and discouraging coupling between the lower classes. He also suggested a variety of mating rules to help create an optimal society.



Current Roots

- "The Rockefeller Foundation helped fund the German eugenics program and even funded the program that Josef Mengele worked in before he went to Auschwitz."
- Hitler proudly told his comrades just how closely he followed the progress of the American eugenics movement. "I have studied with great interest," he told a fellow Nazi, "the laws of several American states concerning prevention of reproduction by people whose progeny would, in all probability, be of no value or be injurious to the racial stock."



Satan's Minions

<https://plandemicseries.com/plandemic-2-indoctrination/>

- ✓ The Illuminati
- ✓ The government
- ✓ Those who facilitate medical murder
- ✓ Those who go along with unlawful mandates
- ✓ Pastors who lie about Romans 13 and 14



“Some even believe we (the Rockefeller family) are part of a secret cabal working against the best interests of the United States, characterizing my family and me as ‘internationalists’ and of conspiring with others around the world to build a more integrated global political and economic structure - one world, if you will. If that’s the charge, I stand guilty, and I am proud of it.”

~DAVID ROCKEFELLER



Creating a Culture of Death

The Banality of Evil

Where did this phrase come from?

<https://www.youtube.com/watch?v=8Km0LQCK-9I>

Has the eugenics philosophy become part of our culture, so we are blind to it?



Banality of Evil in America?

NO ONE IS GOING TO GIVE
YOU THE EDUCATION YOU NEED
TO OVERTHROW THEM.

Disabled abortion culture

Nursing home culture

School (fool) system training out critical
thinking

Moral Relativism - Milgram's Obedience
Experiment vs. The Hippocratic Oath

• <https://ouramazinggrace.net/Tragedy-Money-Hospital-Killings-Following-Rules>

Palin said she was “devastated and shocked” to receive a prenatal diagnosis of Down syndrome. With abortion rates hovering around 90% after Down syndrome is diagnosed, she isn't the only one who has feared the unknown.

Take Down syndrome out of the ... x +

ncbi.nlm.nih.gov/pmc/articles/PMC2572651/

Getting Started Getting Started Wolf River Commu... Imported From Fire... Imported From Fire... Are "Bad Batches"...

An official website of the United States government [Here's how you know](#)

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cmaj jamc
CANADIAN MEDICAL ASSOCIATION JOURNAL JOURNAL DE L'ASSOCIATION MÉDICALE CANADIENNE

[CMAJ](#), 2008 Nov 4; 179(10): 1088.
doi: [10.1503/cmaj.081583](#)

Take Down syndrome out of the abortion debate

[Renate Lindeman](#)

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Elderly Financial Statistics: 216X increase in nursing care facility costs in 59 years – over 20,000%!

Table HExpType. National health expenditures, average annual percent change, and percent distribution, by type of expenditure: United States, selected years 1960–2019

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hus/contents2020-2021.htm#Table-HExpType>

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

Type of national health expenditure	1960	1970	1980	1990	2000	2005	2009	2015	2018	2019
Amount (billions)										
National health expenditures	27.1	74.1	253.2	718.8	1,365.6	2,029.5	2,492.8	3,177.7	3,629.7	3,795.4
Health consumption expenditures	24.6	66.3	232.7	670.2	1,279.9	1,904.0	2,345.6	3,013.7	3,439.5	3,593.7
Personal health care	23.1	62.4	214.3	611.9	1,156.9	1,697.6	2,106.5	2,686.2	3,048.3	3,207.0
Hospital care	9.0	27.2	100.5	250.4	415.5	608.6	771.0	989.0	1,122.5	1,192.0
Professional services	7.9	19.8	64.5	207.8	386.9	553.0	668.1	843.3	979.4	1,025.9
Physician and clinical services	5.6	14.3	47.7	158.9	288.2	413.0	497.7	635.9	738.2	772.1
Other professional services	0.4	0.7	3.5	17.3	36.6	52.8	67.0	87.4	103.9	110.6
Dental services	2.0	4.7	13.3	31.6	62.1	87.2	103.4	120.0	137.4	143.2
Other health, residential, and personal care ¹	0.4	1.3	8.4	23.8	63.9	95.1	122.0	165.4	191.3	193.6
Home health care ²	0.1	0.2	2.4	12.5	32.3	49.3	67.0	89.9	105.4	113.5
Nursing care facilities and continuing care retirement communities ^{2,3}	0.8	4.0	15.3	44.7	85.0	111.4	135.2	156.2	167.2	172.7
Retail outlet sales of medical products	4.9	9.9	23.2	72.5	173.2	280.1	343.1	442.4	482.4	509.3
Prescription drugs	2.7	5.5	12.0	40.3	122.0	208.6	254.3	324.4	349.8	369.7
Durable medical equipment	0.7	1.7	4.1	13.8	26.0	36.0	41.2	48.8	54.8	57.6
Other nondurable medical products	1.5	2.6	7.1	18.5	25.2	35.5	47.6	69.3	77.7	82.1
Government administration ⁴	0.1	0.7	2.8	7.2	17.1	28.2	29.6	42.8	47.3	48.9
Net cost of health insurance ⁵	1.0	1.9	9.1	31.1	62.9	120.9	135.3	199.1	249.5	239.9
Government public health activities ⁶	0.4	1.4	6.4	20.0	43.0	57.3	74.2	85.7	94.5	97.8
Investment	2.6	7.7	20.6	48.6	85.7	125.5	147.2	164.0	190.2	201.7
Research ⁷	0.7	2.0	5.4	12.7	25.5	40.3	45.3	46.4	53.6	56.6
Structures and equipment	1.9	5.8	15.1	35.9	60.2	85.2	101.9	117.6	136.6	145.1


1967 – Plan to Depopulate the U.S.

Plans to depopulation the U.S. were formalized in 1967 - Berelson and Jaffe would work together on the 1972 Rockefeller Commission Report

PROPOSED MEASURES TO REDUCE FERTILITY, BY UNIVERSALITY OR SELECTIVITY OF IMPACT IN THE U.S.

UNIVERSAL IMPACT	SELECTIVE IMPACT DEPENDING ON SOCIO-ECONOMIC STATUS		Measures Predicated on Existing Motivation to Prevent Unwanted Pregnancy
Social Constraints	Economic Deterrents/Incentives	Social Controls	
Restructure family: a) Postpone or avoid marriage b) Alter image of ideal family size	Modify tax policies: a) Substantial marriage tax b) Child tax c) Tax married more than single d) Remove parents' tax exemption e) Additional taxes on parents with more than 1 or 2 children in school	Compulsory abortion of out-of-wedlock pregnancies Compulsory sterilization of all who have two children except for a few who would be allowed three	Payments to encourage sterilization Payments to encourage contraception Payments to encourage abortion Abortion and sterilization on demand
Compulsory education of children Encourage increased homosexuality	Reduce/eliminate paid maternity leave or benefits	Confine childbearing to only a limited number of adults	Allow harmless contraceptives to be distributed nonmedically
Educate for family limitation Fertility control agents in water supply	Reduce/eliminate children's or family allowances Bonuses for delayed marriage and greater child-spacing	Stock certificate permits for children	Improve contraceptive technology
Encourage women to work	Pensions for women of 45 with less than N children Eliminate Welfare payments after first 2 children Chronic Depression Require women to work and provide few child care facilities Limit/eliminate publicly financed medical care, scholarships, housing, loans and subsidies to families with more than N children	Housing Policies: a) Discouragement of private home ownership b) Stop awarding public housing based on family size	Make contraception truly available and accessible Improve maternal health care, with family planning as a core element

The measures tabulated here are derived primarily from Davis, Science, 11/10/67; Michael Young's remarks at NIH Conference 6/67; L. & A. Day, Too Many Americans; J. Blake in Shaps & Ridley, Public Health & Population Change; and W. Shockley, Speech in Ontario, 12/67.



Money is the excuse
used to create a spirit
of collectivism,
through propaganda

<https://twitter.com/theeksociety/status/1736863620133445643?s=49>

Medicare/Medicaid costs set up the collectivism lie

- The system's diagnosis - "The financial projections in this report indicate a need for **substantial** changes to address Medicare's financial challenges."
<https://www.cms.gov/files/document/2021-medicare-trustees-report.pdf> (page 11).
- Think this through: Medicare/Medicaid is the ultimate bait and switch – we payroll deduct so we have "free health care" when we retire; remember, we paid for this 'privilege' our entire working life, but it is wrapped up in bow looking like our government is taking care of the elderly and the disabled. Then, they program us to bow down to the doctor and they license the doctor, so he won't be paid unless he follows CMS Standards of Care designed to hasten our deaths.
- CMS says 135M on program:
<https://www.cms.gov/newsroom/news-alert/cms-releases-latest-enrollment-figures-medicare-medicaid-and-childrens-health-insurance-program-chip>
- Over 50% of the annual federal budget is related to these bureaucracies!

Elderly/Disabled Financial Statistics: 105X increase in Medicare/Medicaid costs in 49 years – over 10,000%!

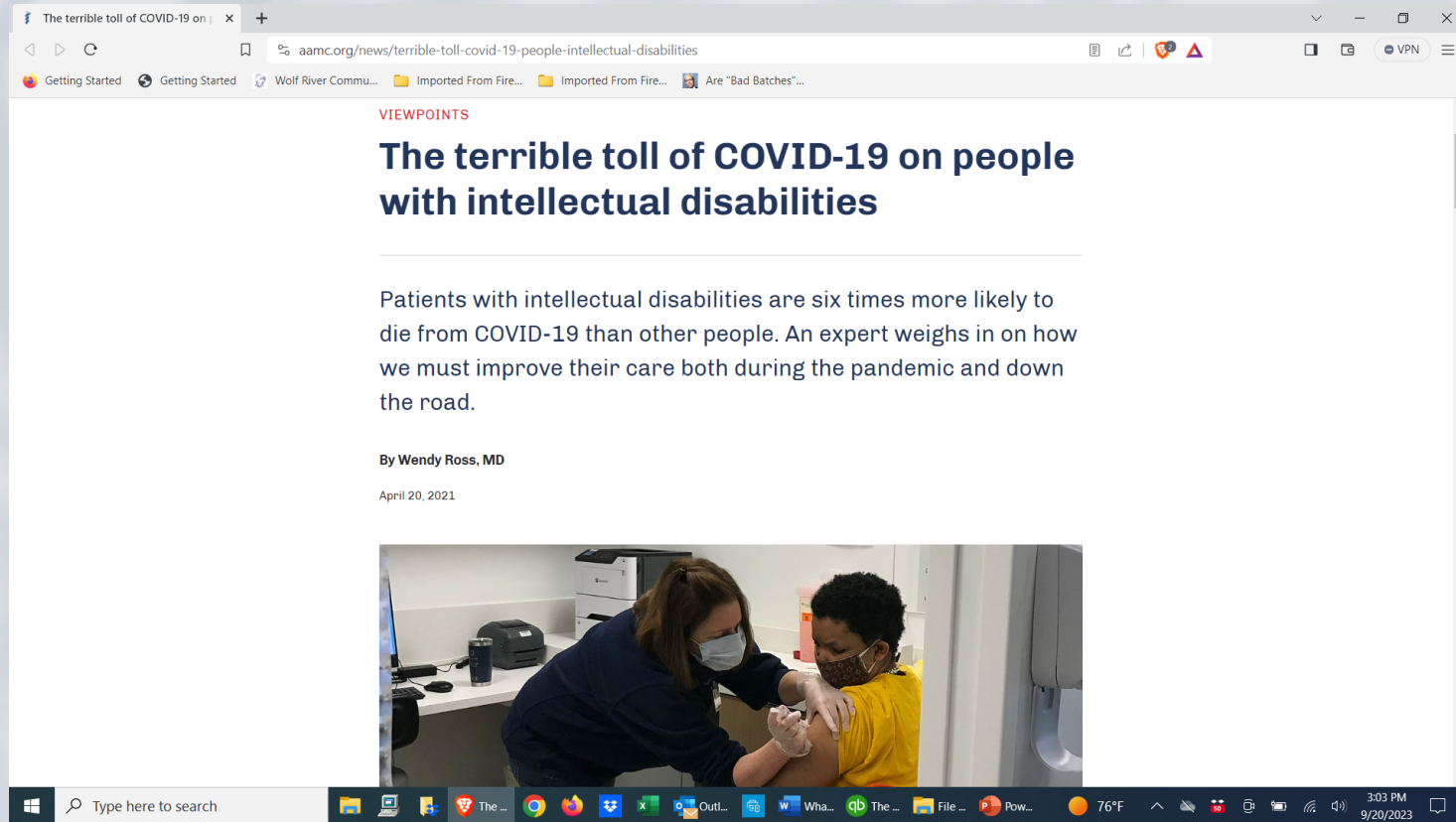
Table HExpPers. Personal health care expenditures, by source of funds and type of expenditure: United States, selected years 1960–2019

Excel version (with more data years and standard errors when available): <https://www.cdc.gov/nchs/hus/contents2020-2021.htm#Table-HExpPers>

[Data are compiled from various sources by the Centers for Medicare & Medicaid Services]

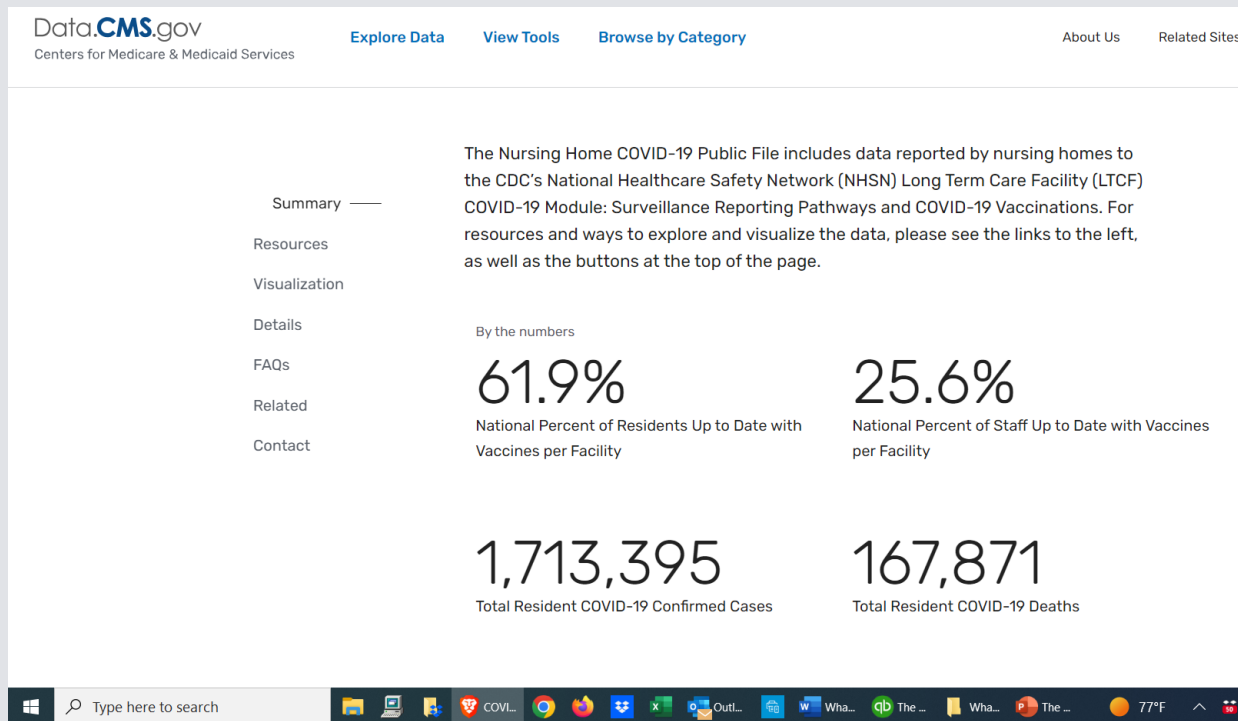
Type of personal health care expenditure and source of funds	1960	1970	1980	1990	2000	2005	2009	2015	2017	2018	2019
Amount (current dollars)											
Per capita.....	124	297	930	2,412	4,103	5,749	6,874	8,394	9,025	9,346	9,787
Amount (billions) (current dollars)											
All personal health care expenditures ¹	23.1	62.4	214.3	611.9	1,156.9	1,697.6	2,106.5	2,686.2	2,928.3	3,048.3	3,207.0
Out-of-pocket payments.....	12.8	24.2	55.2	133.5	193.4	265.0	296.5	353.8	374.5	388.8	406.5
Health insurance	6.6	29.4	130.9	398.2	832.4	1,264.2	1,611.6	2,080.1	2,269.9	2,367.4	2,494.3
Private health insurance	4.9	13.8	60.3	200.2	394.3	589.8	709.5	874.5	967.5	1,009.9	1,064.1
Medicare .....	...	7.3	36.3	107.1	216.3	326.3	470.1	606.2	658.9	696.2	742.6
Medicaid .....	...	5.0	24.7	69.7	186.9	287.6	346.3	484.2	518.1	531.3	549.6
Federal.....	...	2.7	13.7	40.3	109.3	165.5	230.7	304.5	323.6	331.7	347.9
State and local .....	...	2.3	11.0	29.4	77.6	122.1	115.6	179.7	194.5	199.6	201.7
CHIP ².....	...	...	...	...	2.5	6.4	9.5	12.1	15.1	15.6	16.6
Federal.....	...	...	...	...	1.8	4.5	6.7	9.0	13.8	14.4	15.0
State and local .....	...	...	...	...	0.8	2.0	2.8	3.1	1.3	1.2	1.6
Other health insurance programs ³	1.7	3.3	9.6	21.2	32.3	54.1	76.2	103.0	110.3	114.4	121.3
Other third-party payers and programs ⁴	3.8	8.8	28.2	80.2	131.1	168.4	198.4	252.3	283.9	292.1	306.2

Deflator



COVID exposed
the reality of
medical murder
– the disabled

And the elderly: COVID death numbers in nursing homes make no sense – 10% vs. 1% reality



“The lesser relative effect of Covid on younger groups could be partly because their ‘normal’ risk will be more strongly influenced by accidents and non-natural causes, whereas Covid seems to multiply the risk of ‘natural causes’ – it just seems to take any frailty and multiply it”, says Sir David.

Covid deaths: 10 weeks, 28 March to 5 June

5-14	3	7,159,102	0	0%	1 in 2,386,367
15-24	32	6,988,755	0.5	0%	1 in 218,399
25-34	120	7,998,302	1.5	0%	1 in 66,653
35-44	345	7,460,856	4.6	0%	1 in 21,626
45-64	4,482	15,162,118	29.6	0.03%	1 in 3,383
65-74	6,875	5,906,928	116.4	0.12%	1 in 859
75-90	24,511	4,395,359	557.7	0.56%	1 in 179
90+	10,086	528,959	1906.8	1.91%	1 in 52
ALL	46,457	59,115,809	78.6	0.08%	1 in 1,272

Sir David Spiegelhalter, Chair of the Winton Centre for Risk and Evidence Communication, Cambridge

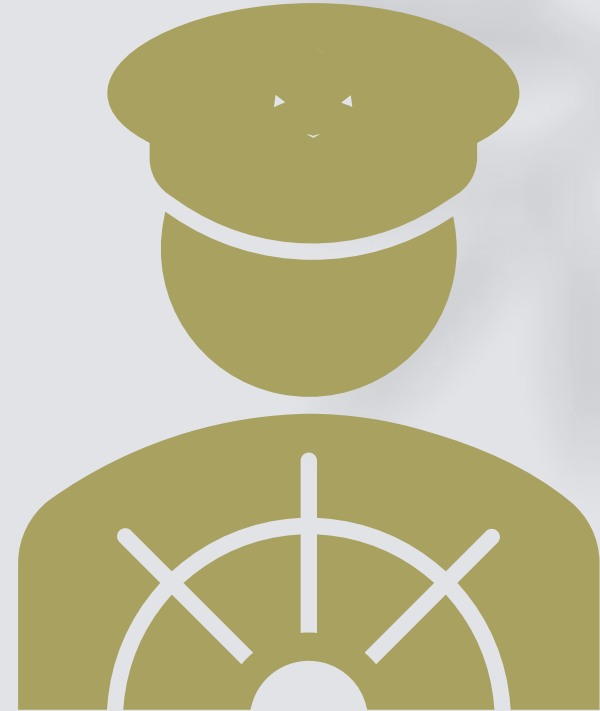


Thankfully, we can rely on
the Federal government to
protect us!

Ezekiel Emanuel, one of the country's most influential bioethicists and a prime architect of Obamacare, wrote as far back as 1996 that health care "services provided to individuals who are irreversibly prevented from being or becoming participating citizens are not basic and should not be guaranteed."

The Affordable Care Act (ACA), a/k/a Obamacare,
was signed into law on March 23, 2010.

Obamacare laid the groundwork for the current degradation of healthcare set in motion over 100 years ago by the satanists.



Obamacare Section 1553

PUBLIC LAW 111-148—MAR. 23, 2010

124 STAT. 25

SEC. 1553. PROHIBITION AGAINST DISCRIMINATION ON ASSISTED SUICIDE. 42 USC 18113.

(a) IN GENERAL.—The Federal Government, and any State or local government or health care provider that receives Federal financial assistance under this Act (or under an amendment made by this Act) or any health plan created under this Act (or under an amendment made by this Act), may not subject an individual or institutional health care entity to discrimination on the basis that the entity does not provide any health care item or service furnished for the purpose of causing, or for the purpose of assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

(b) DEFINITION.—In this section, the term “health care entity” includes an individual physician or other health care professional, a hospital, a provider-sponsored organization, a health maintenance organization, a health insurance plan, or any other kind of health care facility, organization, or plan.

(d) ADMINISTRATION.—The Office for Civil Rights of the Department of Health and Human Services is designated to receive complaints of discrimination based on this section.

Americas With Disabilities Act

“After a person dies (in a health care or any setting), there is also no possibility of securing what is called injunctive relief, that is, a court order requiring that the defendant adopt new policies or practices to prevent the kind of discriminatory practices that led to the person’s death. There can be no injunctive relief when there is no survivor on whose behalf the court can impose injunctive relief. No change in policies or procedures will provide a benefit for someone who is deceased.”

Legal opinion related to discrimination in hospitals



My congressperson knew?

Six of the enabling statutes, in chronological order of Congressional enactment:

- 1969 - Title 50, War and National Defense, Chapter 32, §1511 et seq. **Chemical and Biological Warfare**, enacted Nov. 19, 1969 (PL 91-121).
- 1983 - Title 42, Public Health Service, §247d et seq. **Public health emergencies**, established July 13, 1983 (PL 98-49).
- 1986 - Title 42 - Public Health Service, §300aa-1 et seq. **National Vaccine Program and Vaccine Injury Compensation Program**, established Nov. 14, 1986 (PL 99-660).
- 1997 - Title 21 - Federal Food and Drugs Act, §360bbb et seq, **Expanded access to unapproved therapies and diagnostics**, adopted Nov. 21, 1997 (PL 105-115).
- 2002 - Title 42 - Public Health Service, §300hh et seq, **National All-Hazards Preparedness for Public Health Emergencies**, adopted June 12, 2002 (PL 107-188).
- 2015 - Title 10 - Armed Forces, §4021 et seq., **Research projects: transactions other than contracts and grants**. Originally adopted July 29, 1958 (PL 85-568) for NASA, expanded for DOD use for "prototype" contracting on Nov. 25, 2015 (PL 114-92).

The chain of command:

Congress -> HHS -> PHE ->
PREP Act -> FDA -> EUA

The result:

Drugs and ventilators designed to kill, the "standards of care"

Vaccines designed to kill

No consequences – by design

The final nail in the coffin!

CHARTER

MEDICARE EVIDENCE DEVELOPMENT & COVERAGE ADVISORY COMMITTEE

COMMITTEE'S OFFICIAL DESIGNATION

Medicare Evidence Development & Coverage Advisory Committee (MEDCAC)

AUTHORITY

42 U.S.C. 217a, section 222 of the Public Health Service Act, as amended. The Medicare Evidence Development & Coverage Advisory Committee, is also governed by the provisions of the Federal Advisory Committee Act Public Law (P.L.) 92-463, as amended (5 U.S.C. Appendix 2) which set forth standards for the formation and use of advisory committees.

OBJECTIVES AND SCOPE OF ACTIVITIES

The MEDCAC provides advice regarding the clinical evidence presented to CMS on topics under review by Medicare. The Secretary, and by delegation, the Administrator of the Centers for Medicare & Medicaid Services (CMS), and the Director of the Center for Clinical Standards and Quality, CMS, are charged with deciding which medical items and services are reasonable and necessary, or otherwise covered, for Medicare beneficiaries under title XVIII of the Social Security Act.



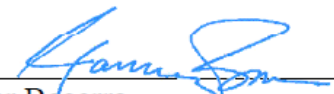
FILING DATE

November 24, 2022

APPROVED

November 23, 2022

Date


Xavier Becerra
Secretary of Health and Human Services



Adobe Stock | #135725384

The devil, is in the details – they are all colluding to cover up murder!

Indoctrination documents convince doctors to kill



FAST FACTS AND CONCEPTS #243
PALLIATIVE CARE FOR PATIENTS WITH DOWN SYNDROME
Jane E Loitman MD and Gail Gazelle MD

Psychosocial issues Psychosocial domains include communication, self-care, grief, and family circumstances. In addition, there are unique issues that may complicate end-of-life decision making. Patients with DS and their loved ones and caregivers have experienced a lifelong disease trajectory which includes mental retardation, medical, and psychosocial issues. The lifelong toll on families is high. Part of a robust plan of care includes acknowledgment of this toll by healthcare providers. Many people with DS reside in institutional settings where the primary caregivers are not family members. Many have lost parents to death and sometimes have no contact with other family. While it is not known how people with DS process these losses, maximal supports regarding grief and loss should be put in place.

Issues such as guardianship and advance care planning should be addressed as early as possible with caregivers of people with DS.

Whenever possible, decision makers for people with DS should be encouraged to use substituted judgment to make key palliative care decisions. All efforts should be made to determine the preferences of the patient, however because of lifelong cognitive impairment, the views of the person with DS may not be known. There may also be disability rights concerns that make proxies/

Causes of Morbidity and Death in DS

Patients with DS frequently live to 60 years of age, men somewhat longer than women.

- Childhood mortality is most often associated with congenital heart defects or leukemia. The risk of developing childhood acute lymphoblastic leukemia is ten to twenty times higher in DS than the general population. Leukemia is treatable, although recurrences typically occur with an aggressive and terminal course (3-5).
- Midlife mortality is associated most often with pulmonary disease and problems related to congenital cardiac defects. The incidence of coronary artery disease and solid-tumor malignancies is actually lower in people with DS than in the general population.
- People with DS have a much higher incidence of dementia of the Alzheimer's type (DAT) than the general population, and tend to develop DAT in their 40s and 50s. By age 60, 75% of individuals with DS have developed DAT. Brain autopsies reveal amyloid plaques and neurofibrillary tangles; this may be due to chromosome 21 housing the amyloid precursor protein gene.
- In addition to cognitive issues, other common medical issues may include hearing impairment, cataracts, sleep apnea, dental issues, congenital cardiac septal defects, thyroid dysfunction, seizures, arthroses, osteoporosis, chronic constipation, GERD, incontinence, congenital hip dislocation, behavioral issues, and recurrent respiratory infections (6).

Medical Insurance and CMS Provide the Excuse

AMA Journal of Ethics®

Illuminating the Art of Medicine

HISTORY OF MEDICINE
DEC 2004

The Origins and Promise of Medical Standards Of Care

Eleanor D. Kinney, JD, MPH

Standards from Without: Third-Party Payers and Health Services Research

In part, the medical profession was responding to pressures from third-party payers, who looked to standards to reduce unnecessary health care services. In 1981, the American College of Physicians and the Blue Cross and Blue Shield Association launched the Clinical Efficacy Assessment Project to evaluate use of specific medical procedures and technologies.^{4, 5} By the late 1980s, the Health Care Financing Administration (HCFA), which administered the Medicare and Medicaid programs, was using medical standards of care to develop both national coverage policy and medical review criteria for its programs [6].

Legislation Provides the Immunity

State legislators enact State Statute 448.30 - lack of Informed Consent is the cause of medical murder; note there are no consequences for not providing informed consent in the statute. The “enforcement” is by the Medical Examining Board, which is 13 members, 10 of which are physicians! **[Violates God’s Law and the State Constitution.]**



The screenshot shows a web browser window with the URL `docs.legis.wisconsin.gov/statutes/statutes/448/ii/30`. The page header features the Wisconsin State Legislature logo and a search bar. Below the header, there is a navigation menu with links to HOME, SENATE, ASSEMBLY, COMMITTEES, and SERVICE AGENCIES. The main content area displays the text of Statute 448.30, which is highlighted in yellow. The statute text reads: "448.30 Informed consent. Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient under this section. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances. The physician's duty to inform the patient under this section does not require disclosure of: (2) Detailed technical information that in all probability a patient would not understand. (3) Risks apparent or known to the patient. (4) Extremely remote possibilities that might falsely or detrimentally alarm the patient. (5) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment. (6) Information in cases where the patient is incapable of consenting. (7) Information about alternate medical modes of treatment for any condition the physician has not included in his or her diagnosis at the time the physician informs the patient."

448.30 Informed consent. Any physician who treats a patient shall inform the patient about the availability of reasonable alternate medical modes of treatment and about the benefits and risks of these treatments. The reasonable physician standard is the standard for informing a patient under this section. The reasonable physician standard requires disclosure only of information that a reasonable physician in the same or a similar medical specialty would know and disclose under the circumstances. The physician's duty to inform the patient under this section does not require disclosure of:

- (2) Detailed technical information that in all probability a patient would not understand.
- (3) Risks apparent or known to the patient.
- (4) Extremely remote possibilities that might falsely or detrimentally alarm the patient.
- (5) Information in emergencies where failure to provide treatment would be more harmful to the patient than treatment.
- (6) Information in cases where the patient is incapable of consenting.
- (7) Information about alternate medical modes of treatment for any condition the physician has not included in his or her diagnosis at the time the physician informs the patient.

Why?

Think about this statement of motive – ‘we need to limit liability for doctors, or they won’t come to our State’ is the basis for a law which ends up targeting the citizens impacted by medical malfeasance. Do good doctors need liability protection? This game has been implemented by the “health care” lobby to facilitate the culture of death.

II. PLAINTIFFS’ LAWSUIT ARISES OUT OF ALLEGED MEDICAL NEGLIGENCE AND SO IT IS GOVERNED BY CH. 655, STATS.

The plaintiffs assert or attempt to assert several causes of action, but all their causes of action arise out of the same core set of alleged facts. They claim that Grace Schara received negligent medical care between October 7 and 13, 2021, including care that was provided without her parents’ consent; specifically, that the defendants collectively over-sedated Grace, and then refused to resuscitate her because of a DNR order of which Scott was unaware.

Claims for injury or death on account of medical malpractice are governed exclusively by Ch. 655, Stats. *See* Wis. Stat. § 655.007; *Andruss v. Divine Savior Healthcare, Inc.*, 2022 WI 27, ¶ 26, 401 Wis. 2d 368, 973 N.W.2d 435. The Legislature’s purpose in enacting a statutory scheme to govern claims for damages arising out of alleged medical negligence was to encourage health care providers to remain in Wisconsin by imposing certain limits on the causes of action that a patient or her family member can pursue, and on the types and amount of damages that can be recovered. *Wisconsin Patients Compensation Fund v. St. Paul Fire & Marine Ins. Co.*, 116 Wis. 2d 537, 544, 342 N.W.2d 693 (1984).

The purpose of this motion is to enforce certain limits on claims for medical negligence that are clearly articulated in Wisconsin law.

III. SCOTT SCHARA CANNOT RECOVER FOR NEGLIGENT INFLICTION OF EMOTIONAL DISTRESS.

Scott Schara pleads a claim for Negligent Infliction of Emotional Distress (Doc 12, p. 21). He fails to state a claim upon which relief may be granted because claims for bystander emotional distress are unavailable as a matter of law in cases arising out of alleged medical negligence.

Mr. Schara does not allege that he personally received negligent medical care or that he was a patient of Dr. Marada or the other defendants. The factual basis for his claim of emotional

Licensing Boards Prevent Investigations of Complaints

Response to my complaint filed 12/2/21:

Wisconsin Department of Safety and Professional Services
Division of Legal Services & Compliance
4822 Madison Yards Way
PO Box 7190
Madison WI 53707-7190
RETURN SERVICE REQUESTED



Email: dsps@wi.gov
Phone: 608-266-2112
Fax: 608-266-2264

Tony Evers, Governor
Dawn B. Crim, Secretary

January 20, 2022

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.

Licensing Boards Prevent Investigations of Complaints

Response to pharmacist complaint filed 7/26/23:

Wisconsin Department of Safety and Professional Services
Division of Legal Services & Compliance
4822 Madison Yards Way
PO Box 7190
Madison WI 53707-7190
RETURN SERVICE REQUESTED

There is no appeal process



Fax: 608-266-2204
Tony Evers, Governor
Dan Hereth, Secretary

September 21, 2023

This letter is to inform you of the results of the complaints filed by you against David Beck, Ramana Marada, Gavin Shokar and Hollee McInnis.

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.

They also make rules to protect the doctors

From: Garrett, Jennifer E - DSPS <jennifer.garrett@wisconsin.gov>
Sent: Monday, December 5, 2022 1:14 PM
To:
Cc: Lesiewicz, Greg - DSPS <greg.c.lesiewicz@wisconsin.gov>
Subject: question response

As you are aware, the Medical Examining Board Screening Panel (Panel), staffed by Department legal counsel, re-reviewed the allegations set forth in the complaint filed by Mr. Schara. The review was completed on December 4, 2022.

After careful consideration, the Panel reaffirmed their decision to close the complaint without further action.

Among the allegations that the Panel reconsidered and thoroughly discussed was the allegation that the attending physician violated Wis. Stat. § 154.19. The purpose of a written DNR as outlined in chapter 154 of the Wisconsin Statutes, Advance Directives, is to direct care provided in emergency department and out-of-hospital emergency settings so that the medical care provided in those settings is consistent with a patient's wishes and an attending physician's authorization. They are sometimes referred to as "community" DNRs, which is reflective of their purposes.

Chapter 154 of the Wisconsin Statutes does not apply to physicians operating in a hospital, non-emergency room setting such as the one in question. The exercise of judgment by a physician working in a non-emergency hospital setting is informed by many variables, including but not limited to patient prognosis, expected medical benefit of the considered care, and patient and family wishes expressed contemporaneously through a living will, or through a health care power of attorney agent empowered to make decisions on behalf of a patient.

While the decision of the Panel does not likely provide any comfort to the grieving family, the allegations were thoroughly considered on multiple occasions by members of the Medical Examining Board and the Department. Again, the Medical Examining Board and Department offer our condolences to the family.



Jennifer Garrett | Assistant Deputy Secretary
Department of Safety and Professional Services
jennifer.garrett@wisconsin.gov
608.266.1352
Follow us @WI_DSPS

How about a review of Grace's death certificate?

28. TYPE OF MEDICAL CERTIFIER PHYSICIAN	29. MEDICAL CERTIFIER'S NAME AND TITLE GAVIN SHOKAR, MD
31. DATE OF DEATH OCTOBER 13, 2021	32. TIME OF DEATH (24hr) 19:27

41. PART I. The conditions listed are the diseases, injuries, or complications that caused death. Conditions leading to the immediate cause:

Immediate Cause: (a) ACUTE RESPIRATORY FAILURE WITH HYPOXEMIA

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

Bartelt is the county's chief deputy coroner and has worked for the office for more than 18 years, he said. He is also a board-certified nurse practitioner with a doctorate degree.

"Experience is essential," Bartelt told USA TODAY NETWORK-Wisconsin.

"It's really difficult to make an accurate assessment of the scene and accurate cause of death without experience of medical knowledge and that's certainly what I bring to the table."

There's something you should look into, assuming you are a Christian (and even if you're not). It's called 'The Doctrine of the Lesser Magistrates.' Simply, government employees are not bound by government laws, when the laws are wrong. In the case of my request, an attorney telling you to go against what you know is right, based on his interpretation of the law, or fear of the consequences of setting precedent, is where men of faith take a stand. Tyranny happens one small step at a time, through lack of resistance.

From: Scott Schara

Sent: Tuesday, **October 3, 2023** 11:11 AM

To: Doug.Bartelt@outagamie.org

Subject: proposed meeting on October 30

From: Bartelt, Doug A. <Doug.Bartelt@outagamie.org>

Sent: Monday, **December 18, 2023** 7:31 PM

Hello Scott,

Thank you for your patience while we awaited a review by our Corporation Counsel.

Under advice from Corporation Counsel, we will not be able to comment or meet face-to-face regarding your inquiry.

The DA
should
certainly be
interested...

19 July 2023

Outagamie County District Attorney's Office
Attn. Ms. Mindy Tempelis
& Mr. Randy Schneider
320 South Walnut Street
Appleton, Wisconsin 54911

Mr. Schara is alleging, and everything we have learned supports, the notion that Dr. Gavin Shokar unilaterally, and without informed consent, issued a "Do Not Resuscitate" order for Grace. On October 13, 2021, medical staff refused to attempt to revive Grace after her parents, who were also her agents under a Power of Attorney, indicated that Grace was not "DNR" and pleaded for medical staff to revive Grace. If this alone does not support a charge of first-degree intentional homicide for the people involved, we would like to know why.



July 26, 2023

The death certificate states the cause of death was Acute Respiratory Failure with Hypoxemia as a consequence of Covid 19. This is the official cause of death. Obviously, Dr. Shokar did not cause Grace to contract Covid.

A doctor is not required to administer treatment she or he believes is not medically effective. This includes authorizing a DNR. The parties clearly had a dispute about how Dr. Shokar should treat Grace. Dr. Shokar did not abide by the wishes of the family. However, there is no law in Wisconsin that requires him to do so. As noted by the

I believe the only elements of s. 940.01 of the Wisconsin Statutes are "causes the death" of another human "with intent" to kill. Grace died. Causation should not be difficult to establish given the documented pleas for intervention and the providers' ignoring of those pleas. "Intent to kill" means that the defendant had the mental purpose to take the life of another human being or was aware that (his) (her) conduct was practically certain to cause the death of another human being. See *WIS JI Criminal 1017*. It is hard to imagine that any medical provider could reasonably believe that his or her lack of action in Grace's circumstances would not be practically certain to cause Grace's death.

Someone will listen and take action, right?



United States Department of Justice
Civil Rights Division
civilrights.justice.gov

Thank you for submitting a report to the Civil Rights Division.

From: DOJ Civil Rights - Do Not Reply <civilrightsdonotreply@mail.civilrights.usdoj.gov>

Sent: Thursday, January 13, 2022 8:38 AM

Subject: Response: Your Civil Rights Division Report - 121158-HXR from the Disability Rights Section

Dear Scott Schara,

You contacted the Department of Justice on December 8, 2021. After careful review of what you submitted, we have decided not to take any further action on your complaint.

Hello...
State Agencies are
Federally Funded

From: Kit Kerschensteiner <Kitk@drwi.org>

Sent: Tuesday, May 3, 2022 4:01 PM

Subject: Response to denial of request for assistance

Dear Mr. [Schara](#):

Let me start by expressing my condolences on the death of your daughter, Grace. I'm sure the death of a child is one of the most devastating events that can happen to a parent. I am writing to affirm the prior decision by DRW that we are unable to assist you with your efforts to pursue a complaint against the hospital and doctors for her death. While you have certainly raised significant concerns about the [quality of care](#) Grace received while hospitalized, DRW is not able to assist you with your complaint. With only very limited funding DRW must restrict our focus to those situations where there appears to be significant disparate treatment of an individual with disabilities. After reviewing the documents and information you supplied to Lead Advocacy Specialist Ellie Jarvie, I conclude that there was nothing to indicate that Grace was treated differently or worse because of her disabilities. |

Sincerely,

Kristin Kerschensteiner
Director of Legal and Advocacy Services
DISABILITY RIGHTS WISCONSIN

Ah, The Joint Commission. Finally.



The Joint Commission / Report a Safety Event about a Health Care Organization

Thank you for submitting your safety event!

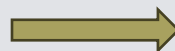
Monday, October 31, 2022

Your safety event incident number is:

84156XOX-14280AZC



**Holy
form
letter,
Batman!**



From: ComplaintScheduling@jointcommission.org >

Sent: Tuesday, February 14, 2023 7:48 AM

Subject: Correspondence from The Joint Commission Office of Quality and Patient Safety: 69

Tuesday, February 14, 2023

Regarding: Ascension NE Wisconsin, Inc.
Incident #84156XOX-14280AZC |

Dear Mr. Schara:

Recently, you shared a patient safety concern with The Joint Commission about Ascension NE Wisconsin, Inc., a Joint Commission accredited organization. We conducted an inquiry with the organization about your concern, and asked that they provide a formal response to us. Specifically, we asked the organization to:

- Analyze processes related to your specific concerns
- Identify opportunities for system improvements if any were required
- Describe how these improvements will be continued in the future (if applicable).

We used your report to better understand the organization's systems of providing care. If opportunities for improvement were noted during our inquiry, we worked with the organization so that they met or exceeded our standards. The Joint Commission has completed a comprehensive review and evaluation of the organization's response, and we will continue to monitor the organization in the areas of your concern. As we have stated in our previous communication with you, based on our Public Information Policy, we cannot provide you with the organization's response.

Thank you for bringing your concerns to our attention and helping us with our mission of continuously improving healthcare. This concludes our evaluation. We will keep your report on file and we will continue to track this organization's performance.

Sincerely, Office of Quality and Patient Safety



**God warned us
that America
will lead the
world astray**

Revelation 18:23:

*For your merchants were the
most important people of the
earth, because with your
pharmakeia they deceived
all the nations.*

**What can we
do? Covid
was a
warning to
repent.**

"Evil Prevails when good men do nothing" - Edmund Burke

"So, for one who knows the right thing to do and does not do it, for him it is sin." - James 4:17

"Silence in the face of evil is itself evil: God will not hold us guiltless. Not to speak is to speak. Not to act is to act." — Dietrich Bonhoeffer

Where does
Grace's murder
fit? God is still
on the throne...

