

# Profits Over Patients

## When Care Becomes a Cost Center

WRITTEN BY  
**Lisa Bennett**

In the heart of Oklahoma, two widows, Peggy Hokett and Leslie Batts, expose a chilling reality: hospitals, once sanctuaries of healing, have become profit-driven battlegrounds that treat patients—especially the unvaccinated—with contempt rather than care, and where patients are stripped of their voices, their dignity, and, too often, their lives.

anger, expose a medical system that has traded compassion for profit, replacing godly caregivers with a cold, calculating machine that dehumanizes the vulnerable. As these women turn to citizen-led grand juries to seek justice, they uncover a systemic betrayal—compounded by hidden records, denied autopsies, and a chilling disregard for the dead—that demands accountability.

Peggy Hokett's husband, Raymond, died in an Oklahoma City hospital in August.

OKlahoma City hospital in August 2021 for a routine COVID test. What began as a simple visit spiraled into a nightmare. Admitted for dehydration after testing positive for COVID, Raymond, who relied on Peggy due to his limited literacy, was isolated from her advocacy. Peggy, his lifelong advocate, was barred from his side, told to “kiss him goodbye” as he was strapped to a gurney. She pleaded for updates, only to receive dismissive assurances: “He’s doing great—he sat up and ate.” Behind closed doors, Raymond was restrained, sedated, and ventilated against his explicit wishes, a process that earned the hospital over \$600,000 in federal reimbursements—far more than life-saving treatments like monoclonal antibodies or hematology care would have cost.

*“They’re hiding!” Peggy asks, her trust shattered.*

a deeper contempt that permeated Raymond's care, stripping him of dignity and humanity. The depth of contempt became painfully evident when an infectious disease doctor, speaking to Peggy over the phone from inside Raymond's hospital room, coldly stated, "Your husband is going to die because he's unvaccinated—what did you expect?" Outraged by the harshness of his words spoken within earshot of her critically ill husband, and driven by her faith and desire for hope rather than despair, Peggy responded with a firm rebuke: "Get behind me, Satan." Rather than respecting her convictions, the doctor ridiculed her in the medical notes, dismissing her Christian faith as mere delusion. Most disturbingly, hospital staff repeatedly pressured Peggy—three times in the second week of ventilation—to consider organ donation, despite Raymond not being a donor and her clear objections.

That belief crumbled when, two days after Raymond's death, the crematorium called

asking Peggy if Raymond had a pacemaker or “anything removed from his body,” noting a hole in his abdomen. Confused, Peggy thought they had her mistaken for someone else—until she realized the hospital’s organ inquiries and incomplete records suggested something far darker. No autopsies are offered for COVID deaths—further hiding evidence such as doctor induced overdoses of potentially deadly pharmaceuticals; and because Peggy didn’t have the money for an open casket funeral, Raymond’s body, like many COVID deaths, was sent straight to cremation, sight unseen by any family members. “I’d be in prison for abuse if I left him like that,” Peggy says, her voice breaking. “How does a hospital get away with this?”

husband, Paul, entered the hospital in October 2021. Admitted for breathing treatments, he was stable until abruptly transferred to a distant ICU without warning. Leslie was threatened with arrest if she visited Paul while he could still communicate, yet allowed to see him only after he was placed in an induced coma and

ventilated. Upon visiting him at the hospital, Leslie found nurses and doctors lounging with their feet up on the desk while patients languished. Both women believe compassionate caregivers—those who saw patients as souls—were driven out by vaccine mandates, leaving behind staff who, in Peggy's words, “played God” with lives and did not value the sanctity of life.

them ventilate me”—and Leslie’s repeated refusals, clinicians sedated him with Precedex and morphine, drugs known to suppress breathing, seemingly to justify forced ventilation that triggered over \$600,000 in federal reimbursements—a financial windfall that dwarfed the cost of alternative protocols like oxygen therapy or early intervention that might have saved his life.

pressured Leslie, saying, “Everyone gets on a ventilator,” and staged a video call to imply Paul’s consent. Leslie saw Paul, restrained and masked, unable to speak clearly, while the doctor claimed Paul was agreeing to ventilation. Leslie challenged the doctor, asking why her consent was needed if, as he claimed, Paul had already given his—revealing the doctor’s assertion as questionable. She never consented, as confirmed by her phone history log and medical records. Yet, medical records later revealed that moments after the call, clinicians administered rocuronium, a paralytic needed to stop the lungs from functioning on their own so a person can be intubated. They administered it twice—indicating Paul fought the procedure—leading to a dangerous six-minute delay in intubation, far beyond the standard 60 seconds.

phone logs, which confirmed the timeline and her refusal. Medical records also show that medical staff was not watching his sedation levels and at one point after initial intubation, Paul awoke and removed the ventilation tubes, only to immediately be sedated again and reintubated. Paul died on October 20, his body battered, knuckles abraded as if from a struggle. Like Raymond, his body was sent directly to cremation without an autopsy, leaving Leslie with only a shocking private viewing of his battered remains. “They murdered him with IV drugs,” she insists. “There’s no humanity left in medicine.”

## A System That Silences

Both women confronted a medical system that operated with chilling impunity, hiding behind HIPAA and electronic health record (EHR) consent forms to lock them out of their husbands' care. They faced a system that treated patients as revenue sources, not human beings. The unvaccinated were met with hostility, their dignity stripped by staff who mocked their choices and faith. These blanket consents, buried in fine print, demand agreement to data sharing, AI profiling, and indefinite retention just to receive treatment. Refusal meant no care—a policy Peggy and Leslie call “no consent, no care.” This coercive system left them powerless as their husbands were isolated, sedated, and subjected to treatments they rejected.

transparency and accountability. Hospitals hid behind HIPAA and coercive Electronic Health Record consent forms, requiring patients to agree to data sharing and indefinite retention just to receive care. Refusal meant no treatment—a policy Peggy and Leslie call “no consent, no care.” Peggy’s incomplete records hid photos of Raymond’s battered body, only uncovered through persistence. Leslie’s records, initially 111 pages, grew to 3,000 after relentless requests, yet still omitted Paul’s “do not intubate” directive and contained false claims of consent. Hospitals refused further releases, citing their investigations, leaving critical questions unanswered.

obtained medical records—initially just 200 pages. Realizing critical daily documentation was missing, she requested more, only to be told by the records clerk, “The rest is just garbage—you’ll waste your money.” Undeterred, she paid for additional records, receiving 3,000–4,000 pages that revealed horrors: severe bedsores and a ventilator so tight it tore his flesh to the cheekbones, and daily laxatives despite dehydration, exacerbating his condition. Worse, records showed he was overdosed with fentanyl, which his dehydrated body couldn’t eliminate. Yet, critical daily notes were missing, and the hospital refused further releases, citing her investigation.

critically low on platelets, but his medical records indicate he was denied a hematologist until the day before his death. His feeding

| SSM Health St. Anthony Hospital - Oklahoma City<br>1000 North Lee<br>OKLAHOMA CITY OK 73102<br>Hospital Record |                               |               |               | Hokett, Raymond  |
|--|-------------------------------|---------------|---------------|--|
| Adm: 8/28/2021, D/C: 9/21/2021   |                               |               |               |  |
| 872  | Volume Infused                |               |               |  |
| 872  | Site/Line Assessment          | 09/10/21 0000 | 09/11/21 0415 | No redness, swelling or drainage.  |
| 872  | Site/Line Assessment          | 09/10/21 0000 | 09/10/21 0253 | No redness, swelling or drainage. Flushes without resistance;Positive blood return |
| 873  | Dressing Type                 | 09/10/21 0000 | 09/11/21 0415 | Transparent;Occlusive  |
| 873  | Dressing Type                 | 09/10/21 0000 | 09/10/21 0253 | Transparent;Occlusive;Chlorhexidine Impregnated                                    |
| 874  | Site/Line Assessment          | 09/10/21 0000 | 09/11/21 0415 | No redness, swelling or drainage. Positive blood return                            |
| 874  | Site/Line Assessment          | 09/10/21 0000 | 09/10/21 0253 | No redness, swelling or drainage.  |
| 875  | Pigtail Status                | 09/10/21 0000 | 09/11/21 0415 | Infusing CRRT  |
| 875  | Pigtail Status                | 09/10/21 0000 | 09/10/21 0253 | Infusing   |
| 876  | Propofol Volume Infused       | 09/10/21 0500 | 09/10/21 0524 | 68.59 ml   |
| 876  | Propofol Volume Infused       | 09/10/21 0500 | 09/10/21 0523 | 68.59 ml (P)   |
| 877  | Amiodarone Volume Infused     | 09/10/21 1400 | 09/10/21 1747 | 0 ml   |
| 877  | Amiodarone Volume Infused     | 09/10/21 1400 | 09/10/21 1344 | 24.08 ml   |
| 878  | Norepinephrine Volume Infused | 09/10/21 1400 | 09/10/21 1747 | 24.15 ml   |
| 878  | Norepinephrine Volume Infused | 09/10/21 1400 | 09/10/21 1344 | 3.82 ml  |
| 879  | Propofol Volume Infused       | 09/10/21 1900 | 09/11/21 0346 | 3.83 ml  |
| 879  | Propofol Volume Infused       | 09/10/21 1900 | 09/11/21 0345 | 69 ml  |
| 879  | Propofol Volume Infused       | 09/10/21 1900 | 09/11/21 0345 | 69 ml (P)  |
| 880  | Propofol Volume Infused       | 09/10/21 1900 | 09/11/21 0344 | 0 ml   |
| 880  | Propofol Volume Infused       | 09/10/21 2000 | 09/11/21 0344 | 69 ml  |
| 880  | Propofol Volume Infused       | 09/10/21 2000 | 09/11/21 0345 | 69 ml (P)  |
| 880  | Propofol Volume Infused       | 09/10/21 2000 | 09/11/21 0344 | 0 ml   |
| 881  | Propofol Volume Infused       | 09/10/21 2200 | 09/11/21 0353 | 69 ml  |
| 881  | Propofol Volume Infused       | 09/10/21 2200 | 09/11/21 0353 | 69 ml (P)  |
| 881  | Propofol Volume Infused       | 09/10/21 2200 | 09/11/21 0346 | 0 ml   |
| 881  | Propofol Volume Infused       | 09/10/21 2200 | 09/11/21 0346 | 69 ml  |
| 882  | Propofol Volume Infused       | 09/10/21 2300 | 09/11/21 0353 | 69 ml  |
| 882  | Propofol Volume Infused       | 09/10/21 2300 | 09/11/21 0353 | 69 ml (P)  |
| 882  | Propofol Volume Infused       | 09/10/21 2300 | 09/11/21 0347 | 0 ml   |
| 882  | Propofol Volume Infused       | 09/10/21 2300 | 09/11/21 0346 | 69 ml  |
| 883  | Propofol Volume Infused       | 09/11/21 0000 | 09/11/21 0353 | 69 ml  |
| 883  | Propofol Volume Infused       | 09/11/21 0000 | 09/11/21 0353 | 69 ml (P)  |
| 883  | Propofol Volume Infused       | 09/11/21 0000 | 09/11/21 0347 | 0 ml   |
| 883  | Propofol Volume Infused       | 09/11/21 0000 | 09/11/21 0346 | 69 ml  |
| 884  | Propofol Volume Infused       | 09/11/21 0100 | 09/11/21 0353 | 69 ml  |
| 884  | Propofol Volume Infused       | 09/11/21 0100 | 09/11/21 0353 | 69 ml (P)  |
| 884  | Propofol Volume Infused       | 09/11/21 0100 | 09/11/21 0347 | 0 ml   |
| 884  | Propofol Volume Infused       | 09/11/21 0100 | 09/11/21 0346 | 69 ml  |
| 885  | Propofol Volume Infused       | 09/11/21 0200 | 09/11/21 0353 | 69 ml  |
| 885  | Propofol Volume Infused       | 09/11/21 0200 | 09/11/21 0353 | 69 ml (P)  |
| 885  | Propofol Volume Infused       | 09/11/21 0200 | 09/11/21 0347 | 0 ml   |
| 885  | Propofol Volume Infused       | 09/11/21 0200 | 09/11/21 0346 | 69 ml  |



**fentaNYL (SUBLIMAZE) 10 mcg/mL infusion [878866366]**

Electronically signed by: Brian D Worley, MD on 10/12/21 1751  
 Mode: Ordering in Telephone with readback mode  
 Ordering user: Kenderick L Wesley, RN 10/12/21 1338  
 Frequency: Titrated 10/12/21 1400 - 10/12/21 1431  
 Acknowledged: Starleen Williams, RN 10/12/21 1424 for Placing Order Starleen Williams, RN 10/12/21 1437 for D/C Order

Status: Discontinued

**Questionnaire**

| Question                              | Answer           |
|---------------------------------------|------------------|
| What dosing unit was selected above?  | mcg/hr           |
| Titrate to a GOAL:                    | CPOT less than 3 |
| Initiate Dose at (mcg/hr):            | 25 mcg/hr        |
| May adjust rate by (mcg/hr):          | 25 mcg/hr        |
| Titrate no more than every (minutes): | 5 minutes        |
| Do NOT Exceed (mcg/hr):               | 200 mcg/hr       |

Package: 70004-202-32

Fentanyl RX

**propofol (DIPRIVAN) injection [878866363]**

Electronically signed by: Brian D Worley, MD on 10/12/21 1751  
 Mode: Ordering in Telephone with readback mode  
 Ordering user: Kenderick L Wesley, RN 10/12/21 1338  
 Frequency: Titrated 10/12/21 1400 - 10/20/21 1926

Acknowledged: Starleen Williams, RN 10/12/21 1424 for Placing Order

Status: Discontinued

Communicated by: Kenderick L Wesley, RN  
 Ordering provider: Brian D Worley, MD  
 Discontinued by: Automatic Discharge Provider 10/20/21 1926  
 [Patient Discharge]

**Questionnaire**

| Question                              | Answer    |
|---------------------------------------|-----------|
| Titrate to a GOAL:                    | Other     |
| Specify                               | see above |
| Initiate Dose at (mcg/kg/min):        | Other     |
| Specify                               | see above |
| May adjust rate by (mcg/kg/min):      | Other     |
| Specify                               | see above |
| Titrate no more than every (minutes): | Other     |
| Specify                               | see above |
| Do NOT Exceed (mcg/kg/min):           | Other     |
| Specify                               | see above |

Package: 63323-269-78

Status  
 Michelle L Bilger, PharmD 10/12/21 1340 (Admin Instructions edited)

Propofol RX

administering lethal sedatives without consent, and hiding critical records.

### A Call for a Medical Family Bill of Rights

Peggy and Leslie's fight extends beyond justice for their husbands. They're advocating for a "Medical Family Bill of Rights" to restore humanity to healthcare and end the secrecy that shields hospitals. This proposed legislation would mandate full release of medical records upon first request, prohibiting hospitals from withholding notes as "private" or "garbage." It would also grant families automatic proxy access to records and decision-making when patients are incapacitated, ban care denial for refusing non-clinical data-sharing, and mandate independent audits of sedation, intubation, and organ-donation protocols. The bill would ensure autopsies are offered for COVID deaths and families have the option for open-casket farewells, preventing hospitals from rushing bodies to cremation to obscure evidence. "Checking into a hospital shouldn't mean surrendering your voice or your loved one's body," Leslie says. "Families are the last line of defense." Their stories reveal a painful

truth: medicine, once a sacred calling, has been corrupted by a profit-driven system that reduces patients to cost centers. The \$600,000-plus federal reimbursements for each COVID death and intubation placed a price tag on Raymond and Paul, incentivizing deadly protocols over life-saving care. The repeated organ donation inquiries, hidden records, and denial of autopsies suggest a chilling motive: profit over patients, even in death. "They knew what my husband needed but didn't provide it," Peggy says. "They mocked my faith, pressured me for his organs, and let him die." Peggy adds, "Hospitals are playing God, hiding the truth, but citizen juries are the people's answer," adds Leslie. Until reforms are enacted, Peggy and Leslie, armed with faith and the power of the grand jury, are leading a movement to hold hospitals accountable. Their message rings clear: when medicine prioritizes profits over patients, the people must rise to reclaim humanity.

Note: This article is based on the provided accounts and reflects the perspectives of Peggy Hokett and Leslie Batts. ☠

### Accountability & Justice

*"Informed consent to medical treatment is fundamental in both ethics and law."*

*"The process of informed consent occurs when communication between a patient and physician results in the patient's authorization or agreement to undergo a specific medical intervention."*

—AMA Code of Medical Ethics

There has been a tremendous breakdown in the healthcare system.

### RighttoRemedy.com

By seeking audits and investigations into multiple agencies charged with ensuring patient safety and care we intend to prove that current legislation and oversight has failed miserably. We are the survivors, and those loved ones left behind. We can not bring them back but we can certainly honor their death by exposing the truth and attempting to ensure it never happens again.

When there is no established mechanism of enforcement in place, there are no consequences to be suffered by the guilty. If the last four years have taught us nothing else, sometimes fear is a powerful motivator. Fear of punishment, fear of ridicule, and fear of injury or death can certainly alter behavior and outcomes.

The PREP act granting Civil Immunity to any and all actors using Covid countermeasures, set the stage for a complete lack of adherence to any moral or professional code of conduct. Whether this was intended or incidental the outcome was disastrous. While it is reported that 114,000 of the 1.2 million covid deaths occurred at home, that number is impossible to verify, you see the cause of death was rarely investigated. Autopsies were not being performed for the fear of spreading the virus. Cause of death was determined by a post mortem PCR test that was admitted to return up to 35% false positive results. The other consideration is that even with a true positive, without witness testimony there is no way to verify the individual was even symptomatic at the time of death. This leaves us with a very small possible number of people whom would have ACTUALLY died OF COVID instead of WITH COVID outside of an inpatient healthcare facility. However, the virus was overwhelmingly a death sentence in Covid Units all across the country. With no advocate allowed to be present, there was no witness to the treatment patients were forced to endure. Medical records indicate patients were restrained to their beds, placed on high flow oxygen at unnecessary volumes that caused additional damage to lungs, this was one of the strategies used to escalate treatment to a ventilator.

Whereas, the right to refuse medical treatment has long been recognized by the Supreme Court as protected under the 14th Amendment (Due Process). Patients and their Advocates have repeatedly described incidents of medical staff performing treatments and invasive procedures without consent and against the expressed refusal. Documents being forged with consent and illegal DNR orders placed on patients without their knowledge.

Despite being removed from Ebola clinical trials due to safety (54% fatality rate regardless of viral load) Remdesivir was given an EUA (emergency use authorization) as a treatment for Covid. This treatment led to severe kidney damage in most cases. Medical records indicate excessive over use of Fentanyl (opioid), Midazolam(benzodiazepine), Precedex(sedative), Propofol,(anesthetic), Morphine(opioid), and Zemuron (paralytic). Each of these individually have a risk of deadly side effects, however when combined they greatly increase the likelihood of lethal overdose. Even with records showing hospital staff was aware of the detrimental effects, the dosing continued and even increased to the point of no brain activity present.

The pictures of injuries and suffering inflicted is completely inexcusable under any circumstances. Bedsores that are advanced all the way through skin, leaving flesh literally hanging off the body. Bedlinens soiled with waste that never gets changed. patients deprived of food and water for days, left to starve, losing so much weight they are unrecognizable. Patients being "punished" if family members call and complain about the care their loved ones say they are receiving. Unexplainable wounds and injuries on the bodies of the deceased that were never documented by hospital staff. Images that depict patients had been truly fighting for their life from the very doctors and staff that were entrusted to heal them.