

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.

Their stories, soaked in grief and righteous 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.

A Sacred Bond Shattered

Peggy Hokett’s husband, Raymond, entered an 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.

“If they’re hiding more records, what else are they hiding?” Peggy asks, her trust shattered.

The hospital’s secrecy was only the beginning of 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.

“What organs could they possibly want from someone dying of COVID?” she wondered, still believing the hospital was doing its best.

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?”

Leslie Batts’ story mirrors this tragedy. Her 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.

Despite Paul’s explicit directive—“Do not let 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.

On October 12, 2021, a pulmonologist 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.

Leslie uncovered these details only by cross-referencing the medical records with her 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.

This contempt was enabled by a lack of 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.

Peggy’s fight for transparency revealed a deeper contempt. After a grueling battle, Peggy 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.

Peggy learned on day one when Raymond received his COVID test results, that he was critically low on platelets, but his medical records indicate he was denied a hematologist until the day before his death. His feeding

Over Dose?

SSM Health St. Anthony Hospital - Oklahoma City 1000 North Lee OKLAHOMA CITY OK 73102 Hospital Record				Hokett, Raymond Adm: 8/28/2021, D/C: 9/21/2021	
872	Volume Infused	09/10/21 0000	09/11/21 0415	No redness, swelling or drainage.	MP
872	Site/Line Assessment	09/10/21 0000	09/10/21 0253	No redness, swelling or drainage. Flashes without resistance. Positive blood return	AL
873	Dressing Type	09/10/21 0000	09/11/21 0415	Transparent/Occlusive	MP
873	Dressing Type	09/10/21 0000	09/10/21 0253	Transparent/Occlusive; Chlorhexidine Impregnated	AL
874	Site/Line Assessment	09/10/21 0000	09/11/21 0415	No redness, swelling or drainage. Positive blood return	MP
874	Site/Line Assessment	09/10/21 0000	09/10/21 0253	No redness, swelling or drainage.	AL
875	Pigtail Status	09/10/21 0000	09/11/21 0415	Infusing CRRT	MP
875	Pigtail Status	09/10/21 0000	09/10/21 0253	Infusing	AL
876	Propofol Volume Infused	09/10/21 0500	09/10/21 0524	68.69 ml	AL
876	Propofol Volume Infused	09/10/21 0500	09/10/21 0524	68.69 ml (P)	AL
876	Propofol Volume Infused	09/10/21 0500	09/10/21 0523	0 ml	AL
877	Amlodipine Volume Infused	09/10/21 1400	09/10/21 1747	24.06 ml	MM
877	Amlodipine Volume Infused	09/10/21 1400	09/10/21 1344	24.15 ml	MM
878	Norepinephrine Volume Infused	09/10/21 1400	09/10/21 1747	3.82 ml	MM
878	Norepinephrine Volume Infused	09/10/21 1400	09/10/21 1344	3.83 ml	MM
879	Propofol Volume Infused	09/10/21 1900	09/11/21 0346	69 ml	MP
879	Propofol Volume Infused	09/10/21 1900	09/11/21 0345	69 ml (P)	MP
879	Propofol Volume Infused	09/10/21 1900	09/11/21 0344	0 ml	MP
880	Propofol Volume Infused	09/10/21 2000	09/11/21 0346	69 ml	MP
880	Propofol Volume Infused	09/10/21 2000	09/11/21 0345	69 ml (P)	MP
880	Propofol Volume Infused	09/10/21 2000	09/11/21 0344	0 ml	MP
881	Propofol Volume Infused	09/10/21 2200	09/11/21 0353	69 ml	MP
881	Propofol Volume Infused	09/10/21 2200	09/11/21 0353	69 ml (P)	MP
881	Propofol Volume Infused	09/10/21 2200	09/11/21 0346	0 ml	MP
881	Propofol Volume Infused	09/10/21 2200	09/11/21 0346	69 ml	MP
882	Propofol Volume Infused	09/10/21 2300	09/11/21 0353	69 ml	MP
882	Propofol Volume Infused	09/10/21 2300	09/11/21 0353	69 ml (P)	MP
882	Propofol Volume Infused	09/10/21 2300	09/11/21 0347	0 ml	MP
882	Propofol Volume Infused	09/10/21 2300	09/11/21 0346	69 ml	MP
883	Propofol Volume Infused	09/11/21 0000	09/11/21 0353	69 ml	MP
883	Propofol Volume Infused	09/11/21 0000	09/11/21 0353	69 ml (P)	MP
883	Propofol Volume Infused	09/11/21 0000	09/11/21 0347	0 ml	MP
883	Propofol Volume Infused	09/11/21 0000	09/11/21 0346	69 ml	MP
884	Propofol Volume Infused	09/11/21 0100	09/11/21 0353	69 ml	MP
884	Propofol Volume Infused	09/11/21 0100	09/11/21 0353	69 ml (P)	MP
884	Propofol Volume Infused	09/11/21 0100	09/11/21 0347	0 ml	MP
884	Propofol Volume Infused	09/11/21 0100	09/11/21 0346	69 ml	MP
885	Propofol Volume Infused	09/11/21 0200	09/11/21 0353	69 ml	MP
885	Propofol Volume Infused	09/11/21 0200	09/11/21 0353	69 ml (P)	MP
885	Propofol Volume Infused	09/11/21 0200	09/11/21 0347	0 ml	MP
885	Propofol Volume Infused	09/11/21 0200	09/11/21 0346	69 ml	MP

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Raymond's medication list

fentaNYL (SUBLIMAZE) 10 mcg/mL infusion [878866366]		Status: Discontinued	
Electronically signed by: Brian D Worley, MD on 10/12/21 1751		Communicated by: Kenderick L Wesley, RN	
Mode: Ordering in Telephone with readback mode		Ordering provider: Brian D Worley, MD	
Ordering user: Kenderick L Wesley, RN 10/12/21 1338		Discontinued by: Brian D Worley, MD 10/12/21 1431	
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			
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]		Status: Discontinued
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		Communicated by: Kenderick L Wesley, RN Ordering provider: Brian D Worley, MD Discontinued by: Automatic Discharge Provider 10/20/21 1926 [Patient Discharge]
Acknowledged: Starleen Williams, RN 10/12/21 1424 for Placing Order		
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.