



Nov. 22, 2013

PHA Monthly

Newsletter for the Pro-Life Healthcare Alliance Fifth Edition

Welcome to the fifth edition of PHA Monthly, the e-newsletter for the Pro-life Healthcare Alliance. This newsletter provides another opportunity for the PHA to share pro-life information about current healthcare issues, PHA events, contributions from members and other relevant information.

Please [share](#) your ideas and suggestions with us.

Visit our website at <http://www.prolifehealthcare.org/> for more information.

The Pro-life Healthcare Alliance, founded in June 2012, is striving to:

- Establish a support network of healthcare providers, organizations and individuals who subscribe to the "pro-life healthcare philosophy." (See PHA Mission Statement at www.prolifehealthcare.org/mission-statement.html)
- Encourage the growth and availability of pro-life healthcare services for all.
- Respond to persons needing pro-life healthcare or seeking reliable information about medical decision making.
- Educate the public by articulating principles guiding the care, support, and protection of the life and dignity of all human beings, including those who are preborn.

WHAT HAVE WE BEEN DOING?

As always, we continually pray for renewal of reverence for life within healthcare. In particular, we have designated Thursday as a special day of prayer for the mission of the Pro-life Healthcare Alliance. St. Paul tells us in Philippians 4 to "not be anxious about anything, but in everything by prayer and petition, with thanksgiving, present your requests to God." We invite you to join us each Thursday by pausing to ask God to guide and bless the PHA and all its members and supporters. Thank you.

Recent Activities:

Preventing Stealth Euthanasia Conference, held at Benedictine University in Lisle, IL on November 9, 2013, was a great success. Over 90 people were present. Seven continuing education units (CEUs) were offered to nurses. The conference was co-sponsored by Illinois Right to Life and the Pro-life Healthcare Alliance.

Topics were:

How to Protect Yourself with (and from) Advance Directives, Peter Breen, Vice President and Senior Counsel at Thomas More Society, Chicago

Precautions are in Order: POLST Forms and Organ Donation, Julie Grimstad, LPN, Director of Life is Worth Living

and Chair of PHA

The Hard Cases: Feeding Tubes, PVS Diagnosis, and Futile Care Declarations, Bobby Schindler, Executive Director of Terri Schiavo Life & Hope Network

The Role of and Need for Patient Advocacy, Julie Grimstad

Hospice in the 21st Century: Recognizing Life Affirming Hospice Practices, Cristen M. Krebs, DNP, ANP-BC

Prenatal and Infant Euthanasia and Hospice, Mary Kellett, Executive Director of Prenatal Partners for Life

Transforming Traditional Care to Palliative Care-Repackaging Death as Life, Elizabeth Wickham, Ph.D., Co-founder and Executive Director of Lifetree, Inc.

CDs of/online links to the presentations may be ordered by contacting: Scott@LCEmedia.com, 630-352-3246.

Euthanasia Symposium 2013: Hope, November 8, in Toronto, Canada, sponsored by the Euthanasia Prevention Coalition, was successful in bringing together people from around the world to address euthanasia and assisted suicide and strategies to oppose these threats to vulnerable people.

Upcoming Events:

Alex Schadenberg, will speak at the **Stealth Euthanasia Symposium**, Biola University, La Mirada, CA. on November 23. There is still time to register on line: InternationalLifeServices.org.

Questions? 714-963-4753 or Info@SchollBioethics.org

Dr. Ralph Capone, specialist in hospice and palliative medicine and member of PHA, along with Shirley Makuta, a lawyer and member of Thomas More Society, November 29, will conduct a workshop, "Health care decisions in the last phase of life," for people who serve the elderly. The workshop is being offered by the Diocese of Greensburg, PA.

Upcoming conferences: See announcements in this PHA monthly.

Contraception, Abortion, and now Euthanasia: Demographics is Destiny.



By Dr. Brian Kopp

The historical and universal Christian prohibition on contraception, which dates back to the Apostles, was first shaken by the Anglican Church's 1930 Lambeth Conference, the first Christian body ever to condone contraception. Although the Anglicans limited contraception to what they termed exceptional cases, they cracked open a door that had previously been tightly shut. Within three decades, most Protestant denominations had abandoned the universal Christian prohibition against contraception and, by the early 1970s, much of Eastern Orthodoxy had dropped its prohibition on barrier methods.

The connection between the acceptance of contraception, beginning only in 1930, and the legalization of abortion, just four decades later, cannot be overstated. The apocryphal "right to privacy," upon which the horrid 1973 *Roe v. Wade* decision legalizing abortion-on-demand was based, was first invented by five justices on the US Supreme Court in the 1965 case *Griswold v. Connecticut*. The Court decided in *Griswold* married couples had a "privacy" right to purchase

contraceptives. To this day, Constitutional scholars openly concede there was simply no foundation or precedent for such a ruling, but there was also no means to stop the Justices from imposing their opinions on the nation. The *Griswold* ruling struck down the only remaining "Comstock Laws," written by Protestant legislators in the 1800's to make it illegal to sell or distribute all forms of contraception.

Over time, birth control became accepted in our culture because Christian groups abandoned traditional Christian teaching regarding sexual morality.

In 1968, Pope Paul VI issued *Humanae Vitae*, the landmark encyclical letter reaffirming the Christian prohibition of contraception passed down from age to age. A large number of Catholics rejected *Humanae Vitae*, so that, in the early stages of the Pro-life Movement (begun as a Catholic movement), contraception was never really examined or debated. This is regrettable since contraception is a fundamental consideration in the fight against both abortion and euthanasia. Paul VI warned that legalized contraception would result in disregard for life and morality leading to widespread divorce, abortion and euthanasia. Of course, in retrospect, it is obvious that he was correct. The Pro-life Movement, which began in the 1960s as a Catholic response to efforts to legalize abortion, would become a coalition of Catholic, Evangelical and Fundamentalist Christians in the ensuing years. The issue of contraception was never debated within this broad pro-life coalition because of the many Catholics who considered it a non-issue and because the movement's Protestant members held that the issue had already been "settled." In the interest of political effectiveness, a movement was born that never examined the root cause of what it was fighting against.

The fabricated legal foundations for the "right" to birth control progressed naturally to the philosophical foundations of a "right" to abortion. The US Supreme Court, in its 1992

Planned Parenthood v. Casey decision, said:

In some critical respects, abortion is of the same character as the decision to use contraception... for two decades of economic and social developments, people have organized intimate relationships and made choices that define their views of themselves and their places in society, in reliance on the availability of abortion in the event that contraception should fail.

This brutal honesty on the part of the US Supreme Court should have been cause for the pro-life community to reevaluate the role of secular and Christian acceptance of the contraceptive mentality in fomenting the legalization of abortion. Unfortunately, that didn't happen.

Of course, there are organizations, such as American Life League and Human Life International, whose founders did recognize that the widespread embrace of contraception led to legal and social acceptance of abortion, but they are the exception.

To orthodox Christians, who form the core of the Pro-life Movement, it is morally and philosophically inconsistent to support (or ignore) contraception and oppose abortion. Even the US Supreme Court admitted the connection. Surely the pro-life community can address contraception, which, for the most part, has never been credibly debated in spite of its role in the legalization of abortion and its precipitation of the cultural embrace of euthanasia.

As the momentum for legalized euthanasia builds, and de facto legalized stealth euthanasia becomes more and more commonplace, the question must be asked: Why euthanasia now?

The answer seems simple enough. The solvency of Social Security, Medicare, Welfare and Medicaid is based on younger workers paying into the system to support the outlay of benefits. In 1940, there were 159 workers paying into the Social Security Trust Fund for every Social Security beneficiary. In 2010 there were 2.9. This is due to increased life expectancy as well as decreased birth rates. The Baby Boomer generation, born from 1946-1965, filled the coffers and kept the welfare benefits flowing well into the 80s and 90s. But the Boomers did not reproduce at the rate of their parents. By 1970, the ratio of workers paying into the Social Security Trust Fund for every Social Security beneficiary had already dropped to 3.7. (Therefore this collapse in the ratio cannot be laid at the feet of *Roe v. Wade*.) No society has both a shrinking population and a growing economy. As the federal government projects the costs of pensions and medical care promised to retirees will soon outstrip the ability of our population base to provide support, pressure is mounting to control costs by rationing care. Demographic changes have created the economic incentive to euthanize the Baby Boomer generation.

Frankly, killing the elderly is the final solution for a culture that has contracepted and aborted out of existence the generations that would otherwise have supported and cared for them. That is the ultimate end product of the cultural embrace of the contraceptive mentality. Why euthanasia now? Demographics is destiny.

About the author: Brian J. Kopp, DPM, is a podiatrist in private practice in Johnstown, PA. He has written articles on a range of subjects, primarily the culture of life, medicine, and ethics, that have been published in the L'Osservatore Romano (English Edition), New Oxford Review, The Wanderer National Catholic Weekly, LifeSiteNews.com, World Net Daily, and Podiatry Today magazine. Dr. Kopp is assisting Catholic Hospice of Pittsburgh to expand their pro-life hospice care services and will serve as Faith Community Liaison for Catholic Hospice of Greensburg. Dr. Kopp is also a member of the PHA.

Case in Point- 2013

It is easier to be than to watch...



By LaRee Pickup

I have earned a Ph.D. in grief at the school of life.

There is a special torment experienced by those who watch a loved one suffer. To see disease rack their bodies and souls increases the sum total of suffering ... because I suffer too. I believe it is harder to watch degenerative disability hurt, torture, and break my loved one than to actually suffer the disease.

I watched my grandparents suffer infirmities--such as blindness, Parkinson's disease and cancer--associated with extreme age. I have been walking my mother through heart disease and dementia, and now I will accompany her through to the end of her life.

My husband Mark lives with the real symptoms of aggressive, degenerative multiple sclerosis, which have their limits. I am left to witness it all and imagine. Imagination has no limits. Yes, I believe it is easier to be than to watch.

Despite countless trials, love has prevailed. But love is like the two sides of a precious coin. The two sides of love are this: It is life's greatest ecstasy but also the cause of life's greatest agonies and anguish. The 19th Century writer, Victor Hugo said, "To love or to have loved, that is enough. Ask nothing further. There is no other pearl to be found in the dark folds of life. To love is a consummation." And so it is.

Yet, as a wife, mother and grandmother, I want more and ask further.

I want to protect those I love from pain, emotional hurts, disappointments, and even life as it ends. But I cannot. So often I have sat at the bedside of suffering loved ones and prayed, "Lord give me their pain," as though there is some quota of suffering to be filled which I can bargain over with God. There is not.

Mark Pickup adds: This is an excerpt from a talk LaRee was asked to give at a conference sponsored by the New Jersey Catholic Diocese of Metuchen this fall. LaRee willingly accepted. Unfortunately she had to cancel because her 84 year old mother became gravely ill. (At the time of this publication, LaRee's mother is still alive but deteriorating with dementia and heart failure.) LaRee was going to take her listeners on the rollercoaster grief journey of our family--the shock, the anger, the fear, the frantic pleading with God, the desperate prayers that seemed to disappear into an empty universe; and, finally, the quiet realization that love (both human and divine) is all that really matters. The pearl of love "in the dark folds of life" is, in the end, Jesus Christ. LaRee's realization did not come like a clap of thunder, rather like a quiet breeze of understanding and acceptance.

About the authors: LaRee and Mark Pickup have been married for 40 years. They have two adult children and five grandchildren. Their life together has been touched by most of the critical life issues of our time, including abortion,

euthanasia, disability and end-of-life-issues. They have used their bitter experiences to advocate for and affirm the value of human life in every state and stage. LaRee and Mark have spoken across the United States and Canada.

ORGAN DONATION Q&A

By Julie Grimstad

The human body, alive or dead, may never be treated as property or a commodity. This moral principle applies equally to persons who donate organs and to governments, organizations and individuals who encourage organ donation for the benefit of the sick. Though the demand for organs is great, those supplying this demand must always respect human dignity and freedom.

There is much about organ donation that the public has not been told. Informed consent to any medical procedure (consent based on truthful and complete disclosure of all relevant information and free from coercion) is the ethical cornerstone of medical decision making. However, anyone applying for a driver's permit or license, regardless of age, is asked to consent to organ donation with little or no accurate information offered. And, family members (of seriously injured or disabled patients on ventilators) frequently report being subjected to heavy pressure from organ procurers eager to obtain organs.^[i]

Here are answers to questions about organ donation--questions you may not even know you should ask.

What does "Give the Gift of Life" mean?

"Give the Gift of Life" is a marketing slogan designed to induce people to sign organ donor cards. Organ donation is always to be considered a gift, not a duty or an obligation. However, this gift should never harm or cause the death of the giver. We must be wary of the many dangers present in a culture which values certain lives more highly than others.

Is it morally licit and safe for a healthy person (frequently referred to as a "living donor") to donate a paired organ or part of an organ for the welfare of a relative, friend or stranger?

The answer to this question is more complicated than a simple "yes" or "no." Certainly, a "living donor" makes a sacrificial gift of love. However, each of us has a moral responsibility to protect and preserve our own health and life. Both medical advice and moral guidance are necessary when considering this type of organ donation.

Single kidney donation is the most frequent "living donor" procedure. Other organs that may be taken are one of the two lobes of the liver, a lung or part of a lung, part of the pancreas, or part of the intestines. The donor faces the risk of an unnecessary major surgical procedure and recovery. Sometimes there are adverse psychological outcomes or other consequences such as reduced function, disability, or problems getting medical insurance coverage at the same level and rate as previously. A small percentage of "living donors" die as a result of donation.^[ii] All of these risks must be weighed along with the benefit the donated organ may be (no guarantee here either) to the organ recipient.

When may organs be taken from Patient A to give them to Patients B, C, D, etc.?

The vast majority of organs for transplant are taken from patients who have been declared dead. A declaration of death does not always mean that the patient is certainly dead. Morally, organs and tissues may be taken from Patient A only after death is certain. (This "dead donor rule" is one of the basic ethical principles guiding organ donation.) Furthermore, donation must be voluntary, meaning that either Patient A or someone legally entitled to donate Patient A's organs has given informed consent.

Are organ donors certainly dead before their organs are removed?

The simple answer is "no." Before organ transplantation was possible, physicians cautiously determined death, based on irreversible cessation of both cardiac and respiratory functions, in order not to treat the living as dead. Today, "brain death" is declared while a patient still has a beating heart and is breathing (albeit with the aid of a ventilator) because removal of vital organs must be done before they begin to deteriorate due to loss of blood circulation. Vital organs are useless if physicians wait to remove them until they are certain the patient is dead.

Tissues (such as bone, skin, tendons, cartilage, connective tissue, corneas, and heart valves) do not require continuous circulation of blood to remain useful for purposes of transplantation. Therefore, tissues may be taken up to several hours after death is certain.

If "brain death" is not death, what is it?

"Brain death" is a legal fiction. In 1968, a Harvard Medical School Committee met to define "brain death." Their report begins: "Our primary purpose is to define irreversible coma as a new criterion for death....Obsolete criteria for the definition of death can lead to controversy in obtaining organs for transplantation."^[iii] The Committee did not argue such patients are really dead.

The insurmountable moral and legal problem is that stripping living patients of their organs is murder.

State laws defining "brain death" (based on the Uniform Determination of Death Act) free surgeons from legal liability when they remove organs from patients who are not dead yet. Consider:

- A person can be pronounced "brain dead" while he or she has a beating heart, as well as normal pulse, blood pressure, color and temperature. All signs of life.
- "Brain dead" patients' wounds heal. "Brain dead" children grow. "Brain dead" pregnant women, kept alive for extended periods, gestate and deliver healthy babies and produce milk. All signs of life.

Many experts have challenged the concept of "brain death."^[iv]

Has anyone ever recovered consciousness after being declared "brain dead?"

Numerous accounts of patients who have recovered after a firm diagnosis of "brain death" demonstrate that "brain dead" patients are not certainly dead. Here are two cases.

Zack Dunlap, a 21-year-old Oklahoman, flipped over on his 4-Wheeler and suffered catastrophic brain injuries in November 2007. Thirty-six hours after his accident, doctors at United Regional Healthcare System in Wichita Falls, Texas, declared him "brain dead." Preparations to harvest his organs were underway when friends and relatives gathered to say their final goodbyes. His cousin, a nurse, wanting to make certain, scraped his pocket knife along the bottom of Zack's foot. Zack jerked his foot away. Just months later, Zack was walking and talking. Zack recalled hearing the doctor say he was dead and being "mad inside" but unable to move.^[v]

Steven Thorpe, a British 17-year-old, suffered horrific injuries in a multi-car accident. Four doctors declared him "brain dead." Doctors asked his family to consider donating his organs before his life-support was turned off. The family sought a second opinion from a neurologist who detected faint brain waves. Seven weeks later, Steven was discharged from the hospital having made a near-full recovery. In 2013, at age 21, now an accountant trainee, he spoke to the media for the first time: "Hopefully [my experience] can help people see you should never give up. My father believed I was alive--and he was correct."^[vi]

Must a person be declared "brain dead" in order to be used as an organ donor?

No. Donor eligibility has been broadened to include another group of people who are not dead yet--patients on ventilators whom doctors label "hopeless" or "vegetative." New rules were established to permit "donation after cardiac death" (DCD) because more organs were wanted to satisfy increasing demand and decisions to withdraw life support have become so easy and private.

What is "donation after cardiac death?"

A patient, family or surrogate agrees to have the ventilator turned off and a "do not resuscitate" order written, then gives consent to organ donation. When (or if) the patient's pulse can no longer be detected, the organ retrieval team waits only 75 seconds to 5 minutes to declare "cardiac death" and begin organ removal. Haste is essential to ensure healthy organs. The donor may be given an anesthetic just in case the team acts too quickly. No one would consider a patient "dead" whose heart had arrested for a mere 5 minutes or less--that is, unless his organs are deemed more valuable than his life.

Should I refuse to be an organ donor?

Yes, for the reasons stated above and because the Uniform Anatomical Gift Act (UAGA), as revised in 2006 and since adopted by most states, allows for patients who have never consented to be organ donors to be considered "prospective" donors unless they explicitly refuse. This means, if you have not explicitly refused to be an organ donor, you may be subjected to potentially harmful measures done solely to preserve your organs for transplant or to determine if you are "brain dead." These things can be done without your family's knowledge or permission. Your family may be left "in the dark" until asked for your organs.

The PHA suggests you carry an Organ Donor Refusal card at all times. Contact Human Life Alliance for a free card: feedback@humanlife.org or call (651) 484-1040.

REFUSAL

TO BE AN
ORGAN DONOR

About the author: Julie Grimstad is the chair of Pro-life Healthcare Alliance and director of Life is Worth Living, Inc.

[i] "No 'moral certainty' that brain death is really death: prominent Catholic ethics professor Brugger," *LifeSiteNews*, 2/04/2011

[ii] U.S. Department of Health and Human Services, http://r20.rs6.net/tn.jsp?f=001K9KsxWa-45bPs80Rqsr_qF8JWjsXhGSc3mlux7MTkNn-qwfB-

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[iii] Ad Hoc Committee of the Harvard Medical School, "A Definition of Irreversible Coma," *Journal of the American Medical Association*, 8/5/1968, Vol. 205, No. 6

[iv] Examples:

"Brainstem Death, 'Brain Death' and Death: A Critical Re-Evaluation of the Purported Equivalence," Alan D. Shewmon, MD, 14 *Issues in Law & Medicine*, 1998-1999.

"The Dead Donor Rule and Organ Transplantation," Robert D. Truog and Franklin G. Miller, *New England Journal of Medicine*, 2008:359:674-675

Beyond Brain Death: The Case Against Brain Based Criteria for Human Death, Eds. Michael Potts, Paul A. Byrne and Richard G. Nilges, Kluwer Academic Publishers, Dordrecht 2000

"Brain Death is not death," David W. Evans, MD, http://r20.rs6.net/tn.jsp?f=001K9KsxWa-45bPs80Rqsr_qF8JWjsXhGSc3mlux7MTkNn-qwfB-

[N8XM9hcWLjR5GJZYvPvD298AkAJ98RixZgh4xYtEMCAhU6SSExd_VkzuobQ3pb38GFMYSwRynYk-so4Bwr-BmHb5zpjfbZa9-C6xLgN078b1DQo3hPxj04ivJnL5U32ynuaXQZSU7SPUSeYzRDoLdm9uDsFRTQ7VraU0A==&c=5btL2b_tWbCGiox1is1zrvvPd9QikTt5RAXwQgtv87OrKFEgYQ5ocg==&ch=jPikGt7tcpMMStPwglek0zmW0EVafTmFkRxVWjeO3EdNsSTHZ0qtgQ==](http://r20.rs6.net/tn.jsp?f=001K9KsxWa-45bPs80Rqsr_qF8JWjsXhGSc3mlux7MTkNn-qwfB-N8XM9hcWLjR5GJZYvPvD298AkAJ98RixZgh4xYtEMCAhU6SSExd_VkzuobQ3pb38GFMYSwRynYk-so4Bwr-BmHb5zpjfbZa9-C6xLgN078b1DQo3hPxj04ivJnL5U32ynuaXQZSU7SPUSeYzRDoLdm9uDsFRTQ7VraU0A==&c=5btL2b_tWbCGiox1is1zrvvPd9QikTt5RAXwQgtv87OrKFEgYQ5ocg==&ch=jPikGt7tcpMMStPwglek0zmW0EVafTmFkRxVWjeO3EdNsSTHZ0qtgQ==)

[v] NBC News Dateline, 3/23/2008, as well as numerous other reports

[vi] "Steven Thorpe, British Teen Who Was Declared Dead By Doctors, Makes Miracle Recovery," *Huffington Post*, 7/30/2013

Announcements

March 29, 2014, Des Moines, IA, Imposed Death: A Conference on Stealth Euthanasia, [New Hope Assembly of God](#)

Student Center

6800 Townsend Ave, Urbandale, IA, 50322

(515) 254-9094

Schedule

8-4:30

Speakers and Topics

[Alex Schadenberg](#), (1) US and Worldwide Overview of Euthanasia Studies (2) Assisted Suicide

Cristen Krebs, (1)Stealth Euthanasia (2) Hospice
Julie Grimstad, (1) Advance Medical Directives and POLST (2) Organ Donation and Patient Advocacy
Mary Kellett, Infant and Prenatal Euthanasia

Registration: \$30/individual or \$50/couple

registrations by phone: toll free 1.877.595.9406

email: iowa@iowaRTL.org or through our website: [http://r20.rs6.net/tn.jsp?f=001K9KsxWa-](http://r20.rs6.net/tn.jsp?f=001K9KsxWa-45bPs80Rqsr_qF8JWjsXhGSc3mlux7MTkNn-qwfB-N8XM9hcWLjR5GJZv-7X2T3mn4MhchtgTehGd6AQfayG7joNiNGrynDPJWRiRsyKyCdR_CJvOYg4ZVly15WNf3Nllc91VmPq9cpYOYNmkpB3n-)

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We can take registrations by credit card payment over the phone or on our "donate" page on the website.

By mail: Iowa Right to Life, 1500 Illinois Street, Des Moines, IA 50314

Euthanasia Prevention Conference, May 3, 2014, Minneapolis, MN

Join the [Pro-life Healthcare Alliance](#)

DVDs of our first conference, "Imposed Death 2012," held in New Brighton, MN, June 2, 2012, are available from Human Life Alliance. To order, call 651-484-1040.

NOTE: The Pro-life Healthcare Alliance wishes to bring conferences to locations in all parts of the United States and Canada, and eventually, the world. We invite you to work with us to make this happen.

STAY CONNECTED    



a program of [Human Life Alliance](#)
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