



# Pro-life Healthcare Alliance

A Program of Human Life Alliance

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## PHA Monthly

*Newsletter for the Pro-Life Healthcare Alliance  
Forty-third Edition*

Welcome to the forty-third 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 [www.prolifehealthcare.org](http://www.prolifehealthcare.org) for more information.

### **PRO-LIFE HEALTHCARE ALLIANCE MISSION STATEMENT**

Promoting and developing concrete "pro-life healthcare"\* alternatives and advocating for those facing the grave consequences of healthcare rationing and unethical practices, especially those at risk of euthanasia and assisted suicide.

\*"Pro-life healthcare" means medical care in which the life and safety of each person comes first, where each person receives medical care across their lifespan based on their need for care, regardless of their abilities or perceived "quality of life."

## **FROM THE CHAIRMAN'S DESK: JO TOLCK NAMED CHAMPION FOR LIFE**



By Jim Hentges

Our very own Jo Tolck has been named a recipient of the distinguished St. John Paul II Champions for Life Award. In the Archdiocese of St. Paul and Minneapolis, this award is the equivalent of the Congressional Medal of Honor for recognition of a lifetime of superior distinguished service in the cause of life.

Jo Tolck, recently retired Executive Director of Human Life Alliance, was instrumental in establishing the Pro-life Healthcare Alliance as a program of HLA. As a volunteer in the pro-life movement prior to *Roe v. Wade*, she worked with a variety of organizations that offer counseling to pregnant women, assist families in need with clothing, furniture, and prenatal care and generate educational materials. Jo was a co-founder of the Northside Life Care Center and joined Human Life Alliance in 2001 after her 18th year in the field of vocational rehabilitation.

She will be honored at the annual St. John Paul II Champions for Life Awards Luncheon on Friday, October 27, 11:30 a.m. at St. Peter Church in Mendota, Minnesota.

On behalf of the Pro-life Healthcare Alliance, I extend our deepest congratulations to Jo Tolck. They couldn't have named a more deserving individual for this award.

## Texas Legislature Reaffirms Patient's Rights with Passage of DNR Law



By John Seago

On August 16th, Texas Governor Greg Abbott signed [Senate Bill 11](http://www.legis.state.tx.us/tlodocs/851/billtext/pdf/SB00011F.pdf) (<http://www.legis.state.tx.us/tlodocs/851/billtext/pdf/SB00011F.pdf>) into law, reestablishing the rights of patients regarding the execution and revocation of Do-Not-Resuscitate (DNR) orders. This bill was **passed in both chambers of the Texas State Legislature with strong bipartisan support.**

Governor Abbott revived the DNR legislation that had died in the Regular Session earlier this year by specifically adding it to the list of measures the legislature should pass in the 30-day Special Session he called this summer. SB 11 requires that, in most cases, physicians obtain consent from a hospitalized patient or the patient's surrogate before issuing a DNR order for the patient. Patient advocates and pro-life organizations, including Texas Right to Life, praised the bill as an important step in the ongoing effort to reclaim something greatly missing in Texas law: strong patients' rights.

### The Political Stalemate Continues on the 10-Day-Law

It is no secret that Texas is home to some of the most dangerous anti-patient bioethics laws in the country. The debate concerning the most controversial section of the Texas Health and Safety Code, Section 166.046, still rages on in academic literature, Texas politics, and federal court. This is the unprecedented, unethical, and unconstitutional 10-day-law that authorizes physicians to remove life-sustaining care against the wishes of patients or their surrogates with unmatched immunity for doctors and hospitals and no appeals process for patients. This current Texas law gives physicians a process to follow in order to override or ignore the medical decisions of patients or their surrogates. After notifying the patient, the physician's refusal to comply with the patient's decision is reviewed by the hospital's own ethics committee. If this committee agrees with the attending physician's refusal, the patient and their surrogate are given notice and 10 days to transfer the patient to another physician or facility, after which, the law states, *"the physician and health care facility are not obligated to provide life-sustaining treatment."* While legislation was filed this Session to reform the 10-day law, the political stalemate on this specific issue continued with provider advocacy groups like Texas Medical Association and Texas Hospital Association, and Texas Catholic Conference of Bishops defending the current law. However, Senate Bill 11, introduced by Senator Charles Perry (R-Lubbock) and Representative Greg Bonnen, M.D. (R-Friendswood), a neurosurgeon, does mark a promising policy breakthrough in the Texas Legislature.

## Senate Bill 11 Sends a Strong Message

Over the years, patient advocates and pro-life activists have been successful in raising awareness of forced or secret DNR orders. Texas Right to Life and others have witnessed first-hand situations where basic, common sense patients' rights have been violated by Texas physicians who executed and placed DNR orders in patients' medical files without obtaining informed consent or, in some cases, without even providing notice of the DNR order to the patients or their surrogates. How could such a blatant violation of respect for patient autonomy and medical ethics occur? Upon further study, it was discovered that Texas law lacked any statutory guidance on the issuance of DNR orders in a hospital setting. Until SB 11, Texas law only addressed "Out-Of-Hospital Do-Not-Resuscitate orders," which are used in a patient's own home, a nursing home, or assisted living facility. However, once a patient was admitted to a licensed health care facility or hospital, Texas law did not specifically mandate that a physician obtain the consent of a patient or the patient's surrogate prior to placing a DNR order in the patient's medical file. Regardless of such a glaring loophole in the law, physicians and hospitals, whether motivated by sound medical ethics or legal liability concerns, rarely dared to execute or revoke a DNR order without some type of patient or surrogate involvement. However, multiple instances of forced or secret DNR orders--resulting in patient deaths--have occurred in Texas. These were highlighted and [retold in several legislative committee hearings](https://www.texasrighttolife.com/texas-house-committee-hears-personal-stories-about-secret-hospital-dnrs-issued-against-patients-wishes/) (https://www.texasrighttolife.com/texas-house-committee-hears-personal-stories-about-secret-hospital-dnrs-issued-against-patients-wishes/) in Austin.

Reforming Texas law regarding DNR orders has been Texas Right to Life's goal for several years since this is a tangible extension of the pro-life conviction that every human life is inherently valuable, and thus important life and death medical decisions ought to be made by patients themselves or their surrogates. Regrettably, the use of forced or secret DNR orders had become a tool in the hands of physicians and hospitals motivated by dangerous quality-of-life ethics that subjectively devalue patients based on their age, physical abilities, or illnesses.

While troublesome medical ethics and maleficent motives will still exist in Texas, forced and secret DNR orders, fortunately, will no longer be allowable due to a legal loophole. Senate Bill 11 sends a strong message that, before a DNR order may be executed, the attending physician must get authorization from the patient, the patient's medical advance directive, medical power of attorney, or other legal surrogate. SB 11 also sets in the law strong protection for the right of patients or surrogates to revoke unwanted or outdated DNR orders. **These patient protections go into full effect in April 2018.**

*John Seago serves as the Legislative Director and Patient Advocate for Texas Right to Life. More information at [www.TexasRightToLife.com](http://www.TexasRightToLife.com)*

## UPDATE ON ASSISTED SUICIDE AND EUTHANASIA

California: In 2016, California became the 5th U.S. state to legalize assisted suicide. The California Department of Public Health reported that, in the first six months of so-called "aid-in-dying,"

- Lethal medications were prescribed for 191 people.
- 111 people died from taking lethal medications.
- Of the 111, 87% were at least 60 years old.
- 59% had cancer
- 84% were receiving hospice or palliative care.

Editor's comment: The mission of hospice and palliative care is to eliminate patients' suffering, not eliminate suffering patients.

In 2017: So far this year, bills to legalize assisted suicide have been stopped in 22 states! Kudos to the coalitions against assisted suicide that worked so extremely hard and have been so successful. Pro-assisted-suicide bills were defeated, died from inaction, stalled or were withdrawn in Alaska, Arizona, Connecticut, Delaware, Hawaii, Indiana, Iowa, Kansas, Maine, Maryland, Mississippi, Missouri, Nebraska, Nevada, New Mexico, New York, North Carolina, Oklahoma, Rhode Island, Tennessee, Utah, and Wyoming,

Oregon: Assisted suicide has been legally available in Oregon since 1997, but a bill--SB 893--that would have allowed "agents" to fulfill requests for lethal drugs went down in ashes when the state's legislative session ended without action on it.

Massachusetts, and New Jersey, and South Dakota: Bills to legalize or expand assisted suicide are still active in a number of states, but the Patients Rights Action Fund views these three states as the ones to watch most closely. In South Dakota, assisted suicide promoters are gathering signatures for a November 2018 ballot measure.

Belgium: Pope Francis recently weighed in, telling a Belgian Brothers of Charity-run organization that it has until the end of August to reverse its decision to offer euthanasia in its 15 psychiatric hospitals. The majority of those who serve on the organization's board of trustees are laypeople. The three Brothers who serve on the board have been ordered by the Pope "to sign a joint letter to their general superior, Br. Rene Stockman, declaring their adherence to Church teaching." Br. Stockman is "quite positive ... the brothers will conform themselves." In addition, the group "could have its Catholic status revoked if it does not change its policy." <http://www.catholicnewsagency.com/news/pope-orders-belgian-religious-group-to-stop-offering-euthanasia-to-patients-34965/>

"In 2012, Belgium recorded 1,432 cases of euthanasia-- a 25 percent increase from 2011. The number of deaths has continued to climb. In 2015, 2,023 people were killed by euthanasia in Belgium. Euthanasia is not limited to unbearable physical suffering and terminal illness -- the two things euthanasia advocates often use to justify the legalized killing. A growing percentage of people are being euthanized in Belgium, the Netherlands, and other countries because of treatable physical and psychological disorders -- everything from Alzheimer's to autism to loneliness." <http://www.lifenews.com/2017/08/11/pope-francis-tells-catholic-psychiatric-hospital-to-stop-euthanizing-its-patients/>

NOTE: Check out this website: <https://www.stophospitaleuthanasia.org/>

Two people who have both had a loved one euthanized against their stated directions, Mike Hodas and Kate Kelly, have formed Stop Hospital Euthanasia. Their primary goal is to prevent euthanasia of patients against their will (or their parents' will in the case of minor children), particularly in an inpatient hospital situation.

## CASE IN POINT: I Would Never Have Believed It

By K. Challender



It has been nine months since my parents' deaths, and I am still in shock over what happened to them. My father had Alzheimer's disease and my mother had another form of dementia. When it became clear that they could no longer handle everyday activities, my three sisters and I hired help. It wasn't enough, however, so we followed up on a suggestion to involve hospice services so that Mom and Dad could stay in their home as long as possible. We had meals delivered, nurse's aides to help them, hospice nurses checking in twice weekly, and hospice aides and music ministers dropping by. My sisters and I were also taking turns spending the weekends with them.

The hospice agency had told us that a prognosis of six months or less to live was required in order to receive hospice benefits, but assured us this was just a Medicare requirement and did not mean Mom and Dad would actually die within six months.

Despite all the help, it became apparent that my parents needed full-time care. A hospice counselor recommended a nearby private-pay home that provides adult care. The main part of this home had no openings. However, since my parents were already receiving hospice care, they were eligible for the hospice wing. Unfortunately, that's where they were moved. My parents were physically healthy. We did not move them to this home to die, but rather, as a way to help them thrive.



My father, who had been active his entire life, never sat still for long. He had taken to pacing almost nonstop. My mother could be quite snippy, but if redirected, she'd snap out of it quickly. The staff of the hospice wing knew all this and kept assuring us that it was no problem and they would be fine.

### **A land of zombies**

Shortly after their admission, the home suggested giving Haldol to my dad to "slow him down," but the hospice nurses said that wasn't necessary. When they refused to give Dad Haldol, my sisters replaced them with another hospice agency. They hired one that

had worked with this home in the past and worked in unison with a palliative care doctor. The result was that Dad was put on a daily dose of Haldol.

I researched Haldol and was alarmed to find that it is an antipsychotic drug often used to control dementia patients. It also has dangerous side effects. After I expressed my concerns, Dad was put on Seroquel, a newer version of Haldol. There are specific warnings about Seroquel causing strokes in the elderly, as well as many other nasty side effects, such as loss of bladder and bowel control, blurry vision, dizziness, and confusion. It dawned on me that the residents in this home did not spend their days with their mouths hanging open, sitting docilely in wheelchairs, and unable to feed or dress themselves because of their illnesses, but because they were all being controlled by drugs. Dad became one of these zombies.

Mom was angry and confused. She wanted to go home. The home disliked her angry outbursts. Within a month or so, she too was being controlled with Seroquel. The Seroquel just made her angrier, so the hospice kept upping the dosage. Eventually, my mother was hallucinating continually, no longer recognizing her family or where she was.

### **An agonizing and mysterious death**

One day, my father collapsed. I was told he had a virus and wasn't bouncing back, so the palliative care doctor had been called and would be checking in on Wednesday (this was Monday). I called the home to find out what was going on and was told I should come as soon as possible. When I arrived, Dad was lying in bed, kicking one leg as if in pain. He was unbelievably thin, his breathing was extremely labored, and even though his eyes were partially open, he did not appear to be able to see or hear anything.

My mother was completely unaware that her husband of 67 years lay dying in a bed a few feet from where she stood. She did not know who I was or where she was. I spent the day going back and forth between my parents.

Mid-morning, I saw Mary (who ran the hospice wing) administer a blue liquid to my father, saying it was for pain. I realize now that it was liquid morphine. At that time, I had no clue that many hospices are notorious for euthanizing patients. Thus, it had never occurred to me that the hospice itself may have played a major part in my father's rapid decline.

A hospice nurse came in the afternoon. I was not in the room with her when she was with my dad. I don't know if she gave him anything, but within a few hours of her visit, he passed away, one day before his 88th birthday.

I would later find out that my father had collapsed 10 days earlier and Mary and the hospice nurses were sure the cause was a stroke. This information was withheld from me at the time. My sisters, following the advice of Dad's hospice nurse, had taken a "wait and see" approach, and decided not to send him to the hospital. Dad hit his legs when he fell. Mary suspected that he had one or more broken bones. A week after he died, Mary told me she had to wonder if he'd still be with us if he'd been sent to the hospital. She seemed grieved by her part in the whole thing. I was in shock. I would like to know if my father was given scheduled doses of morphine after his collapse and was accidentally or purposely overdosed. I have not been able to get answers from anyone regarding this, but it is my personal suspicion that my father was euthanized.

### **A very intentional death**

The day after my father's death, Mom fell three times in a 24-hour period. Due to the high dosage of Seroquel, her vision had become blurry, and she was dizzy, hallucinating, and unsteady. My daughter-in-law, a nurse, stated she felt the amount of Seroquel Mom was receiving was "enough to kill a large man." (My mother was a tiny woman.) Mary agreed with her but said the hospice had ordered it, so her hands were tied.

Mary was worried that my mother might have broken her hip. An x-ray was ordered and she was given a small dose of morphine for pain, which helped her sleep through the night. The next morning, my mother's 85th birthday, I called and was told the x-ray had been done, but they wouldn't have the results until later. This was untrue.

A hospice nurse had checked on Mom, and told my sister that an x-ray would be too painful and the "treatment" would be the same either way. So, the x-ray had been cancelled and my mother was put on a four-hour morphine protocol (i.e., she was given a dose of liquid morphine every four hours, which kept her in a morphine induced coma, unable to speak, eat, or drink). I asked why and stated we needed to know if her hip was broken or not. The nurse responded that we needed to keep her still so she wouldn't reinjure herself. None of this made sense, so when a different hospice nurse came in the next morning, I asked why they didn't at least have an IV hooked up so Mom would receive nourishment. She said, "We don't do that." I said Mom would starve to death if they didn't. This nurse replied that the body can go an amazingly long time without food or water, squeezed my shoulder and left the room. I was dumbfounded and still in a state of shock over watching my father die. I hadn't slept in days and everything was emotionally overwhelming. I truly think this hospice was counting on that!

The morning after my father's funeral, my husband, my son, and I went to the home. While my husband sat with Mom, my son and I went to Mary's office. I asked her point-blank if they were euthanizing my mother. She told me yes and said this was the

hardest part of her job. She told me the hospice was working closely with my sisters, and they had agreed to this protocol. After a lengthy discussion, Mary said she felt it was not too late to save my mom, and we were determined to try. My son, Mary, and I agreed it would be best to reduce the morphine Mom was being given by spacing the doses farther and farther apart and to try to give Mom some nourishment. We also agreed an x-ray should indeed be done. When one of my sisters showed up a bit later, I asked if she realized they were euthanizing Mom. She looked shocked, as if that hadn't even occurred to her. She agreed this was crazy and assured me she'd demand an IV when the hospice nurse came later that afternoon. My sister also agreed we needed to know if Mom had a broken hip.

I live more than three hours away, so we headed home. When we were halfway there, the hospice nurse in charge of Mom's case called me. It became clear she had convinced my sister that continuing the morphine protocol was the right thing to do. My other two sisters were already "on board." I told the nurse she was euthanizing my mother. She said she didn't like to use that word; she preferred "palliative comfort." She also said my mother wouldn't want to go on living without my father. When I responded, "You don't even know my mother," she said, "Well, yes I do. I've visited her quite a few times at the home."

I told the nurse that Mom had been hallucinating, dizzy, having blurred vision, and falling because of being overdosed with Seroquel. She admitted the dosage was extremely high, but said Mom had become "fun and silly," and said that was much better than being angry. She felt the hospice had "achieved" its goal. After about 45 minutes of this woman trying to convince me that she knew what was best for my Mom, she realized she was getting nowhere and told me the hospice only did what families wanted. She suggested I talk to my sisters if I was not happy about their decisions. My sisters were convinced that the morphine protocol was the right thing to do, so there was no discussion needed as far as they were concerned. My son called one of my sisters and demanded an x-ray be done. One was ordered but again delayed, and by the time the x-ray results were given, my mother had passed away. She died 11 days after my father's death.

### **A cover-up**

Mom died on a Saturday. On Monday, I called the doctor's office and was read the x-ray results. There was no fracture, no bone lesion, and no soft tissue swelling, nor were any foreign bodies identified. I requested a copy, got off the phone, and bawled. My mother was euthanized for a bruised hip and for having dementia.

Since then, I have done a lot of research on hospice programs and have discovered that the type of treatment my parents received is quite common. I don't think most people

really believe this can happen in the United States until it happens to someone they love.

My daughter-in-law reported the home to the state, asserting it should not be allowed to carry out hospice orders to euthanize patients. The home was investigated and found innocent of any wrongdoing. The hospice, of course, was not investigated. This hospice protocol is being permitted and protected!

The hospice filled out my father's death certificate and described the cause of death as "Alzheimer's dementia" and the manner of death as "natural." It also listed the approximate interval between onset and death as being six months. My father had Alzheimer's for at least three years before his death. Also, my father undoubtedly collapsed due to a stroke caused by the use of Haldol and Seroquel. Maybe the stroke and being denied medical treatment caused his death. Or, was it morphine that killed him? I will never know. I only know Alzheimer's dementia was not the culprit.

My mother's death certificate, also filled out by the hospice, states that her cause of death was "Alzheimer's disease and unspecified mood disorder" and the manner of death was "natural." It also lists the approximate interval between onset and death as six months for both the Alzheimer's and the alleged "mood disorder." My mother was diagnosed with dementia (not Alzheimer's) approximately 15 years before her death. She did not die from natural causes. Since when is being intentionally killed a natural way to die?

Both of my parents' death certificates were clearly written to protect the hospice and create the impression that it had complied with the six-month guideline. Why are hospices being allowed to do this to people? Why is this legal? Why aren't they being prosecuted?

### **An ongoing tragedy and a stark warning**

I have heard family members throwing around the phrase "God's will." My parents' hastened deaths were not God's will! They were the hospice's will! And not only did I lose both my parents within an 11-day period, but I have also lost my original family, because I can no longer look at my sisters in the same way. How they could be talked into doing such things to our parents is beyond my ability to comprehend.

It is a disgrace that Alzheimer's/dementia patients are drugged into submission, denied appropriate medical treatment, kept in morphine-induced comas, and/or not given anything to drink and eat until they finally give up. It is wicked and inhumane behavior.

If I hadn't witnessed this myself, I would never have believed this is how we treat our

elderly dementia patients in this country. I am raising my voice because people need to be warned.

I hope it helps bring awareness to others before it's too late for them. The guilt, the shock, and the heartache created by this hospice protocol are like no other. I suspect this profound grief is something I will experience for the rest of my life.

## **ANNOUNCEMENT:**

**A wonderful conference, "End of Life Decisions: Who Will Make Yours?"** will be held Saturday, October, 7th, 8:30 a.m. - 12:30 p.m. in Pontiac, Michigan. It is the Michigan Nurses for Life 2017 Annual Conference and is co-sponsored by the Educational Center for Life.

Ron Panzer, Founder of Hospice Patients Alliance, centered in Michigan, encourages everyone who can possibly do so to attend and make the conference a great success! He states, "We often receive requests for information about the ways patients can be protected in healthcare and what family members need to know. This is an opportunity to hear from very well-respected and faithful pro-life leaders."

### **Speakers:**

**Nancy Valko, RN**, an Advanced Legal Nurse Consultant, has over forty years of nursing experience. She has served on medical ethics committees, appeared on many radio and television shows and written extensively on healthcare issues. She is a spokesperson for the National Association of Pro-Life Nurses and a member of the Pro-life Healthcare Alliance Speakers Bureau. Visit her blog at: <https://nancyvalko.com/>

### **Jason Negri, JD,**

Assistant Director of the Patients Rights Council, speaks nationally on the practical and ethical aspects of end-of-life issues and provides training to those seeking to improve their ability to effectively communicate these issues. He is the author of the booklet *Twenty Answers on End-of -Life Issues*.

Register online at:

<https://www.eventbrite.com/e/end-of-life-decisions-who-will-make-yours-tickets-34077614061>

## ACCELERATING DEATH BY STOPPING LIFE-PRESERVING MEDICATIONS



By Nancy Valko, RN

Depriving a person of a feeding tube can also deprive the person of critical oral medicines. Usually, all medications are stopped along with the feeding tube. In one case, I witnessed a fully conscious man with mild Alzheimer's, following a bout of pneumonia, be deprived of a feeding tube when his swallowing was affected after he was successfully extubated (i.e., his breathing tube was removed). As a result, he was not given his blood pressure medicine, which caused his blood pressure to go sky high. He soon died of a stroke. We often forget that there are many ways to accelerate death.

I was there when the neurologist examined him just after he was extubated. The family was considering a feeding tube because the man had trouble swallowing after he was extubated, but possible could benefit from therapy to help him swallow again. The doctor asked the patient questions. The man answered each question accurately by nods or mouthing words. Then the neurologist held up 3 fingers and asked the man how many. Shakily, the man raised his hand and showed 3 fingers. The neurologist left and wrote an order to make the man NPO (nothing by mouth) and to discontinue his meds. Shocked, I asked, "Why?" The doctor answered that the man didn't raise his fingers "fast enough!"

The family decided to go along with the doctor's recommendation.

### TAKE ACTION

In spite of heroic and persistent efforts made by pro-life organizations and individuals, the stark reality is that the healthcare system itself has become an ever-increasing threat to the well-being and lives of the preborn, the young, the old and the disabled and ailing of any age. The PHA is dedicated to renewing reverence for life within healthcare. For some excellent information about current and historical issues regarding abortion, contraception, euthanasia, stealth euthanasia, hospice, advance directives and other pertinent topics, please check out these resources.

[Pro-life Healthcare Alliance](http://www.prolifehealthcare.org/) <http://www.prolifehealthcare.org/>

[Hospice Patient's Alliance](http://www.hospicepatients.org/) <http://www.hospicepatients.org/>

[Euthanasia Prevention Coalition](http://alexschadenberg.blogspot.com/) <http://alexschadenberg.blogspot.com/>

[Patient's Rights Council](http://www.patientsrightscouncil.org/site/) <http://www.patientsrightscouncil.org/site/>

[Prenatal Partners for Life](http://www.prenatalpartnersforlife.org/) <http://www.prenatalpartnersforlife.org/>

[Pro Life Wisconsin](https://www.prolifewi.org/) <https://www.prolifewi.org/>

[American Life League](http://www.all.org/) <http://www.all.org/>

[Texas Right to Life](https://www.texasrighttolife.com/) <https://www.texasrighttolife.com/>

[Read Stealth Euthanasia: Health Care Tyranny in America by Ron Panzer](http://www.hospicepatients.org/this-thing-called-hospice.html)

<http://www.hospicepatients.org/this-thing-called-hospice.html>

[View Human Life Alliance video INFORMED: Life is Worth Living](https://www.prolifehealthcare.org/informed-life-worth-living/)

<https://www.prolifehealthcare.org/informed-life-worth-living/>

The Pro-life Healthcare Alliance needs your support. The suggested PHA membership donation is \$25 per year. Please renew your membership or join today. Be a part of this vitally important work and help the PHA continue and grow.

Pray for renewal of reverence for life. In particular we have designated Thursday as a special day of prayer for the mission of the PHA.

STAY CONNECTED



Pro-life Healthcare Alliance

a program of [Human Life Alliance](#)  
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