



Pro-life Healthcare Alliance

A Program of Human Life Alliance

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PHA Monthly

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

Welcome to the forty-sixth 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 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 EDITOR'S DESK



By Julie Grimstad

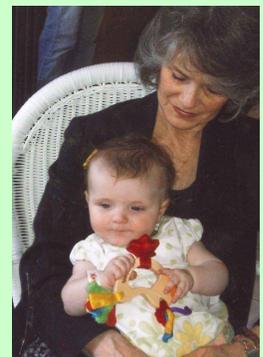
This is 2017's final edition of the *PHA Monthly*. I am praying that every one of you has a blessed Advent Season and a very merry Christmas.

In this edition, Bill Beckman, retired Executive Director of Illinois Right to Life, exposes guardianship abuse of senior citizens, particularly those who have no close relatives living near them. Also featured is a Case in Point by Heidi Wise, whose account of her father's death in hospice puts the spotlight on another form of elder abuse--"stealth euthanasia." Next, Ann Olson, Human Life Alliance's Education Director, reports on highlights of the "Caring Not Killing" conference which she attended recently in La Mirada, California.

Although we generally focus on very serious life and death issues, everyone needs to smile now and then. So, to kick off this last edition of the year, here's something lighthearted. While sorting old emails into "save" and "delete" categories (an end-of-the-year chore), I ran across one from Jo Tolck, past Executive Director of Human Life Alliance and still very active member of the Pro-life Healthcare Alliance. In her position as Executive Director of HLA, Jo frequently traveled. On this trip to a Lutherans for Life conference in Kentucky, Jo had a small companion who complicated her life. Perhaps some of you will relate to her situation.

THE ADVENTURE OF AN INTREPID PRO-LIFE ACTIVIST AND GRANDMOTHER November 4, 2015

Last week I traveled to Kentucky. This time, I had a travel companion, Flat Willow. Flat Willow (FW) is a cardboard doll who must travel to different locations in order for my granddaughter to report on her adventures. FW and I left Minneapolis-St. Paul, arriving in one of my top two least favorite airports, O'Hare. Our adventure began.



Holding FW up with one hand while trying to take her picture with a cell phone in the other hand is no small feat. Surprisingly, there wasn't much in O'Hare that said "Chicago" on it, so I knelt down in front of a paper box and managed to get a picture of her in front of the Chicago Tribune. Straightening up (with all the dignity I could muster), I noticed a man half-smiling. I looked at him and said, "Grandchild." He responded, "I thought so." Okay, so far so good. The next photo op required an accomplice. I secured the cooperation of an airport employee who (although not smiling) was kind enough to hold FW in front of an airport poster showing the air traffic control tower. She shared that she had seen this

before; evidently this is a universal second grade project.

I next boarded the plane for the Cincinnati airport (located in Kentucky, but who's to question?).

Arriving in the Cincinnati airport, I deplane, wait for my bag, and look for another photo op before calling for the hotel shuttle. I spot a large wall hanging and find a way to insert FW into it while fervently hoping the thing will not become dislodged and cause me to be lodging in the local jail. Mission accomplished. As I was retrieving FW an airport employee was passing by, so I felt it necessary to say something to her about hoping I wasn't going to be arrested. She smiled and said, "We've seen stranger things." Much comfort in knowing there are stranger people out there.

The conference was held at the Creation Museum, so I'm assured of photo ops there for my little cardboard friend who has now become a burr under my saddle. After the conference I was able to get an employee to hold FW up in front of a picture of Noah's Ark that is in the process of being built. I also stood her in front of a book, and the Reverend who gave me a ride to the airport (probably a parent himself) took three more photos of me holding my little pal in front of the Creation Museum.

It should be noted that I did actually work on this trip. The Lutherans for Life Conference was very good and we've made valuable inroads with them.

UPDATE ON ASSISTED SUICIDE AND EUTHANASIA

South Dakota: Good news! A ballot measure to legalize physician-assisted dying won't go before voters in 2018. Supporters failed to collect enough signatures by the November 6 deadline. <http://www.blackhillsfox.com/content/news/Recreational-marijuana-assisted-dying-measures-fail-455848393.html>

Vermont: The Vermont Medical Society, which opposed the state's assisted suicide law before it was passed in 2013, has changed its position. At its annual meeting in November, the VMS adopted a new policy which basically declares that physicians have the right to decide to prescribe lethal medications for patients so they can kill themselves. <http://digital.vpr.net/post/vermont-medical-society-shifts-end-life-policy#stream/0>

Massachusetts: On December 1, the Massachusetts Medical Society dropped its long-time opposition to physician-assisted suicide (PAS) by adopting a neutral position on "the act of a physician writing a prescription for the lethal dose of medication to be used by an adult

with a terminal illness...." In 2012, a ballot initiative to legalize PAS was narrowly rejected by voters. The Medical Society's new position is particularly ominous since it comes at a time when the state legislatures is set to reconsider the issue.

http://www.masslive.com/politics/index.ssf/2017/12/massachusetts_medical_society_3.html#incart_river_home

Australia: On November 22, the **Victoria** Parliament's Upper House passed the contentious "Voluntary Assisted Dying" bill (to legalize euthanasia and assisted suicide) which the Lower House had passed in October. Bernie Finn, a Christian conservative, stated that the government would be "setting up the death industry in Australia." The death industry, as witnessed wherever assisted suicide and/or euthanasia have been legalized, is a growth industry--continually expanding its customer base and increasing consumer numbers. <https://www.theguardian.com/society/2017/nov/23/crossing-the-threshold-victoria-makes-history-with-assisted-dying-law>

On a brighter note, in mid-November, "voluntary assisted dying" legislation was defeated in **New South Wales**, but just barely. The vote was 20 against and 19 for the bill. Liberal member of the NSW Parliament, Taylor Martin, argued against the bill: "One of the main reasons why Australia stopped the barbaric practice of capital punishment is because it is so final. We must consider this bill through a similar lens."

<http://www.abc.net.au/news/2017-11-16/nsw-parliament-votes-on-euthanasia-bill/9158384>

RISKS OF GUARDIANSHIP ABUSE



By William Beckman

Over the years that I served as executive director at Illinois Right to Life, I received a number of calls from concerned relatives about threats to the wellbeing, or even the life, of loved ones who were placed under the care of public guardians. In all of these cases the situation leading to the appointment of a public guardian was initiated either by a relative or a social worker who disagreed with the care being provided by the caretaking relative. Based on my interaction with these concerned caretaking relatives, I learned that they lost most or all of their rights to make decisions about the care of their relative once the public guardian was appointed. Often these guardians were making medical decisions based on quality of life criteria, which in some cases led to hastened death for wards under their care, while concerned relatives could only watch helplessly in horror. I concluded, and from then on recommended, that family members need to avoid involvement of public guardians, if at all possible, to prevent heartache in providing for the wellbeing of their beloved relatives.

Unethical Guardians Seize Control of Seniors' Lives

As a senior citizen myself, I was drawn to an article in the October 9, 2017 issue of *The New Yorker* magazine written by Rachel Aviv with the title "How the Elderly Lose Their Rights" [<https://www.newyorker.com/magazine/2017/10/09/how-the-elderly-lose-their-rights>]. This article reveals the aggressive actions of some guardians who actively seek out wards and take control of their lives immediately through surprise visits to their homes. I was shocked to learn how easily these unethical and greedy guardians can take full control of the lives and property of the senior citizens who become their victims.

I also realized that these unethical guardians create another source of risk for hastened death, with the potential to parallel the abuses experienced in some hospices, nursing homes and even hospitals that base health care decisions on quality of life criteria.

How is it possible that senior citizens can be taken from their homes without any apparent legal safeguards?

The answer begins with a plethora of guardians who are willing to abuse the legal provisions that were intended to protect vulnerable senior citizens from abuse. One available legal tool is called an emergency ex-parte petition. An ex-parte petition allows a guardian to appear before a family court judge under an exception to the rule that both parties must be notified of any argument before the judge. The guardian then requests authorization from the judge for a temporary guardianship based on claims of a need for immediate intervention, usually justified with vague and unsubstantiated risks of a medical emergency.

Contributing to the ease of getting agreement from a judge to grant the temporary guardianship order is the ease many guardians have of obtaining cooperation from some medical professionals. Support for claims of a medical emergency may include documents such as "a brief physician's certificate that contained minimal details and often stated that the ward was too incapacitated to attend a court hearing."

Once the judge grants the temporary guardianship, the stage is set for the surprise visit to the victim's home. After the victim is taken from home and placed in some type of senior care facility at the guardian's discretion, the guardian returns to the family court judge to request that this ward be placed under permanent guardianship. This request is usually granted because the guardian is known to the judge, and the relatives of the victimized senior citizen are not prepared to present a case, and may even be falsely accused by the guardian of abusing the senior citizen who has become the target of guardianship. Attempts to request that a relative be appointed as guardian are complicated by such false accusations against the relatives, and especially if they live out-of-state. Usually, non-residents of a state, even if relatives, are not allowed to become guardians for people living in that state.

Guardians Can Shut Out Relatives and Make All Decisions for Wards, Including Medical Treatment Decisions

The out-of-state issue makes it more appealing to practice unethical guardianship in states that are known to attract senior citizens to retirement communities, such as Nevada, Florida, New Mexico, Arizona, and Texas. Many seniors can be found there who do not have any relatives living in their state of residence.

Regulation of guardianships has not been strengthened or modified in any significant way for many years. Rachel Aviv notes that "in Nevada, as in many states, anyone can become a guardian by taking a course, as long as he or she has not been convicted of a felony or recently declared bankruptcy." Thus, many of the guardians actually practicing are private guardians operating in the public arena who benefit from the lack of regulations to prevent abuses.

Unfortunately, even having close relatives living nearby is no guarantee that senior citizens will not become targets of unethical guardians. The first example cited by Rachel Aviv was a couple living in Nevada. After the surprise visit by the guardian who forced Rudy and Rennie North to immediately leave their home and be taken to an assisted living facility, their daughter stopped by that afternoon and was surprised to find her parents not at home. She was unable to locate them for a number of days until she returned to her parents' home and found a note taped to the door with the guardian's phone number on it.

Meanwhile the guardian had immediately walked through the North's home with a representative of a company that relocates seniors and sells their belongings at estate sales. The guardian is motivated to generate liquid assets from the victims' property because those assets are used to pay guardian fees for time spent on the case. These fees are charged at hourly rates of \$175 or more, since courts often place no limits on such fees as long as they seem reasonable.

Rachel Aviv noted that an auditor for the guardianship fraud program in Palm Beach County stated that in the United States, 1.5 million adults are wards of guardians, either family members or professionals, who control nearly \$273 billion dollars in assets.

Under the abuses of guardianship that are taking place, too many senior citizens are becoming victims similar to Rudy and Rennie North. "Owing to age or disability, they had been deemed incompetent, a legal term that describes those who are unable to make reasoned choices about their lives or their property." Based on such glaring misrepresentations of their medical condition, the guardian was able to obtain "the authority to manage their assets, and to choose where they lived, whom they associated

with, and what medical treatment they received. They lost nearly all their civil rights."

With the guardian controlling decisions about medical treatments, more risks are introduced. Many guardians make these decisions based on quality of life criteria. The results may include overdosing on unneeded drugs, unnecessary weight gain, and other negative health effects that can lead to hastened death. Guardianship abuses create serious risks for freedom of senior citizens to live their lives, enjoy their property, and maintain their health.

Both Caution and Reforms Are Key to Preventing Guardianship Abuses

Caution in dealing with medical professionals is always prudent to avoid any cursory observations being placed in the patient's medical record that might suggest incompetence in dealing with daily living. Any such comment can be used as justification by an unethical guardian in search of new victims.

With long term persistence from the daughter of Rudy and Rennie North, along with relatives of other victims of unethical guardianships in Nevada, some reforms are coming slowly for guardianships in that state. However, Rachel Aviv's article describes many attempts at fighting guardianship injustices that reached frustrating dead ends. To put more focus on the problem, Richard Black became the director of a grassroots national organization, Americans Against Abusive Probate Guardianship (aaapg.net), after his father-in-law was placed into guardianship.

The danger of unethical guardianships as a threat to the lives and property of senior citizens cannot be minimized. If you are a senior who is considering moving to the Sunbelt for your golden years, evaluating the risks of guardianship abuse should be a factor in your decision making to relocate.

William Beckman served as Executive Director of the Illinois Right to Life Committee (IRLC) in Chicago from 2001 through 2013. In that role he maintained a website and edited a quarterly newsletter, covering and researching topics on a wide variety of life issues including abortion, contraception, stem cell research, in vitro fertilization, assisted suicide, euthanasia, hospice, brain death, and other end-of-life issues. Mr. Beckman has been involved in the Pro-Life movement since 1974, leading pro-Life activities in his own community, including annual Life Chains and monthly vigils at Planned Parenthood, and serving as Pro-Life coordinator at his church. He has also served on the board of directors of a pregnancy care center since 2000. Mr. Beckman is married to Nancy. They have four grown children and eight grandchildren.

CASE IN POINT

I Witnessed Involuntary Euthanasia in Hospice



By Heidi Wise

My 84-year-old father died in March at a rehabilitation facility on the East Coast. He was a veteran, a family man, and an active member of his community. I believe he was a victim of "stealth euthanasia"-- against his will--and that he died at the hands of a rogue nurse with very misguided philosophies.

At the end of January, my father had developed a nosebleed, went into the hospital for evaluation, and was then transferred to a rehabilitation facility. You may wonder, "Why was he sent there?" I cannot answer that question. The reason is a mystery to me.

At the rehab facility, Dad slipped on a sock that was halfway off his foot and suffered a hairline fracture of his greater trochanter (the upper end of the femur), which the orthopedist said would heal on its own without surgery. Although he had been diagnosed a while back with chronic myeloid leukemia (which is not a terminal condition), the medical records from the hospital's oncologist confirm that my dad's condition was stable. There was no major medical event that would account for his dying other than the Roxanol (a highly concentrated form of morphine) that he was given. The nurse practitioner at the rehab center never called to consult with my father's primary care doctor, who would have told her that Dad was not terminally ill. Nor did she consult with the hospital's oncologist. I am convinced of one thing: the nurse practitioner orchestrated my dad's untimely death.



The Twilight Zone

About four weeks after my father fell, the nurse practitioner and other staff members at the rehab center led me to believe that my father was having difficulty breathing. I was there with my father and could not detect any issues with his breathing. Nevertheless, he was diagnosed with pneumonia and put on antibiotics. Later they said it wasn't pneumonia, claiming instead that his chronic leukemia was getting worse, which I now know was not true. My family was also told that Dad was dying, when he was not! The nurse practitioner pressured me very aggressively to approve hospice care for Dad. She

also asked me to approve the use of Ativan (a medication used to treat anxiety) and morphine even though he did not seem to be in pain. I have learned, from conversations with friends who are physicians, that morphine can suppress a person's breathing and can cause death. But I was not informed about this at the time, so I agreed to the use of hospice and these drugs.

At one point I was told by his nurse practitioner that hospice had been cancelled (even though the records don't show that hospice was involved at that time) and that they were just going to "do it" with medication. It was truly horrifying! I felt that I was in the Twilight Zone. I regret deeply that I did not go straight to the authorities! However, I did contact an attorney who advised me to write to the facility's administrator and ask her for answers to my many questions, chief of which was "Why are my father's wishes not being respected?" I did so and also informed her that I had a videotape of my father saying that he wanted to live. My letter was ignored.

Dad wanted to be home and under the care of his regular physician. He wanted to live and his wishes were ignored, even when I supported and spoke up for his wishes. Also, his best friend of the past 30 years stated that my father had told him that he wanted to live, a statement that this friend later had notarized and gave to me.

A scheduled death

On the evening before Dad's death, my mother was called and told to come to the rehab center because my dad would pass "in about five hours." How could the staff know that he would die in five hours when death does not arrive on time like someone arriving for an appointment? The fact that the staff knew exactly when my father was going to die is very suspicious, and I believe it had much to do with the drugs they were giving him.

Prior to being given morphine, Dad did *not* have the well-recognized signs of the active phase of dying. [1] However, after he began receiving Roxanol, his condition rapidly declined. In 2013, *Ethics & Medics* published an article by four experts who asserted, "When opioids are used to impose death, health care professionals usually cloak their actions by telling families that the signs of approaching death being observed are due to a terminal illness, not to the adverse effects of a clinical overdose, which conveniently mirror some of the signs of the end-stage active phase of dying." [2] I believe that my father's death was not natural or accidental.

I emailed the administrator again on March 2, the morning of my dad's death. She responded that she had no legal authority to answer me. So I know she received my email. I indicated that I believed a crime had been committed and reminded her that euthanasia is not legal in Massachusetts. Two days later this administrator released his body for cremation, making it impossible to run toxicology tests.

A deadly declaration

On March 3, I received a call from a Veterans Administration agent who had visited my dad regarding his service-related disability claim about five days before his death. The man was shocked to hear that my dad had passed away and that the day after their visit, Dad had been declared incapable of making his own medical decisions. The man said he had spent several hours with my dad, who was perfectly lucid and answered all of his questions.

The nurse practitioner had told me she had a conversation with my dad on the same day the VA agent interviewed him. She also said he was lucid. A day later, she had my father declared incapable of making of his own decisions and invoked the health care proxy. My father did not go from being perfectly lucid to being mentally incapacitated overnight. In fact, he was still perfectly lucid.

Invoking the health care proxy made my sister the one responsible for Dad's health care decisions. Legally, my mother should have been named his proxy decision-maker, but she was bypassed because the nurse practitioner did not think she was capable. My sister, who is also a nurse practitioner, was shocked. She said, "Now Dad loses all his rights." It is my understanding that having a person declared incapable of making their own decisions is not just a matter of having someone sign a form, but that is what was done. The whole thing was an outrage! My sister decided to involve hospice in Dad's care and agreed to its treatment regimen.

Hospice took over my father's care at 1:00 PM on March 1. Dad was dead at 3:30 AM on March 2.

I had called the hospice the day before my dad's death, requesting to be included in its support and bereavement services. I mentioned that I did not agree with what was going on. The case manager hung up on me! This treatment totally contradicted the "warm and fuzzy" impression of hospice that I had been led to believe in. This was a terribly cruel way to treat me when my father was dying. I have since then learned that they considered me to be trouble when I said I did not agree with what was going on.

Taking action

I have filed a complaint with the Massachusetts Board of Nursing and will be filing one against this hospice too. When I called the regulatory department and told them how the hospice had treated me, the woman I spoke with was gasping with shock. She said I should definitely file a complaint.

I have done a lot of research and have come to understand that "stealth euthanasia" is a widespread problem and a deeply troubling trend. For example, an indictment was recently handed down for sixteen people who were overdosing patients at a hospice in Texas. In some cases the overdoses led to death. [3] The reasons for "stealth euthanasia" range from intervention by rogue health care personnel, as in the case of my father, to concerns about the cost of care or the allocation of health care resources, to simple greed.

In just one month, three of my friends told me that they have had similar horrifying experiences. Even people I don't know have reached out to me on Facebook to tell me about their loved ones who they believe were killed by health care providers. Just like me, they are traumatized and extremely distressed.

It is crucially important to make the public aware of "stealth euthanasia." Whether someone has two weeks, six months, or two years to live, no one has the right to take that time away from them and their family members by imposing death! The rehab facility and hospice staff not only ended my father's life prematurely and against his will, they left me deeply troubled by this horrendous ordeal. Losing a loved one is hard enough, but under these conditions it is unbearable!

Heidi Wise's story of her father's death was originally published by Hospice Patients Alliance (see <http://www.hospicepatients.org/heidi-wise-reports-she-witnessed-involuntary-stealth-euthanasia-in-hospice.html>). The author updated and adapted her story for the PHA Monthly and it is reprinted here with the author's permission.

Editor's note: There are a number of resources available to assist people who are attempting to protect loved ones whose rights and lives are endangered in health care settings. Contact the Pro-life Healthcare Alliance for more information: 651-484-1040.

[1] "Signs and Symptoms of Approaching Death," *Informed: A guide for critical medical decisions*, pp. 8-9,
<https://resources.humanlife.org/pdf/informed.pdf>

[2] Ralph A. Capone, MD, FACP; Kenneth R. Stevens Jr., MD, FACP; Julie Grimstad; and Ron Panzer, LPN, "The Rise of Stealth Euthanasia," *Ethics & Medics*, Vol. 38, No. 6, June 2013.

[3] Valerie Wigglesworth and Holly K Hacker, "Frisco couple, 14 others indicted in Medicare hospice scheme that preyed on 'most vulnerable'," *The Dallas Morning News*, February 28, 2017,
<https://www.dallasnews.com/news/frisco/2017/02/28/frisco-man-15-others-indicted-medicare-hospice-scheme-used-human-life-vulnerable-stage>.

CARE NOT KILLING SYMPOSIUM: A GREAT EDUCATIONAL EVENT



By Ann Olson, Human Life Alliance Director of Education

I recently had the opportunity to attend a wonderful conference held at Biola University in La Mirada, California. The conference was sponsored by a number of different organizations including PHA members: Euthanasia Prevention Coalition, Scholl Institute of Bioethics, California Nurses for Ethical Standards and Life Legal Defense Foundation. Human Life Alliance sponsored conference folders and had publications, fact sheets and videos available for those in attendance.

According to one of the planners, Bob Cielnicky, with Scholl Institute and Crusade for Life, the Caring Not Killing symposium was over a year and a half in the planning. It was obvious that great attention was paid to the speakers and topics chosen, as well as location because it was one of the best educational events I have attended.

The day was filled with exciting speakers who addressed an audience of healthcare professionals as well as others interested in topics such as the sanctity of life, organ donation, brain death, physician assisted suicide, euthanasia and hospice and palliative care. It was also an excellent opportunity to network with others working to educate and engage people in the fight against euthanasia.

Scholl Institute will have video of the conference available. To purchase a set, contact info@schollbioethics.org.

RECOMMENDED READING.

"Organ Ghouls on the Prowl," *Essential Life Update* (Georgia Right to Life Newsletter), December 2018: <http://www.grtl.org/?q=Organ-Ghouls-on-the-Prowl>

Euthanasia Prevention Coalition Newsletter, December 2017: <http://www.epcc.ca/wp-content/uploads/2017/11/EPC-Newsletter-191-Online.pdf>

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



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