

July 6, 2023

To: The Honorable Samuel Thumma & All Members of the ULC; including Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

Dear Honorable Commissioners:

We are observers to the ULC and physicians knowledgeable about "brain death" (BD) and have been in contact with patients, families, et al. with tangible interests in the UDDA.

Sent to the ULC are **850+** signed letters from persons in **24 states and the District of Columbia**.

Main Points:

- UDDA should be repealed and replaced with this model statute:
- Model statute, worded in the negative, sets minimum criteria before death is declared.  
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**
- Model Statute, worded in the negative, fulfills the minimum change in the biological state of the three interdependent vital systems to protect a live patient from being treated as dead.
- Consent and Conscience Protection: Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline the apnea test, exams, and protocols, for the determination and declaration of BD, including, but not limited to religious objections.
- Tangible interest stake holders are patients, prospective patients, families, physicians, health-care workers and medical facilities. Contrary to "expert" opinions about BD and "quality-of-life" judgments, surviving relatives suffer knowing that "death" of their loved one was declared while the patient had a beating heart, circulation, respiration, and other signs of life. They suffer realizing that their BD loved one was cut into and vital organs taken. They suffer when treatments and care to preserve and protect the patient's life, even if disability was the prognosis, were denied.
- Treatment options that protect and preserve the life of the patient, even if disability is a potential outcome should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

Respectfully,



Paul A. Byrne, M.D.; [pbyrne@bex.net](mailto:pbyrne@bex.net); (419) 779-6727



Christine M. Zainer, M.D.; [czainermd@wi.rr.com](mailto:czainermd@wi.rr.com); (414) 807-8604

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [czainermd@wi.rr.com](mailto:czainermd@wi.rr.com)

*Christine M. Zainer MD*

Signature above line

*CHRISTINE M. ZAINEER, MD*

Print Name above line

Date:

*7/6/2023*

*737 ROBERTSON ST.*

Street Address above line

*WAUWATOSA, WI 53213*

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

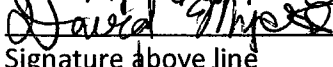
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [info@uniformlaws.org](mailto:info@uniformlaws.org)



Signature above line

David Myers

Print Name above line

Date: 6/4/2023

7375 Pavell Rd

Street Address above line

Wildwood FL 34785

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 

Sandra Ann Pongratz

Signature above line

SANDRA ANN PONGRATZ

Print Name above line

Date: June 4, 2023  
6898 SW III LOOP

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [havuthomas@gmail.com](mailto:havuthomas@gmail.com)

*Thomas St. Yves*

Signature above line

*Thomas St. Yves*

Print Name above line

Date: *6/4/23*

*10948 SW 85th Terrace*

Street Address above line

*Ocala, FL 34481*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: debra.havu@gmail.com

Debra A. St. Yves

Signature above line

Debra A. St. Yves

Print Name above line

Date: 6-4-23

10948 SW 85th Terrace

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: myersvalerie4011@gmail.com

Valerie A. Myers

Signature above line

Valerie A. Myers

Print Name above line

Date:

6/4/2023

4612 CR 118

Street Address above line

Wildwood, FL 34785

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: ~~thumma@uniformlaws.org~~ [thumma@uniformlaws.org](mailto:thumma@uniformlaws.org)

*Samuel Thumma*

Signature above line

Print Name above line

Date: 6-4-2023

Street Address above line

111 N. Wabash Ave. Suite 1010

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: GolfingTts45@hotmail

Signature above line

Print Name above line

Date: 06-03-2023

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [roxana.cabenos@gmail.com](mailto:roxana.cabenos@gmail.com)

*Nelson P Caban*

Signature above line

*Nelson Caban*

Print Name above line

Date: *6-4-23*

*7664 SW 102nd 100p*

Street Address above line

*DCMn FL 34476*

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

*[Signature]*

Signature above line

AKS Law P.C.

Print Name above line

Date:

6/4/23

Street Address above line

8720 SW 56 Ave Rd

City, State, Zip above line

Ocala FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [rx74205@aol.com](mailto:rx74205@aol.com)

Signature above line

Print Name above line

Print Name above line

Date: 6-4-2023

Street Address above line

City, State, Zip above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Marina Buckwheat

Signature above line

Marina Buckwheat

Print Name above line

Date:

6/4/23

Street Address above line

9860 SW 102nd Pl,

City, State, Zip above line

Ocala, FL 33487

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Jason Buckheart

Signature above line

JASON Buckheart

Print Name above line

Date:

06/04/23

Street Address above line

9860 SW 102nd Pl.

City, State, Zip above line

CC#14 FL 34401

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [linasmart@yahoo.com](mailto:linasmart@yahoo.com)

Date: 6/4/23

Signature above line

Street Address above line

LINA SMART-PEREZ

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

*Rethel P. Myson*

Print Name above line

Date: \_\_\_\_\_

*6-4-23*  
*8140 S.W. 56th Terr.*

Street Address above line

*Ocala Fl. 34476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Anne M. Strange

Signature above line

Anne M. Strange

Print Name above line

Date:

6/4/23

8070 SW 109th St Rd

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

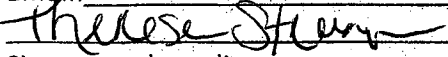
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Theresa Strange

Print Name above line

Date:

6/4/23  
8070 SW 109th St. Road

Street Address above line

Ocala FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

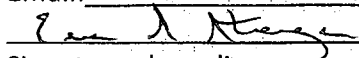
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

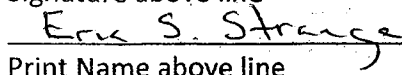
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line



Print Name above line

Date: 06/04/2023

8070 SW 109th St. Road

Street Address above line

Ocala FL 34401

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Paradise303@yahoo.com](mailto:Paradise303@yahoo.com)

Signature above line

SACK WANEY

Print Name above line

Date:

June 4, 2023

10285 51099 Ave

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

Email: Deborah.Fischer25@gmail.com  
Deborah Fischer  
Signature above line  
Deborah Fischer  
Print Name above line

Date: 6-4-23  
13291 CR 200  
Street Address above line  
Oxford FL 34484  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: LINUBEAN1013@aol.com

Mary Ann McGuinness

Signature above line

MARY ANN MCGUINNESS

Print Name above line

Date: 6/3

7785 SW 86th Loop

Street Address above line

OCALA, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Skyring.Price@gmail.com

Skyring Price

Signature above line

Skyring Price

Print Name above line

Date: 6-4-2023

13220 SE 93rd Cir

Street Address above line

Sumnerfield, IL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [MWVENETO@GMAIL.COM](mailto:MWVENETO@GMAIL.COM)



Signature above line

MARY ANNE WYMAN BLIZ

Print Name above line

Date:

6/4/23

13405 S.E. 99<sup>th</sup> TERRACE RD

Street Address above line

SUMMERFIELD, FL. 34491

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Soupbone1953@yahoo.com

Ralph J. Marzio Jr

Signature above line

Ralph J. Marzio Jr

Print Name above line

Date: 6-14-2023

9706 SW 92 Pl, Rd

Street Address above line

Ocala, Florida 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dorothy.maz54@yahoo.com](mailto:dorothy.maz54@yahoo.com)

~~Dorothy DNC~~

Signature above line

Dorothy H Mazzio

Print Name above line

Date: 6-4-23

# 9706 S.W. 92nd PL RD

Street Address above line

Ocala FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: No computer  
Mary Brock

Signature above line

MARY BROCK

Print Name above line

Date: June 4, 2023  
6105 SW 84<sup>th</sup> St.

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [paradise3043@yahoo.com](mailto:paradise3043@yahoo.com)

Signature above line

Print Name above line

Date: 6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Marie Ustian

Signature above line

MARIE USTIAN

Print Name above line

Date:

6-4-23  
10218 S.W. 63rd

Street Address above line

DAWA, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

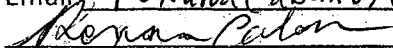
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [RoxanaCaban07@gmail.com](mailto:RoxanaCaban07@gmail.com)



Signature above line

Roxana Caban

Print Name above line

Date: 6/4/23

7664 SW 102nd 100 P Ocala FL 34476

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6/4/2023

Signature above line

Joshua Morales

Street Address above line

Ocala, FL

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Marissa Morales

Signature above line

Marissa Morales

Print Name above line

Date: 6/4/2023

Street Address above line

Ocala, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [pricedavid@mcgill.com](mailto:pricedavid@mcgill.com)

David Price

Signature above line

David Price

Print Name above line

Date: 6-4-2012

13220 SE 93rd Ave

Street Address above line

Sumner, IL 60486

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: BE230SL@ATT.NET

William Elia

Signature above line

WILLIAM ELIA

Print Name above line

Date: 6-4-2023

13405 SE 97TH TER Rd.

Street Address above line

SUMMERFIELD, FL 34491

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [barjoe@mtw@sun.com](mailto:barjoe@mtw@sun.com)

Barbara Montrowl

Signature above line

BARBARA MONTROWL

Print Name above line

Date: 5/4/23

11519 SW 1381A.

Street Address above line

Dunnellon FL 33432

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Debbie. Ellen 25 @ gmail

Date: 6-4-23

Signature above line

13291 CR-200  
Street Address above line

Print Name above line

Ox Ford FL 38488  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [RJWilliams235@gmail.com](mailto:RJWilliams235@gmail.com)

Signature above line  
RJWilliams

Print Name above line

Date: 04 JUNE 2023

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: N/A  
Cynthia Williams

Signature above line  
Cynthia Williams

Print Name above line

Date: 6/4/2023  
8992 SW 94th St

Street Address above line  
Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: OLIVIA S GRAN MAMA

MARGIE MORIN

Signature above line

MARGIE MORIN

Print Name above line

Date: 06/04/23

Street Address above line

1732 SW. 101 COURT

City, State, Zip above line 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: alan\_vinson@hotmail.

Date: 6/4/23

Signature above line  
Alan Vinson

Street Address above line  
6635 SW 95th St Unit F

Print Name above line

City, State, Zip above line Ocala, FL 34470

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line

FRED ROSER

Print Name above line

Date: \_\_\_\_\_

6/4/2023

Street Address above line

OCALA, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Mario Roser

Signature above line

Mario Roser

Print Name above line

Date:

June 4, 2023

Street Address above line

2127 NW 50 Circle

City, State, Zip above line

Orlando, FL



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [supiljoseph18@yahoo.com](mailto:supiljoseph18@yahoo.com)

Date: 06/03/23

Signature above line

4900 46th Ct SE  
Street Address above line

SINIMOL JOSEPH

ocala, FL - 34474

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Sunil.joseph15@yahoo.com](mailto:Sunil.joseph15@yahoo.com)

Signature above line

Angelena Joseph

Print Name above line

Date: 06/03/23

4900 46th Ct

Street Address above line

ocala, FL - 34494

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Aleena Joseph

Signature above line

Print Name above line

Date:

06/03/23

4900 46th Ct

Street Address above line

Ocala, FL - 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: NA

Signature above line

Rose Anna E. Denchy  
Print Name above line

Date: 5-30-23

5456 SW 41st STREET  
Street Address above line

Ocala, FL 34474  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: N/A

Virginia Belland

Signature above line

VIRGINIA Belland

Print Name above line

Date: June 1 - 2023

Street Address above line

10711 SW 29th Ct.

City, State, Zip above line

Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [FIZIZable@yahoo.com](mailto:FIZIZable@yahoo.com)

Date: 5/31/2023

Frances A. Holthaus

7929 SW 85th Loop

Signature above line

Street Address above line

Frances A. Holthaus

Ocala, FL 34476

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: *mannrita09@gmail.com*

*Rita Clare Mann*

Signature above line

*Rita Clare Mann*

Print Name above line

Date: *May 31, 2023*

*7924 SW 85th Loop*

Street Address above line

*Ocala, Florida 34476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [anniscarol856@gmail.com](mailto:anniscarol856@gmail.com)  
Canada.ai

Signature above line

Carol A. Annis

Print Name above line

Date: 5/31/23

7938 SW 85th Loop

Street Address above line

Ocala, FL 34476

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [austinn@yeshu.com](mailto:austinn@yeshu.com)

Signature above line

Nancy G. Abner  
Print Name above line

Date: 6/1/12

9350 SW 34th St

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: HSSGLASS@YAHOO.COM

Joseph J. Holtzhaus  
Signature above line

JOSEPH J. HOLTHAUS

Print Name above line

Date: 5-31-2023

7929 SW 85<sup>TH</sup> LOOP

Street Address above line

OCALA, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Jane Holthaus 24@hotmail.com

Jane Holthaus

Signature above line

Jane Holthaus

Print Name above line

Date: 5/29/2023

4606 Belle Chase Drive

Street Address above line

Tampa, FL 33634

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: ~~crisis~~ Landseejoy@gmail.com Date: June 1st 2023  
Nancy C. Remus 10075 SW 91 Ave  
Signature above line Ocala, FL 34481  
Nancy C. Remus City, State, Zip above line  
Print Name above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: paulettestewart@flcourts.org

Date: 6-1-2023

Paulette Stewart

IRCOM

5613 SW 58th PL.

Signature above line

Street Address above line

Paulette Stewart

Ocala, FL 34474

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: CARL S. VOLLMER@GMAIL.COM Date: 28 May 2023  
Carl Vollmer 7684 SW 128th PL. APT 34473  
Signature above line Street Address above line  
CARL VOLLMER. Ocala, FL 34473  
Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Suelimor3@msn.com

Susan Limor

Signature above line

SUSAN LIMOR

Print Name above line

Date: 5-26-23

7121 SE 93rd ST.

Street Address above line

OCALA, FL 34472

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

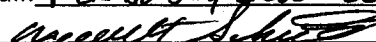
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

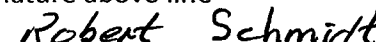
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [rdshobby@aol.com](mailto:rdshobby@aol.com)



Signature above line



Print Name above line

Date: 26 May 2023

11488 SW 82nd CT RD

Street Address above line

Ocala, FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: barb1257@aol.com

Barbara Schmidt

Signature above line

Barbara Schmidt

Print Name above line

Date: 26 May 2023

11488 SW 82nd CTRD

Street Address above line

Orlando, FL 32831

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

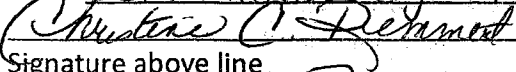
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [CCRemmert@gmail.com](mailto:CCRemmert@gmail.com)



Signature above line

CHRISTINE C. REMMERT

Print Name above line

Date: 5-23-23

7858 SW 84th Loop

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Mary.d.peters62@gmail.com

Date: 5/23/2023

Mary D. Peters

1425 SE 99th Ave

Signature above line

Street Address above line

Mary D. Peters

Ocala FL 34471

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Carlaricci7665@gmail.com

Date:

5-23-2023

Signature above line

Carla Ricci

Street Address above line

7665 SW 102 Loop

Print Name above line

Carla Ricci

City, State, Zip above line

Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

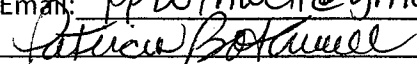
The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [ppbothwell@gmail.com](mailto:ppbothwell@gmail.com)  
  
\_\_\_\_\_  
Signature above line  
PATRICIA BOTHWELL  
\_\_\_\_\_  
Print Name above line

Date: 5-27-23  
581 NE 41 ST  
\_\_\_\_\_  
Street Address above line  
OCALA, FL 34479  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Erics202@yahoo.com

Robert E. Elias

Signature above line

Robert E. Elias

Print Name above line

Date: 05/28/23

12890 SW 85 Pl

Street Address above line

12890 SW 85 Pl Dunellon Fl. 34432

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: elias 202@yahoo.com

B. Michaela Elias

Signature above line

B. Michaela Elias

Print Name above line

Date: 5-25-23

12980 SW 85th Place

Street Address above line

Dunnellon, FL 34432

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [JOHNJOZL@AOL.COM](mailto:JOHNJOZL@AOL.COM)



Signature above line

John Jozl

Print Name above line

Date:

June 4, 2023

9686 SW 92 Place Rd

Street Address above line

Ocala FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: N/A  
Anna J. Ilic  
Signature above line  
Anna J Ilic  
Print Name above line

Date: 5/28/2023  
5210 Sunshine Dr  
Street Address above line  
Wildwood, FL 34785  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [laxlanroxuforever@hotmail.com](mailto:laxlanroxuforever@hotmail.com)

Donna F Miller

Signature above line

Donna F Miller

Print Name above line

Date: 5-25-23

6933 NW Hwy 225 A

Street Address above line

Ocala, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Sullivan, eileen@aol.com

Eileen R Sullivan

Signature above line

Eileen R Sullivan

Print Name above line

Date: 5-26-23

3309 NE 10<sup>th</sup> St.

Street Address above line

Ocala FL 34470

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [docmac625@aol.com](mailto:docmac625@aol.com)

*Elizabeth MacLead*

Signature above line

*Elizabeth MacLead*

Print Name above line

Date: *5-26-23*

*150 SW 80th St*

Street Address above line

*Ocala FL 34476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: EMILY DENARO@ymail.com

Date: 5/26/23

Emily M Denaro

2582 SE 45th St

Signature above line  
EMILY DENARO

Street Address above line  
Ocala, FL 34480

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [nidean1@AOL.com](mailto:nidean1@AOL.com)

*Nancy Dean*

Signature above line

*Nancy Dean*

Print Name above line

Date: *5-26-2023*

*14731 SE 1st Ave Rd*

Street Address above line

*Summerfield FL 3449*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ajamesdean7@gmail.com](mailto:ajamesdean7@gmail.com)

James R Dean

Signature above line

James R Dean

Print Name above line

Date: 5/26/23

14771 SE 1st Ave Rd

Street Address above line

Summerfield, FL 34491

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mjmoore6507@gmail.com](mailto:mjmoore6507@gmail.com)

Marcum J. Moore

Signature above line

Marcum J. Moore

Print Name above line

Date: 5-26-23

10076 SE 106<sup>th</sup> St.

Street Address above line

Belkview, FL 34420

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: florida.betty.1949@yahoo.com Date: 5-26-23  
Betty Johnston 10975 SW 63<sup>rd</sup> Ave  
Signature above line Street Address above line  
Betty Johnston Ocala FL 34476  
Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [riseup2shine@gmail.com](mailto:riseup2shine@gmail.com)



Signature above line

Annette Severino

Print Name above line

Date:

6/4/23

9317 SW 106th Ave

Street Address above line

OCALA FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: STRTUPART4@YAHOO.COM

Signature above line

KAROL TAYLOR

Print Name above line

Date:

6/4/23

Street Address above line

9359 SW 106th Ave Oakdale

City, State, Zip above line

OCALA FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 9060nc52@gmail.com

Anthony R. Severino  
Signature above line

TONY SEVERINO  
Print Name above line

Date: 6-4-23

9317 SW 1010th Ave  
Street Address above line

OCALA, FL 34481  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Carol Feaster

Signature above line

Carol Feaster

Print Name above line

Date: 6-4-23

Street Address above line

9010 SW 89 Ave unit C

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [V.Fulton@RA54.org](mailto:V.Fulton@RA54.org)  
Signature above line  
Valerie Fulton-Chapman  
Print Name above line

Date: 6/14/23  
4023 NW Gansenville Rd Lot 22  
Street Address above line  
Ocala FL 34475  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: SP-Nelson@MSN.com

Stephen P. Nelson

Signature above line

Stephen P. Nelson

Print Name above line

Date: 5-4-23

704 SE Wenona Ave

Street Address above line

Ocala FL 34471

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

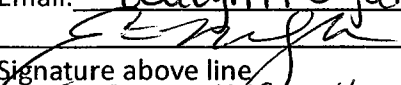
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [icalyn19@yahoo.com](mailto:icalyn19@yahoo.com)



Signature above line  
Erica McLaughlin

Print Name above line

Date: 6-4-23  
6535 SW 75<sup>th</sup> Court Rd

Street Address above line  
Ocala, FL 34474

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [SUSANYoungMagee@gmail.com](mailto:SUSANYoungMagee@gmail.com)

Susan Magee  
Signature above line

SUSAN Magee  
Print Name above line

Date: 6-2-23

42 Fir Rd  
Street Address above line

Ocala FL 34472  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Kimisbox@yahoo.com

Kimis Evans

Signature above line

KIMI S EVANS

Print Name above line

Date: June 4, 2023

10444 SW 62nd Court

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

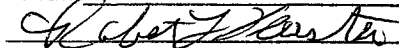
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

ROBERT L. FEASTER

Print Name above line

Date: 6/4/2023

9840 SW 87th AVE, Unit C

Street Address above line

OCALA FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 6-5-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: \_\_\_\_\_

Street Address above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [stktcupnorth@yahoo.com](mailto:stktcupnorth@yahoo.com)

Date: 6.4.23

Kathleen Taylor

Signature above line

Street Address above line

KATHLEEN TAYLOR

9359 SW 106 Ave

Print Name above line

City, State, Zip above line

Ocala FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Chris.jessen2@gmail.com

Chris E. Jessen II

Signature above line

CHRIS E. JESSEN II

Print Name above line

Date: 6-3-23

9312 SW 93rd Ln

Street Address above line

OKLA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Judy. jessen@gmail.com

Judith E. Jessen

Signature above line

Judith E. Jessen

Print Name above line

Date: June 4, 2023

9312 SW 93<sup>rd</sup> Circle

Street Address above line

Ocala, FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

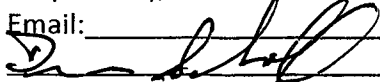
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line

DENNIS SCHELL

Print Name above line

Date: \_\_\_\_\_

6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Susbr220@aol.com

Date: 6/4/23

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

Susan Piazza

4001 SW 14th Place  
Ocala FL 34473

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Donna Ruckel

Signature above line

Donna Ruckel

Print Name above line

Date:

6-4-2023

Street Address above line

6941 SW 94th OCALA FL

City, State, Zip above line

OCALA FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: THREEFINA13@GMAIL.COM Date: 5/4/23

Marianna Archibald

Signature above line

MARIANNE ARCHIBALD

Print Name above line

6324 SW 103rd Rd

Street Address above line

OCALA FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: *ccprand*  
*Richard Carran*

Signature above line  
*Richard Carran*

Print Name above line

Date: *6-4-23*  
*8696 SW 88th Court Rd*

Street Address above line  
*Ocala, FL 34481*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: debby2727@hotmail.com

Debby Wright

Signature above line

Debby Wright

Print Name above line

Date: 6-4-23

10496 SW 89th PL

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [LuvtofeachLamotte@yahoo.com](mailto:LuvtofeachLamotte@yahoo.com)

*Louisa E. LaMotte*

Signature above line

*LEONA E. LAMOTTE*

Print Name above line

Date: *6/4/23*

*17358 SW 25th Circle*

Street Address above line

*Ocala, FL 34473*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, \_\_\_\_\_

Email: \_\_\_\_\_

Paula Janicke

Signature above line

PAULA JANICKE

Print Name above line

Date: \_\_\_\_\_

6-4-23

Street Address above line

10433 SW 89th PL

City, State, Zip above line

OCALA, FL 34481



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: MARTMOORE@GMAIL.COM

Date: 6/4/23

MARTY R. MOORE

5205 NW 65TH STREET

Signature above line

Street Address above line

MARTY R. MOORE

OLAH, FL 334182

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [connieunrein@gmail.com](mailto:connieunrein@gmail.com)

Date: 6-4-2023



9285 SW 77th Street

Signature above line

Street Address above line

CONNIE D UNREIN

Deale, FL 34481

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

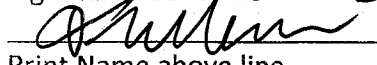
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [TimUnruh@ymail.com](mailto:TimUnruh@ymail.com)

Date: 6-4-2023

Signature above line



Print Name above line

Tim Unruh

Street Address above line

2001 N. Wabash

City, State, Zip above line

Chicago, IL 60602

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

TOMCAT@DECCA CABLE

Date: 6-4-23

Signature above line

Thomas W. Kahn

Print Name above line

8836 SW 116 ST RD

Street Address above line

OCALA FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Suzanne McLean

Signature above line

Suzanne McLean

Print Name above line

Date:

6-4-2023

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [beachdragon2001@yahoo.com](mailto:beachdragon2001@yahoo.com)

Lisa Smith

Signature above line

Lisa Smith

Print Name above line

Date:

6-4-23

14391 SW 34 Ter Rd

Street Address above line

Ocala FL 34473

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

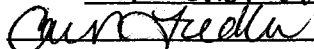
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [C.Friedler1989@gmail.com](mailto:C.Friedler1989@gmail.com)



Signature above line

Carol Friedler

Print Name above line

Date: 6-4-2023

9679 SW 103<sup>rd</sup> Terrace

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

N/A  
Walter Dorsey

Signature above line

William Dorsey  
Print Name above line

Date:

4 JUNE 2023  
4240 SW 140 STREET RD

Street Address above line

Ocala, FL 34473

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: NA

Signature above line

Print Name above line

Date: 6/3/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [L.PANKAY@YAHOO.COM](mailto:L.PANKAY@YAHOO.COM)

Signature above line

LAURENCE E. PANKAY

Print Name above line

Date:

JUNE 4, 2023  
8151 SW 109TH PLACE ROAD

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Carol Schwerzel

Signature above line

Carol Schwerzel

Print Name above line

Date:

6-4-23  
14200 SW 101<sup>st</sup> Ln

Street Address above line

Dunedin, FL 34622

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Susan Schwertel

Print Name above line

Date: 06/04/2023

14200 SW 101 Ave

Street Address above line

Dunwoody, FL 33432

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*Sully 333@startml*  
*Kathy Sullivan*  
*Kathy Sullivan*  
*June 4, 2023*  
*7340 Ella*  
*Laverne FL 33453*

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [renee.fairbrother@gmail.com](mailto:renee.fairbrother@gmail.com)

Rene Fairbrother

Signature above line

Renee Fairbrother

Print Name above line

Date: 6/4/23  
9103 SW 86<sup>th</sup> PL

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Curtissandra483@gmail.com](mailto:Curtissandra483@gmail.com)

Sandra S. Curtis

Signature above line

Sandra S. Curtis

Print Name above line

Date: 6/4/23

9021 SW 108th Ave

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [greg.fairbrother@gmail.com](mailto:greg.fairbrother@gmail.com)

Date: 6/4/23



9183 SW 86th PL

Signature above line

Street Address above line

Greg Fairbrother

Ocala, FL 34481

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

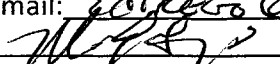
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [edreggo@gmail.com](mailto:edreggo@gmail.com)



Signature above line

M. P. Trego

Print Name above line

Date: 6/4/23

6175 SW 100th Loop

Street Address above line

Orlando FL 32876

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Suziquebt99@gmail

Susan F Jenkins

Signature above line

Susan F Jenkins

Print Name above line

Date: 5/4/23

8482 SW 107th Pl

Street Address above line

Orla FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

P. Tremere

Signature above line

Print Name above line

Date:

5-4-23  
7913 SW 115 Loop

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

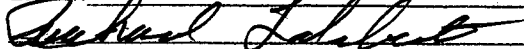
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

RICHARD LALIBERTE

Print Name above line

Date: JUNE 4, 2023

65145W8256 PL. OCALA FL 34476

Street Address above line

OCALA FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 6/4/2023

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: marthamadill@hotmail.com

Date: June 3 2023

Signature above line

Martha Madill

Print Name above line

Street Address above line

1975 nth W. 50th Cir. Ocala

City, State, Zip above line

FLORIDA

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [rfestino@yahoo.com](mailto:rfestino@yahoo.com)

Ray Festino

Signature above line

RAY FESTINO

Print Name above line

Date:

6/5/2023

1975 NW 50th Cir

Street Address above line

OCALA FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: RobDondon3@gmail.com

Date: 6-3-2023

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [reilonpowers2@gmail.com](mailto:reilonpowers2@gmail.com)

Date: 6/4/2023

8680 SW 108<sup>th</sup> Ln Rd

Signature above line

Street Address above line

Reilon C. Powers

Ocala, FL 34421

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

8491 SW 14<sup>th</sup> Ave

Ocala FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

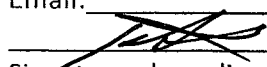
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

  
\_\_\_\_\_  
Signature above line

JOHN R. NORTON  
\_\_\_\_\_  
Print Name above line

Date: 6-4-23  
\_\_\_\_\_  
2011 SE 29 PL

\_\_\_\_\_  
Street Address above line

Ocala FL 34471  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

MADELEINE M. SCHWAMM

Signature above line

MADELEINE M. SCHWAMM

Print Name above line

Date: JUNE 4, 2023

4824 SW 100TH LANE

Street Address above line

OCALA, FL 34476-4132

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

*Paul Rusemich*  
Signature above line

Print Name above line

Date: *5/4/23*

*5946 SW 21<sup>st</sup> AVE RP*  
Street Address above line

*OCALA FL 34471*  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: M. RUSINCKY@yahoo.com

Mary Ann Rusincky

Signature above line

MARYANN RUSINCKY

Print Name above line

COM

Date:

6-4-23

5940 SW 21<sup>st</sup> Ave Rd Ocala 34471

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [radcliffrr@yahoo.com](mailto:radcliffrr@yahoo.com)

*Linda M Radcliff*

Signature above line

*Linda M Radcliff*

Print Name above line

Date:

*6-3-2023*

*8134 SW 100th ST*

Street Address above line

*OCALA FL 34481*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

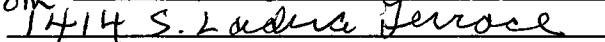
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [donandmarilynB@yahoo.com](mailto:donandmarilynB@yahoo.com)

Date: 6-4-23

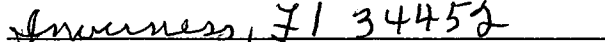




Signature above line

Street Address above line

MARILYN A BLACKBURN



Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Dolores Pecor

Signature above line

Dolores Pecor

Print Name above line

Date: 6-4-27

6222 S.W. 115 ST RD

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [viking.blue.vb@gmail.com](mailto:viking.blue.vb@gmail.com)

Vincent C. Bowers

Signature above line

Vincent C. Bowers

Print Name above line

Date: June 4, 2023

11019 NW 188th Street Road

Street Address above line

Micanopy, FL 32667-8033

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 

Signature above line

Margaret Giller

Print Name above line

MARGARET Giller

Date:

6-4-23  
5806 SW 111<sup>th</sup> Pl Rd

Street Address above line

Ocala Fl 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature above line

\_\_\_\_\_  
Print Name above line

Date: 06/03/23  
8886 SW 85th Loop

\_\_\_\_\_  
Street Address above line

OCALA FL 34481

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

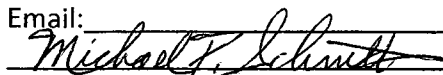
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

MICHAEL P. SCHMITT

Print Name above line

Date:

6/4/23

8886 SW 85th LOOP

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



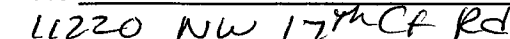
Signature above line



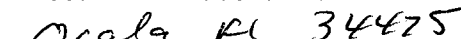
Print Name above line

Date:





Street Address above line



City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Mare.deiorio@gmail.com

Marilyn Deiorio  
Signature above line

Marilyn Deiorio  
Print Name above line

Date: 06/04/2023

1334 NE 7th Terrace  
Street Address above line

Gainesville, FL 32601  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: geovet21@yahoo.com

Signature above line

George Vazoulas

Print Name above line

Date: 6/4/23

24 Wintergreen Way

Street Address above line

Ocoee FL 34482

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: geovet61@yahoo.com

Susan E. Vazoulas

Signature above line

SUSAN E. VAZOULAS

Print Name above line

Date: 6/4/23

24 Wintergreen Way

Street Address above line

Ocala, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: geovet21@yahoo.com

MARtha M. VAZOUlAS  
Signature above line

Print Name above line

Date: 6/4/23

24 WINTERGREEN WAY

Street Address above line

OCALA, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

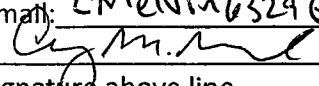
The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: Cmelvin6329@icloud.com  
  
Signature above line  
CARL MELVIN  
Print Name above line

Date: 6/4/23  
5032 SW 104th Loop  
Street Address above line  
OCALA, FL 34476  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.


**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

JOE IMPERATO

Signature above line



Print Name above line

Date:

6.4.23

1800 SW 55th St Rd

Street Address above line

OCALA FL 34471

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

ROSE 1221

Print Name above line

Date:

6.4.23

1800 SW 55<sup>TH</sup> ST. RD

Street Address above line

OCALA FL 34471

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Selina Southard 2003@yahoo.com

Selina Southard

Signature above line  
Selina Southard

Print Name above line

Date: 06/04/2023

5890 SW 88th place

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Veronica M. Angell

Signature above line

Veronica M. Angell

Print Name above line

Date: June 4 2023

8532 SW 79 Ave

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Lise Malinowski

Signature above line  
LISE MALINOWSKI

Print Name above line

Date: June 4, 2020  
419 MTN. SPRING DRIVE

Street Address above line  
BOERNE, TX. 78006

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

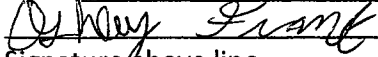
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Ashley Frank

Print Name above line

Date:

6/4/2023

Street Address above line

Lecanto, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [2gearanch@gmail.com](mailto:2gearanch@gmail.com)

Signature above line  
Michael J. Scheuren

Print Name above line

Date: 6/3/23  
3971 Sw. 54th Ct.

Street Address above line  
Ocala, FL 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6/4/13

Signature above line

Jason Sagers

Print Name above line

Street Address above line

Beverly Hills Fl 34465

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Jasiah Sagers  
Signature above line  
Jasiah Sagers

Print Name above line

Date: \_\_\_\_\_

6/4/23  
3617 W Birds Nest Dr.  
Street Address above line  
Beverly Hills, FL, 34465  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Paul Kud@comcast.net

Date: 6/4/23

Signature above line

PAUL KUDARAUSSKAS

Print Name above line

Street Address above line

2316 Toppinger, The Village 32163

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: irishmaria66@yahoo.com

Maria A. Johns  
Signature above line

Maria Johns  
Print Name above line

Date: June 4, 2023

4730 NW 19th Street  
Street Address above line

Ocala, FL 34482  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Odanic10901@gmail.com](mailto:Odanic10901@gmail.com)

Date: 6/4/2023

Achamma Daniel

5608 SW 50th Court

Signature above line

Street Address above line

ACHAMMA DANIEL

Ocala FL 34474

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

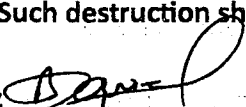
The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,   
Email: [bdaniel285@gmail.com](mailto:bdaniel285@gmail.com)

Signature above line

Babu Daniel

Print Name above line

Date: 6/4/2023  
5608 SW 50th Court,  
Street Address above line  
Ocala, FL 34474  
City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [vawcat@yahoo.com](mailto:vawcat@yahoo.com)

Victoria Warner

Signature above line

Victoria Warner

Print Name above line

Date: 6/4/23

2346 SE 19<sup>th</sup> Circle

Street Address above line

Ocala, FL 34421

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Malusavita 27@gmail.com

Marylin Kodarous Kas

Signature above line

Marylin Kodarous Kas

Print Name above line

Date: 06/04/23

2316 Topping Terrace

Street Address above line

The Villages 32163

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

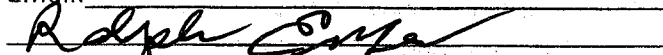
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

**RALPH ENGER**

Print Name above line

Date:

**1100 5th 57rd Cir**

Street Address above line

**Ocala FL**

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [perussefamily@mac.com](mailto:perussefamily@mac.com)

*Amy M. Perusse*

Signature above line

*Amy M. Perusse*

Print Name above line

Date: *6/4/23*

*9891 SE 125th Ct*

Street Address above line

*Dunnellon, FL 34431*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

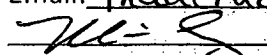
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [maacruz95@gmail.com](mailto:maacruz95@gmail.com)

  
Signature above line

Maria Cruz  
Print Name above line

Date: 6-4-23

601 Gibson ST.

Street Address above line

Leesburg, FL 34748

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

[sobhablu@yahoo.com](mailto:sobhablu@yahoo.com)

Date:

6/4/23

Signature above line

Stacey E Rausch

Street Address above line

8440 SW 74 Court

Print Name above line

Stacey E Rausch

City, State, Zip above line

Ocala FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [markkraisch@yahoo.com](mailto:markkraisch@yahoo.com)

Signature above line

Print Name above line

Date: 6/4/23

8410 SW 7th St

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: Thomas Korynta@gmail.com Date: 4 June 2023 RD  
Thomas Korynta 1447 SE 38 AVE  
Signature above line Street Address above line  
Thomas J Korynta COCA FL 3447  
Print Name above line City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Hankin Le BellSouth, MS

Date:

6/4/23  
21051 SE 4251

Signature above line

Louise Mangiaracina

Street Address above line

MOBILE, AL 36608

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Ashley Ann Conner@yahoo.com

Date:

01-24-23

Signature above line

Ashley Conner

Print Name above line

Street Address above line

3908 NE 22nd Ln

City, State, Zip above line

Ocala FL 34470

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [angelnoel@centurylink.net](mailto:angelnoel@centurylink.net)

Signature above line

Print Name above line

Date: 6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

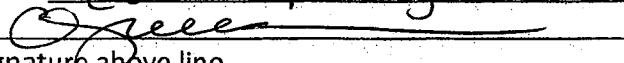
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: CG MANGIA @ gmail . ca

  
Signature above line

Print Name above line

Date: 6/4/2023

210 51 SE 42 ST

Street Address above line

MORRISTON FL 32668

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 3 June 2023

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, Marsha Carner  
Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 6/4/23  
Ocala  
Street Address above line  
21. 34481  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [gregoryberger@unl.edu](mailto:gregoryberger@unl.edu)

Date: 6/4/27

Signature above line

7337 SW 37th Rd

GREGORY BERGER

GAINESVILLE FL 32608

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

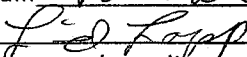
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [voter@disciples.com](mailto:voter@disciples.com)

  
Signature above line

Linda Lopp  
Print Name above line

Date: 6/3/23

PO Box 247

Street Address above line

Chicago, IL 32113

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [famvisriv@icloud.com](mailto:famvisriv@icloud.com)

*Miguelina Vicente*

Signature above line

*Miguelina Vicente*

Print Name above line

Date: *06/04/23*

*10775 SW 71st Circle*

Street Address above line

*Ocala FL 34476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [famucriv@yahoo.com](mailto:famucriv@yahoo.com)  
A. J. V.

Signature above line

Aramis O. Vicente  
Print Name above line

Date: June 4th 2023  
10775 SW 71st Circle

Street Address above line

Orlando, FL 32826  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

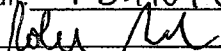
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: RB.HUT@SIMPLELOGIN.CO



Signature above line

ROBERT BARRETO-BAJANA

Print Name above line

Date: 6/4/23

5819 W KEREMAR CT

Street Address above line

HOMOSASSA, FL 34448

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: penny spivey 100@gmail.com

Date: 6/4/23

Nancy Marie Spivey

2220 NE 39th St

Signature above line

Street Address above line

Nancy Marie Spivey

Ocala FL, 34479

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: chris.b.glenn@gmail.com

Signature above line

Chris Glenn

Print Name above line

Date: 6/4/23

4818 SE 7<sup>th</sup> Pl

Street Address above line

Okla FL 34471

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

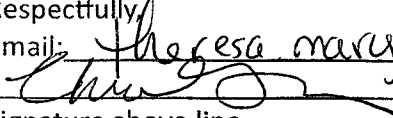
The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [theresa.mary-glenn@gmail.com](mailto:theresa.mary-glenn@gmail.com) Date: 6/4/23  
 4818 SE 7th PL  
Signature above line Street Address above line  
Theresa Glenn Ocala FL 34471  
Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Joanna.DellaFenna@ADL.COM

Joanna DellaFenna

Signature above line

Joanna DellaFenna

Print Name above line

Date: 6/4/23

9548 SW 86th Place

Street Address above line

Orlando, FL 32828

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

William A Lemieux Jr

Signature above line

W<sup>re</sup> A. Lemieux, Jr

Print Name above line

Date:

6-4-2023

Street Address above line

13781 SW 49 PL

City, State, Zip above line

OCALA, FL 34481



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*Rita V. Lemieux*  
*RITA V. LEMIEUX*  
*6/4/2023*  
*13781 SW 49 Place*  
*Orlando, FL 32811*

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [lizneknits@gmail.com](mailto:lizneknits@gmail.com)

Elizabeth Bucher

Signature above line

Elizabeth Bucher

Print Name above line

Date: 6/4/2023

10191 SW 93rd Ct

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: twetie764@yahoo.com

Diane Cahoon

Signature above line

Diane Cahoon

Print Name above line

Date: 6/4/23

5001 SW 20th St Apt. 6715

Street Address above line

Ocala, FL 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mpmerejars@gmail.com](mailto:mpmerejars@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*Linda Skidds*  
*6/4/23*  
*5001 SW 20th St Apt 8205*  
*Orlando, FL 34474*

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

K Cranford 869@gmail.com  
Ken Cranford

Signature above line

Ken Cranford

Print Name above line

Date:

6/4/23  
7544 SW 102nd Loop

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

THOMAS H. ROWINSKI

Print Name above line

Date:

6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

John E. Schaefer  
John E. Schaefer

6/4/23  
7544 SW 102nd Loop  
Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

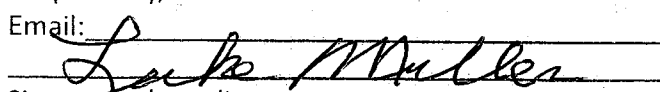
BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 

Signature above line  
LUKE MULLEN

Print Name above line

Date: 060323  
9575 SW 90TH STREET

Street Address above line  
OCALA, FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

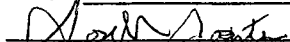
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [JOE@JACQUE@NETSCAPE.COM](mailto:JOE@JACQUE@NETSCAPE.COM)



Signature above line

JOSEPH COSENTINO

Print Name above line

Date: 6-3-23

6739 SW 112<sup>TH</sup> ST

Street Address above line

OCALA FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

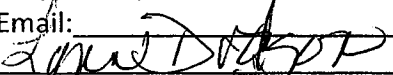
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

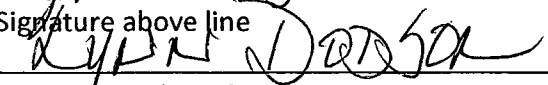
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



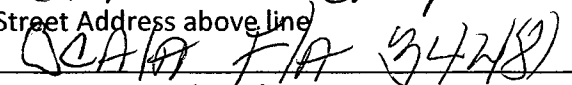
Signature above line

  
Print Name above line

Date:

  
1019 S. W 9th Loop

Street Address above line

  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.


The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: CHUCK MEIXNER@YAHOO.COM

  
Signature above line

CHARLES F. MEIXNER  
Print Name above line

Date: 4 JUNE 2023

411 WALNUT ST # 10529

Street Address above line

GREEN COVE SPRINGS, FL 32043

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: for + ugg 132 @ hotmail. com Date: 6/4/2023

David W Hall 8891 SW 85<sup>th</sup> Loop

Signature above line Street Address above line

David W Hall Ocala, FL, 34481

Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [BeverlyPhillips1@MSN.com](mailto:BeverlyPhillips1@MSN.com)

*Beverly A Phillips*

Signature above line

*Beverly A. Phillips*

Print Name above line

Date: *6-4-23*

*5691*

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: gruisinco@ic22@yahoo.com

Signature above line  
Laura Moore

Print Name above line

Date: 6-5-23

Street Address above line  
3205 NW 46th Ct

City, State, Zip above line  
Ocala FL, 34487

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [MTn9147@gmail.com](mailto:MTn9147@gmail.com)

*Maria Riser*

Signature above line

*Maria Riser*

Print Name above line

Date: *6-4-23*

*7735 SW 12th St.*

Street Address above line

*Ocala FL 34474*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [plastic@atlantic.net](mailto:plastic@atlantic.net)

Date: 6-4-13

  
Signature above line

Street Address above line

  
Print Name above line

6310 SW 11th Ave

City, State, Zip above line

Orlando, FL 32836

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Donald Borgarding

Signature above line

DONALD BORGARDING

Print Name above line

Date:

06-04-2023

Street Address above line

19137 SW 125 TERRACE

City, State, Zip above line

DUNELLON FL 34432

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [john.t60900@aol.com](mailto:john.t60900@aol.com)

Signature above line

John A. Terry

Print Name above line

Date: 6/4/23

11605 SW 72 CIRCLE

Street Address above line

Ocala FL 34926

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: beatrice27600@aol.com

Beatrice O. Terry

Signature above line

BEATRICE O. TERRY

Print Name above line

Date: 6-4-23

11605 SW 72nd Circle

Street Address above line

Cecala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Gloria L. Feder

Signature above line

GLORIA L. FEDER

Print Name above line

Date:

6/4/23

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Mary E Barich

Signature above line

Mary E Barich

Print Name above line

Date:

06/04/23

11761 London Br Dr

Street Address above line

Mokena IL 60443

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Karen.barich52@gmail.com

Karen Barich

Signature above line

Karen Barich

Print Name above line

Date: 6/4/23

9209 SE 48th Terrace

Street Address above line

Ocala, FL 34480

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: AMERICANPIFF721@PM-ME

Anthony M. Pifer

Signature above line

ANTHONY M PIFERRER

Print Name above line

Date: 6/4/23

7710 SE 160 AVE

Street Address above line

MORRISON, FL 32668

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jojoamandic@aql.com](mailto:jojoamandic@aql.com)

*Joanne P. Mandic*

Signature above line

*Joanne P. Mandic*

Print Name above line

Date: *6-4-2023*

*9550 SW 32nd Ct, Ocala, FL*

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

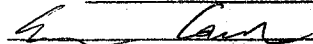
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line

Evan Conne

Print Name above line

Date: 6/4/23

402 NW 36th Dr

Street Address above line

Gainesville, FL 32607

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dykstra@bgsd.yahoo.com](mailto:dykstra@bgsd.yahoo.com)



Signature above line

THOMAS M. DYKSTRA

Print Name above line

Date: 6/4/68

7401 NW 205th St.

Street Address above line

ALACHUA, FL 32615

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Karen K. Dykstra

Signature above line

Karen K. Dykstra

Print Name above line

Date:

June 4, 2023

Street Address above line

7401 NW 205th St.

City, State, Zip above line

Alachua FL 32615

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

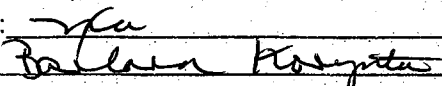
BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 

Signature above line  
Barbara Korynta

Print Name above line

Date: 4 June 2023  
1447 SE 38th Ave

Street Address above line  
Ocala FL 34471

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

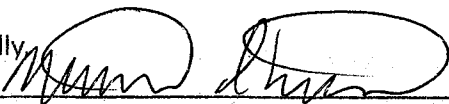
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

MATTHEW S. WILTSHIRE

Print Name above line

Date:

6-4-23

1982 REBIT RD

Street Address above line

THE VILLAGE, FL 32163

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Meg.wiltschire@gmail.com](mailto:Meg.wiltschire@gmail.com)

Signature above line

Margaret W. Wiltschire

Print Name above line

Date: 6/4/2023

1982 Rhet Rd

Street Address above line

The Villages, FL 32163

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [edburkhardt55@gmail.com](mailto:edburkhardt55@gmail.com)

Edward A Burkhardt

Signature above line

Edward A. Burkhardt

Print Name above line

Date:

6-4-23

4010 SE 46th St

Street Address above line

Ocala, FL 34430

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Cindigo137@gmail.com](mailto:Cindigo137@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [beislergeorge@gmail.com](mailto:beislergeorge@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*George Beisler*

*George Beisler*

*6-4-23*

*9427 SW 102nd Rd*

*Ocala Fla 34471*

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

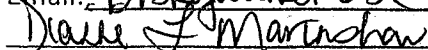
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Diskywalker63@yahoo.com](mailto:Diskywalker63@yahoo.com)



Signature above line

Dianne Marinschaw

Print Name above line

Date: 6-4-23

15032 SW 43<sup>rd</sup> Terr. Rd.

Street Address above line

Ocala, FL 34473

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Luke Reiser

Signature above line

Luke Reiser

Print Name above line

Date:

6/4/23

840 SW 74th Ct

Street Address above line

Ocala Florida 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [MD4644@YAHOO.COM](mailto:MD4644@YAHOO.COM)

*Tim J. Van Gelderen*

Signature above line

**TIMOTHY J. VAN GELDEREN**

Print Name above line

Date: **6-4-23**

**7833 SW 86TH LOOP**

Street Address above line

**OCALA FL 34476**

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: md4644@yahoo

Maryanne Van Gelder

Signature above line

Maryanne Van Gelder

Print Name above line

Date: 6-3-23

7833 SW 86th Loop

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Johnraisch2007@gmail.com

John Raich

Signature above line

John Raich

Print Name above line

Date: June 4th 2023

8440 SW 74th Ct

Street Address above line

Ocala Florida, 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: MaryMcCullough2020@gmail.com

Date: 02/4/23

Mary McCullough

Signature above line

Mary McCullough

Print Name above line

858 SE US rd Cir

Street Address above line

Ocala, FL 34472

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: dianne.m1013@gmail.com

Dianne E McCoy

Signature above line

Dianne E McCoy

Print Name above line

Date: 06/04/2023

9561 SW 63 Loop

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

JANINE ENGER

Print Name above line

Date:

11/10/05

Street Address above line

00000 FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jcorin314@gmail.com](mailto:jcorin314@gmail.com)

John M. Corin

Signature above line

John Corin

Print Name above line

Date: 06/4/23

21349 NW 205th St

Street Address above line

High Springs, FL 32643

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: DL Spivey@gmail.com  
Donna L Spivey  
Signature above line  
Donna L Spivey  
Print Name above line

Date: 6/4/23  
2220 NE 39th St  
Street Address above line  
Ocala FL 34479  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Matthew.Raisch@gmail.com

Matthew Raisch

Signature above line

Matthew Raisch

Print Name above line

Date:

6/4/23

Street Address above line

8440 SW 74<sup>th</sup> Ct

City, State, Zip above line

Ocala, FL, 34476



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

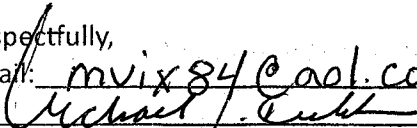
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mvix84@aol.com](mailto:mvix84@aol.com)



Signature above line

MICHAEL J. KRALAK

Print Name above line

Date: 6/4/23

10470 SW 62nd Terr Rd.

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [pcgoguen3@reagan.com](mailto:pcgoguen3@reagan.com)

Ralph Paul Goguen

Signature above line

RALPH PAUL GOGUEN

Print Name above line

Date: 6/4/2023

1731 TOWNSEND TER, THE VILLAGES, FL 32162

Street Address above line

THE VILLAGES, FL 32162

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

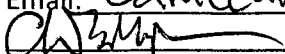
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [camccullough88@gmail.com](mailto:camccullough88@gmail.com)



Signature above line

Chase McCullough

Print Name above line

Date: 6/4/23

858 SE 65th Circle

Street Address above line

Ocala, FL 34472

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: HERKLOTZ1@aol.com

Carol A. Herklotz

Signature above line

CAROL A HERKLOTZ

Print Name above line

Date: 6-3-23

6598 SW 97<sup>th</sup> TERRACE RD

Street Address above line

OCALA 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [kberry21@gmail.com](mailto:kberry21@gmail.com)

Kim Mathena

Signature above line

Kim Mathena

Print Name above line

Date:

6-3-23

6 Middleground Rd

Street Address above line

Ocala, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: HERKLOTZ I @ AdL - Com

Signature above line

Print Name above line

Date: 06-03-23  
6598 SW 27th Ter Rd

Street Address above line

OKALA, FL 34481  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Melania Naval-Pacguing

Signature above line

Melania Naval-Pacguing

Print Name above line

Date: 6-3-2023

11497 SW 82nd Terrace

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: DOTT @ BELLSOUTH.NET

Dolores C. Ott

Signature above line

DOLORES C. OTT

Print Name above line

Date: 6-3-2023

6170 SW 57TH AVE

Street Address above line

OCALA, FL 34474

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: BILL513ELAINE@EMBARQMAIL  
ELAINE H. MESSER .com

Signature above line

ELAINE H MESSER  
Print Name above line

Date: JUNE 3 2023  
5845 SW 80th LANE

Street Address above line

OCALA, FL 34476  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [alexisgifford118@gmail.com](mailto:alexisgifford118@gmail.com)

Signature above line

Rita Frank

Print Name above line

Date:

June 03 2023

4235 S.W. 110th St.

Street Address above line

Coalg, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*Maria Schmucker* *h2gmaerl.com*  
*Maria Schmucker*  
Date: *June 03 2013*  
*4235 SW 110th St*  
*Ocala FL 34476*

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mdixon51@gmail.com](mailto:mdixon51@gmail.com)

Mary D. Dixon

Signature above line

MARY D. DIXON

Print Name above line

Date:

6/3/23

10960 SW 63rd Ave.

Street Address above line

Ocala, Fla 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Pepe@cuddl.edu](mailto:Pepe@cuddl.edu)

Signature above line

Chris + Charlene Pepe

Print Name above line

Date: 6/3/23

8913 58th St N 34481

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Nanette R. Lishin

Signature above line

NANETTE R. LISHIN

Print Name above line

Date: 6.03.23

5500 SW 82ND CIRCLE

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

*Robert S. Lishin*

Print Name above line

ROBERT S. LISHIN

Date: 08-03-07

8500 SW 82ND CIR.

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Henning450@aol.com

Janet Henning

Signature above line

Janet Henning

Print Name above line

Date:

6-4-23

11163 SW 68th Ct

Street Address above line

Ocala, FL 34476

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [boerschmann@outlook.com](mailto:boerschmann@outlook.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [NOREEN.SALO@gmail.com](mailto:NOREEN.SALO@gmail.com)

Noreen Dygert  
Signature above line

Noreen Dygert  
Print Name above line

Date: 6-3-23

11024 SW 71<sup>st</sup> Circle  
Street Address above line

Ocala, FL 34476  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: DON 351956 @ AOL v Com

Donald Swanson

Signature above line

DONALD SWANSON

Print Name above line

Date: JUNE 2022

1084 SW 12th St

Street Address above line

Orlando, FL 32801

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [Arifazgon@gmail.com](mailto:Arifazgon@gmail.com)  
Michael Gonzalez  
Signature above line  
Michael Gonzalez  
Print Name above line

Date: 6/23/23  
4663 SW 103 Place  
Street Address above line  
Ocala, FL 34476  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6-3-23

6421 SW 98 Circle

Ocala FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

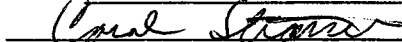
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

CAROL STRASSER

Print Name above line

Date:

6-3-23

6421 SW 98 CIRCLE

Street Address above line

OCALA FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [kristinc362@gmail.com](mailto:kristinc362@gmail.com)

Kristin Cronin

Signature above line

Kristin Cronin

Print Name above line

Date: 6/4/23

21349 NW 205th St.

Street Address above line

High Springs, FL 32643

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

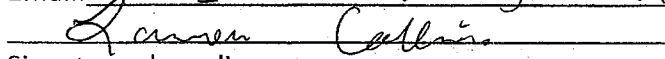
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [LCRONIN383@gmail.com](mailto:LCRONIN383@gmail.com)

  
Signature above line

Lauren Collins  
Print Name above line

Date: 6/4/23  
4180 NW 50<sup>th</sup> Ter Apt 6307

Street Address above line  
32606 Barnesville Pl

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

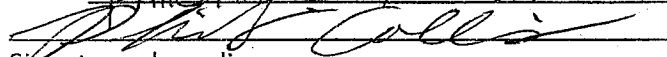
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [PhilCollins92@gmail.com](mailto:PhilCollins92@gmail.com)



Signature above line

Philip Collins

Print Name above line

Date: 6/4/2023

4180 NW 50<sup>th</sup> Tr. # ~~6307~~ 6307

Street Address above line

Gainesville, FL 32606

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

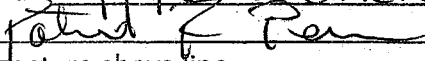
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [patperusse@me.com](mailto:patperusse@me.com)

  
Signature above line  
Patrick R. Perusse

Print Name above line

Date: 6/4/23

989L SE 125TH CT

Street Address above line

Dunnellon, FL 34431

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

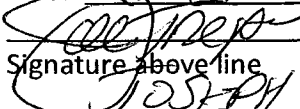
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [JOETROPEAN@GOL.COM](mailto:JOETROPEAN@GOL.COM)

Signature above line  


Print Name above line

Date: 6-4-23  
8133 SE 12 CT

Street Address above line  
Ocala FL 34480

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

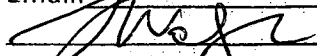
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

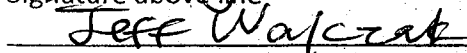
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

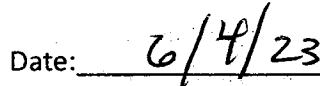


Signature above line



Print Name above line

Date: \_\_\_\_\_



Street Address above line



City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ruiks@yahoo.com](mailto:ruiks@yahoo.com)

Date:

6-4-23

Signature above line

Daria Scheuren

Print Name above line

Street Address above line

3498 Ragsdale Loop  
The Villages, FL 32163

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: m-Moray@hotmail.com

Date: 6/4/23

Maria E. Neeley

1706 S.E. 8th St.

Signature above line

Street Address above line

Maria E. Neeley

Ocala, FL 34471

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: \_\_\_\_\_

Street Address above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mnrdus6@yahoo.com](mailto:mnrdus6@yahoo.com) Date: 6/4/23

Garcia

Signature above line

Gianamarie Garcia

Print Name above line

13393 SW 75th Terr

Street Address above line

Ocala, FL 34473

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

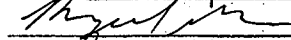
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mnrplus6@yahoo.com](mailto:mnrplus6@yahoo.com)



Signature above line

Raquel Garcia

Print Name above line

Date: 6/4/2023

13393 SW 75th Ter

Street Address above line

Ocala, FL 34473

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dnrgalatolo@hotmail.com](mailto:dnrgalatolo@hotmail.com)

B. R. Galatolo

Signature above line

Bertha Galatolo

Print Name above line

Date: 6/4/23

3578 SW 49th Terr.

Street Address above line

Ocala, FL 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Lil Mikeeangelo@yahoo.com 6/4/2023

Date:

Signature above line

Miguel Garcia

Print Name above line

Street Address above line

13393 SW 75th Ave

City, State, Zip above line

Scottsdale AZ 85260

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.


1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: GOLDENCITHARA@EMBARQMAIL.NET

Date: 6/4/23



7710 SE 160 AVE

Signature above line

Street Address above line

ERICA PIFERRE

MORRISTON, FL 32668

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [micklesemanlaccount@icloud.com](mailto:micklesemanlaccount@icloud.com) Date: 5/4/2023

Signature above line

Michael Rayoff

Print Name above line

Street Address above line

6291 NW 60th St  
Ocala FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: DANECOFFEE75@gmail.com



Signature above line

DAVID COFFEY

Print Name above line

Date: 6/4/2023

5065 SE 27th St

Street Address above line

OCALA FL 34490

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Robin.Tropeano@gmail.com

Date: 6/4/23

Robin Tropeano  
Signature above line

8133 SE 12th Ct

Street Address above line

Robin Tropeano

Ocala, FL 34480

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: BROWNSS123@Verizon.net  
Steve S. Brown

Signature above line  
STEVEN S. BROWN

Print Name above line

Date: 6/4/2023  
8206 SW 58th Ave  
Street Address above line  
Ocala, FL 34476  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [lsagers@protonmail.com](mailto:lsagers@protonmail.com)

Signature above line

Print Name above line

Date:

6/4/23

Street Address above line

3617 W. Birds Nest Dr.

City, State, Zip above line

Beverly Hills, FL 34465

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

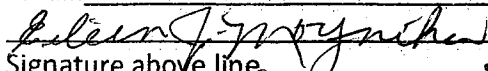
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

EILEEN J. MOXITT

Print Name above line

Date:

6/4/23

Street Address above line

OCALA, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Jo Ann Spencer

Signature above line

JO ANN SPENCER

Print Name above line

Date:

11/3/96 5:20 PM 138 Lane, Dummellon, FL

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [aperez22264@gmail.com](mailto:aperez22264@gmail.com)

Date:

6/4/23

Signature above line

Ala M. Perez

Print Name above line

Street Address above line

8720 SW 56<sup>th</sup> Ave Rd. Ocala FL

City, State, Zip above line

34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

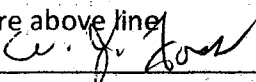
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6-4-23

Signature above line



Street Address above line

Ocala FL

Print Name above line

WILLIAM ROSS

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line

JOAN ROSS

Print Name above line

Date: \_\_\_\_\_

6-4-23

Street Address above line

OCSCA PL.

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

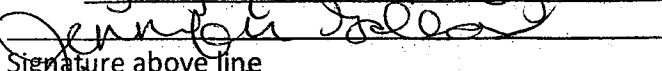
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jmgquestrian@gmail.com](mailto:jmgquestrian@gmail.com) Date: 6-4-23

  
Signature above line

Jennifer Gallas  
Print Name above line

55094 Jewell Rd  
Street Address above line

Shelby Twp MI 48315  
City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.


The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

 \_\_\_\_\_

Signature above line

Nancy Compton

Print Name above line

Date: 6/4/23

4 \_\_\_\_\_

Street Address above line

Ocala, FL 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: francoise.duong@gmail.com Date: 6-4-23

FRANCOISE SULLIVAN

Signature above line

FRANCOISE SULLIVAN

Print Name above line

Street Address above line

Dunneelon, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [alice.mcinnis@gmail.com](mailto:alice.mcinnis@gmail.com)

*Alice McInnis*

Signature above line

*Alice McInnis*

Print Name above line

Date: *6-4-2023*

*7189 SW 113th Loop*

Street Address above line

*Ocala, FL 34476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

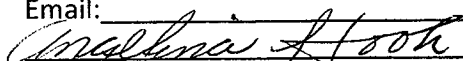
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

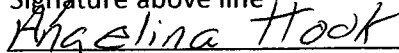
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line



Print Name above line

Date: 6-4-2026

8291 SW 84<sup>th</sup> PL Rd

Street Address above line

Ocala 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: SDivey530@cox.net

Date: 6/4/2023

Signature above line

Print Name above line

Street Address above line

City, State, Zip above line

1105 2220 NE 20th AVE.

Ocala FL 34470

Nancy L. Spivey

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Spivey 530 @cox.net

Date:

6/4/23

Signature above line

Shirley D. Spivey

Street Address above line

1105 NE 22nd Blvd  
Ocala FL 34470

Print Name above line

Shirley D. Spivey

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

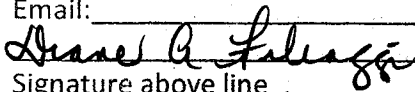
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

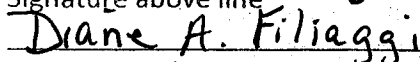
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line



Print Name above line

Date: 6-4-23

5420 SW 80<sup>th</sup> PLACE

Street Address above line

Ocala, FL 34476

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6-4-23



Signature above line

Street Address above line

Randy Bowerson

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: \_\_\_\_\_

Street Address above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

6/4/23

11484 SW 78th circle

Ocala FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: mFord2308@gmail.com

Marcia A. Ford

Signature above line

Marcia A. Ford

Print Name above line

Date: 6/4/2023

7679 NW 33rd Pl.

Street Address above line

Ocala, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.


The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

  
Signature above line

F. J. RABUT  
Print Name above line

Date: 6-4-23

Street Address above line  
OCCASIA, IL 60431  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [JmFlower2@gmail.com](mailto:JmFlower2@gmail.com)

Date: JUNE 4 2023

Signature above line

3655 SE 42 CT

Street Address above line

Robert A. Dufresne

OCALA FL 34480

City, State, Zip above line

Print Name above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature above line

Freda Laureano

Print Name above line

Street Address above line

Ocala, Florida

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Michael Plaza

Signature above line

Michael Plaza

Print Name above line

Date:

6/4/23

Street Address above line

Ocala, Florida, 34473

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Donna L. DeHaet

Signature above line

DONNA L. DeHAET

Print Name above line

Date:

6-4-23

~~6-4-23~~

Street Address above line

OCALA, FL 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 5-4-23

Signature above line \_\_\_\_\_

Street Address above line \_\_\_\_\_

Print Name above line HENRY DE HAAS

City, State, Zip above line OCALA, FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Barbara M. Vitaliano

Signature above line

Barbara M. Vitaliano

Print Name above line

Date:

6/3/2023  
4615 NE 15th St

Street Address above line

Ocala, FL 34420

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [RVJS352@GMAIL.COM](mailto:RVJS352@GMAIL.COM)

*Remo A Vannozzi Jr*

Signature above line

REMO A VANNOZZI JR

Print Name above line

Date: 6/4/23

11396 SW 138th LN

Street Address above line

DUNNELLON, FL 34432

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: BOB 272@AUL.COM

Robert W Hook

Signature above line

ROBERT W HOOK

Print Name above line

Date: 6/4/23

8291 SW 84<sup>th</sup> PLACE RD

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Shiggins-Thomas@gmail.com](mailto:Shiggins-Thomas@gmail.com) Date: 6-4-23

Susan Thomas 2951 Leland Rd

Signature above line

Street Address above line

Susan Thomas MARIANNA, IL 32448

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Sylvia.e.yulfo@yahoo.com](mailto:Sylvia.e.yulfo@yahoo.com)

Signature above line

Print Name above line

Date:

6/4/2023

Street Address above line

1720 NW 110th Court

City, State, Zip above line

Ocala FL 34482

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6-4-23

6898 S.W. 111 Loop

GCALA FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ZNA@MTHURSA@GMAIL.COM](mailto:ZNA@MTHURSA@GMAIL.COM)

Date: 6/4/2023

*Anna M. Kulcsar*

8220 Sawgrass Rd

Signature above line

Street Address above line

ANNA M. KULCSAR

OCALA, FL 34481

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [hubbelllynda@gmail.com](mailto:hubbelllynda@gmail.com)

Lynda Hubbell

Signature above line

Lynda Hubbell

Print Name above line

Date: 6.4.2023

15235E 80 St.

Street Address above line

Ocala, FL 33480

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mouseet@embargmail.com](mailto:mouseet@embargmail.com)

C. Marie Treberge

Signature above line

C. Marie Treberge

Print Name above line

Date: June 4, 2023

11737 SW 7th St. Ocala.

Street Address above line

Florida

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 5-4-23

Street Address above line

City, State, Zip above line

8350 SW 136th Place, Ocala, FL.  
34473

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mikedis@earthlink.net](mailto:mikedis@earthlink.net)

Signature above line

*Yani Mikedis*

Print Name above line

Date: 6/4/23

9341 SW 185th St

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

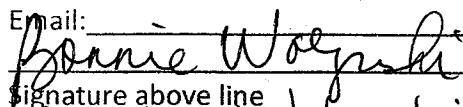
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Bonnie Wolyanski

Print Name above line

Date:

6/4/23

Street Address above line

Ocala, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: \_\_\_\_\_

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

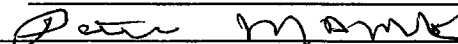
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

 \_\_\_\_\_

Signature above line

 \_\_\_\_\_

Print Name above line

Date: 4 June 2023

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [deborah92@earthlink.net](mailto:deborah92@earthlink.net)

Date: 4 June 2023

Signature above line

Debra Prince

Street Address above line

Ocala, FL 34476

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [prichardcoburn@yahoo.com](mailto:prichardcoburn@yahoo.com)

Signature above line

*Wilma L. Coburn*

Print Name above line

Date:

*6/4/23*

*8825 S.W.*

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mjmc37@earthlink.net](mailto:mjmc37@earthlink.net)

*Bill Myers*

Signature above line

*Bill Myers*

Print Name above line

Date: *6/4/2023*

*4612 CR 118*

Street Address above line

*Wilwood, FL 34785*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [lcobi@bellsouth.net](mailto:lcobi@bellsouth.net)

Signature above line

Print Name above line

Date: 5/8/73

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: 6-4-23

Street Address above line 9020 SW 207th CIR

City, State, Zip above line DUNNELLON FL 34431

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Thomas E Barr

Signature above line

THOMAS E BARR

Print Name above line

Date:

6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Phyllis Cliff

Signature above line

PHYLLIS CLIFF

Print Name above line

Date:

6/4/23

6201 S N 90 Street

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

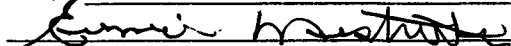
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Ennie Mistretta

Print Name above line

Date:

6-4-28

5545 SW 81 Pl.

Street Address above line

Ocala Fl. 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6-4-23

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jmviery@yahoo.com](mailto:jmviery@yahoo.com)

Signature above line

Print Name above line

Sanet Viery

Date: 6-14-23

Street Address above line

City, State, Zip above line

Ocala FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

Barbara J. Songer  
Barbara J. Songer

June 4, 2023  
8631 SW 116th Rd  
Ocala, FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: True blue 42011@hotmail.com

Signature above line Debra Perry

Print Name above line Debra Perry

Date: 6/4/23

Street Address above line 9092 SW 59th Ln. Rd

City, State, Zip above line OCALA, FL 32481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.


**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

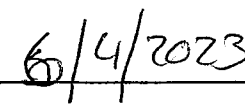
Email:



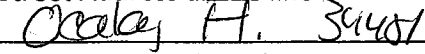
Signature above line

  
Print Name above line

Date:



Street Address above line

  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully

Email: Gloria.McDougal12@gmail.com Date: 6/4/2023  
Gloria McDougal 3818 SE 6th Ave  
Signature above line Street Address above line  
Gloria McDougal Orlando, FL 32840  
Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Christine Miller

Signature above line

Christine Miller

Print Name above line

Date: 6-4-23

9733 SW. 68th Ave.

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

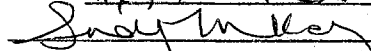
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.


**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mikedis@embargo.com](mailto:mikedis@embargo.com)

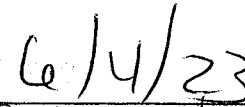


Signature above line



Print Name above line

Date:

  
9341 SW 105 ST

Street Address above line



City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [twinnlb@aol.com](mailto:twinnlb@aol.com)

Mary L. Bianculli

Signature above line

Mary L. Bianculli

Print Name above line

Date: 6/4/23

965 SW 33 Place

Street Address above line

Ocala FL 34471

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 



Signature above line



Print Name above line

Date: 5/4/23

9668 86295<sup>th</sup> MOa

Street Address above line

CCAN 17, 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [rpollack@gmail.com](mailto:rpollack@gmail.com)

Signature above line

RAFAEL POLLACK

Print Name above line

Date:

06/06/2023

Street Address above line

474 N. W 125th Ave

City, State, Zip above line

Orlando FL 32832

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [LaveinTheiris2@yahoo.com](mailto:LaveinTheiris2@yahoo.com)

Signature above line

Print Name above line

Date: 6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6/4/23

9065 SW 95 Ave Ocala

34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

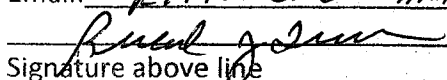
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [RITRENCH@GMAIL.COM](mailto:RITRENCH@GMAIL.COM)



Signature above line

RICHARD J. TRUNCH

Print Name above line

Date: 4-JUN 2023

Street Address above line

7665 SW 96th Ave

City, State, Zip above line

DC ALA FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: R. TRENCH @ GMAIL. COM

Margaret Trench

Signature above line

MARGARET TRENCH

Print Name above line

Date: 4.6.2023

Street Address above line

7665 SW 96th Ave

City, State, Zip above line

OCMA FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [gini.oliver.brown@gmail.com](mailto:gini.oliver.brown@gmail.com)

Date:

6/4/2023

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

287 N. Lombard St

Leanto FL 34461

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [AURORA@STETS.GMAIL.COM](mailto:AURORA@STETS.GMAIL.COM)

Signature above line

Print Name above line

AURORA A POI

Date: 6-4-23

Street Address above line

474 NW 125 AVE

City, State, Zip above line

OCALA FL  
34482



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dona@brownhsh@yahoo.com](mailto:dona@brownhsh@yahoo.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [MTJBOISVERT69@GMAIL.COM](mailto:MTJBOISVERT69@GMAIL.COM)



Signature above line

MICHAEL E. BOISVERT

Print Name above line

Date:

6-4-2023

10085 SW. 44TH TER

Street Address above line

OCALA FL, 34476.

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Aurelija A. Kaye

Signature above line

AURELIJA A. KAYE

Print Name above line

Date: 6-4-2023

Street Address above line

Ocala, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Wilson Martins Jr

Print Name above line

Date:

6/14/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [larraineimperato@yahoo.com](mailto:larraineimperato@yahoo.com)

Signature above line

Larraine Imperato

Print Name above line

Date: June 4, 2023

Street Address above line

10285 SW 99th Ave  
Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6-4-23

9045 SW Hwy 200

Ocala FL 34488

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: \_\_\_\_\_

Street Address above line

City, State, Zip above line

6-4-23

9045 SW Hwy 200

OCALA FL 38481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [LUVDAKERHAKS@gmail.com](mailto:LUVDAKERHAKS@gmail.com)

*Rosette M. Catapano*

Signature above line

*ROSSETTE M. CATAPANO*

Print Name above line

Date: *6-4-2023*

*1112352073rd Circle*

Street Address above line

*Ocala, FL 33479*

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Mhel Taparan@gmail.com

Date:

JUNE 4, 2023

Signature above line

Mhel Taparan

Street Address above line

2701 NE 24TH PL

Print Name above line

Magolia Taparan

City, State, Zip above line

OKLA, FL 34470

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

 \_\_\_\_\_

Signature above line

 \_\_\_\_\_

Print Name above line

Date: 6.4.23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [peppajars@yahoo.com](mailto:peppajars@yahoo.com)

Dennis Skidels

Signature above line

Dennis Skidels

Print Name above line

Date: 6/5/23

5081 SW 20<sup>th</sup> ST

Street Address above line

Ocala FL 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email; \_\_\_\_\_

Signature above line

Print Name above line

Date: 6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

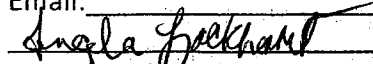
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

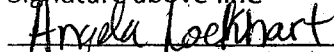
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

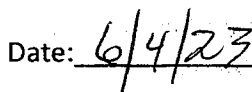


Signature above line

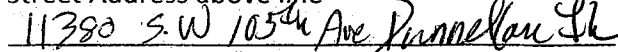


Print Name above line

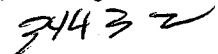
Date:



Street Address above line



City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line  
Julie Van Lear

Print Name above line  
Julie Van Lear

Date: 5-4-23

5987 SW 129th Pl Rd

Street Address above line

Ocala FL 34473

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Minyana Morales

Signature above line

Minyana Morales

Print Name above line

Date: 6/4/2023

Street Address above line

Ocala, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

carolina militescu

Signature above line

CAROLINA MILITESCU

Print Name above line

Date:

6/04/23

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: \_\_\_\_\_

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6/4/23

Orlando, FL 32805

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

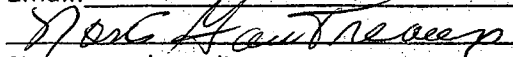
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

NORIS GAUTREAUX

Print Name above line

Date:

6/4/23

Street Address above line

Ocala, FL

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

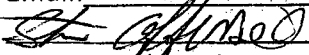
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

STEVEN ARFISSIO

Print Name above line

Date:

6/4

Street Address above line

OCALA FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

[RD PENN15@gmail.com](mailto:RD PENN15@gmail.com)

Date:

6/4/23

Signature above line

R J DELLA PENNA

Print Name above line

Street Address above line

9548 SW 86th Pl  
Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [uligeneh@hotmail.com](mailto:uligeneh@hotmail.com)

Signature above line

Print Name above line

Date: 6/4

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

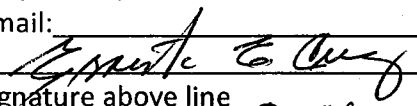
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

  
Signature above line  
ERNESTO E. CRUZ

Print Name above line

Date:

6/5/23  
6722 SW 96th Ave Rd  
Street Address above line  
OCALA, FL 34481  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

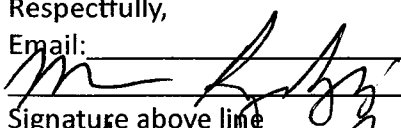
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Marianne Rozshogly

Print Name above line

Date:

6-4-23  
9365 SW 201st Ln

Street Address above line

Dunnell FL 34431

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: merly\_cdreyes@yahoo.com

Signature above line

Print Name above line

MERLISSA LABATE

Date:

6-4-2023

Street Address above line

11492 SW 82nd CTRD

City, State, Zip above line

Ocala, FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [salukiborn@gmail.com](mailto:salukiborn@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6/4/23

P.O. Box 421

UMATILLA, FL 32789

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: 6-4-23

Street Address above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [MOVAS1@mc.com](mailto:MOVAS1@mc.com)

*Lilliam M. Vargas*

Signature above line

*Lilliam M. Vargas*

Print Name above line

Date: *6-4-22*

Street Address above line

*994 SW 55 Ave D.F. 34476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Judy.DANASZAK1@GMAIL.COM Date: 6-4-22

Judith E. Danaszak

Signature above line

JUDITH E. DANASZAK

Print Name above line

Street Address above line

5725 S. Maryland Pt

City, State, Zip above line

Florida City, FL 34436

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [gapate@cf1.rr.com](mailto:gapate@cf1.rr.com)

Signature above line

Maryanne French

Print Name above line

Date:

6/4/2023

Street Address above line

10205 SW 74th Ct  
Deale, FL 33426

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Dorothy Kaufmann  
Signature above line

Dorothy Kaufmann  
Print Name above line

Date: 6/4/23

9330-C SW 97 St. Ocala, FL 34481  
Street Address above line

Ocala, FL 34481  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: \_\_\_\_\_

Street Address above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

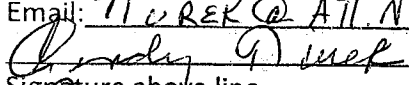
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [TUREK@ATT.NET](mailto:TUREK@ATT.NET)



Signature above line

CINDY TUREK

Print Name above line

Date: 6/4/2023

9970 SW 96th ST

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [geralyn.murphy@gmail.com](mailto:geralyn.murphy@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6/4/23

9810 SW 97th Place

Ocala, FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dsmoaken@hotmail.com](mailto:dsmoaken@hotmail.com)

Donna L. Smoak

Signature above line

DONNA L. SMOAK

Print Name above line

Date: 04 JUN 2023

9330 SW 97th St, Unit C

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [wmluz@gol.com](mailto:wmluz@gol.com)

*Wm. L. Uz*  
Signature above line

\_\_\_\_\_  
Print Name above line

Date: 6/4/20

\_\_\_\_\_  
Street Address above line

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: KC1605@gmail.com

K. Ching

Signature above line

KC Chinapen

Print Name above line

Date: 6/4/23

Street Address above line

Florida

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Zolbrodhe@gmail.com](mailto:Zolbrodhe@gmail.com)

*Barbara B. Smith*

Signature above line

*Barbara B. Smith*

Print Name above line

Date: *6/4/2023*

*8750 SW 92nd St Unit C*

Street Address above line

*Ocala, FL 34481*

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ehinderm@yahoo.com](mailto:ehinderm@yahoo.com)

Elizabeth R. Hindemeier

Signature above line

Elizabeth R. Hindemeier

Print Name above line

Date: 6/25/2023

3134 Swartz Rd

Street Address above line

LaSalle, MI 48145

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: dvora720@gmail.com

Deborah L. King  
Signature above line

Deborah L. King  
Print Name above line

Date: 6-25-23  
80 South Wheeling St. #202

Street Address above line  
Oregon 97006 43616  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Linda J. Bennett

Signature above line

Linda J. Bennett

Print Name above line

Date:

June 25, 2023

Street Address above line

932 Crescents Rd

City, State, Zip above line

Oregon, 97143

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Mamizachel5@gmail.com](mailto:Mamizachel5@gmail.com)

Signature above line

Brenda G. Zachel

Print Name above line

Date:

6-25-23

150 S. Decatur Rd.

Street Address above line

Curtice OH 43412

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Sandra J White

Signature above line

SANDRA J WHITE

Print Name above line

Date: 4-25-13

3940 JACKMAN RD APT 12 Toledo OH 43612

Street Address above line

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [barbsorrell@gmail.com](mailto:barbsorrell@gmail.com)

Barbara Sorrell

Signature above line

Barbara Sorrell

Print Name above line

Date: 6-25-23

5213 Bridlington Dr

Street Address above line

Toledo, OH 43623

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Frene Hindermeier

Signature above line

Frene Hindermeier

Print Name above line

Date:

6-25-23

Street Address above line

3134 Swartz Rd.

City, State, Zip above line

LaSalle, Mi. 48145

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [howardhacker@hotmail.com](mailto:howardhacker@hotmail.com)

*Howard Hacker*

Signature above line

Date: *June 28, 2023*

*398 Main St., Stego NY 13825*

Street Address above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [hackdc63@yahoo.com](mailto:hackdc63@yahoo.com)  
Donna C. Hacker  
Signature above line

Date: 06-27-2023  
398 MAIN ST.  
Street Address above line

DONNA C. HACKER

Print Name above line

Otego, NY 13825

City, State, Zip above line

[REDACTED]

[REDACTED]

[REDACTED]

To: The Honorable Samuel Thumma & All Members of the  
Determination of Death Act Committees & Style/Drafting  
Committees; Uniform Law Commission; 111 N. Wabash Avenue,  
Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org);  
Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of  
Death Act (UDDA), this urgent letter strongly encourages you to  
*repeal and replace* the current UDDA with the model statute  
below.

The new Act must protect life until death (certain death, no  
evidence of biological life). Death is the cessation of the  
person's life on earth. The soul or life force, not any one body  
part, is the unifying life principle. The precise moment when the  
soul, the immaterial life force, separates from the body is of  
paramount importance but that precise moment for this  
immaterial event is unknowable, hence only after the fact can  
criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria.  
The right to live is the most basic right. The State is obligated to  
protect the person's right to live until death. This obligation is  
independent of any other interest, assuming innocence of a  
capital crime.

The public has not been informed that a person declared dead  
by neurological criteria (DNC), i.e., "brain death" (BD), has a  
beating heart, circulation, respiration (exchange of oxygen and  
carbon dioxide) albeit with a ventilator. Urine production,  
digestion, waste excretion, wound healing, temperature

organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a “corpse,” but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be “irreversible” or “permanent,” neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on “quality-of-life” judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**“No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards.”**

Email: carolburdick44@gmail.com

Date: June 28, 2023

Signature: Carol D Burdick

Print Name: Carol D Burdick

Street Address: 128 Union St

City, State, Zip: Deep River, CT 06417

Note: If you have difficulty printing this letter here, go to [https://lifeguardianfoundation.org/?page\\_id=135](https://lifeguardianfoundation.org/?page_id=135).

~~~~~

**Want to Help HALO and be  
a Voice for the Medically Vulnerable?**

**DONATE NOW**

Thank you for your support! Our organization is a 501 (c)(3) organization. Donations are tax-deductible to the extent allowed by law.

If you would like to donate through the mail, please send checks only to:  
**HALO, 7301 Bass Lake RD, Minneapolis, MN 55428.**

---



**MISSION STATEMENT**

The Healthcare Advocacy and Leadership Organization (HALO) is a voice for

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

XORRTOWN19Oct@aol.com

Date:

June 27, 2023

Signature above line

Tamzin Rosenwasser MD

Street Address above line

5846 VENISOTA RD

Print Name above line

TAMZIN ROSENWASSER MD

City, State, Zip above line

VENICE FL 34293

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: PRIMUMNONNOCCEREELLINAS@GMAIL.COM Date: 06/28/2023



Signature above line

PANAYIOTIS ELLINAS, MD, MPH

Print Name above line

1110 NOXFORDSHIRE LN

Street Address above line

EDWARDSVILLE IL 62025

City, State, Zip above line

[REDACTED]  
[REDACTED]  
[REDACTED]

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not



require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: aliehsm46@yahoo.com Date: 06-28-2023

Mrs. Sheila Mullen P.O. Box 38, 578 Vampire Road

Signature above line

Street Address above line

Mrs. Sheila Mullen Gallitzin, PA 16641

Print Name above line

City, State, Zip above line

[REDACTED]

[REDACTED]

[REDACTED]

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not

require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: asilm73@yahoo.com Date: 6/24/23  
Lisa Maxwell 426 Ashcroft Avenue

Signature above line

Street Address above line

Lisa Maxwell Cresson, PA 16630

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: millerent327@gmail.com

Date: 6/29/23

Roger W. Miller, M.D.  
Signature above line

350 N 190TH ST APT C-327  
Street Address above line

ROGER W. MILLER, M.D.  
Print Name above line

SHORELINE, WA 98133  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: MARY ELKE/40052@gmail.com

Date: 6-28-2023

Signature above line  
Mary E. Weisenburger  
Print Name above line

Street Address above line  
5153 Rambo Ln  
City, State, Zip above line  
Toledo, OH 43629

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: GINNY CHAUDHARY@YAHOO.COM

Virginia A. Chaudhary  
Signature above line

VIRGINIA A. CHAUDHARY  
Print Name above line

Date: June 28, 2023

5501 Stuebinger Pk.  
Street Address above line

Toledo, Ohio 43623  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: JOANNDZIEWIATKA  
Joanna Dziewiatka  
Signature above line  
JOANNDZIEWIATKA  
Print Name above line

Date: 10/28/23  
3454 Maplewood Dr Toledo, OH  
Street Address above line  
TOLEDO, OH 43623  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, Carolyn M. Hricovsky 01@gmail.com

Email: Carolyn M. Hricovsky

Signature above line  
CAROLYN M. HRICOVSKY

Print Name above line

Date: 6/28/23

Street Address above line  
4621 Beaconsfield Ct

City, State, Zip above line  
Toledo, Ohio 43623



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [howardgwen65@gmail.com](mailto:howardgwen65@gmail.com)

Date: 6/23/2023

*Gwendolyn Howard*

*10661 Old Leitchfield Road Whitesville, Ky. 42378*

Signature above line

Street Address above line

*PGwendolyn Howard 10661 Old Leitchfield Road Whitesville, KY 42378*

*Print name Above this line City, State, & Zip*

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:                     

Martin E Howard

Signature above line

Date: 6/23/2023

10661 Old Leitchfield Road Whitesville, Ky. 42378

Street Address above line

Martin E Howard Martin Howard 10661 Old Leitchfield Road Whitesville, Ky. 42378  
Print name Above this line City, State, & Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [daycomm@live.com](mailto:daycomm@live.com)

Anne Yeiser

Signature above line

ANNE YEISER

Date: June 24 2023

2604 TAYLORVILLE RD

Street Address above line

LOUISVILLE KY 40205

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jlea2020@gmail.com](mailto:jlea2020@gmail.com)

Date: 6-16-23

9838 SW 38th Ave Unit 2

Street Address above line

Ocala, FL 34476

City, State, Zip above line

Signature above line

Janie L. McElroy

Print Name above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

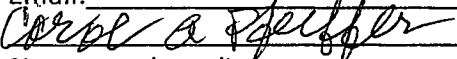
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Carol A. Pfeiffer

Print Name above line

Date:

5 June 2023  
8832 SW 108TH Street

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [lola1971@gmail.com](mailto:lola1971@gmail.com)

Signature above line

Linda L Olson

Print Name above line

Date: 5 June 2023

3535 Marianna Place

Street Address above line

The Villages, FL 32163

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.


The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Robert M. Haby

Print Name above line

Date:

June 6, 2025  
12567 SW 1470th Loop

Street Address above line

DUNNELLON, FL 34432

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jpschubert@att.net](mailto:jpschubert@att.net)

Signature above line

JAMES SCHUBERT

Print Name above line

Date:

6/5/2023

Street Address above line

16251 SW 14TH AVENUE ROAD

City, State, Zip above line

OCALA, FL 34473



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Drolgon86@stcglobal.net](mailto:Drolgon86@stcglobal.net)

 not

Signature above line

PAMELA SCHUBERT

Print Name above line

Date: 6-5-23

16351 SW 14th Avenue Rd

Street Address above line

Ocala FL 34473

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Noella Martin

Signature above line

Noella Martin

Print Name above line

Date:

6/15/23

Street Address above line

9861 SW 102nd Pl.

City, State, Zip above line

Ocala FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [bosler4@gmail.com](mailto:bosler4@gmail.com)

EDITH L. BOSLER

Signature above line

Edith L. Bosler

Print Name above line

Date: June 25, 2023

5349 Whitehouse Spencer

Street Address above line

Whitehouse, OH 43571

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: KFC101@COMCAST.NET

Kenneth Chlopecki

Signature above line

KENNETH CHLOPECKI

Print Name above line

Date: 6/25/23

5250 CLOVER LN.

Street Address above line

TOLEDO, OH. 43623

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email [CCgalvin@hotmail.com](mailto:CCgalvin@hotmail.com)

Catherine Galvin

Signature above line

Catherine Galvin

Print Name above line

Date: 06/25/2023

1401 Wildwood Road

Street Address above line

Toledo, Ohio 43614

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Debra Hindorffmeier

Signature above line

DEBRA HINDORFFMEIER

Print Name above line

Date: June 25, 2013

13333 Pennsylvania Ave

Street Address above line

Riverside, MI 48193

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [teresa.tibai@gmail.com](mailto:teresa.tibai@gmail.com)

Teresa A. Tibai

Signature above line

Teresa A. Tibai

Print Name above line

Date: 06/26/2023

1419 N. Erie St. upper

Street Address above line

Toledo, OH 43604

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

djello@texas.net

Daniel Ello Sr

Signature above line

DANIEL ELLO SR

Print Name above line

Date:

6-25-23

913 WARDELL

Street Address above line

TOLEDO, OH 43605

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [thinderm@gmail.com](mailto:thinderm@gmail.com)

Theresa J. Hindermeier  
Signature above line

Theresa J. Hindermeier  
Print Name above line

Date: 6/25/2023

3134 Swartz Rd.  
Street Address above line

LaSalle, MI 48145  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Tortugo13@hotmail.com

B. M. Hall

Signature above line

Leda M. Hall

Print Name above line

Date: 6-4-23

8891 SW 85th Loop

Street Address above line

Ocala FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Rose Marie Williams

Signature above line

ROSEMARIE WILLIAMS

Print Name above line

Date: 631-901-8661

8988 SW 79<sup>th</sup> LANE

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [f.toom.johnston@gmail.com](mailto:f.toom.johnston@gmail.com)

Date: 4/6/23

Signature above line

10975 SW 63rd Ave

DAVID JOHNSTON

OCALA, FL 34476

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6-4-23

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

FLORENTINA PANUACCHIONE

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: DSTGermain1948@gmail.com Date: 6/4/23

Samuel ST. Germain  
Signature above line

3225 N.W. 44th Terrace, Ocala  
Street Address above line 34402

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: VK Michael@ATT.NET

Date: 6/4/23

Vernon Kessler

Signature above line

Vernon Kessler

Print Name above line

9505 SW 93rd Loop

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: 

Signature above line

Print Name above line

Date: 4 Jul 23

Street Address above line 4200 S 91st Pl

City, State, Zip above line Chicago IL 60631



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: bridgetsav@gmail.com

Bridget Toner Kopack

Signature above line

Bridget TONER-KOPACK

Print Name above line

Date: 6-4-23

10873 SW 89th AVE

Street Address above line

OCALA, FL 34681

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

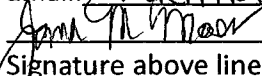
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [VERITASHEALTHSOLUTIONS@PROTONMAIL.COM](mailto:VERITASHEALTHSOLUTIONS@PROTONMAIL.COM)



Signature above line  
JANA M. MOORE

Print Name above line

Date: 6/4/23

156 SW 33 TERR.

Street Address above line

OCALA, FL 34474

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

CATHERINE L. GROSH

Print Name above line

Date:

6-4-23

Street Address above line

OCALA FLA 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: patricia789@att.net

Signature above line Patricia Kessler

Print Name above line Patricia Kessler

Date: 3-4-23

9505 SW 93rd Loop

Street Address above line 10 Calhoun FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 6/4/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

KevKaty@Verizon.net

Date:

6/4/23

Kathleen Norris

9740 SW 95th Loop

Signature above line

Street Address above line

Kathleen Norris

Ocala, FL 34481

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [horsecentry@gmx.com](mailto:horsecentry@gmx.com)



Signature above line

Frederick A. Herbert

Print Name above line

Date: 6/4/23

8699 SE 12 CT

Street Address above line

Ocala, FL 34480

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

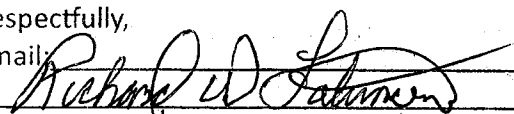
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

RICHARD W. LATIMER

Print Name above line

Date:

6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Santiago@ukm076@gmail.com](mailto:Santiago@ukm076@gmail.com)

Signature above line

*Adlene Sherman*

Print Name above line

Date:

*6.4.2023*

*9858 SW 55th Ave RD*

Street Address above line

*DeMIA FL 33476*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: NONE

Signature above line Lois M. Reisinger

Print Name above line LOIS M. REISINGER

Date: 6/4/23

Street Address above line 8335 A SW 96 LANE

City, State, Zip above line OCALA, FL. 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

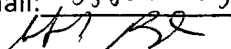
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [sjb515@gmail.com](mailto:sjb515@gmail.com)



Signature above line

Stephen Barick

Print Name above line

Date: 6/4/2023

9209 SE 48th Ter

Street Address above line

Ocala, FL 34480

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

876750 73rd Ave /  
0544, FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dennisysherman@yahoo.com](mailto:dennisysherman@yahoo.com)

Date: 6/7/23

Signature above line

Dennis Sherman

Print Name above line

9858 SW 55th Ave KD

Street Address above line

Ocala Fl 39476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

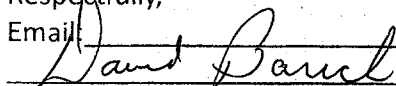
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

DAVID BARICH

Print Name above line

Date:

6/4/2023

11761 LONDON BRIDGE DR

Street Address above line

MOKENA IL 60448

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: kevkatt11@verizon.net

Signature above line  
Kevin P. Norris

Print Name above line

Date: 6/4/23  
9740 SW 95<sup>TH</sup> Loop

Street Address above line  
Ocala FL 34481  
City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_



Signature above line

PAUL THOMAS

Print Name above line

Date: 06-04-2023

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [G-MAL-Com@gmail.com](mailto:G-MAL-Com@gmail.com) Date: June 4th 2023

Signature above line

Audrey S. Romans

Print Name above line

Street Address above line

6734 SW 11th Pl. Ocala

City, State, Zip above line

34876

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: rose.mancini407@gmail.com Date: 06/04/23  
Monica Mancini 10275 SW 132nd Ave  
Signature above line Street Address above line  
Monica Mancini Donnellon, FL 34432  
Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: N/A

Grace B. Reichart

Signature above line

GRACE B. REICHART

Print Name above line

Date: 6/4/23

8104 S.W. 108 Lane Rd.

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

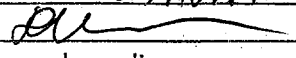
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: REDANDPITA@GMAIL

  
Signature above line

  
Print Name above line

Date: 6/4/2023  
6234 SW 111<sup>th</sup> Loop Ocala FL 34476

Street Address above line  
Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [marquim12000@hotmail.com](mailto:marquim12000@hotmail.com)

Signature above line

Print Name above line

Date: 6-4-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: maryslamb123@yahoo.com Date: 6-4-2023

Mary G. Brown

Signature above line

Mary G. Brown

Print Name above line

8206 SW 58th Ave

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ls9fl@gmail.com](mailto:ls9fl@gmail.com)

Signature above line

LOIS STEINER

Print Name above line

Date: 6-3-23

Street Address above line

8690 SW 108 PL

City, State, Zip above line

OCALA, FL 3



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature above line

\_\_\_\_\_  
Print Name above line

Date: 6-6-23

\_\_\_\_\_  
Street Address above line

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [pamgiff@earthlink.net](mailto:pamgiff@earthlink.net)

Date: 4/4/23

Signature above line

8711A SW 96<sup>th</sup> Lane

Street Address above line

Ocala, FL 34481

Print Name above line

City, State, Zip above line

Patricia A. Giff

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dralexvaken@gmail.com](mailto:dralexvaken@gmail.com)

Date:

6/4/23

Signature above line

Luisa Alexandra Cuesta

Street Address above line

6126 SW 84th Place Road

Print Name above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: none

Signature above line Mary Bertoli

Print Name above line MARY BERTOLI

Date: June 4<sup>th</sup>, 2023

Street Address above line 11214 SW 77 COURT

City, State, Zip above line Ocala, Florida, 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

[dmelvin2@earthlink.net](mailto:dmelvin2@earthlink.net)

Date:

6/4/2023

Signature above line

David A. Melvin

Street Address above line

9849 SW 59th Cir.

Print Name above line

Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dmelvin3@earthlink.net](mailto:dmelvin3@earthlink.net)

*Shirley B Melvin*

Signature above line

Shirley B Melvin

Print Name above line

Date: 6-4-23

9849 SW 51st Circle

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

JP GRANDFIELD

Signature above line

JOHN P GRANDFIELD

Print Name above line

Date:

6-4-23

Street Address above line

8487 SW 84TH loop

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: THOMAS S. GECAN  
Thomas S. Gecan

Signature above line  
THOMAS S. GECAN

Print Name above line

Date: 6-4-23  
5896 SW 86th LOOP

Street Address above line  
Ocala FL. 34481

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Linda Grandfield

Signature above line

Linda Grandfield

Print Name above line

Date:

June 4, 2023

Street Address above line

8487 SW 84th Loop

City, State, Zip above line

Ocala FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jandpfallon@gmail.com](mailto:jandpfallon@gmail.com)

James K. Fallon  
Signature above line

JAMES K. FALLON  
Print Name above line

Date: 6/4/23

8499 SW 84<sup>th</sup> Loop  
Street Address above line

Orlando FL 32831  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [satchaven@gmx.com](mailto:satchaven@gmx.com)

Signature above line

Penn Herbert

Print Name above line

Penn Herbert

Date: June 4, 2023

8699 S.E. 12th Ct.

Street Address above line

Ocala, FL 34880

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jandypfallon@gmail.com](mailto:jandypfallon@gmail.com)

Margaret J. Fallon

Signature above line

MARGARET J. FALLON

Print Name above line

Date: 6/4/23

8499 SW 84th Loop

Street Address above line

Orlando FL 32811

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [PROTECT5312500.GMAIL.COM](mailto:PROTECT5312500.GMAIL.COM)

Date: 4/3/23

Signature above line

8295 SW 77 CT.

Wina Brady

Ocala, FL 34476

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Mary Bombardieri

Signature above line

MARY BOMBARDIERI

Print Name above line

Date: \_\_\_\_\_

6/04/23  
9752 SW 46 Ct

Street Address above line

Osaka FL 33416

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Christinaed@gmail.com](mailto:Christinaed@gmail.com)

Signature above line

CHRISTINA DEPALMA

Print Name above line

Date:

6/4/23  
1131 SE 17th Ave

Street Address above line

Ocala, FL 34471

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Eileen Nolan

Signature above line

Eileen Nolan

Print Name above line

Date:

6/3/23

Street Address above line

4900 SW 46th Ct Apt 2801

City, State, Zip above line

Ocala FL 34474



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Lopore 44@gmail.com

Linda Pore

Signature above line

LINDA PORE

Print Name above line

Date: 6-3-23

2414 NW 53rd Ave Rd

Street Address above line

Ocala, FL 34482

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

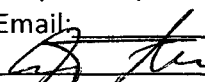
Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

  
ALEX TIRADO

6/3  
7814 SW 83<sup>rd</sup> Circle, Ocala FL  
Ocala FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature above line

\_\_\_\_\_  
Print Name above line

Date: June 3, 2023

\_\_\_\_\_  
Street Address above line

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Mary Hart

Print Name above line

Date: JUNE 3, 2023

8900 SW 97th Lane Rd - N

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jetsetrslp@aol.com](mailto:jetsetrslp@aol.com)

Signature above line

Print Name above line

Date: 06-03-23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ArielGonzalez@gmail.com](mailto:ArielGonzalez@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line  
\_\_\_\_\_  
*Fr Robert P. Unger*

Print Name above line  
\_\_\_\_\_  
*Fr Robert P. Unger*

Date: 6-3-23

\_\_\_\_\_  
*208 S. Rillmore St*

Street Address above line  
\_\_\_\_\_  
*Beverly Hills, CA 91445*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Mary Ann Lander

Signature above line

Mary Ann Lander

Print Name above line

Date:

6-4-23

Street Address above line

6865 SW 111th Loop

City, State, Zip above line

Ocala, FL 34476



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [tsolange300@gmail.com](mailto:tsolange300@gmail.com)  
Solange TA

Signature above line

SOLANGE TA

Print Name above line

Date: 6/3/23  
5391 SW 86th lane

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [grifazone@gmail.com](mailto:grifazone@gmail.com)

*Grifazone*

Signature above line

*Grifazone*

Print Name above line

Date: 6/3/23

4665 SW 103 Place

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.


The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [FWWJFETT@gmail.com](mailto:FWWJFETT@gmail.com)



Signature above line

JOHN F. SALSAR

Print Name above line

Date: 6/3/2023

7333 SW 101 CT

Street Address above line

OCALA FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

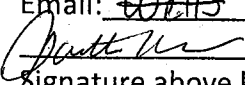
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Watts Wojette088@gmail.com

  
Signature above line

Watts Wojette  
Print Name above line

Date: 26 May 23

10814 Knoll Court

Street Address above line

Upper Marlboro MD. 20772

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: NKE 1622@centurylink.net

Date: 6/3/2023

Kathleen M. Pierson

6350 SW 82nd Pl.

Signature above line

Street Address above line

KATHLEEN M. PIERSON

Ocala FL 34476

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: 6.3.23

Street Address above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

DAVID BANKS

Print Name above line

Date: 6-3-23  
9125 SW 57TH PLACE RD

Street Address above line

OCALA, FL 34981

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

MARY Ellen BAKER

Print Name above line

Date: \_\_\_\_\_

6/3/23

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

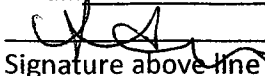
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line  


Print Name above line  
Lilianna Sapranta

Date: 6/3/2023

3852 SW 102nd Ln Rd

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

John Magee

Signature above line

JOHN MAGEE

Print Name above line

Date:

6/3/23

Street Address above line

8035 SW 115th Loop

City, State, Zip above line

OCALA FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [JANEROYER68@GMAIL](mailto:JANEROYER68@GMAIL)



Signature above line

JANICE ROYER

Print Name above line

Date: 6-3-23

7768 SW 86 Loop

Street Address above line

Ocala FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:



Signature above line

Veronica Smith

Print Name above line

Date:

6/3/23  
84635484th Loop

Street Address above line

Dea la, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

James Stahl

Signature above line

JAMES STAHL

Print Name above line

Date:

6-3-23

9782 SW 92ND PLACE RD.

Street Address above line

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Marilyn Yearwood

Signature above line

MARILYN YEARWOOD

Print Name above line

Date:

06/04/2023

Street Address above line

#653 SW 40th

City, State, Zip above line

Ocala FL 34479

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

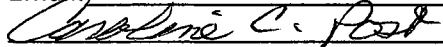
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

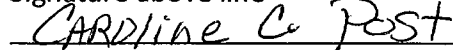
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

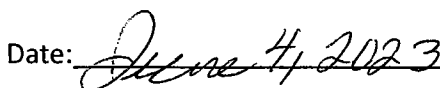


Signature above line

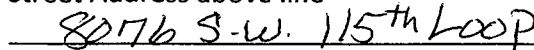


Print Name above line

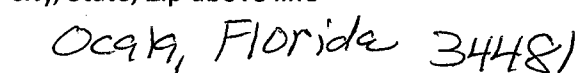
Date:



Street Address above line



City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

[dcapone1@live.com](mailto:dcapone1@live.com)

Dianne Lee Capone

Signature above line

Dianne Lee CAPONE

Print Name above line

Date:

June 3, 2023

10075 SW 63 ave

Street Address above line

Ocala FL 34476

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [capone13@outlook.com](mailto:capone13@outlook.com)

Date: June 3, 2023

10075 SW 63 Ave

Street Address above line

Ocala FL 34476

City, State, Zip above line

Signature above line

John A. Capone Jr

Print Name above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

6/3/2023  
3848 SW 78th St Rd  
Ocala, FL 34481

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line  
Robert A Shay

Print Name above line  
Robert A Shay

Date: 6-2-2023

6491 SW 87th St.

Street Address above line

Orlando FL 32847

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Project53@MSN.COM](mailto:Project53@MSN.COM)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

June 7, 2023

6517 62<sup>ND</sup> Ave.

Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

NADINE SPENCE

Print Name above line

Date: \_\_\_\_\_

June 7, 2023  
6517 62<sup>ND</sup> AVE.

Street Address above line

Ocala, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

June 5, 2023  
6104 SW 84th St.

Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

JUNE 5, 2023  
6119 SW 84th St.

Ocala, FL 34476



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Millie Roberts

Date: June 7, 2023

Signature above line  
Millie Roberts

6517 62ND AVE.  
Street Address above line  
Ocala, FL 34476  
City, State, Zip above line

Print Name above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

→ LOLA MARTIN  
Signature above line Lola Martin  
Print Name above line

Date: June 7, 2023  
6517 62<sup>ND</sup> Ave.

Street Address above line  
Ocala, FL 34476  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Jacqueline S. Phillips

Signature above line

Jacqueline S. Phillips

Print Name above line

Date: 6-16-23

8140 West Wisconsin Ave

Street Address above line

Wauwatosa, WI. 53213

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [fpdocja@yahoo.com](mailto:fpdocja@yahoo.com)

*Jennifer Kruse Allen*

Signature above line

*Jennifer Kruse Allen*

Print Name above line

Date: *June 5, 2023*

*704 Questover Dr.*

Street Address above line

*Carthage FL 32821*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [a-bodnar@sbcglobal.net](mailto:a-bodnar@sbcglobal.net)

*Adriana Budnar*

Signature above line

ADRIANA BUDNAR M.D.

Print Name above line

Date: 6-10-2023

10615 N. PINE RIDGE DRIVE

Street Address above line

MEQUON, WI 53092

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

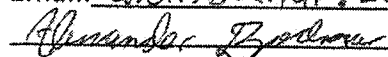
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [alex.bodnar.269@gmail.com](mailto:alex.bodnar.269@gmail.com)

  
Signature above line

ALEXANDER BODNAR

Print Name above line

Date: 06/10/23

10615 N Pine Ridge Dr

Street Address above line

Mequon, WI, 53092

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Catherine.bodnar3@gmail.com  
Catherine Bodnar

Signature above line  
CATHERINE BODNAR, M.D., MBA

Print Name above line

Date: 6/10/2023  
10615 N. PINE RIDGE DR.

Street Address above line  
MEQUON, WI 53092

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

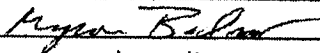
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [a-bodnar@sbcglobal.net](mailto:a-bodnar@sbcglobal.net)

  
Signature above line

MYRON BODNAR, M.D.  
Print Name above line

Date: 6/10/2023

10615 N. PINE RIDGE DR.  
Street Address above line

MEQUON, WI 53092  
City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [nataliebodnar5@gmail.com](mailto:nataliebodnar5@gmail.com)

Natalie Bodnar

Signature above line

NATALIE BODNAR

Print Name above line

Date: 6/10/2023

10615 N. PINE RIDGE DRIVE

Street Address above line

MEQUON, WI 53092

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mcolman@everestkc.net](mailto:mcolman@everestkc.net)

*Michael W. Colman*  
Signature above line

Date: June 25, 2023

6508 Westgate Circle  
Street Address above line

Melanie H. Goffman  
Print Name above line

Shawnee, KS 66216  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

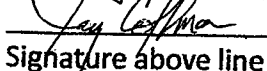
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

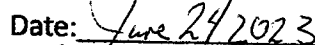
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jaycoffman@centurylink.net](mailto:jaycoffman@centurylink.net)

  
Signature above line

Date:





Street Address above line

OVER →

Jay Lottman  
Print Name above line

Bullhorn City, KS 66006  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Wjcoffman@centurylink.net](mailto:Wjcoffman@centurylink.net) Date: 6/24/23  
James W. Coffman 584 E. 1700 Rd  
Signature above line Street Address above line

— Over —

Janel H. Coffman

Print Name above line

Baldwin, Kansas 66006

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [wjcoffman@centurylink.net](mailto:wjcoffman@centurylink.net)

Wayne E. Coffman

Signature above line

Date: 6/24/23

584 E, 1700 Rd

Street Address above line

OVER



Wayne E. Goffman  
Print Name above line

Baldwin City, KS 66006  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

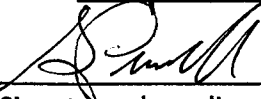
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Spurc27211@AOL.com

Date: 6-23-23

  
Signature above line

12363 SR Hwy 464  
Street Address above line

Stephen Purcell

Ocklawaha, FL 32179

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Natalie\_couch@yahoo.com

Date: 12/23/23

Natalie C.

Signature above line

6060 SE 118th PL

Street Address above line

Natalie Couch

Bellevue, FL 34420

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: giha\_1@yahoo.com

Lizbeth L. Giha  
Signature above line

LIZBETH L. GIHA

Date: 6/23/2023

5321 SE 105 PLACE  
Street Address above line

BELLEVIEW FL 34420

[REDACTED]  
[REDACTED]

**Christine Zainer**  
**P. O. Box 26635**  
**Milwaukee, WI 53226**

To: The Honorable Samuel Thumma & All Members of the  
Determination of Death Act Committees & Style/Drafting Committees;  
Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010;  
Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312)  
450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD), has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide)

albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a “corpse,” but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be “irreversible” or “permanent,” neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on “quality-of-life” judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**“No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical**

standards.”

Respectfully,

Email: dorothy.hobart@gmail.com

Date: June 23, 2023

Signature: Dorothy A Hobart

Print Name: Dorothy A. Hobart

Street Address: 647 Downing Lane

City, State, Zip: Buffalo, NY 14221

Note: If you have difficulty printing this letter here, go to [https://lifeguardianfoundation.org/?page\\_id=135](https://lifeguardianfoundation.org/?page_id=135).

~~~~~

**Want to Help HALO and be  
a Voice for the Medically Vulnerable?**

**DONATE NOW**

Thank you for your support! Our organization is a 501 (c)(3) organization.  
Donations are tax-deductible to the extent allowed by law.

If you would like to donate through the mail, please send checks only to:  
**HALO, 7301 Bass Lake RD, Minneapolis, MN 55428.**



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [peils305@hotmail.com](mailto:peils305@hotmail.com)



Signature above line

PETER W. REILLEY

Print Name above line

Date: 27 JUNE 23

1711 LINCOLN LANE

Street Address above line

ROME, NY 13440-2456

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: eddieandcindy@hotmail.com

Date: 6-27-23

Cynthia B Spivey  
Signature above line

301 Northridge Road  
Street Address above line

Cynthia Spivey  
Print Name above line

Gardendale, AL 35071  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: evan.burch482@topper.wku.edu Date: 6-13-2023  
Evan Burch 6971 Jack Hinton Road

Signature above line

Street Address above line

P Evan Burch Prilpot, KY 42366  
Print name Above this line City, State, & Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Koekeprede16@gmail.com](mailto:Koekeprede16@gmail.com)

Date: 6/13/23

Kara Burch Kara Burch 6971 Jack Hinton Rd. Philpot, KY 42366

Signature above line

Street Address above line

Print name Above this line City, State, & Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees-& Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [beyke.marilyn@gmail.com](mailto:beyke.marilyn@gmail.com)

Date: 05-14-2023

*Marilyn R. Beyke*

3117 Harness Loop

Signature above line

Street Address above line

*Marilyn R. Beyke*

Owensboro, KY 42303

Print name Above this line City, State, & Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [TSuzieg47@aol.com](mailto:TSuzieg47@aol.com)

Date: June 10, 2023

Thelma Sue O'Bryan

Signature above line

Thelma Sue O'Bryan

Print name Above this line

Street Address above line

174 Lafayette Dr. Owensboro KY  
City, State, & Zip 42334

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: June 14-2023

Signature above line

P Lillian J. Redd

Street Address above line

2418 Sullivan Ct. Owensboro KY. 42301

Print name Above this line City, State, & Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 4-20-2023

10724 Green St.

Signature above line

P Barbara Hodskins

Street Address above line

Whitesville, Ky 42378

Print name Above this line City, State, & Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [fwathen1@bellsouth.net](mailto:fwathen1@bellsouth.net)

Date: 6-17-23

Anna Wathen

8291 Crisp Rd

Signature above line

Street Address above line

P Anna Wathen

Whitesville Ky 42378

Print name Above this line

City, State, & Zip



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

OREMUS@Earthlink.net

Date:

6-19/23

Signature above line

Myron Mitchell Esler

Street Address above line

919 Howell Road



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: AVE MARIA @ Earthlink . net  
Doreen Kralic  
Signature above line

Date: 6/19/23  
919 Hamell Road  
Street Address above line

✓

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: thlong99@cox.net

Date: June 20, 2023

Theresa L. Long  
Signature above line

8826 E. Downing St.  
Street Address above line

Theresa L. Long  
Print Name above line

Mesa, AZ 85207  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: MJOINER88@COMCAST.NET

Date: 22 June 2023

  
Signature above line

14632 ESTATE Drive  
Street Address above line

Marsha Joiner  
Print Name above line

Woodbridge, VA 22193  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

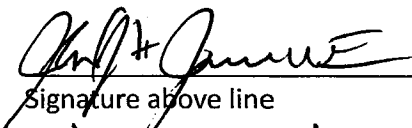
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: UJoiner4<sup>th</sup>@gmail.com

Date: 22 June 2023

  
Signature above line

14632 ESTATE Dr  
Street Address above line

John A Joiner IV  
Print Name above line

Woodbridge, VA 22193  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

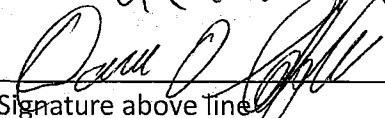
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical practice."**

Respectfully,



Email: dc66524@yahoo.com

Date: 6-20-23



Signature above line

18452 SHAWNEE HTS. RD.

Street Address above line

DANA O. COFFMAN

Print Name above line

OVERBROOK, KS 66524

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.


The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, **StephenSanborn@gmail.com**  
**Ph. 208-262-6659**  
**24950 Hawkstone Apt C-126**  
Email: **Liberty Lake, Wa. 99019-5097**

Date: 6-20-23

  
Signature above line

Street Address above line

STEPHEN J. SANBORN, SR.  
Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees;  
Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD), has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: ATPTPTJT@LIVE.COM

Date: 6/22/23

Signature: Joseph Tevington

Print Name: JOSEPH TEVINGTON

Street Address: 604 CROWN ST

City, State, Zip: MORRISVILLE, PA 19067



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of ED testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [boonen@svcc.edu](mailto:boonen@svcc.edu)

Date: 22 JUNE 2023

Nicholas A Boone

Signature above line

1717 AVENUE C

Street Address above line

NICHOLAS A BOONE

Print Name above line

STERLING IL 61081-1115

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Tomrose.mcs@gmail.com

Date:

June 19, 2023

Signature above line

Thomas W. McNamara, D.O.

Street Address above line

Johns Island, SE 29455

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602 E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org) Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: CLOUTIER.DONALD63@gmail.com

Date: 6-20-23

Donald Cloutier

Signature above line

DONALD CLOUTIER

Print Name above line

436 MAIN STREET

Street Address above line

HANOVER, CT 06350

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602 E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org) Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: [sancloutier@juno.com](mailto:sancloutier@juno.com)

Date: 6-20-2023

Sandra Cloutier  
Signature above line

436 Main Street  
Street Address above line

Sandra Cloutier  
Print Name above line

Hanover CT 06350  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance, but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: edterri7788@cox.net Date: 6/20/23

Edward Long  
Signature above line

Edward Long  
Print Name above line

8826 E. Downing St.  
Street Address above line

NE St, AZ 85207  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_  
*Joseph A. Thiemann*  
Signature above line  
JOSEPH A. THIEMANN  
Print Name above line

Date: 7-16-2023  
7750 PILLIOD RD.  
Street Address above line  
HOLLAND, OHIO 43528  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [CSPauld@BEX.NET](mailto:CSPauld@BEX.NET)  
Carol S Spaulding  
Signature above line  
CAROL S SPAULDING  
Print Name above line

Date: 6/16/2023  
7355 HARPOON CT  
Street Address above line  
MAUMEE OH 43537  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Jan3559@AOL.COM

Janis Thiemann

Signature above line.

Janis Thiemann

Print Name above line

Date: 7-16-2023

Holland, OH 43528

Street Address above line ↑ ↓

7750 Pilliod RD.

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

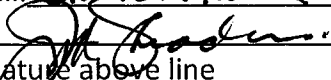
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Jim.SHRADER@SHRADER.BIZ



JAMES W. SHRADER

Print Name above line

Date: 6-16-23

563 SCENIC CIR.

Street Address above line

HOLLAND OH - 43528

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Sodd James C Gmail Cn

Date: 6-16-23

James D. Sodd

Signature above line

James D. Sodd

Print Name above line

Street Address above line

5522 Lewis Ave

City, State, Zip above line

Toledo Oh. 43612

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Vigui@att.net](mailto:Vigui@att.net)

Vigui Lantz

Signature above line

Vigui Lantz

Print Name above line

Date: 6-16-2023

8117 S. Bridge Way

Street Address above line

Maumee, Ohio 43537

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Stan-Przybylek@Att.net

Stanley E. Przybylek  
Signature above line

Stanley E. Przybylek  
Print Name above line

Date: June 16, 2023

8117 S. Bridge Way  
Street Address above line

Maumee, Ohio 43537  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: mstall1954@icloud  
Clair C. Stall

Signature above line  
Clair C Stall

Print Name above line

Date: 6-16-23  
26253 W Wexford Dr  
Street Address above line  
Perrysburg OH 43551  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [billgarber@hotmail.com](mailto:billgarber@hotmail.com)

William J. Garber  
Signature above line

William J. Garber  
Print Name above line

Date: June 16, 2023

2132 Westedge Drive  
Street Address above line

Toledo, OH 43614  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: KATHY K 720@gmail.com

Kathleen Kralovic  
Signature above line

KATHLEEN KRALOVIC  
Print Name above line

Date: \_\_\_\_\_

8127 S. BRIDGE WAY  
Street Address above line

MAUMEE, OH 43537  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, MJK149@Gmail  
Email: Michael J. Kralovic  
Signature above line  
MICHAEL J. KRALOVIC  
Print Name above line

Date: 6.16.23  
8127 S. Bridge Way  
Street Address above line  
MAUMEE, OH 43537  
City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Lou Ann Noone

Signature above line

LOU ANN NOONE

Print Name above line

Date: 6-16-2023

2954 S. BYRNE RD.

Street Address above line

TOLEDO, OH 43614

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [sssccsavnicki@gmail.com](mailto:sssccsavnicki@gmail.com)

*Sharon L. Scsavnicki*

Signature above line

*Sharon L. Scsavnicki*

Print Name above line

Date: *June 16, 2023*

*2058 Old Plank Rd*

Street Address above line

*Holland OH 43528*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mbragg@snlaw.com](mailto:mbragg@snlaw.com)

Michael W Bragg

Signature above line

Michael W Bragg

Print Name above line

Date: 8/17/03  
2058 51st Place

Street Address above line

Holland OH 43528

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: tom.rote@accuetoledo.com

Date: 6/17/2023

Thomas J. Roth

Signature above line

THOMAS J. ROTH

Print Name above line

2424 COLUMBIA BLVD

Street Address above line

TOLEDO, OH. 43614

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Irene Ireland  
Signature above line

Irene Ireland  
Print Name above line

Date: 6/16/2023

2730 Medford Dr  
Street Address above line

Toledo, OH 43614  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: LAW5MA5@Gmail.com

Mark J Laws

Signature above line

MARK J LAWS

Print Name above line

Date: 6/16/2023

6709 W. Meadows Lane

Street Address above line

Maumee, OHIO 43537

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

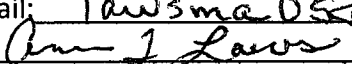
BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [lawsmad5@gmail.com](mailto:lawsmad5@gmail.com)  


Signature above line

Ann T. Laws

Print Name above line

Date: 6-16-23  
6709 W Meadows Ln

Street Address above line

Maumee, OH 43537

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Anne K. Drduillard

Signature above line

Anne K. Drduillard

Print Name above line

Date:

6-16-2023  
7560 Garden Rd

Street Address above line

Holland, OH. 43528

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Glomaec@yahoo.com](mailto:Glomaec@yahoo.com)

Gloria M. Christian

Signature above line

Gloria M. Christian

Print Name above line

Date: June 5, 2023

1731 Townsend Ter

Street Address above line

The Villages, FL 32162

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [boyg35@embargo.com](mailto:boyg35@embargo.com)

*Ralph B. Goguen*

Signature above line

**RALPH B. GOGUEN**

Print Name above line

Date: **JUNE 5, 2023**

**1564 OAK FOREST DR.**

Street Address above line

**THE VILLAGES, FL 32162**

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [gigi692016@gmail.com](mailto:gigi692016@gmail.com)

Signature above line

Print Name above line

Date: June 5, 2023

1564 Oak Forest Dr

Street Address above line

The Villages, FL 32162

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [SSdnp@Duck.com](mailto:SSdnp@Duck.com)

Sarah Pike

Signature above line

SARAH PIKE

Print Name above line

Date: 6/4/2023

5221 SW 128<sup>th</sup> Ave

Street Address above line

OCALA, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: alan.altany

Alan Altany, Ph.D.

Signature above line

ALAN ALTANY, Ph.D.

Print Name above line

Date:

6/5/23

8745-C SW 92nd Street

Ocala, FL 34481

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: JB24@RUNBOX.COM

Janice Rehbein

Signature above line

JANICE REHBEIN

Print Name above line

Date: 6/5/2023

6570 SW 111 TH LOOP

Street Address above line

OCALA, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [wproshek@juno.com](mailto:wproshek@juno.com)

Wesley J Proshek  
Signature above line

Wesley Proshek  
Print Name above line

Date: 6-6-23

4710 Black Rd.

Street Address above line

Monclova OH 43542

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: \_\_\_\_\_

Mary Isbill

7636 Bateler Rd Philpot Ky 42366

Signature above line

Street Address above line

Mary Isbill

Print name above this line City, State ZIP



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6-10-2023

Signature above line Joyce Mills

9115 Short Station Rd. Philpot, Ky 40366  
Street Address above line

Print name Above this line Joyce Mills

City, State Zip Philpot, KY 40366

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

ForeverKim8125@gmail.com

Date:

6/8/23

Signature above line

Young Sook Kim

Print Name above line

Street Address above line

6841 SW 111th Loop

City, State, Zip above line

Ocala, FL 34476

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [bjkurz@gmail.com](mailto:bjkurz@gmail.com)

BJ Kim

Signature above line

Bo J. Kim

Print Name above line

Date: 6/8/23

6841 SW 111<sup>th</sup> Loop

Street Address above line

Orlando, FL 34476

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6/5/23

Signature above line \_\_\_\_\_

Street Address above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

City, State, Zip above line \_\_\_\_\_

Carmen Riverai

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Petronilla Singh

Signature above line

Petronilla Singh

Print Name above line

Date: 6/5/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

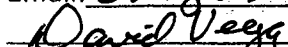
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

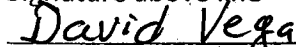
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dVega13156@gmail.com](mailto:dVega13156@gmail.com)



Signature above line



Print Name above line

Date: 6/5/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

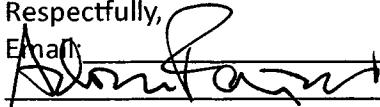
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email



Signature above line

Feliciano Feliciano

Print Name above line

Date:

6/5/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Sergio I Diaz

Signature above line

Sergio I Diaz

Print Name above line

Date:

6/5/23

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

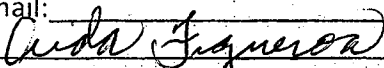
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

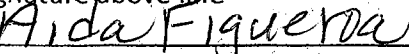
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

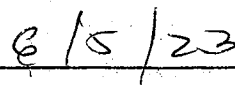


Signature above line



Print Name above line

Date:



Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Oemi.yar@gmail.com](mailto:Oemi.yar@gmail.com)

Date: 6-5-23

Signature above line

Olga E Miyar

Street Address above line

Ocala FL 33145

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, *JL Byrne*

Email [jlbyrne@acocpa.net](mailto:jlbyrne@acocpa.net)

JL BYRNE

Signature above line

Date:

6/6/23

6011 State Route 56 Owensboro Ky 42301

Street Address above line

Print NAME above the line City, State ZIP above the line.

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully, Joan Byrne  
Email: jjoanbyrne@gmail.com

JOAN BYRNE  
Signature above line

Date: 6/6/23  
6011 STATE ROUTE 56 OWENSBORO KY 42301  
Street Address above line

Print NAME above the line City, State ZIP above the line.

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Aloysia L. Byrne  
Signature above line

Aloysia L. BYRNE  
Print NAME Above the line

Date:

6-7-23  
6836 Hwy 56  
Street Address above line

OWENSBORO, Ky 42301  
City, State ZIP Above the line.

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Edbyrne@bellSouth.net](mailto:Edbyrne@bellSouth.net)

Norbert E Byrne

Signature above line

NORBERT E BYRNE

Print NAME above the line

Date:

6-7-23

6836 Hwy 56

Street Address above line

OWENSBORO, Ky 42301

City, State ZIP Above the line.

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Connie Lemmon

Signature above line

Date: 6-6-23

5023 Free Silver Rd Philpot KY

Street Address above line

42366

Print NAME Above the line City, State ZIP Above the line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Btismynname@yahoo.com

Robert Turner

Signature above line

Robert Turner

Print Above line

Date: 6-8-23

7609 Boteler Rd

Street Address above line

Philpot, KY 42366

City, State, Zip



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: N/A

Patricia R. Bennett

Signature above line

Patricia R. Bennett

Print name above this  
line

Date:

9/31/3 State Route 144

Street Address above line

Knoxville, Ky. 42366

City, State ZIP

## ULC ACTION LETTER

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Materof11@yahoo.com Date: June 3, 2023

Kathleen Schmiedicke  
Signature above line

6693 S. West Montcalm Ave,  
Street Address above line

Kathleen Schmiedicke  
Print Name above line

Greenville, MI 48838  
City, State, Zip above line

Please print, sign and return, if possible, before June 9, 2023 to:

**Christine Zainer, P. O. Box 26635, Milwaukee WI 53226**

We will make copies and send the letters in a bundle to the ULC. Thank You, Paul A. Byrne, M.D.

## ULC ACTION LETTER

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: chtrartist@trifon.net

Date: 6-02-23

Charlene Truskowski  
Signature above line

1150 BARRINGTON NW  
Street Address above line

CHARLENE TRUSKOWSKI  
Print Name above line

GRAND RAPIDS MI 49534  
City, State, Zip above line

Please print, sign and return, if possible, before June 9, 2023 to:

**Christine Zainer, P. O. Box 26635, Milwaukee WI 53226**

We will make copies and send the letters in a bundle to the ULC. Thank You, Paul A. Byrne, M.D.

## ULC ACTION LETTER

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 6-2-23

T.A. Truszkowski  
Signature above line

1150 BARRINGTON NW  
Street Address above line

T.A. TRUSZKOWSKI  
Print Name above line  
Titom4s

GRAND RAPIDS MI 49534  
City, State, Zip above line

Please print, sign and return, if possible, before June 9, 2023 to:

**Christine Zainer, P. O. Box 26635, Milwaukee WI 53226**

We will make copies and send the letters in a bundle to the ULC. Thank You, Paul A. Byrne, M.D.

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: praynow@mail.com

Margaret Draheim

Signature above line

Margaret Draheim

Date: May 31, 2023

PO Box Shawano WI 54166

Street Address above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [praynow@mail.com](mailto:praynow@mail.com)

Richard Draheim

Signature above line

Date: May 31, 2023

PO Box 393, Shawano WI 54166

Street Address above line

Richard Draheim

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: praynow@mail.com  
Joseph Draheim  
Signature above line  
Joseph Draheim

Date: May 31, 2023  
PO Box 393 Shawano WI 54166  
Street Address above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: george.kriegl@gmail.com

George Kriegl  
Signature above line

GEORGE KRIEGL  
Print Name above line

Date: 6-3-2023

N62 W37843 WABBEIGE RD.  
Street Address above line

OCONOMOC, WI 53066-1728  
City, State, Zip above line



2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: kjmlightfoot@gmail.com

Date: 23 May 2023

Karen Lightfoot

2004 Bellevue Avenue, Apartment L

Signature above upper line Street Address above lower line

Karen Lightfoot

Maplewood, MO 63143

Print Name above upper line City, State, Zip above lower line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

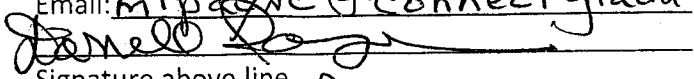
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mlpayne@connectgradd.net](mailto:mlpayne@connectgradd.net)



Signature above line

Darrell Payne

PRINT ABOVE THE LINE

Date:

6/3/2023

9925 Lauham Road

Street Address above line

Philpot, KY 42362

City, State, ZIP

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mlpayee@connectquadd.net](mailto:mlpayee@connectquadd.net)

Mary Lou Payne

Signature above line

MARY LOU PAYNE

Print NAME Above the line

Date:

6/3/2023

Street Address above line

9925 LANHAM ROAD

Philpot, KY 42366

City, State ZIP Above the line.

## ULC ACTION LETTER

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [aggiel@duck.com](mailto:aggiel@duck.com)

Date: June 3, 2023

*Mrs. A Langschied*

Signature above line

1029 Grosvenor Dr Greenville, MI 48838

Street Address above line

Mrs. Agnes Langschied

Print Name above line

City, State, Zip above line

Please print, sign and return, if possible, before June 9, 2023 to:

**Christine Zainer, P. O. Box 26635, Milwaukee WI 53226**

**We will make copies and send the letters in a bundle to the ULC. Thank You, Paul A. Byrne, M.D.**

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Vrc4321@yahoo.com  
Velina Christian

Signature above line  
Velina Christian

Print Name above line

Date: 6-6-2023  
4147 Candy Apple Ln

Street Address above line  
Suitland, MD 20746

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

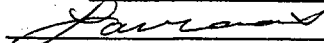
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Talaura.tee12@gmail.com](mailto:Talaura.tee12@gmail.com)

Date: 05/27/2023



Signature above line

Talaura Moss

Print Name above line

Street Address above line

N/A

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: ARozlyn@gmail.com



Signature above line

Rozlyn Alverson

Print Name above line

Date: 5/27/23

6321 Walton Ave

Street Address above line

Juitland, MD 20746

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mzxrafa@gmail.com](mailto:mzxrafa@gmail.com)

Volanda Rafael

Signature above line

Volanda Rafael

Print Name above line

Date: 5/27/23

6321 Walton Ave

Street Address above line

Suitland, MD 20746

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [orlandojboyd@gmail.com](mailto:orlandojboyd@gmail.com)  
Signature above line  
Orlando Boyd  
Print Name above line

Date: 6/2/2023  
4100 Marbaine dr.  
Street Address above line  
Ft. Washington Md. 20744  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [maria2002@yahoo.com](mailto:maria2002@yahoo.com)

Date: 6/3/23

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [mnbjazzmum@nkcw.com](mailto:mnbjazzmum@nkcw.com)  
Mike Drapals  
Signature above line  
Mike Drapals  
Print Name above line

Date: 6-3-2023  
148 Dorsey Ave  
Street Address above line  
Wilder, Maryland, MD 20772  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: David Robinson-Watson 34 @  
gmail.com

Signature above line  
David Robinson

Print Name above line

Date: 6/3/23

12035 Ashbury Pl. #304

Street Address above line

N/A

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Kaizen pm2019@gmail.com

Signature above line

Print Name above line

Date: 2 June 2023

10809 Carter Way

Street Address above line

Upper Marlboro, MD 20772

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

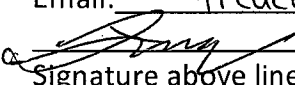
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: frederick.moti@yahoo.com

Date: 6/3/23

  
Signature above line

N/A  
Street Address above line

Frederick Moti  
Print Name above line

N/A  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jamir.allen@gmail.com](mailto:jamir.allen@gmail.com)

Signature above line

Samir Allen

Print Name above line

Date:

June 3, 2023

Street Address above line

247 Valley Ave SE

City, State, Zip above line

WASH DC 20032

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: DeSean Booker@yahoo.com

Date: 6/3/23

625 Maury Ave

Street Address above line

Oxon Hill MD 20745

City, State, Zip above line

Signature above line

DeSean Booker

Print Name above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: Noworldorder21@gmail.com  
Signature above line  
Deber driver  
Print Name above line

Date: 06/03/23  
321 19th St NE  
Street Address above line  
Washington DC 20002  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [kyleb@igmail.com](mailto:kyleb@igmail.com)

Signature above line

Print Name above line

Date: 6/2/83

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: John Kelly 09@gmail.com

John Kelly  
Signature above line

John Kelly  
Print Name above line

Date: 6/3/2023

\_\_\_\_\_  
Street Address above line

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [briana.lynch28@gmail.com](mailto:briana.lynch28@gmail.com)

Date: 06/3/23

Signature above line

Briana Lynch

Print Name above line

Street Address above line

Upper Marlboro, MD 20774

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [nicola-angelina@yahoo.com](mailto:nicola-angelina@yahoo.com)

Signature above line

ARVIE ANGELINAN

Print Name above line

Date: JUNE 02, 2023

SOLIMAN C. WARD MD

Street Address above line

20603

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

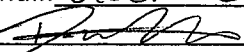
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [deena0409@msn.com](mailto:deena0409@msn.com)

  
Signature above line

Deena Minador  
Print Name above line

Date: 6/3/23

9110 Ballard Lane

Street Address above line

Clinton, MD 20735

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

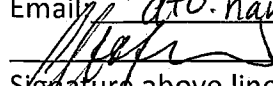
The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [ato.hammond@gmail.com](mailto:ato.hammond@gmail.com)  
  
Signature above line  
Ato Hammond  
Print Name above line

Date: 6/3/23  
4401 Tel Fair Blvd  
Street Address above line  
Suitland, MD 20746  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Dee.Wimbush@gmail.com](mailto:Dee.Wimbush@gmail.com)

Signature above line

Dee Wimbush

Print Name above line

Date:

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [bridget-harris2000@yahoo.com](mailto:bridget-harris2000@yahoo.com)

Date:

6/6/23

*Bridget Hammett*  
Signature above line

*Bridget Hammett*  
Print Name above line

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

com

6/3/23

N/A

20650

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Kevin Simpson Jr 6231@gmail.com

Signature above line

Kevin Simpson Jr.

Print Name above line

Date: 6/3/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

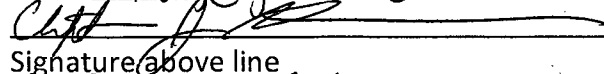
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [wftcrj@yahoo.com](mailto:wftcrj@yahoo.com)

  
Signature above line

Clifton J. Giles

Print Name above line

[Clifton.j.giles.m.1@mail.m.1](mailto:Clifton.j.giles.m.1@mail.m.1)

Date: 3 June 2023

N/A  
Street Address above line

N/A  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

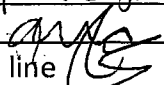
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [babyblue@gmail.com](mailto:babyblue@gmail.com)

Signature above line 

Print Name above line Amara Jenkins

Date: 6/3/23

Street Address above line ~~5701 Eastern Ave~~ N. 1A

City, State, Zip above line 20785

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [aboynaz26@gmail.com](mailto:aboynaz26@gmail.com)

Date: June 6, 2023

Signature above line

Street Address above line

Akessa Boyd  
Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

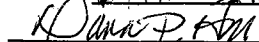
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [DPHILL3P10@HOTMAIL.COM](mailto:DPHILL3P10@HOTMAIL.COM)



Signature above line

DAVA P. HILL

Print Name above line

Date: 3/25/23

10807 WINSTON CHARATILL COURT

Street Address above line

UPPER MARLBORO, MD 20772

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [VENRORECORDS@gmail.com](mailto:VENRORECORDS@gmail.com)

~~Handwritten signature~~  
Signature above line

PENNY M. HELGHT

Print Name above line

Date: 05/25/2023

6512 HANFORD ST.

Street Address above line

District Heights, MD 20747

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [andrea@lord@gmail.com](mailto:andrea@lord@gmail.com)

Signature above line

Andrea E. Lord

Print Name above line

Date:

5/25/2023

Street Address above line

4010 Parkmont Ln.

City, State, Zip above line

Upper Marlboro, MD 20772

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

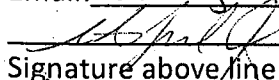
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [slondjr@gmail.com](mailto:slondjr@gmail.com)

  
Signature above line

Arturo Lord, Jr.  
Print Name above line

Date:

5/25/2023

4810 Parkmont Ln

Street Address above line

Upper Marlboro, MD 20772  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

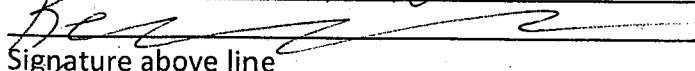
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [sessionskenneth@yahoo.com](mailto:sessionskenneth@yahoo.com)



Signature above line

Kenneth Sessions

Print Name above line

Date: 5-5-2023

9804 Binyon Ct

Street Address above line

Ft. Washington, MD 20744

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [Paul@chopmel.com](mailto:Paul@chopmel.com)  
Signature above line  
Paul Phelps  
Print Name above line

Date: 5/24/93  
4451 Nelson Blvd  
Street Address above line  
Long Springs Md  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Ithea.Kincaid08@gmail.com

Ithea Kincaid  
Signature above line

Ithea Kincaid  
Print Name above line

Date: 22. 26 MAY 2023

5104 Auth Rd. APT 409, Camp springs, MD. 20746

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

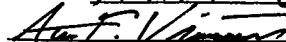
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [AlecFV@outlook.com](mailto:AlecFV@outlook.com)



Signature above line

Alec F Villegas

Print Name above line

Date: 05/26/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [gbaykus42390@gmail.com](mailto:gbaykus42390@gmail.com)

*C. Baykus*

Signature above line

*C. Baykus*

Print Name above line

Date: *5/20*

*10814 Knoll Ct E*

Street Address above line

*Upper Marlboro MD 20772*

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [lpotter2@gmail.com](mailto:lpotter2@gmail.com)

Signature above line

Print Name above line

Date: 5/26/2023

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal and replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis or destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Mary Ford 21@yahoo.com

Date:

May 26, 23

Signature above line

Mary Ford

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

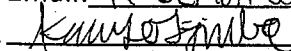
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [KEJEMBA3501@GMAIL.COM](mailto:KEJEMBA3501@GMAIL.COM)



Signature above line

KANAYO EJEMBA

Print Name above line

Date: 05/26/2023

N/A

Street Address above line

N/A

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: LilianaNguyen01@icloud

Date: 05/26/23

  
Signature above line

N/A  
Street Address above line

Lilian Nguyen  
Print Name above line

N/A  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., “brain death” (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a “corpse,” but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be “irreversible” or “permanent,” neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on “quality-of-life” judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Kimindmv@aol.com

Date: 5/26/23

N/A

Street Address above line

City, State, Zip above line

Signature above line

Print Name above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

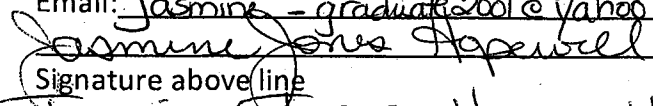
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jasmine-graduate2001@yahoo.com](mailto:jasmine-graduate2001@yahoo.com)

  
Signature above line

Jasmine Jones Hopewell  
Print Name above line

Date: 5/26/2023

N/A  
Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ddmd32@gmail.com](mailto:ddmd32@gmail.com)

Date: 05/26/2023

  
Signature above line

\_\_\_\_\_  
Street Address above line

David Dixon  
Print Name above line

\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Jawal31@morgan.edu

Jawarri Wallis

Signature above line

Jaaron Wallis

Print Name above line

Date: 05/26/2023

N/A

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [LaJuan.Ayers@gmail.com](mailto:LaJuan.Ayers@gmail.com)

La Juan Ayers

Signature above line

La Juan Ayers

Print Name above line

Date: May 25, 2023

4451 Telfair Blvd. 5026

Street Address above line

Camp Springs, MD 20746

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [henryjasoncollinsiii@gmail.com](mailto:henryjasoncollinsiii@gmail.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dtajhia@gmail.com](mailto:dtajhia@gmail.com)

Donte

Signature above line

Donte

Print Name above line

Date:

5/26/23

Samuel Thumma

Street Address above line

20746

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [clench4018@gmail.com](mailto:clench4018@gmail.com)



Signature above line

C. Leach

Print Name above line

Date:

5/26/03

4018 1st St SW Wash DC 20032

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: CARLEEN ROGERS @yahoo.com Date: 5-26-2023  
Carleen Rogers 2012 Bell Ranch St

Signature above line

CARLEEN ROGERS

Print Name above line

Street Address above line

Brandon 71 33511

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Phillip Rogers SR 61 Gmail Date: 4-26-2023

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [wr.reslende@gmail.com](mailto:wr.reslende@gmail.com)

Windell Rogers  
Signature above line  
Print Name above line

Date: 5/26/23 NA

NA  
Street Address above line  
NA  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [dbensonel@yahoo.com](mailto:dbensonel@yahoo.com)

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

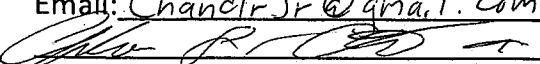
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Chandler Jr@gmail.com](mailto:Chandler Jr@gmail.com)

Date: 05/26/2023

  
Signature above line

Street Address above line

CHANDLER COTTON JR

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [ricky.wanzer@gmail.com](mailto:ricky.wanzer@gmail.com)

Date: 05/26/2023



05/26/2023

Signature above line

Street Address above line

RICARDO WANZER

FORT WASHINGTON, MD

Print Name above line

City, State, Zip above line

20744

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: Karina. sigar@gmail.com

Karina  
Signature above line  
Karina Oshunkantan

Print Name above line

Date: 5/30/2023  
MA

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

[vibats@yahoo.com](mailto:vibats@yahoo.com)

Date:

5/26/23

Signature above line



Street Address above line

N/A

Print Name above line

City, State, Zip above line

encourages you to repeal and replace the current ODDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

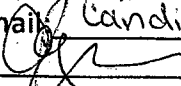
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Candice Lhu@gmail.com

  
Signature above line  
CANDICE LHU

Print Name above line

Date: 27 May 23  
N/A

Street Address above line

City, State, Zip above line

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: flyguy2@gmail.com  
Thomas Boyer  
Signature above line  
Thor  
Print Name above line

Date: 5-27-23  
3808 Princeton St (London Hill SM)  
Street Address above line  
20784  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Drew1800smith@gmail.com Date: 5/27/23

Signature above line

Andrew Smith

Print Name above line

Street Address above line

4401 Telfair Blvd.

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line \_\_\_\_\_

Print Name above line \_\_\_\_\_

Date: 5/26/23

Street Address above line N/A

City, State, Zip above line N/A



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [hughescrystal32@icloud.com](mailto:hughescrystal32@icloud.com)

Signature above line

Print Name above line

Date: 5/24/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Staceyjones753@gmail.com](mailto:Staceyjones753@gmail.com)



Signature above line

Stacey Renee Jones

Print Name above line

Date: 05/26/2023

107 Kellerbe Dr.

Street Address above line

Indian Head, Maryland 20640

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: VENRORECORDS@gmail.com

Royal N. Height Jr.

Signature above line

Royal N. Height Jr.

Print Name above line

Date: 05/25/2023

6512 Hanford St.

Street Address above line

District Hgts, MD 20747

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Deborah Prunty@UDDA.com

Signature above line

Print Name above line

Date:

5-25-2023

Street Address above line

2822 Curtis DR.

City, State, Zip above line

Temple Hills MD, 20748

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [dsprentice@ydrw.com](mailto:dsprentice@ydrw.com)

Date: \_\_\_\_\_

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

KandiceLatrice.L@gmail.com

Date:

5/26/23

Signature above line

Kandice Long

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

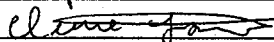
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: lopez-309@yahoo.com



Signature above line

Irene Lopez

Print Name above line

Date: 6/3/23

8800 Gladeside Dr

Street Address above line

Clinton, MD

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [BrianFranklin4696@yahoo.com](mailto:BrianFranklin4696@yahoo.com)

Signature above line

Brian Franklin

Print Name above line

Date: 5/13/23

Street Address above line

11601 3rd Shift Road

Clinton MD

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: febaton19@gmail.com  
Fe Eugene Baton  
Signature above line  
Fe Eugene Baton  
Print Name above line

Date: 06.03.2023  
3005 Lamar Dr  
Street Address above line  
PA Washington MD 20744  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [KeiwanH@gmail.com](mailto:KeiwanH@gmail.com)

Signature above line

Keiwan Harris

Print Name above line

Date: 06-03-23

4401 Telfair Blvd. Apt. 3544

Street Address above line

Camp Springs Md 20746

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: JayquanSmith@gmail.com

Date: 06/03/23

N/A

Signature above line

Street Address above line

N/A

Print Name above line Jayquan Smith

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Pauline.baton7@gmail.com

Signature above line

Pauline Baton

Print Name above line

Date: June 3, 2023

3005 Lunar Drive

Street Address above line

Fort. Washington MD 20744

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Shanae.Curtis@gmail.com

Date: 6/3/23

Signature above line

Shanae Curtis

Print Name above line

Street Address above line

W/N  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [hosant0406@gmail.com](mailto:hosant0406@gmail.com)

Date: 6-3-23

Signature above line

Street Address above line

Saint Holder

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: Kevin.Smith13@gmail.com

Date: 6/13/23

Signature above line  
Kevin Smith  
Print Name above line

Street Address above line  
N/A  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Phoebe.jher@gmail.com](mailto:Phoebe.jher@gmail.com)

*Phoebe Hurlburt*

Signature above line

Phoebe Hurlburt

Print Name above line

Date: 6/3/2023

10908 Indian Head Hwy

Street Address above line

Ft. Washington, ~~20744~~, MD, 20744

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Tiara Malainad@gmail.com Date: 6/3/23

Signature above line

Tiara Irby

Print Name above line

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Pittman280@gmail.com

Denita Pittman

Signature above line

Denita Pittman

Print Name above line

Date: 6/13/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Cj'201323@gmail.com

Chris Johnson

Signature above line

Chris Johnson

Print Name above line

Date: 6/3/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [deyonna2511@gmail.com](mailto:deyonna2511@gmail.com)

*DeYonna Patman*

Signature above line

*DeYonna Patman*

Print Name above line

Date: 6/3/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Morgan.wallen@gmail.com

Morgan Wallen

Signature above line

Morgan Wallen

Print Name above line

Date: 06/2/2023

Street Address above line

4601 Auth Street Camp Springs

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Samantha@Gmail.com](mailto:Samantha@Gmail.com)

Signature above line

Print Name above line

Date: June 23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Signature above line

Print Name above line

Date: 6/3/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [draftsuxf@gmail.com](mailto:draftsuxf@gmail.com)

Signature above line

damonie caterisano

Print Name above line

Date: 06/03/2023

N/A

Street Address above line

N/A

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: madisonjohnson093@gmail.com

Signature above line

Madison Johnson

Print Name above line

Date: June 3, 2023  
9500 Tellico Place

Street Address above line

Clinton, MD, 20735

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Dexter.dichersonjr@gmail.com](mailto:Dexter.dichersonjr@gmail.com)

Dexter Dicherson Jr.

Signature above line

Dexter Dicherson Jr.

Print Name above line

Date: 06/03/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [Sharquanmbooker@gmail.com](mailto:Sharquanmbooker@gmail.com)

Signature above line

Sharquan Booker

Print Name above line

Date:

June 3rd 2023

Street Address above line

10700 Silver Linden Ct  
Clinton, MD, 20735

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [taneisha.lascano@gmail.com](mailto:taneisha.lascano@gmail.com)  
Taneisha Shelton  
Signature above line  
Taneisha Shelton  
Print Name above line

Date: 6/3/23  
W/A  
Street Address above line  
N/A  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Andrew Zuelke

Signature above line

ANDREW ZUELKE

Print Name above line

Date: 5/30/2023

PO Box 596

Street Address above line

RIPON, WI 54971

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

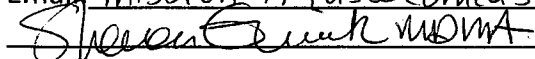
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [mission4kids@comcast.net](mailto:mission4kids@comcast.net)

Date: 5/28/23



Signature above line

Sharon Quick, MD, MA (Bioethics)

Print Name above line

Street Address above line

Bonney Lake, WA 98391

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

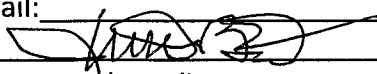
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Date: 5/28/23

  
Signature above line

Street Address above line

Matthew Quick, MD  
Print Name above line

Conney Lake, WA 98391  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: JLM1447@YAHOO.COM

Jean L. Miller

Signature above line

JEAN L. MILLER

Print Name above line

Date: 4-24-2023

988 Juliet Dr.

Street Address above line

Maumee, Ohio 43537

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: pbyrne@dex.net

Paul A. Byrne  
Signature above line

PAUL A. BYRNE  
Print Name above line

Date: 5-24-2023

572 BRIDGEMATE DR  
Street Address above line

OREGON, OR 97116  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [p.glas@jagmail.com](mailto:p.glas@jagmail.com)

Date: 5/28/23

Signature above line

725 Deer Vln Ln

Street Address above line

St Louis, MO 63026

PAUL GLASER MD PhD

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

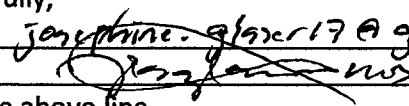
1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [josephine.glaber17@gmail.com](mailto:josephine.glaber17@gmail.com)

Date: 5/28/23

  
Signature above line

725 DEER VUE LAKE ST  
Street Address above line

JOSEPHINE L.A. GLABER, MD,  
FAAFP

FENTON, MO 63026

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

[bvmdoyle@gmail.com](mailto:bvmdoyle@gmail.com)

Signature above line

Mary K. Doyle

Print Name above line

Date:

5/22/2023

Street Address above line

162327 State Hwy 52

City, State, Zip above line

Waukegan, Wisconsin 54403

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: \_\_\_\_\_

Rosemary Burgmeier  
Signature above line

Rosemary Burgmeier  
Print Name above line

Date: 5/23/23

2980 Emery Dr.  
Street Address above line

Brookfield WI 53005  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: jam2820@gmail.com

Mrs. J. Preiser

Signature above line

Mrs. Jessica Preiser

Print Name above line

Date: 5-22-23

209 Randall St.

Street Address above line

Waukesha, WI 53188

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [paj3333@gmail.com](mailto:paj3333@gmail.com)

P.A. Meixelsperger

Signature above line

Pattie Meixelsperger

Print Name above line

Date: 5/21/2023

1337 Sunnyridge Rd. #6

Street Address above line

Pewaukee, WI. 53072

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: colleen.hale4@gmail.com

Colleen M Hale

Signature above line

Colleen M Hale

Print Name above line

Date: 5/21/2023

162327 State Highway 92

Street Address above line

Wausau WI 54403

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

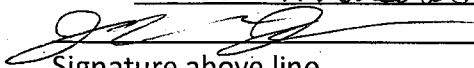
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Jordan.Jacobs@icloud.com

  
\_\_\_\_\_  
Signature above line

Jordan Jacobs  
\_\_\_\_\_  
Print Name above line

Date: 6/3/23

NA  
\_\_\_\_\_  
Street Address above line

20746  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

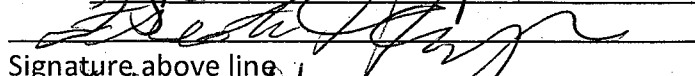
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [highsrmostate.gov](mailto:highsrmostate.gov)



Signature above line

Frieda Henry

Print Name above line

Date: 6/5/23

N/A

Street Address above line

N/A

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Lamont.Perry2015@Gmail.com Date: 5-26-23

Lamont Perry

Signature above line

Lamont Perry

Print Name above line

NA

Street Address above line

NA

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

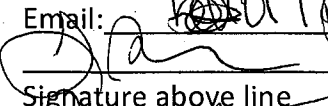
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

 [tpearson@gmail.com](mailto:tpearson@gmail.com)

Date:

5/26/23  
NA

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: [natigahughes@cof.ca](mailto:natigahughes@cof.ca) Date: 6/4/23  
Signature above line \_\_\_\_\_ Street Address above line \_\_\_\_\_  
Print Name above line Natigah Hughes City, State, Zip above line ATL

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [pkmealins@gmail.com](mailto:pkmealins@gmail.com)

*Patricia Mealins*

Signature above line

*Patricia Mealins*

Print Name above line

Date: 4-28-23

*1275 S. Bobolink Dr.*

Street Address above line

*Brookfield, WI 53005*

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

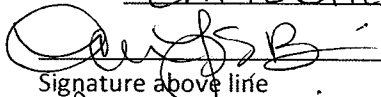
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: chrisbires1@gmail.com Date: 4-28-23

  
Signature above line

Andrea Bires  
Print Name above line

N10346 18<sup>th</sup> Ave  
Street Address above line  
Necedah, WI 54646  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [madalibires15@gmail.com](mailto:madalibires15@gmail.com)



Signature above line

Madaline Bires

Print Name above line

Date: 4-28-23

N10346 18<sup>th</sup> Ave

Street Address above line

Necedah WI 54646

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [zodrowje@reagan.com](mailto:zodrowje@reagan.com)

John A. Zodrow  
Signature above line  
John A. Zodrow

Print Name above line

Date: 27 Apr. 2023

5925 S. Robert Ave.

Street Address above line

Cudahy, WI 53110

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: N/A

Signature above line

Print Name above line

Date: APRIL 28<sup>TH</sup>, 2023

Street Address above line

City, State, Zip above line

Arthur W. Lesac  
ARTHUR W. LESAC

10328 WEST ROGERS STREET  
WEST-ALLIS, WISCONSIN 53227

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [pennebires@gmail.com](mailto:pennebires@gmail.com)

Penelope T. Bires  
Signature above line

Penelope T. Bires  
Print Name above line

Date: 4/28/23

110346 18th AVE  
Street Address above line

Merced, CA 95346  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

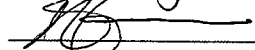
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [n2gundrum@gmail.com](mailto:nzgundrum@gmail.com)



Signature above line

Nicole Gundrum

Print Name above line

Date: 4-28-23

4938 Arthur Rd.

Street Address above line

Slinger, WI 53086

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [bgundrum118@gmail.com](mailto:bgundrum118@gmail.com)



Signature above line

Brian Gundrum

Print Name above line

Date: 4-28-23

4938 Arthur Rd.

Street Address above line

Slinger, WI 53086

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

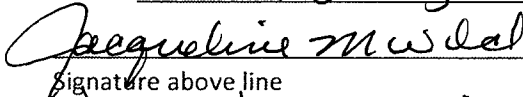
1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [Kcwilds@sbeglobal.net](mailto:Kcwilds@sbeglobal.net)

Date: 4/28/23

  
\_\_\_\_\_  
Signature above line

2610 S 78th St  
\_\_\_\_\_  
Street Address above line

Jacqueline M Wild  
\_\_\_\_\_  
Print Name above line

West Allis WI 53219  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Ann.Farah@gmail.com

Ann M Farah

Signature above line

Ann M Farah

Print Name above line

Date:

4/28/23

905 W Fairy Chase Rd

Street Address above line

BaySide WI 53217

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Schlecht. lori@gmail.com

Lori Schlecht

Signature above line

Lori Schlecht

Print Name above line

Date: 4-28-23

W27S 88500 Lakeview Ln

Street Address above line

Mukwonago WI 53149

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

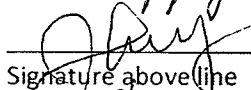
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: happytae2003@hotmail.com Date: 4/28/2023

  
Signature above line

Zhimei Young  
Print Name above line

N88W5101 Canaster CT  
Street Address above line

Edenburg WI 53012  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [Kbucket610@gmail.com](mailto:Kbucket610@gmail.com)

Date: 4-28-2023

Kathleen Buckett

7175 Euston Street, Apt. 4

Signature above line

Street Address above line

Kathleen Buckett

Greendale, WI 53129

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [rarosas@sbcglobal.net](mailto:rarosas@sbcglobal.net)

*Rosalin A. Villanueva*

Signature above line

*Rosalin A. Villanueva*

Print Name above line

Date: *4/28/23*

*3002 So. 7th St.*

Street Address above line

*West Allis, Wis.*

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

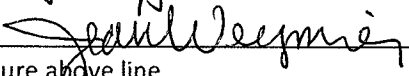
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jburyj5cd@hotmail.com](mailto:jburyj5cd@hotmail.com)

  
Signature above line

Jean Weymier  
Print Name above line

Date: 4/28/13

1372 Bobolink Ln  
Street Address above line

West Bend WI 53095  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

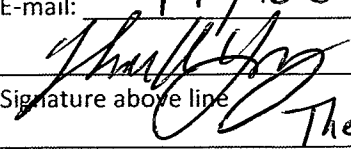
Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

ty1350att.net  
  
Theodore A. Young

4/29/23  
N88W5101 Lancaster Ct  
Cedarburg, WI 53012

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [CLVoss@WI.LLRC.com](mailto:CLVoss@WI.LLRC.com)

Christa L Voss

Signature above line

Christa L Voss

Print Name above line

Date: 4/29/23

1150 Pilgrim Parkway

Street Address above line

Elm Grove, WI 53122

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Kathydomanski@gmail.com Date: 4-29-23  
Kathleen Domanski 3510 N. Calhoun Rd.  
Signature above line Street Address above line  
Kathleen Domanski Brookfield, Wis 53005  
Print Name above line City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

*defending God's plan*  
*Robert F. Hamill*

Signature above line

*ROBERT F. HAMILL*

Print Name above line

Date:

*April 29, 2013*

Street Address above line

*13036 W. Nelson Ave*  
*Brookfield, WI 53005*

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [defendinggodspan@gmail.com](mailto:defendinggodspan@gmail.com) Date: Apr. 29 2023

Margaret M. Hamill

Signature above line

Margaret M Hamill

Print Name above line

13030 W. Nelson Ave

Street Address above line

Brookfield W. 53005

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

downs.littlelambs@gmail.com  
4/29/23  
W246 N6646 Pewaukee Rd  
Sussex, WI 53089

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

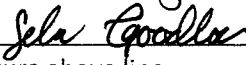
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [sela.wg7@gmail.com](mailto:sela.wg7@gmail.com)

  
Signature above line

Sela Goodloe  
Print Name above line

Date: 4/29/2023

27220 N. Longwood Rd.  
Street Address above line

Lake Forest, IL 60045  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [marglynne.rosmussen@gmail.com](mailto:marglynne.rosmussen@gmail.com)

Date: 4-22-03

Marglynne Rosmussen

1010 Apline Ct

Signature above line

Street Address above line

MARY Lynne Rosmussen

OSHKOSH WI

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [laurapeters1@gmail.com](mailto:laurapeters1@gmail.com)

Laura M. Savoie  
Signature above line

Laura Savoie  
Print Name above line

Date: 4/29/23

20420 Davidson Rd  
Street Address above line

Waukesha WI 53186  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

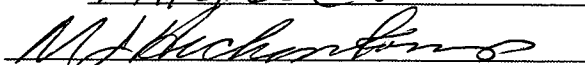
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: MIKEHEC@JUNO.COM



Signature above line

MICHAEL HECKENKAMP

Print Name above line

Date: 4-29-2023

488 WESTFIELD WAY

Street Address above line

PEWAWKEE, WI 53072

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: *laurie bwalsh@gmail.com*

Date: *4-28-23*

*Laurie B Walsh*

*5729 Euclid Dr.*

Signature above line

Street Address above line

*Laurie B Walsh*

*Mt. Pleasant, WI 53406*

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mwalsh2600@gmail.com](mailto:mwalsh2600@gmail.com) Date: 4/29/23

Michael A Walsh

Signature above line

Michael A Walsh

Print Name above line

5729 Everitt Drive

Street Address above line

Mt. Pleasant, WI 53406

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Date:

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

Barbara Capistrano  
4/28/23  
23775 Trail Haven Ct  
Pogers MN 55574

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., “brain dead” still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

Respectfully,

Signature above line

Date: 4-29-23

Street ~~Address~~ above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: MTHW1720@gmail.com Date: 4/25/23

RANDOL R JACOBSON

Signature above line

Randol R Jacobson  
Print Name above line

6457 NORFOLK LN

Street Address above line

W1 RACINE WI 53406  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mthw1720@gmail.com](mailto:mthw1720@gmail.com)

Date: 4/29/23

Elizabeth Diane Jacobson, RN 6457 Norfolk Ln.

Signature above line

Street Address above line

Elizabeth Diane Jacobson, RN

Mt. Pleasant MI 48406

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: jmalone8@yahoo.com

Janet L. Malone

Signature above line

Janet L. Malone

Print Name above line

Date: 4-29-23

Wb961 Hwy 28

Street Address above line

Cascade, WI 53011

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

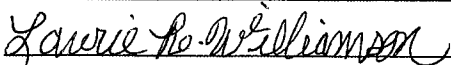
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_



Signature above line

Laurie R. Williamson

Print Name above line

Date: 04/29/23

5425 S. Tami Ln.

Street Address above line

Greenfield, WI 53221

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: jenniferstern2017@yahoo.com

Date: 4-29-23

Jennifer Stern

Signature above line

Jennifer Stern

Print Name above line

W12459529 Weatherwood Cir

Street Address above line

Muskegon, MI 4953150

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*mbhendricks1977@gmail.com*  
*4/29/23*  
*Mary Beth Hendricks*  
*2603 N 114th ST*  
*Wauwatosa, WI 53226*



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

adrianhendricks198@gmail.com

Date:

4/29/23

Signature above line

Adrian Hendricks

Street Address above line

2603 N 114th St

Print Name above line

Adrian Hendricks

City, State, Zip above line

Wauwatosa, WI 53226

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [StevenDeMone@ICloud.com](mailto:StevenDeMone@ICloud.com)

Date: 4-29-23

Steven A DeMone

170 W14973 Tennace Dr

Signature above line

Street Address above line

Steven A DeMone

Menomonie Falls, WI 53051

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

*mhbougie@yahoo.com*

Date:

*4-29-23*

Signature above line

*HEATHER BOUGIE*

Print Name above line

Street Address above line

*W138N7320 Melville Dr*

City, State, Zip above line

*Menomonee Falls WI 53051*

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mwitzlib@wi.rr.com](mailto:mwitzlib@wi.rr.com)

Mary Witzlib

Signature above line

Mary Witzlib

Print Name above line

Date: 04/29/23

N 96 W14160 County Line Rd

Street Address above line

Bermentow WI 53022

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

[elliebobelly@yahoo.com](mailto:elliebobelly@yahoo.com)  
Ellie Frey  
Ellie Frey

4/29/22  
214 Grove St.  
Beaver Dam, WI. 53916

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [amomot@hotmail.com](mailto:amomot@hotmail.com)

Anne Momot

Signature above line

Anne Momot

Print Name above line

Date: 4/29/2023

1156 N. Sunnyslope Dr. #206

Street Address above line

Mt. Pleasant, WI 53406

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:



Signature above line

Peter Fry

Print Name above line

Date: 4.29.23

214 Grove St

Street Address above line

Beaver Dam WI 53916

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: PSTEMN@ARCHCHICAGO.ORG

Rev. Paul Stemn  
Signature above line

REV. PAUL STEMN  
Print Name above line

Date: 4-29-2023

1615 LINCOLN ST.  
Street Address above line  
EVANSTON, IL 60201  
City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mm Savoie3@gmail.com](mailto:mm Savoie3@gmail.com)



Signature above line

Matthew Savoie

Print Name above line

Date: 4/29/23

20420 Davidson Rd

Street Address above line

Waukesha WI 53186

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

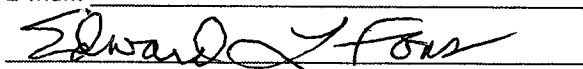
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:



Signature above line

EDWARD L. FONS

Print Name above line

Date: 4/29/23  
2855 S. 47th St  
Street Address above line  
Mt. Waukegan WI 53219  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [dawichgers@gmail.com](mailto:dawichgers@gmail.com)

Date: 04/29/17

Dirk Wichgers

565 W18654 E em Dr.

Signature above line

Street Address above line

Dirk Wichgers

Muskego, WI 53150

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Worded the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

*n.daumke@yahoo.com*

Date:

*4-29-2023*

Signature above line

*Nancy Daumke*

Print Name above line

*Nancy Daumke*

Street Address above line

*12948 Timber Creek Dr.*

City, State, Zip above line

*Heentley, IL 60142*

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*jsarnowski@uniformlaws.org*  
*Julie A. Sarnowski*  
*Julie A. Sarnowski*

*4/30/23*  
*6371 Riverside Lane*  
*Greendale, WI 53129*

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

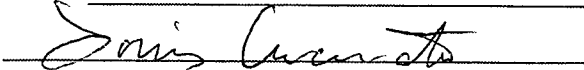
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

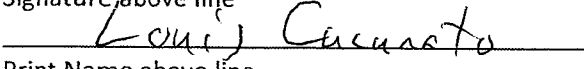
1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

  
\_\_\_\_\_  
Signature above line

  
\_\_\_\_\_  
Print Name above line

Date: 4/29/23

10203 W. Melvina St  
\_\_\_\_\_  
Street Address above line

Milw WI 53222  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

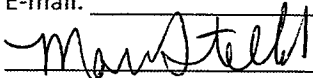
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_



Signature above line

Marie Stelloh

Print Name above line

Date: 4/29/2023

1461 S. 88 St #

Street Address above line

West Allis WI 53214

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

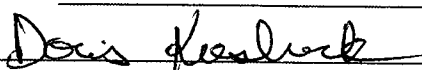
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

  
Signature above line

Doris Kreshneck  
Print Name above line

Date: 4/28/23

4120 S. Sonata Circle  
Street Address above line

Milw. WI 53221  
City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: eKretsch24@gmail.com Date: March

Elizabeth Kretschmer

Signature above line

Elizabeth Kretschmer

Print Name above line

1815 Wexford Lane

Street Address above line

Waukesha WI 53186

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

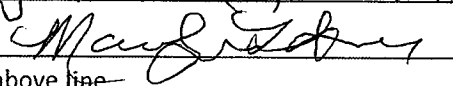
1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mjfutterer@gmail.com](mailto:mjfutterer@gmail.com)

Date: 4-29-23



Signature above line

Marilynn Futterer

Print Name above line

2765 S. Ellen St

Street Address above line

Milwaukee WI 53207

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jaba83@sbcglobal.net](mailto:jaba83@sbcglobal.net)

Andrea Larson

Signature above line

Andrea Larson

Print Name above line

Date: 4/29/23

116 Pleasant St.

Street Address above line

Beaver Dam, WI 53916

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

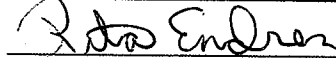
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_



Signature above line

Rita Endres

Print Name above line

Date: 4/28/2023

6428 Hyslop Rd

Street Address above line

WAUNAKEE WI 53597

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [dweymier@hotmail.com](mailto:dweymier@hotmail.com)

David C Weymier

Signature above line

David Weymier

Print Name above line

Date: 4-29-23

1372 Boblink Lane

Street Address above line

West Bend, WI 53095

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: johnpoiron@cs.com

Date: 4/29/2023

Signature above line

Print Name above line

Street Address above line

City, State, Zip above line

9409 W WILBUR AVE

MILWAUKEE, WI 53228

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.


The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [theekankamp@yahoo.com](mailto:theekankamp@yahoo.com)

  
Signature above line

Valentina Bozzi Martins  
Print Name above line

Date: 4-28-2023

602 S Silver Lake St  
Street Address above line

Oconomowoc WI 53066  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

[deghener1@yahoo.com](mailto:deghener1@yahoo.com)

Date:

4/28/23

Signature above line



Print Name above line

Margaret Heuer

Street Address above line

287 Prospect Ave.

City, State, Zip above line

Berwaukee WI 53072



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Date:

Signature above line

Street Address above line

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [V.Heisee@outlook.com](mailto:V.Heisee@outlook.com)

Date: 4/28/23

Signature above line

Veronica A. Heisee

Print Name above line

Street Address above line

1621 1/2 Old Fancher Rd,  
Racine WI 53406

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Kbrucks908@gmail.com

Date: April 29, 2023

Kathleen Brucks

1130 W Carlyle Ct

Signature above line

Street Address above line

Kathleen Brucks

Arlington HTS IL 60004

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: FRAN CICHON @ HOTMAIL

Francine Cichon

Signature above line

FRANCINE CICHON

Print Name above line

Date: 4/29/23

2036 W. WELLINGTON

Street Address above line

CHICAGO IL 60618

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal and replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Worded the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: N/A

Karen I. Hess

Signature above line

Karen I. Hess

Print Name above line

Date: 1-29-23

6823 S 68th Apt 104

Street Address above line

Franklin WI 53132

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Kathryn Witt@gmail.com

Kathryn Cuello

Signature above line

Kathryn Cuello

Print Name above line

Date: 4/29/23

2362 S. 10th St.

Street Address above line

Milwaukee WI 53215

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

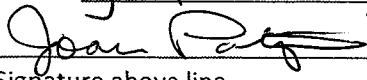
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [joanpatzer@gmail.com](mailto:joanpatzer@gmail.com)



Signature above line

Joan Patzer

Print Name above line

Date: 4-29-2023

4005 S. 48 St.

Street Address above line

Milwaukee WI 53220

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

*Carol Stoecker*

Signature above line

*Carol Stoecker*

Print Name above line

Date:

*4-29-23*

*2431 W. Edgerton Av*

Street Address above line

*Milwaukee WI 53221*

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*Ischmitz37@gmail.com*  
*April 30, 2023*  
*443 Fairview (Bert)*  
*Portland, WI 53029*

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mlserchen@msn.com](mailto:mlserchen@msn.com)

*Mary Lou H. Serchen*

Signature above line

*Mary Lou H. Serchen*

Print Name above line

Date: 4/29/23

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [MSERCHEN@SBCGLOBAL.NET](mailto:MSERCHEN@SBCGLOBAL.NET) Date: 4-29-23



Signature above line

Michael K Serchen

Print Name above line

Street Address above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Kathy.poiron@yahoo.com

Katherine A Poiron

Signature above line

Katherine A. Poiron

Print Name above line

Date: 4/29/23

9409 W. Wilbur Ave.

Street Address above line

Milwaukee WI 53228

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

Daniel Kiselicka

Signature above line

Daniel Kiselicka

Print Name above line

Date: \_\_\_\_\_

4-29-2023

515 Westfield, WI 53072 Way, White

Street Address above line

Pewaukee, WI 53072

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Chrmac63@yahoo.com

Christine MacDonald

Signature above line

Christine MacDonald

Print Name above line

Date: 4/29/23

N 17 W 26 475 Meadow Grass Cir #G Unit

Street Address above line

Pewaukee, WI 53072

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

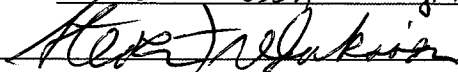
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [sfredriksson8693@gmail.com](mailto:sfredriksson8693@gmail.com)



Signature above line

Steven Fredriksson

Print Name above line

Date: 4-29-23  
2807 25<sup>th</sup> St.

Street Address above line

Kenosha, WI 53140

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [paxtecum2@gmail.com](mailto:paxtecum2@gmail.com)



Signature above line

Callista Toman

Print Name above line

Date: 4-29-23

8026 W Norwath St

Street Address above line

Milwaukee, WI 53220

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [steger.maryellen@gmail.com](mailto:steger.maryellen@gmail.com) Date: 4/29/23

Maryellen Steger  
Signature above line

Maryellen Steger  
Print Name above line

219 Karin Circle  
Street Address above line  
Plymouth, WI 53073  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

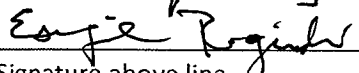
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [esequielroginski@yahoo.com](mailto:esequielroginski@yahoo.com)

  
Signature above line

Esequiel Roginski  
Print Name above line

Date: 4-29-23

6900 78th St.

Street Address above line

Kenosha, WI 53142

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jwille71@gmail.com](mailto:jwille71@gmail.com)

Signature above line

Jay L. Wille

Print Name above line

Date: April 29, 2023

N73W15968 Alpine Ln

Street Address above line

53051, Menomonee Falls

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [enosacek@gmail.com](mailto:enosacek@gmail.com)

  
Signature above line

Evan L. Nosacek  
Print Name above line

Date: 4-29-23

4019 N. Farwell Ave.

Street Address above line

Shorewood, WI 53211  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.


The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [eric6schul@gmail.com](mailto:eric6schul@gmail.com)



Signature above line

Eric Schul

Print Name above line

Date: 04-30-23

3421 A E Van Norman Ave

Street Address above line

Cudahy WI 53110

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: DR JACQUES HIRSHMAIL.COM

Date: APRIL 29, 2023

Michael Jacques  
Signature above line

3206 So 79  
Street Address above line

MICHAEL JACQUES  
Print Name above line

WEST ALLIS, WI 53219  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [ellavictor@hotmail.com](mailto:ellavictor@hotmail.com)

To: Anthony J. Jelinek

Signature above line  
FR. ANTHONY J. JELINEK

Print Name above line

Date: April 28 2023

1417 North Avenue

Street Address above line

Round Lake Beach 60073

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Bernadette 55 @adl.com

Date: 4/28/2023

Suzanne Sheriff

Signature above line

Suzanne Sheriff

Print Name above line

1413 North Ave

Street Address above line

Round Lake Beach, Ill 60073

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: MarianaTelloDesiderio@gmail.com Date: April 29, 2023



Signature above line

Mariana Daniela Tello Desiderio

Print Name above line

N73W15968 Alpine Ln

Street Address above line

53051, Menomonee Falls, WI

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [pfoleyjr@gmail.com](mailto:pfoleyjr@gmail.com)

*Patrick Foley*  
Signature above line

Patrick Foley  
Print Name above line

Date: 04-29-2023

3034 N. 87<sup>th</sup> St.  
Street Address above line

Milwaukee WI 53222  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

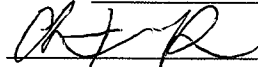
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_



Signature above line

Christina Reischl

Print Name above line

Date: 4-29-23

507 E Loos St

Street Address above line

Hartford, WI 53027

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

Aggie Bires  
Signature above line

Aggie Bires  
Print Name above line

Date: 4-29-23

110346 18<sup>th</sup> Ave  
Street Address above line

Neenah WI 54646  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Nancy J. Muzza

Signature above line

NANCY J MUZZA

Print Name above line

Date:

29 May 2023

800 Hawthorne Ave

Street Address above line

So. Milwaukee, WI 53172

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

Date: 4-29-2023

Mary J. Hartmann  
Signature above line

21190 Mary Lynn Drive  
Street Address above line

Mary J. Hartmann  
Print Name above line

Brookfield, WI 53045  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

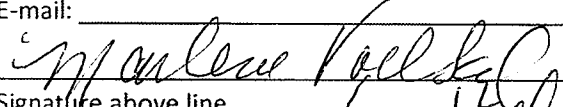
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

  
\_\_\_\_\_  
Signature above line

Marlene Voelkel  
\_\_\_\_\_  
Print Name above line

Date: 4-28-23  
3505 So. 104th St  
\_\_\_\_\_  
Street Address above line  
Greenfield, WI  
\_\_\_\_\_  
City, State, Zip above line  
53226

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

*Coschiguez414@yahoo.com 4/29/23*  
*Maria Hernandez*  
*Maria Hernandez*  
*3857 S Marcy St*  
*Milwaukee, WI 53220*



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

Jeff Pierick 315 5th St SW  
Date: 4/29/23  
315 5th 315+ Place  
Jeffrey M. Pierick  
Des Moines, IA 50321

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

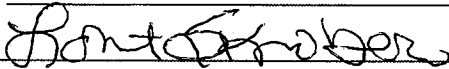
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:



Signature above line

Lori A Skrober

Print Name above line

Date:

4/29/2023

N2180 Hedge Hill Road

Street Address above line

Hortonville, WI 54944

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: RAKOW@ATT.NET

mark RAKOW

Signature above line

MARK RAKOW

Print Name above line

Date: 4/29/23

1103 FRANKLIN AVE

Street Address above line

WINTHROP HARBOR IL 60096

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

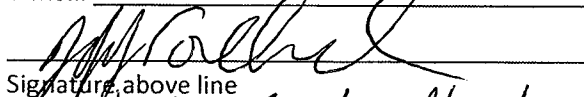
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:



Signature above line

Jeff R Noelkel

Print Name above line

Date: 4-29-2023

W153 S553 Lawndale AL

Street Address above line

Muskego WI 53150

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [mevoelkel@msn.com](mailto:mevoelkel@msn.com)

Date: 4/29/2023

Melissa L. Voelkel

Signature above line

Melissa L. Voelkel

Print Name above line

W-153 S-6553 Laundale Pl.

Street Address above line

Muskego WI 53150

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [camichalek3831@aol.com](mailto:camichalek3831@aol.com)

Cheryl A. Michalek

Signature above line

CHERYL A MICHALEK

Print Name above line

Date: 4/29/2023

3831 S. 5th St.

Street Address above line

MILW WI 53207

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [michelebarber1@me.com](mailto:michelebarber1@me.com) Date: 4-29-23

Signature above line

Print Name above line

Street Address above line

City, State, Zip above line

*Michele Barber*  
Michele Barber

*709 Aspen St.*  
So. Milw., WI 53172

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Katharina.kolmodin@gmail.com Date: 4-29-23

Katharina Kolmodin

Signature above line

Katharina Kolmodin

Print Name above line

4280 S. Victoria Circle

Street Address above line

New Berlin WI 53151

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: *rakmin@ah.net*

*Minerva Rakher*

Signature above line

*Minerva Rakher*

Print Name above line

Date: *4-29-2023*

*1103 Franklin Ave*

Street Address above line

*Winthrop Harbor, IL 60096*

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

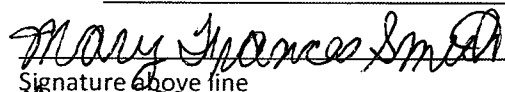
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

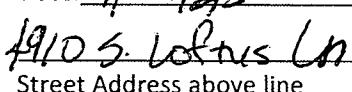
Respectfully,

E-mail: \_\_\_\_\_

  
Signature above line

Mary Frances Smith  
Print Name above line

Date: 4/29/23

  
Street Address above line

New Berlin, WI 53151  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

Bridget Seegers  
Signature above line

Bridget Seegers  
Print Name above line

Date: 4/29/23

W. 354 S. 2963 Manor House Ct  
Street Address above line

Oconomowoc, WI 53066  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [rKnsaw@sbglobal.net](mailto:rKnsaw@sbglobal.net)

Debra A. Schalk

Signature above line

Debra A. Schalk

Print Name above line

Date: 4/29/23

729 S 104 St

Street Address above line

West Allis, WI 53214

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Kathleen.shea333@gmail.com

Date: 4-29-23

Kathleen Fricano

265 Thurrow Dr #103

Signature above line  
Kathleen Fricano

Street Address above line  
Oconomowoc, WI 53066

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

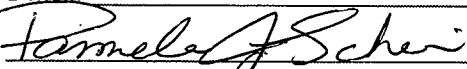
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:



Signature above line

Pamela J. Schein

Print Name above line

Date:

4/28/2023

8750 W. Forest Home Ave

Street Address above line

Greenfield, WI 53228

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [RussGlavin@tds.net](mailto:RussGlavin@tds.net)



Signature above line

RUSSELL J. GLAVIN

Print Name above line

Date: 4/29/23

N9852 18<sup>th</sup> AVE

Street Address above line

NECEDAH, WI 54646

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Willismaricay@gmail.com

  
\_\_\_\_\_  
Signature above line

MARICAY WILLIS  
\_\_\_\_\_  
Print Name above line

Date: 4/29/23

610 E. CLARENDON AVE.  
\_\_\_\_\_  
Street Address above line

ARLINGTON HEIGHTS, IL 60004  
\_\_\_\_\_  
City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [zascott77@gmail.com](mailto:zascott77@gmail.com)

Date: 4/24/67

Elizabeth A Plemel Scott

Signature above line

Elizabeth Plemel-Scott

Print Name above line

4955 30th Ave S.

Street Address above line

Fargo ND 58104

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: markos 7878@gmail.com

Date: 04/29/23

Klimowicz

Signature above line

KLIMOWICZ

Print Name above line

39417 N. Garnett Ave

Street Address above line

Beach Park IL 60099

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [nvloops@yahoo.com](mailto:nvloops@yahoo.com)

  
\_\_\_\_\_  
Signature above line

Guadalupe Roginski  
\_\_\_\_\_  
Print Name above line

Date: 4/29/23

6900 78<sup>th</sup> St.  
\_\_\_\_\_  
Street Address above line

Kenosha, WI 53142  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [megsx10@gmail.com](mailto:megsx10@gmail.com)

Mary E. Glavin

Signature above line

Mary E. Glavin

Print Name above line

Date: 4/29/23

N9852 18th Ave.

Street Address above line

Necedah, WI 54646

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [gen@pillar.design.com](mailto:gen@pillar.design.com)

M. Genevieve Liesemeyer  
Signature above line

M. GENEVIEVE LIESEMEYER  
Print Name above line

Date: 4-29-23

309 S. ROCHESTER ST  
Street Address above line

MUKWONAGO, WI 53149  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: \_\_\_\_\_

Mary A. Wucherer

Signature above line

Mary A. Wucherer

Print Name above line

Date: 4-29-23

W126 N6830 Ruby Rd.

Street Address above line

Menomonee Falls, WI 53051

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: chaytan.fariss@gmail.com



Signature above line

CHAYTAN FARISS

Print Name above line

Date: 4/23/23

1523 Sheridan Road #A

Street Address above line

Kenosha WI ~~53140~~ 53140

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: Bonnie.Kerber@gmail.com

Date: 4/29/23

Bonnie Kerber

W259 N 9464 Riverview Dr.

Signature above line

Bonnie Kerber

Street Address above line

Colgate WI 53017

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

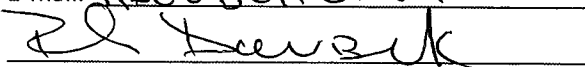
1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: RAOUBEK@WF.RR.com

Date: 4-29-2023



6638 scenic st

Signature above line  
RICH DOUBEK

Street Address above line  
Franklin Wis 53132

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [ehleske@gmail.com](mailto:ehleske@gmail.com)

Date: April 29<sup>th</sup> 2023

Signature above line

Ethan Bleske

Print Name above line

Street Address above line

Muskegon, Wisconsin, 53150

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

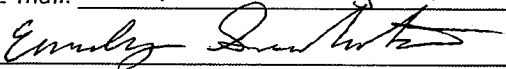
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [Scordemi16@gmail.com](mailto:Scordemi16@gmail.com)



Signature above line

Emily Scordato

Print Name above line

Date: April 29<sup>th</sup>, 2023

N49W28320 Maryanns Way

Street Address above line

Pewaukee, WI, 53072

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

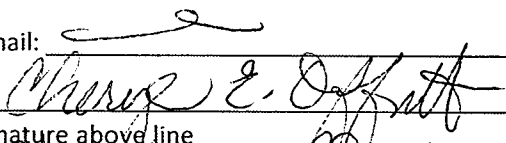
Signature above line

Print Name above line

Date:

Street Address above line

City, State, Zip above line

  
Cheryl E. O'Kath

29 April 2023  
1515 N. 47th St.  
Milwaukee, WI 53208

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.


All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [connect@myagrib.com](mailto:connect@myagrib.com)  
  
\_\_\_\_\_  
Signature above line  
Anthony Carrossi  
\_\_\_\_\_  
Print Name above line

Date: 4/29/23  
2017 Sperry Brook Ave  
\_\_\_\_\_  
Street Address above line  
Rockland IL 61107  
\_\_\_\_\_  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [nursingcollegemka@gmail.com](mailto:nursingcollegemka@gmail.com)



Signature above line

Mary Kathleen Scordato

Print Name above line

Date: 4/29/23

N49W28320 MaryAnn's Way

Street Address above line

Pewaukee, WI, 53072

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

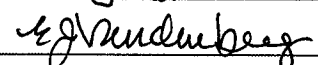
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jandevande@gmail.com](mailto:jandevande@gmail.com)



Signature above line

ELIZABETH J. VANDENBERG

Print Name above line

Date: 4.29.23

4916 W. WELLS ST.

Street Address above line

MILWAUKEE, WI 53208

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: CAROLE Rieger

Date: 4-29-23

Carole A Rieger

9702 HARDING BLVD

Signature above line

Street Address above line

EMAIL CAROLE Rieger19@gmail.  
Com

WAUKATOSA, WI 53226-1604

Print Name above line

City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

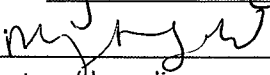
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [gould4@hotmail.com](mailto:gould4@hotmail.com)

  
Signature above line

Margaret Gould  
Print Name above line

Date: 4-29-23

4432 N. Woodruff Ave  
Street Address above line

Shorewood WI 53211  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

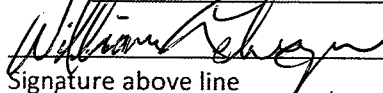
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: BILL.LEBENSORGER@GMAIL.COM Date: 4/29/23

  
Signature above line

WILLIAM LEBENSORGER  
Print Name above line

108 EAGLES COVE CIRCLE

Street Address above line

NORTH PRAIRIE, WI 53153

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

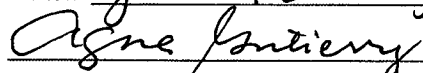
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [guttie1132@yahoo.com](mailto:guttie1132@yahoo.com)



Signature above line

Maria Agnes M. Gutierrez

Print Name above line

Date: 4/29/23

10300 W Bluemound Rd Apt 114

Street Address above line

Wauwatosa, WI 53226

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

AnnemarieDunlap3@gmail.com

Date:

4/29/23

Signature above line

Annemarie Dunlap

Street Address above line

11817 Adams Rd

Print Name above line

Annemarie Dunlap

City, State, Zip above line

Franksville WI 53124

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jbecker@loomis92@gmail.com](mailto:jbecker@loomis92@gmail.com)

Date: 4/29/2023

Josef Becker Jr

Signature above line

JOSEF BECKER JR

Print Name above line

7188 OLD LOOMIS RD.

Street Address above line

GREENDALE, WI 53129

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

[danielmayer5@gmail.com](mailto:danielmayer5@gmail.com)

Signature above line

Danielle Mayer

Print Name above line

Date:

4-29-23

Street Address above line

15N485 Danvers Rd

City, State, Zip above line

Hampshire IL 60140

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

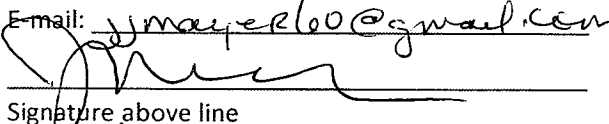
All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jmayer60@gmail.com](mailto:jmayer60@gmail.com)  
  
Signature above line  
John J. Mayer  
Print Name above line

Date: 4-29-23  
15N485 Danvers Rd  
Street Address above line  
Hampshire IL 60140  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

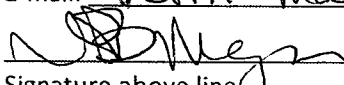
All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: vernie.mayer@gmail.com  
  
Signature above line  
Veronica Mayer  
Print Name above line

Date: 4-29-23  
15N485 Dawicich Rd  
Street Address above line  
Harvard IL 60140  
City, State, Zip above line



To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [randyromens@gmail.com](mailto:randyromens@gmail.com)

Signature above line

Randy Romens

Print Name above line

Date: 04/29/2023

2372 N. 116<sup>th</sup> St.

Street Address above line

Wauwatosa, WI 53226

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: JEFFFLOW@ICLOUD.COM

Date: 4-29-23

Jeffrey Wolf

Signature above line

JEFFREY WOLF

Print Name above line

W220 N8593 Town Line Rd

Street Address above line

MENOMONEE FALLS WI 53051

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jillromens55@gmail.com](mailto:jillromens55@gmail.com)

Date: 04/29/2023



Signature above line

Jill Romens

Print Name above line

2372 N. 116<sup>th</sup> St

Street Address above line

Wauwatosa, WI 53226

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [dtbweymier@hotmail.com](mailto:dtbweymier@hotmail.com)

Danielle Weymier  
Signature above line

Danielle Weymier  
Print Name above line

Date: 4-29-23

1372 Bodavink Ln  
Street Address above line

West Bend, WI 53095  
City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [glamorgirl@hotmail.com](mailto:glamorgirl@hotmail.com)

Sabrina Bury Weymier

Signature above line

Sabrina Bury Weymier

Print Name above line

Date: 04/28/2023

1372 Bobolink Ln

Street Address above line

West Bend, WA 98075

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

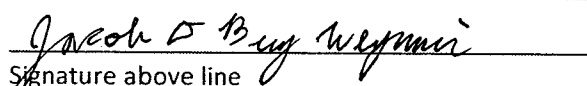
The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [jdwexmier@gmail.com](mailto:jdwexmier@gmail.com)



Signature above line

Jacob D Bury Wexmier

Print Name above line

Date: 4/29/23

1372 Bobolink Ln

Street Address above line

West Bend, WI, 53095

City, State, Zip above line

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail:

*Ranger@AutumnTrail.com*

Date:

*4/24/23*

Signature above line

*Tom Heckenkamp*

Print Name above line

Street Address above line

*11260 N5120 Autumn Tr*

City, State, Zip above line

*Fennville, WI 53072*

To: The Honorable Samuel Thumma and Members of the Determination of Death Act Committee  
Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), I am sending you this urgent letter to strongly encourage you to *repeal* and *replace* the current UDDA.

The new Act should protect life until true death. A person's death is the cessation of his life on earth. The precise moment when the soul, the immaterial life force, permanently separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred. There is no ground for legal presumption or for less secure criteria. The right to live is the most basic right and no one ought to shorten life or hasten death. The state is obligated to protect the individual person's right to live as long as he is able. This obligation is independent of any other interests, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain dead" still has a heart beating on its own, circulation, and respiration (exchange of oxygen and carbon dioxide in the tissues albeit on a ventilator).

Other signs of life continue such as wound healing, which is a complicated diffuse process throughout the body of many factors circulating in the blood and interacting with cells, tissues and organs. There is urine production, temperature maintenance, and homeostasis of interdependently functioning organs and systems. If the patient is a pregnant woman, there is even the ability to carry and nourish the baby in the womb.

All of the above do not occur in a corpse but often occur in a patient after the declaration of "brain death." Doctors may refer to the patient declared dead using DNC as a corpse, but the patient still has signs of life unlike a true corpse. Such a patient is not a corpse or cadaver suitable for burial or cremation.

The dangerous procedure of the apnea test (PAT) is commonly done in the clinical determination of death. The PAT includes disconnection from the life-supporting ventilator for up to 10 minutes. No breaths for 10 minutes or longer!

1. The statute should protect the person from being declared dead when still alive. Full and complete information about the PAT and any tests used to declare DNC must be provided with freedom to decline the PAT and DNC.
2. Treatment options should be made available that protect and preserve the life of the patient, even if severe disability is a potential outcome. Treatments should not be denied based on quality of life judgments by caregivers even though a patient or surrogate may legitimately refuse them on the basis of being extraordinary.
3. Wording the statute in the negative would set minimum criteria that must be satisfied before death is declared. This minimum must fulfill a change of state from alive to truly dead. See below:

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be determined in accord with universally accepted medical standards."**

Respectfully,

E-mail: [enolan877@gmail.com](mailto:enolan877@gmail.com)

Eileen Nolan

Signature above line

Eileen Nolan

Print Name above line

Date: 4/28/2023

798 Hobbs Dr

Street Address above line

Vass, NC 28394

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: JJB 60629@aol.com

James J. Bertucci III  
Signature above line  
James J. Bertucci III

Print Name above line

Date: 5/18/23  
5350 Langdale Drive  
Street Address above line  
Wacine, WI 53402  
City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [julie@halovoice.org](mailto:julie@halovoice.org)  
Julie A. Grimstad

Signature above line

Julie A. Grimstad

Print Name above line

Date: 5-21-2023  
2900 Oak Shadow Circle

Street Address above line

Bedford, TX 76021

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: info@uniformlaws.org; Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.


"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: drjessicamarvin22@gmail.com

Date: May 20, 2023

Print Name: Jessica P. Marvin

Signature: 

Address: 7210 Tallgrass Pkwy #302 F  
Lincoln, NE 68521

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: info@uniformlaws.org; Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully, *Ellen M. Sheehan*

Email: *EMSHEEHAN49@gmail.com*

Date: *May 21, 2023*

*Ellen M. Sheehan*  
Signature above upper line Street Address above lower line  
*ELLEN M SHEEHAN*

*921 S CLARA VISTA CIR, GREEN VALLEY, AZ 85614*  
Print Name above upper line City, State, Zip above lower line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any **one** body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [jeannie.oleary3@gmail.com](mailto:jeannie.oleary3@gmail.com)

Jeannie O'Leary

Signature above line

Jeannie O'Leary

Print Name above line

Date: May 25, 2023

12791 Half View Dr.

Street Address above line

Wentley, IL 60142

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org)  
Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: dwarner120@gmail.com

Date: 5/24/2023

Daniel Warner

714 Saint Joseph Ln, Park Hills KY 41011

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Sally # life@comcast.net

Sally P. Sullivan

Signature above line

Sally A. Sullivan

Print Name above line

Date: 5/25/23

1811 Arbordale Lane

Street Address above line

Algonquin, IL 60102

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: Brian-Sullivan@comcast.net

Brian J. Sullivan

Signature above line

Brian J. Sullivan

Print Name above line

Date: 5/26/23

PO Box 7446

Street Address above line

Algonquin, IL 60102

City, State, Zip above line



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: info@uniformlaws.org; Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: porter.joshua.2002@gmail.com

Date: 5/26/2023

Joshua Porter  
Joshua Porter

Signature above upper line Street Address above lower line

2131 Trinity Manor Ln  
Richmond, TX 77469

Print Name above upper line City, State, Zip above lower line

To: The Honorable Samuel Thumma & All Members of the  
Determination of Death Act Committees & Style/Drafting Committees;  
Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago,  
IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

CharKRN@aol.com

Date:

5/15/23

Signature above line

Charlene M. Rondinelli

Street Address above line

2424 N. 85th St

Print Name above line

City, State, Zip above line

Wauwatosa, WI

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

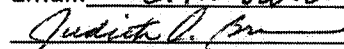
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [berthabaldi@yahoo.com](mailto:berthabaldi@yahoo.com)



Signature above line

JUDITH A. BROWN

Print Name above line

Date: 5-23-23

P O Box 6170

Street Address above line

FALMOUTH, VA 22403

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

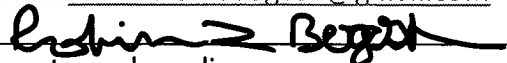
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [robinlorainebogosh@gmail.com](mailto:robinlorainebogosh@gmail.com)

  
Signature above line

Robin L. Bogosh

Print Name above line

Date: 5/22/2023

86395 Riverwood Drive

Street Address above line

Yulee, FL 32097

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [chrisbogosh@gmail.com](mailto:chrisbogosh@gmail.com)



Christopher W. Bogosh, RN-BC, BTh

Date: May 22, 2023

86395 Riverwood Dr., Yulee, FL 32097

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [carter.mayberry@gmail.com](mailto:carter.mayberry@gmail.com)

Date: 5/29/23

Signature above line

Carter Mayberry, MD

Street Address above line

700 N. Satelechora Dr  
St. David, AZ 85630

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,  
Email: slhays123@stl-act  
Susan Hays APRN  
Signature above line  
SUSAN HAYS, APRN

Date: 05/28/2023  
5126 Melitta Ave.  
Street Address above line  
St. Louis, MO 63128



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: jdbangel@yahoo.com

Date: 5/21/23

Jane Dunne-Brady  
4942 Cottonwood Road, Silver City NM 88061

Signature above upper line Street Address above lower line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602;  
E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

Dorothy Edge

Signature above line

Dorothy Edge

PRINT ABOVE THE LINE

Date: 6-2-2023

9950 St. Lawrence Spur

Street Address above line

Philpot, KY 42366

City, state, ZIP

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email:

*Jacqueline H. Cecil*  
Signature above line

Date:

6/02/2023  
8851 MONARCH RD Philpot Ky  
Street Address above line

Philpot, Ky 42366  
City State Zip

Print Above this line

City State Zip

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [kbravatamd@gmail.com](mailto:kbravatamd@gmail.com)

  
Signature above line

Date: 6/1/20/23

201 S. Ash Street

Street Address above line

Kurt Bravata M.D. FASAM

Print Name above line

Buffalo MO 65622

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

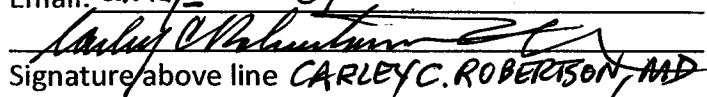
The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

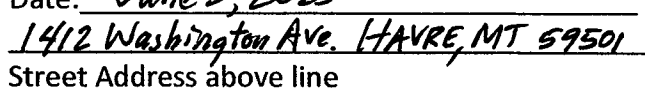
**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,

Email: [carley\\_dd54@yahoo.com](mailto:carley_dd54@yahoo.com)

  
Signature above line CARLEY C. ROBERTSON, MD

Date: June 5, 2023

  
Street Address above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

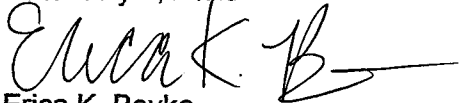
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: ekbeyke@gmail.com

EB Date: <sup>June</sup> July 7, 2023

A handwritten signature in black ink, appearing to read "Erica K. Beyke", with a long horizontal flourish extending to the right.

Erica K. Beyke

8457 Stillhouse Rd.

Whitesville, KY 42378



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.


"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Michael FitzGerald

Email:mrf7686@yahoo.com

Date: June 3

A handwritten signature in black ink, appearing to read "Michael FitzGerald". The signature is fluid and cursive, with the first name "Michael" and last name "FitzGerald" clearly distinguishable.

Michael FitzGerald

1235 East Blvd., Ste E-144

Charlotte, NC 28203

[REDACTED]

[REDACTED]

[REDACTED]

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: info@uniformlaws.org; Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be “irreversible” or “permanent,” neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on “quality-of-life” judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**“No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards.”**

Respectfully,

Email: tillmans@hotmail.com Date: 6/22/23

Mary Hencke Tillman 654 E. Main Street  
Mary Hencke Tillman Lost Creek, WV 26385

Signature above line

Street Address above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,



Kevin Kulpa

[kkulpa@gmail.com](mailto:kkulpa@gmail.com)

6/30/2023

4062 S Atchison Way, #104, Aurora, CO 80014

*From the desk of Paul Cowdery*

May 23, 2023

The Honorable Samuel Thumma  
All Members of the Determination of Death Act Committees &  
Style/Drafting Committees

Uniform Law Commission  
111 N. Wabash Avenue, Suite 1010  
Chicago, IL 60602

Because you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

*From the desk of Paul Cowdery*

The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: [cowderyz@hotmail.com](mailto:cowderyz@hotmail.com)

Date: May 23, 2023

  
4620 Scenic Dr.

Paul Cowdery  
Shingle Springs, CA 95682



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to *repeal* and *replace* the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.


The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of *functions*, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require *necrosis* or *destruction*.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

**"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."**

Respectfully,   
Email: [brcklantieri@comcast.net](mailto:brcklantieri@comcast.net)

Signature above line see over

Date: May 28, 2023  
4903 Blanton Road, Eugene, OR  
Street Address above line 97405

Brick Lantz

Print Name above line

City, State, Zip above line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments

should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: pwiitala@gmail.com

Date: May 31, 2023

Pamela S. Wiitala  
8281 Huron River Dr., Dexter, MI 48130

Signature above upper line Street Address above lower line

Pamela S. Wiitala

8281 Huron River Dr., Dexter, MI 48130

Print Name above upper line City, State, Zip above lower line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments

should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: n/a

Date: May 31, 2023.

Jeffrey M. Wiitala  
8281 Huron River Drive, Dexter MI 48130

Signature above upper line Street Address above lower line

Jeffrey M. Wiitala

8281 Huron River Drive, Dexter, MI 48130

Print Name above upper line City, State, Zip above lower line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be

denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: FRANLICHON@HOTMAIL.COM

Date: MAY 22 2023

Francine Lichon

2636 W. WELLINGTON AVE.

Signature above upper line Street Address above lower line

FRANCINE LICHON

CHICAGO, IL 60618

Print Name above upper line City, State, Zip above lower line

duplicate  
#64 4/28/23



To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: [info@uniformlaws.org](mailto:info@uniformlaws.org); Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be

denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: lcarl@currently.com

Date: 5-29-83

Linda Carl  
13008 W 60<sup>th</sup> ST

Signature above upper line Street Address above lower line

Linda Carl

Shawnee KS 66216

Print Name above upper line City, State, Zip above lower line

To: The Honorable Samuel Thumma & All Members of the Determination of Death Act Committees & Style/Drafting Committees; Uniform Law Commission; 111 N. Wabash Avenue, Suite 1010; Chicago, IL 60602; E-mail: info@uniformlaws.org; Phone: (312) 450-6600

In light of the fact that you may be revising the Uniform Determination of Death Act (UDDA), this urgent letter strongly encourages you to repeal and replace the current UDDA with the model statute below.

The new Act must protect life until death (certain death, no evidence of biological life). Death is the cessation of the person's life on earth. The soul or life force, not any one body part, is the unifying life principle. The precise moment when the soul, the immaterial life force, separates from the body is of paramount importance but that precise moment for this immaterial event is unknowable, hence only after the fact can criteria be used to verify that it has occurred.

There is no ground for legal presumption or less secure criteria. The right to live is the most basic right. The State is obligated to protect the person's right to live until death. This obligation is independent of any other interest, assuming innocence of a capital crime.

The public has not been informed that a person declared dead by neurological criteria (DNC), i.e., "brain death" (BD) has a beating heart, circulation, respiration (exchange of oxygen and carbon dioxide) albeit with a ventilator. Urine production, digestion, waste excretion, wound healing, temperature maintenance, and homeostasis of interdependently functioning organs and systems are present. There is the ability to carry and nourish the baby in the womb if pregnant. The BD patient may be called a "corpse," but is not a corpse and is not suitable for burial, cremation, or vital, unpaired organ excision.

BD criteria are based on bedside observation of lack of functions, presumed to be "irreversible" or "permanent," neither of which can be tested empirically. They do not require necrosis or destruction.

The apnea test is part of BD testing. During the apnea test procedure, the life-supporting ventilator is disconnected for up to 10 minutes. There are no benefits to the patient, only risks of harm.

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.
2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.
3. Model statute below, in the negative, sets minimum criteria before death ~~preventing patients from being treated as dead.~~

"No one shall be declared dead unless respiratory and circulatory systems and the entire brain have been destroyed. Such destruction shall be in accord with universally accepted medical standards."

Respectfully,

Email: toscarmelite@icloud.com

Date: 5-22-2023

Judith Storer

Signature above upper line Street Address above lower line

235 NORWOOD AVE SE  
GRAND RAPIDS MI 49506

Print Name above upper line City, State, Zip