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,

DURINS ndm Email:

ature above line

Date:

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully,

Oh Date:

City Stata 7in about line

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.

Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully,

anson 1951 aholmail.compate:____ Ann Hanson 11161 Email: Carolhanson India III & Valley View DV. Street Address above line Tala Comment A SIAAS

Signature above line

Print Name above line

* NOTE: <u>CLAUSE ADDED</u> AS LAST SENTENCE

To: The Honorable Samuel Thumma & All Members of the Determination 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. Surgery on a declared-brain-dead person shall, with no exceptions, include continuous monitoring of brain activity by electro-encephalograpy, (EEG,) and, full pain-killing anesthetic shall be administered."

Respectfully,

Email: ewraven1@sympatico.ca	Date: JULY 2,	2023
Eleanor R. While	223-3 WASHING	STON CRES.
Signature above line Street Address above line		
ELEANOR R. WHITE	ELLIGT LAKE	ON
Print Name above line City, State, Zip above line	CANADA	P5A 2X1

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, Email: <u>M. Kotecki OGGmail.com</u> Entra Signature above line

Anthony J. Koreck Print Name above line

Date:

WOOMER RD Street Address above line Toledo, Oh 43606 City, State, Zip above line

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,

@vahoo.com

Print Name above line

Date:

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, A Date: Signature above line Street Address above

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, ORIZAN. DOT Email Signature above line

Date:

Street Address above line

City, State, Zip above line

Print Name above line

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:	kaasc	hie @	proton	me
/	Amit	Sing	h	
Signatu	re above line	0		
	AMIT	SIN	GH	

Print Name above line

Date: 05 JULY, 2023 1075 SALEM ST.

NORTH ANDOVER, MA 01845

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, Email: LachJ3514 @gmoul. COM Signature above line Print Name above line

Date:

Street Address above line

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully zachelesmail. (om Email: Signature above lin

Print Name above line

Date:	6-3	30-23	_
150	5.1	lecant	Rd.
Street Ad			
Curt	RCR	OH-U	3412

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, <u>RGMail·(OM</u> Date:______ 150 Email Signatur Print Name above line

1505. Street Address above line 78 01

City, State, Zip above line

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,

indstream, net Email:

Print Name above line

Date

Street Address above lin

City, State, Zip above line

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

"No one shall be declared dead unless 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

ACOB JEN

Print Name above line

Date:

City, State, Zip above line

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,

, com acoby 1 @hotmai achine

ACOBSEN

Date: BUR

Street Address above line

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully,

ansoni05Deamail.com Email: ture above line Print Name above line

Date: 1/--

433 Norris CA. 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, A 1999 a06, (OM Date: 7-10 Email: Norman

Street Address above line

City, State, Zip above line

<u>Normah</u> Print Name above line

Signature above line

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully Email: ve liner Signature abo

Print Name above line

Street Address 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."

Respectful (BGmail. com Email Signatu

Print Name above line

Date:

Street Address 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: gCousar @ compast, net	Date: 6 • 18 - 23
Count	N/A
Signature above line Gloriz F. Cousar	Street Address above line
Drint Name above line	<u> </u>

City, State, Zip above line

Print Name 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."

Date: 6/18/23	
4501 Ventor pi	
Street Address above line	
69nham MD,20706	
City, State, Zip above line	
	Street Address above line Lanham MD, 207 <i>06</i>

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully,	
Email: ASMILABOU @ NOTMAN. COM	Date: 6/ 12/23
Club	4371 TELFAIR BIND APT 0304
Signature above line	Street Address above line
Abigal Legis	CAMD Springs MO 20746
Print Name 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:

Signature above line

Print Name above line

Date: 00.14.2

Street Address above line BROOKIGN, NP / 1236

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, Email: Street Address above line Signature above line Print Name 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, Jumor. 4h Email: Signature above line

Date:

Street Address above line

City, State, Zip above line

Print Name above line

Samorial

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. **Model statute below**, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully,		
Email: Milenail Laclary 2 @gmail. Com	Date: 07/12/23	
in		
Signature above line	Street Address above line	
Milenail	2-001-0	

Print Name 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: mariah ja (Kron1994@gmail.com	Date: 5/12/23
Marial Araba	1668 D ST #814 #
Signature above line	Street Address above line
Mariah a lackson	JBANDREWS MD, 20762 '
Print Name 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:______ Maximut Henderson Signature above line

Marcus Hendorson

Print Name above line

Date: (0-22-23 1015 Palmer Rel # 202

Street Address above line

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:jim. Sqa@gmail.comDate:7-6-23Qames CIdania104 Mosswood RdSignature above lineStreet Address above lineJames C, HanischRoaring Brook Tup, PA 18444

Street Address above line Roaring Brook Twp, PA 18444 City State Zin 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 Signature

Print Name above line

Date:

Street Address 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: <u>Sparky</u> 3851C gmail. Lom Date: <u>715123</u> 1595, Hanley Rd, millbury, Bhio 43447 Cold Vello Signature above line Street Address above line

ROBERT PEIFFER

Print Name above line above line

City, State, Zip

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

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

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

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

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

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

1. The statute ought to protect the person from being declared deac when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, a any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, Email: CPeiHer 2 C gmail. Com **Date:** 7/7/234595 Hanley, MILLBURY Oh Signature above line

Street Address above

line <u>Chuyl A Peyfer</u> <u>Aheryl L. Peiffer</u> Print Name above line

above line

City, State, Zip

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

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

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

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

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

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

1. The statute ought to protect the person from being declared dead when still alive. Full and complete information about the apnea test and any tests used to declare BD must be provided with freedom, at any time, by patients, surrogates, physicians, and other health care providers, to decline or cease the apnea test, exams, and protocols, for the determination and declaration of BD.

2. Treatment options ought to be made available that protect and preserve the life of the patient, even if disability is a potential outcome. Treatments should not be denied based on "quality-of-life" judgments by caregivers even though a patient or surrogate may legitimately refuse them.

3. Model statute below, in the negative, sets minimum criteria before death is declared. This minimum fulfills a change in state of the three vital systems to protect living patients from being treated as dead.

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

Respectfully, Email: <u>MSMissy19768</u> Yahod (M) Date: [0]19123	
Signature above line	Street Address above
line Milipa Paul	
Melissa Paul	
Print Name above line	City, State, Zip
above line	
403 Eggle Point Rol.	
403 Eggle Point Rol. Rossford, DH 43460	

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:jim. Sqa@gmail.comDate:7-6-23Qamer C. Manis104 Mosswood RdSignature above lineStreet Address above lineJames C. ManischRoaring Brook Twp, PA 184444Drint Name above lineCity State Zin above line

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: meh, sga@gmail.com [Mary E Hanach

Mary E. Hanisch

Date: 7-6-23 104 Mosswood Rat

Street Address above line Roaring Brock Tup PA 18444