



## Letter-to-the Editor and Op-ed Guide (v.2.0)

Purpose: Create favorable “buzz” about the need for MAID legislation in Arizona.

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### Section 1 of 2

#### Overview

Desired outcome: educate and influence (1) legislators, (2) the public and (3) print media.

Duration: November 2020 — March 2021.

Primary focus is on publications in Maricopa and Pima Counties.

Coordination and “how-to” help provided by volunteers Sandy Wester and Stu Burge.

Success of the initiative depends entirely on active participation by AZELO supporters.

#### Definitions

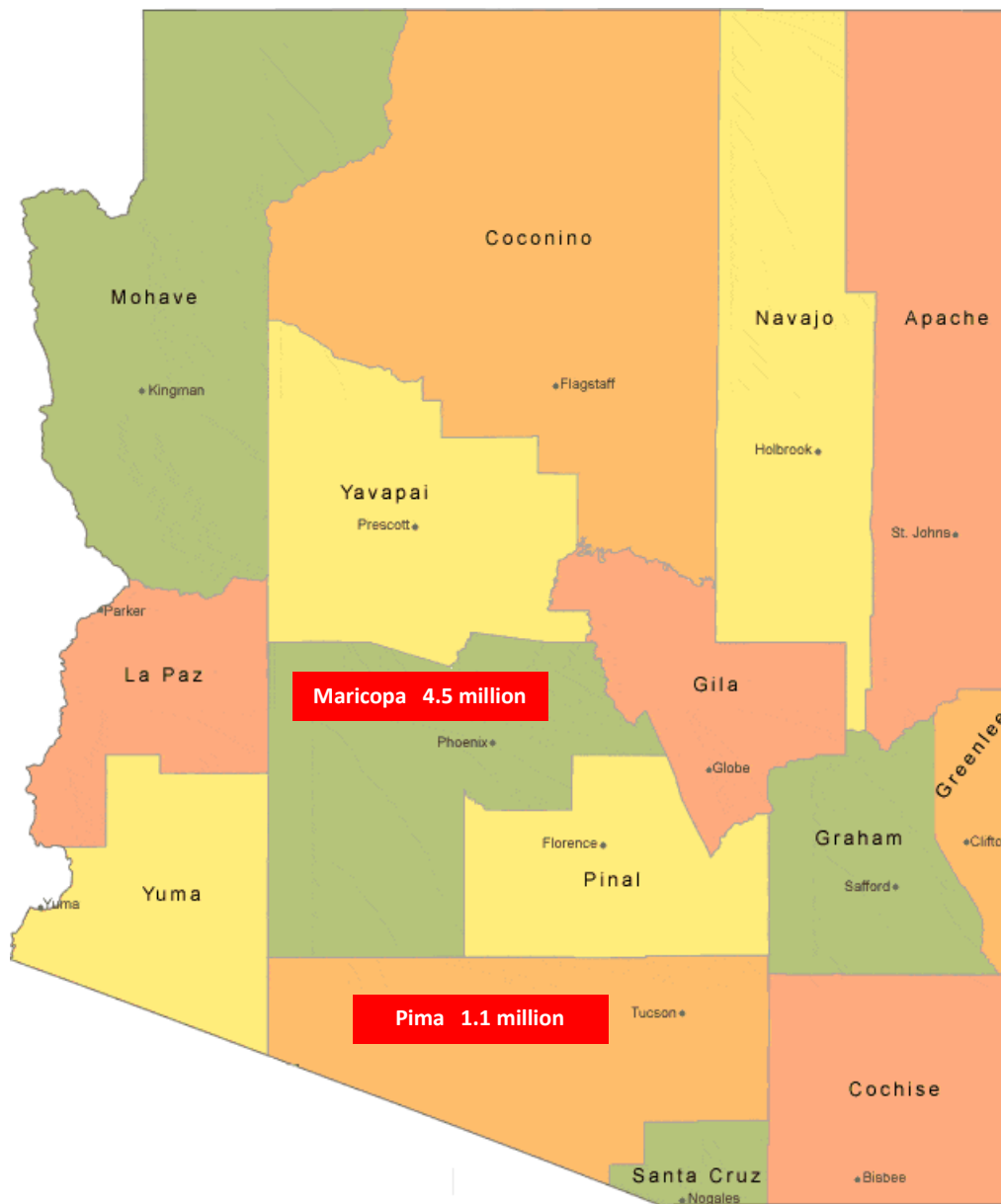
**Letters to the Editor (LTE)** are submitted by readers to convey opinions about issues of concern. Typical length is 200 words, but depends on each publication’s rules. The subject of LTE’s varies widely. However, the most common topics include:

- Supporting or opposing a stance taken by the publication in a staff editorial.
- Commenting on a current issue being debated by a governing body – local, regional or national depending on the publication's circulation. Often, the writer will urge elected officials to make decisions based on his/her viewpoint.
- Remarking on an article (such as a news story) that has appeared in a previous edition. Such letters may either be critical or praising.

Time between submission and publication of an LTE is normally a few days to a week.

**An Op-ed**, short for “opposite the editorial page,” is a written piece published by a newspaper or magazine expressing the views of an author not affiliated with the publication's editorial board. Ideally, an op-ed writer should have some type of credible expertise relating to the topic being discussed, e.g. significant work experience, professional certification, recognition as a subject matter expert. Unless solicited directly by publication, op-eds are normally coordinated (“pitched”) in advance with a publication’s editorial staff. Typical length of an op-ed is 600-800 words, but varies by publication. Time between submission and publication can be a week up to a month.

Are op-eds worthwhile? Yale University reports that through two randomized experiments, researchers found that op-eds, “had large and long-lasting effects on people’s views among both the general public and policy experts.” The study also found that Democrats and Republicans altered their views in the direction of the op-ed piece in roughly equal measure.



## Arizona Population by County






### TIER ONE: (Primary Focus)

County	pop.	% of AZ
Maricopa	4,485,414	82%
Pima	1,057,279	15%

### TIER TWO:

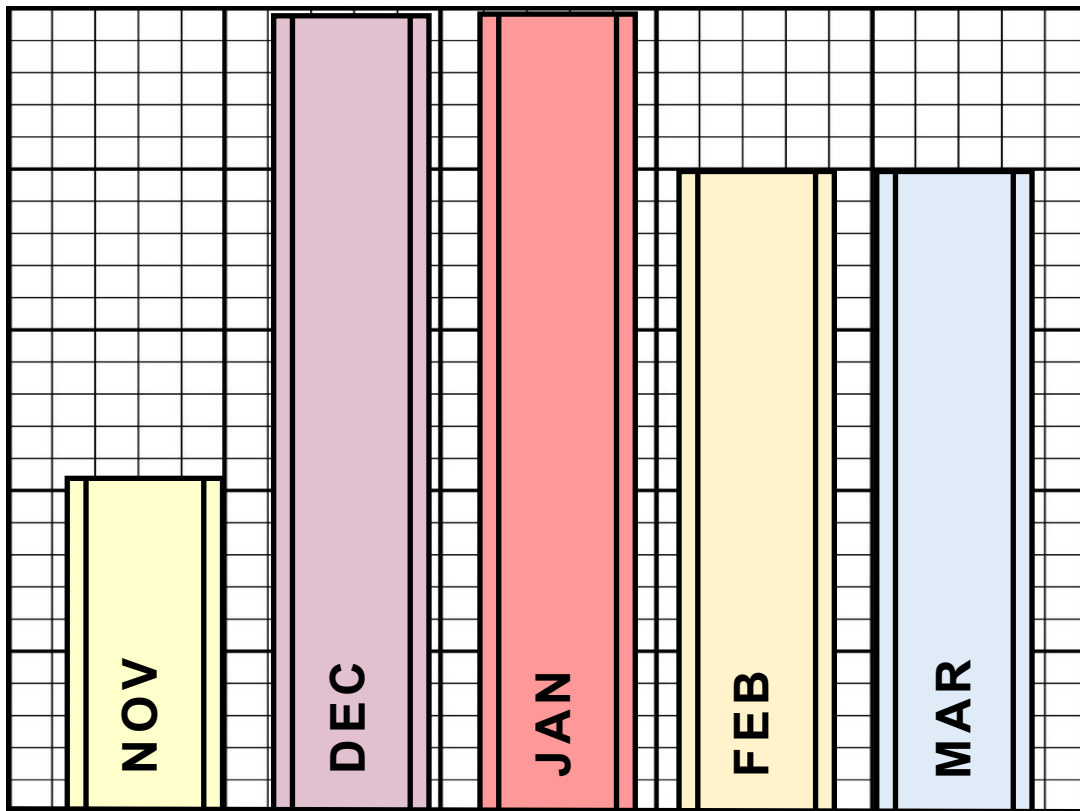
County	pop.	% of AZ
Pinal	462,789	6%
Yavapai	235,099	3%
Yuma	213,790	3%
Mohave	212,181	3%
Coconino	143,600	2%
Cochise	125,922	2%
Navajo	110,924	2%
Apache	71,887	1%
Gila	54,018	<1%
Santa Cruz	46,948	<1%
Graham	38,837	<1%
La Paz	21,108	<1%
Greenlee	9,483	<1%

## Arizona Political Demographics

Party	Number of voters	Percentage
 <a href="#">Republican</a>	1,329,409	34.79%
 Independent	1,267,340	33.17%
 <a href="#">Democratic</a>	1,185,612	31.03%
 Libertarian Party	32,258	0.84%
 Green Party	6,420	0.17%
<b>Total</b>	<b>3,782,218</b>	<b>100%</b>

## Optimum Publication Schedule

In an ideal world, this is when we would want our op-eds and LTE's to be published around the state.





## “Letter-to-Editor and Op-ed Guide”

### Responsibilities

- ⇒ Sandy Wester: project lead. Coordinate **LTE’S** for publications in Tier One counties.
- ⇒ Stu Burge: Coordinate writing and placement of **op-eds** state-wide.
- ⇒ Tier Two publications will be targeted based on recommendations from volunteers.
- ⇒ Inclusion of other relevant publications (e.g. professional journals) is strongly encouraged and will be based on recommendations from volunteers.
- ⇒ Provide monthly progress reports to AZELO Steering Committee and Advisory Council (Sandy and Stu)

### The Need for Central Coordination

- ⇒ All publications, regardless of size, strive for *original* materials. They will reject LTE’s and op-ed’s that have been published elsewhere. Thus, to avoid automatic rejections and assure a smooth flow of placements throughout the campaign, all op-eds and LTE’s need to pass through a simple AZELO “coordination function” (Sandy and Stu) before being submitted by the original authors to publications.
- ⇒ The purpose of central coordination is to optimize scheduling and assure a consistent presentation of pro-MAID messages throughout the life of the initiative.
- ⇒ You are not alone. Light editing and writing assistance are available. We know that writing comes easy for some people. Not so much for others. That’s why we are pretty much always on call to answer questions, help you develop a valid and persuasive point of view, offer advice, or help with research. Both Sandy and Stu have extensive professional journalism and publishing experience, so you can be sure you are getting the kind of help you can rely on.

### Step One: Pick-a-Paper

- ⇒ Since the majority of LTE’s will go to newspapers, volunteer authors will want to determine which paper makes sense for their letter(s) to appear in. To explore publication options, check this audited list of Arizona newspapers <https://usnpl.com/search/state?state=AZ> .  
Another excellent resource is the AZELO Newspaper Directory curated by Marie MacWhyte <https://azendoflifeoptions.org/files/arizona-newspaper-directory.pdf>
- ⇒ Always keep in mind that newspapers give preference to letters that originate from, or apply to, their subscribers. If you need help deciding on the “right” newspaper, ask for **HELP**.



## “Letter-to-Editor and Op-ed Campaign”

### Winds of Change

- ⇒ Also, be aware that newspapers, under pressure from the Internet, have been in a severe state of decline for years. Some have been going out of business, most have cut staff and others have been bought up by “aggregators.” Aggregators purchase smaller and less competitive newspapers and organize them into a network of so-called “community” papers with mostly cookie-cutter content and little original reporting. That means information posted by individual newspapers (how to submit LTEs, for example) may easily have changed or recently been deleted. Remember that newspapers of all sizes continue to operate under extreme competitive pressure.
- ⇒ If you need info about any specific publication or any other aspect of this initiative, ask for **HELP**.

### **HELP:**

**Stu Burge at 623-882-6767.**

**Email [S.Burge@AZEndofLifeOptions.org](mailto:S.Burge@AZEndofLifeOptions.org)**

**OR**

**Sandy Wester at 209-419-1893.**

**Email [S.Wester@AZEndofLifeOptions.org](mailto:S.Wester@AZEndofLifeOptions.org)**

**Next: writing tips and sample letters**

# Section 2 of 2

## How to Write a Letter to the Editor

GREAT ADVICE FROM  
DEATH WITH DIGNITY AND COMPASSION & CHOICES

Since the mid-eighteenth century, readers have submitted letters to editors as a means to engage in public discourse; letters are every bit as powerful a tool in our modern world. A great many writers of letters to the editor (LTEs) use this forum to comment on the role of government in matters of personal freedom or other critical policy concerns. Influential writing sometimes gains national attention, and with modern social media a great letter could easily go viral.

### Why Write a Letter to the Editor?

*The better question is “Why not?”*

Letters to the editor are a fast, cost-free way to get an important issue in front of a lot of people at one time. After the front page, the opinions section is one of the most widely read sections of any publication. This is particularly true of small, local publications. People want to know about the opinions of others, and the editorial section will often contain informed opinions about current news.

In addition, Legislators and other policy makers closely track letters to the editor to keep their finger on the pulse of public sentiment and issues of importance to their constituency. The editors of a newspaper may be more inclined to provide journalistic coverage on a public issue if it seems there is a lot of attention being paid to it.

### Things to Consider Before Writing

You're passionate about your issue otherwise you wouldn't be considering a letter to the editor. Of course, one goal is to send a clear message that will move people to take action. You probably already have specific points you really want people to understand.

The underlying immediate (and often not considered) goal is to get your letter published. You can write all day long, but unless the editor of a paper accepts your submission, your message won't go anywhere.

Keep these things in mind while developing your letter:

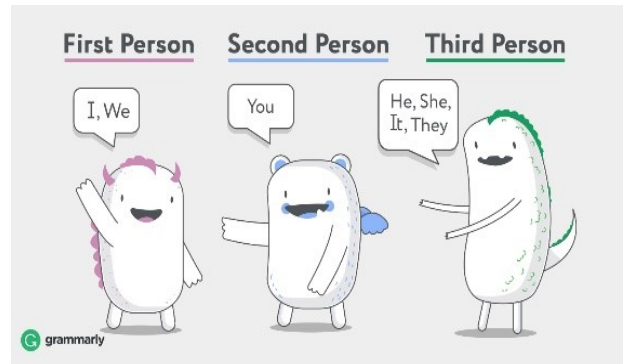
- **Be current** (nothing says “old news” like old news).
- **Make your letter locally relevant**, i.e. write about how the issue you are addressing affects you, your community, and the state.
- **Tailor your letter to the paper.** Writing to your local publication will have a different tone than if writing to a major national news source. If you are not a subscriber, buy several issues of the paper and familiarize yourself with their content and style.
- **Submit your letter to only one paper at a time.** A paper will want exclusive rights to your submission. It's fine to inquire after a few days to let the editor know you would like to try another paper if they won't be publishing your letter.



## Drafting Your LTE

Follow these time-tested tips to draft your letter:

- Write from the first-person perspective.
- Use an organizational affiliation if you have one, and close with an email address and link to your website for people who want more information.
- Write with a specific target audience in mind, not just “all readers of the paper.” In the case of medical aid in dying, it might be the loss of a loved one or your own illness that focuses your writing so it resonates with people who have similar experiences.
- If including statistics, cite credible sources.
- Be civil and respectful. Avoid finger-pointing, blame, or other condemning language.



It is very important to keep your letter short, following the publication’s guidelines. Remaining below the maximum word count increases your chance of publication. As a rule of thumb, plan to keep your entire letter to no more than 250 words spread out over two or three short paragraphs or key points. It doesn’t sound like much, but you can pack a lot of information and persuasive power into a few sentences.

**First paragraph:** (1) Well before our Senate and House bills are formally introduced, you are encouraged to write your first LTE clearly stating your position of support for the concept of medical aid in dying. This introduces the subject and sets the stage.

(2) Once the bills are introduced, the first paragraph of your letter should call on legislators to support the bills. (Watch the AZELO newsletter for announcements about when the bills get submitted and who the sponsors are.) At this point be sure your next LTE includes the a bill number and title, so readers can look it up after reading your letter. Also include a statement that you hope your legislators/other voters will support the bill, too. Example: “I strongly support [BILL NUMBER, BILL NAME] sponsored by [REPRESENTATIVE/SENATOR LAST NAME]. It’s time for our legislature to do the same.”

**Second paragraph:** Two or three short sentences about why you’ve taken your position. Make it personally meaningful and locally relevant. Example: “As a recent widow, I watched my husband suffer immeasurably during the last two weeks of his life. He begged me to help him. He begged his doctor to help him. The legal risks without a death with dignity law made that impossible. He died in agony while I helplessly watched him take his last painful breath. No one in Arizona should have to endure what we went through.”

**Third and final paragraph:** State you are glad that AZELO is advocating for death with dignity and encourage readers to visit our website for more information. Example: “With the support of Arizona End-of-Life Options and our national partners we can finally get this law passed. Learn more at [our website](#).” Be sure to provide your full contact information in your submission, including your full first and last name, mailing address, phone number, and email address. You

Editors need your contact information to confirm your submission, particularly if they intend to publish it. They'll want to verify that you are the one who submitted the letter.

Next step: let your letter "rest" overnight. Take some time the next day to review what you have written, Then, read it out loud. This will help you catch any typographical or grammatical errors and reveal areas where editing may make it easier for others to read and understand.

But **don't hit send** quite yet...

## Coordination is key

A well-orchestrated statewide submission of LTEs is a powerful way to raise awareness and generate buzz about medical aid in dying. Letters from a range of readers expressing support for a cause in their own words and showing up at publications at random have the potential to dramatically increase momentum for medical aid in dying.

Conversely, too many letters to a small number of publications in too short a time and using near-identical language will cause editors to doubt the legitimacy of our campaign and wipe out their willingness to publish them.

For these reasons all LTE's need to flow through a central "randomizer" function where they will be sorted by publication, slotted into a five-month master calendar and finally submitted to the targeted publication by the original author.

Letter-writing help is available. Simply ask. This gives people who don't generally write a chance to submit something that reflects their position well, and prevents others in our group from being over-publicized (at which point newspapers will stop accepting their letters).

## Resources

*Examples of Letters to the Editor from Death with Dignity*

[Sample letter to the editor 1](#) (Maine)

[Sample letter to the editor 2](#) (New York)

[Sample letter to the editor 3](#) (Kansas)

[Sample letter to the editor 4](#) (Maine)

[Sample letter to the editor 5](#) (New York)

[Sample letter to the editor 6](#) (USA)

[Sample letter to the editor 7](#) (Delaware)



Letter to the Editor

## My death, my choice

Mary Beth Coker,  
Ijamsville, Maryland

Although I am a firm believer in the right of everyone to express their opinion, I feel that I must respond to the information given by Catherine Monsour in her February 25 letter to the editor entitled, "What's Going On In Annapolis?" I am writing not to persuade anyone to my opinion but to provide accurate information about the Death with Dignity Act.

The fact is that Maryland HB 399 (End-of-Life Option Act) is entirely voluntary on the part of all health care providers and the patient in every phase. No physician, pharmacist, or any other provider or facility is required to participate.

Alleviation of pain is not the purpose of the bill, or of the majority of those requesting this end-of-life option. No one wants to spend their last days in pain or drugged with high doses of medication; however, the three most frequently mentioned end-of-life concerns in Oregon (whose Death with Dignity bill has been implemented since 1998) in 2018 were: loss of autonomy (91.4%), decreasing ability to participate in activities that made life enjoyable (86.7%), and loss of dignity (71.4%). These are legitimate concerns for those who requested the medication and who did not wish to spend their final time dependent on others to take care of their most basic needs. To verify the accuracy of this information, please read HB 399 and consult websites listing the statistics associated with similar bills in other states.

As for falsification of documents that could lead to inaccurate health statistics, as my father used to say, "That dog won't hunt." The number of people in Oregon who died using the medications obtained under the law in 2018 was 168. These individuals had a variety of diseases, but all were expected to die within 6 months. I am not a statistician but this seems hardly enough to skew the demographics of any disease fatality.

Participation in aid-in-dying is entirely voluntary for all. Anyone who does not want to take this option, they do not have to do so. All I ask is that they do not impose their beliefs and opinions on me. I hope the Maryland legislators are compassionate and smart enough to make this option available to those of us who wish it.

## My Turn:

# Making a final choice about quality of life

By JOAN MILNES

My cousin Tony had cystic fibrosis. About five years ago at age 58, when he was one of the oldest cystic fibrosis patients treated at Dartmouth Hitchcock, his lungs failed him for the last time and he was placed on a ventilator. As a result, he was no longer able to eat or speak. He received nourishment through a feeding tube and he communicated by writing notes. Tony had been conscientious about diet and exercise, so except for his lungs, his body was healthy and could survive for years. He was not a viable candidate for a lung transplant.

The doctors told him that if he wanted to be taken off the ventilator, which would end his life, they would help him. Tony chose a date two weeks henceforth and spent his remaining time getting his affairs in order by writing notes about what to do with his possessions. On the appointed day, he made his final goodbyes with the two family members he chose to be in attendance. The doctors administered a drug to relax him before removing the ventilator. It was a matter of minutes before Tony was gone, with no sign of struggle or discomfort.

I share this experience with you as an example of a person making a final choice about quality of life. Whether we call it death with dignity, medical aid in dying, or end-of-life options, it's about having control over one's fate. It's about having a choice.

If you agree that people, possibly yourself someday, should have this choice, please let your legislators know that you support the Massachusetts End of Life Options Act. It was recently advanced by the Joint Committee on Public Health and is now awaiting action by the Joint Committee on Health Care Financing. You can find your legislators' contact information here: <https://malegislature.gov/>

Please don't think that your opinion doesn't matter. Shortly before moving to Greenfield from Beverly, I was one of a small group of about a half dozen people who met with our state senator who happened to be on the joint committee tasked with studying this bill, and she was still on the fence about the issue. Our meeting ended with her thanking us for sharing our opinions and answering her questions; she was no longer undecided and would support the bill in committee! I left that meeting with a certain sense of accomplishment that I never felt before. So please don't assume that your opinion won't make any difference.

*Joan Milnes is a resident of Greenfield, Mass.*

# Mark Peterson urges ‘death with dignity’ bill to become law

Daily Hampshire Gazette

Published: 6/10/2020 1:34:28 PM

Kudos to the Gazette for its May 29 editorial “Time for The End of Life Options Act,” and for its May 30 op-ed article called “Three elders support passage of death with dignity bill.”

The Legislature must have been listening, because the Joint Committee on Public Health, which is co-chaired by our own Sen. Jo Comerford, just passed the bill (H.1926 and S.1208). The vote was overwhelmingly in favor. I’m only a “kid” of 82 compared to those three other elders between the ages of 97 and 86, but I agree with them: it’s time Massachusetts joined nine other states (Maine, Vermont, New Jersey, and more) plus Washington, D.C., and legalize the option of medical, compassionate aid in dying for people who are terminally ill, mentally capable and facing great pain and suffering at the end of life.

A few years ago, I wrote a book called “Your Life, Your Death, Your Choice: How to Have Your Voice to the End of Your Life,” which examined end-of-life health care and how to make good decisions. It addresses this issue in depth. I want this option for myself as well if I am terminally ill.

I urge you to contact Sen. Comerford and thank her for her leadership on this death with dignity bill. Then contact your other legislators, thank them for all they’re doing to provide medical and economic relief from this COVID-19 crisis, and urge them to also support passage of H.1926 by the full House and Senate this summer.

Mark Peterson

# Sandra Boston's letter, 'Death with Dignity'

Published: 7/21/2020 8:49:29 AM

Please give some thought to those who are unable to walk, talk, swallow, breathe or have other symptoms due to a terminal illness. They are entitled to dignity of life, of not suffering for possibly three, four, five or more months.

I have had a sister who had ALS, Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease) and she suffered for months. If Massachusetts had passed H 1926 Senate docket No. 1208 like other states, she and others would have had the right to die with the dignity her long nurse's life earned her for helping others.

To make it clear, this is not suicide. If you research the procedures that it takes to follow through with making this decision, you will understand and maybe see why other states have adopted this choice.

Please notify your representatives in Massachusetts that we want to join the other nine states that have adopted the Right to Die with Dignity bill, and not suffer in our final moments here on earth. In doing so you may be helping a loved one, a neighbor or yourself.

Tom Travis

Greenfield, Mass.

## Dueling columnists at the Duluth, MN, News Tribune One paper. Two positions

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### Death with dignity

By: Columnist Jim Shaw | May 16, 2020

Deb Brockel, 60, formerly of Fargo, died recently. It wasn't from coronavirus, although if she was exposed to that, the virus almost certainly would have killed her. It was a case of death with dignity.

Deb suffered from COPD. She had very small lung capacity, difficulty breathing, her heart was giving out, and frequently suffered from pneumonia. In December, she was told she had six months to live, and went on hospice care. She was suffocating to death.

Deb and her husband of 31 years, Bob, met at the Star Lite Drive-In movie theater in Fargo. Deb was a student at Fargo South High, Bob attended West Fargo High. They moved to Fort Collins, Colo., in 2010. Colorado is one of eight states along with Washington, D.C., that allow some terminally ill patients to take medication to end their lives, to prevent further suffering. Since the law went into effect in Colorado in 2017, more than 250 patients have taken aid-in-dying medication.

Deb was miserable and asked her doctor if she could receive the necessary prescription. By law, she was then examined by two other doctors to determine if she was terminally ill, and then examined to make sure she was mentally competent to make her own decisions and able to take her own medication. The doctors concluded that Deb qualified for aid-in-dying medication.

"Her mother in Fargo died a terrible death," Bob said. "She suffered and the family went through hell. Deb didn't want to die that way. She didn't want to put the family and others through that, and have them watch it."

"She said I don't want to suffocate," Deb's daughter, Jenni, said. "She said she wanted to die on her terms and not see us suffer."

So, the day came, and Deb's family was with her when she took the medication in her home.

"She said I love you, I'm proud of you, and thank you for being with me," a tearful Jenni said. "It was peaceful. It was beautiful. She just looked like she was going to sleep and then it was over."

"I completely support her decision," Bob said. "She was so miserable. There was no quality of life. I miss her terribly and wish she was still here, but it was for the best."

"I'm proud of her," Jenni said. "I think she's a pioneer. She knew what she wanted. She was just so brave."

It's time to give the people of North Dakota, Minnesota and 40 other states the same choice that Deb Brockel had. There's no point in forcing a miserably terminally ill patient to stay alive for a few extra weeks, with helpless family members watching. It's time to end the suffering.

"My mom was lucky to make this choice," Jenni said. "I hope everyone has the ability to make that same choice."

"I'm glad we had that choice," Bob said. "The alternative is to watch someone suffer. I don't wish that on anybody."

**(Rebuttal on next page)**

**(Rebuttal to column on previous page)**

## **We've denied assisted suicide for good reason**

By: Columnist Roxane Salonen | Aug 31, 2020

In May, fellow columnist Jim Shaw shared about a former Fargo resident who chose “death with dignity.” Though the pandemic overshadowed this important topic, it’s worth re-visiting, especially since the column ended with a plea that North Dakota and Minnesota join states that have legalized assisted suicide.

I’d urge caution. We have not followed those states who have adopted this policy for many good, solid — and caring — reasons. I hope we can remain steadfast in our opposition.

Only the most depraved among us would want to see anyone suffer unfairly. Reading Shaw’s piece, I understood the subject’s loved ones wishing she could have the kindest death possible. In truth, though, the kindest death possible is one in which we love our dear ones to the end of natural death by unrelenting accompaniment — even when it’s difficult.

Words can lead to a false, even if well-intended, conclusion, so let’s keep the heart and head in balance here. Wisdom can help us see the truth.

To that end, it’s worth noting that at its root, “compassion” means “to suffer with.” Is it truly compassionate to help hasten our loved ones’ deaths? What if, instead, we chose to endure with them through their suffering, and use each moment we’re given, even when hard, to love them that much more?

“Dying with dignity” is a brilliant slogan which plays on our emotions, using words to deceive. We find this with the abortion issue, too. “Women’s health care” is substituted for the ugly but plain truth: killing a preborn human. By using descriptions like “blob of tissues,” we psychologically erase a person’s humanity.

Words can carry the weight of life and death. And life, given by God, can only be rightly taken back by its giver. “The Lord ... controls the passageways of death” (Psalm 68). Deep in our conscience, we all know this, even those who deny God’s existence.

“Death with dignity” is, in truth, assisted suicide, the act of helping someone kill themselves. Those of us who oppose this lie also want our loved ones to die with dignity, but not through hastening their deaths.

What can be gained by joining forces with the “death with dignity” contingent? As evidenced by countries already widely practicing assisted suicide, the Center for Bioethics and Culture Network points out, once its principals become accepted by medical professionals and the public, “there is little chance that those eligible for permitted suicide would long remain limited to the dying.”

It is not for lack of compassion that we haven’t joined these other states, but because we’re willing to accompany our dear ones lovingly, patiently, and with the most comforting measures available, assuring them we will wait with them to natural death.

Let’s be thoughtful enough to properly honor and care for the lives God has placed with us; lives made in God’s likeness and image that deserve to be treated with true dignity.

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