

# In Defence of Life

## Edmonton ProLife's Newsletter

www.edmontonprolife.org

Volume 7, Issue 4

'educating for life'

Fall 2009

### Health Cares Sacred Cow

**Abortion- anytime, under any circumstances, performed under any rules, all paid for with your tax dollars and don't ever question that!**

Recently the Quebec government introduced a new provincial health department law that will govern how special medical clinics provide services. Bill 34 requires that all medical clinics that perform surgery have fully equipped operating rooms by September 3.

Bill 34, which was adopted by the national assembly in the spring, says that abortion clinics must adhere to the same guidelines as specialized medical clinics, which provide such procedures as cataract and knee surgeries. That means they have to set up separate sterile operating rooms as opposed to simply sterilizing surgical equipment.

Montreal's public health director, David Levine, said the law was drafted because the private system had no overarching safety rules. "So, whether you went in for cosmetic surgery, whether you went in for knee surgery, there were no norms in those environments," he said.

"Medical specialists" (abortion advocates) say Bill 34 is unjust and will reduce women's access to health services. Dr. Francine Léger, who works for both public and private clinics, an abortion is nothing like

knee surgery. She said it doesn't make sense to force the clinics to build hospital-style operating rooms. "We don't need that kind of setting to do an abortion." "You don't need an operating room for an abortion. Its minor surgery, and it's safe already," she said. "Why the double standard?"

Yes that is a great questions "Why the double standard"? I searched many sites and could not find one complaint from another private clinic operator about the new rules. Not one! The only private clinic operators seeking an exemption are the abortion clinics! Talk about a double standard. Does this surprise me? Not really, abortion is the "sacred cow" but yet I am confused. The new rules, brought in for ALL private clinics, were brought in for safety reasons, yet not one woman has come forth to criticize that abortions clinics are demanding to be exempt from these new safety standards. Abortion advocates are so blinded by their false fear of access to abortion that they are prepared to risk the safety of other women no matter what. They claim noting has ever happened to harm women at the clinics Anytime someone, with a vested interest, proclaims that everything is working fine, that should raise enough red flags for an independent look.

### A Local Look at Contracted Clinic Service in Edmonton

A revealing look at contracted clinic services as provided by  
Capital Health Annual Report 2007- 2008 41  
Insured Surgical Services Contracts Under Health Care  
Protection Act (HCPA)

Contracts with non-hospital surgical facilities (NHSF) provide service delivery options that improve patient care access while protecting the sustainability of the public system. Capital Health determines if the contract is appropriate by assessing sustainability of the public system, access to services, patient safety, appropriateness, effectiveness, cost continuity and public benefit. Contracts with NHSF's provide increased choice of service provider for patients and

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2 Calendar of Events, EPL Board

3 – Local Contracted Abortion Services (continued) - Walkathon – pledge sheet inserted

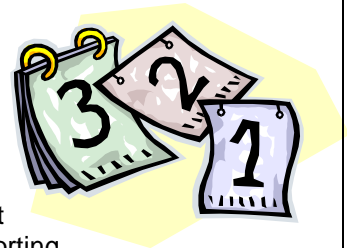
4 and 5 Life Chain Poster

6 – Dispel the Abortion Myth

7 – Euthanasia Bill C384

8. Partner Groups, Crisis Pregnancy Aid, Membership Form

## Upcoming Events – Save the Dates!



- **September 19, 2009 – Walkathon.** Edmonton ProLife holds its annual walkathon at Rundle Park. We hope to have a reunion of sorts this year. If you have ever participated in the Edmonton walkathon we encourage you to plan on being here this year. This is our ONLY major fundraiser for the year! We hope to see many of you at the walk. The pledge sheet is included with this newsletter. Please consider supporting Edmonton ProLife by walking or sponsoring a walker. Call Karen at 425-1637 for more information.
- **September 21 to 23 and November 21 to 23 Rachel's Vineyard Retreat** –Healing the pain of abortion – one weekend at a time. The next interdenominational Edmonton and area retreat will be held this fall. Contact: Marlene Javorsky at majbutterflies@aol.com or Carla Houston at 780-963-4048 or carlahouston@shaw.ca for more information or to register.
- **October 4 Life Chain 2009** - Plans are now underway for organizing Life Chain 2009. Your commitment will last one hour but your presence will make a difference for life. Church contacts are desperately needed if we plan on meeting our goal of filling 50 city blocks. The commitment of church volunteers will be two meetings and sharing info with your pastor and church secretary. You will need access to the internet. If you cannot be a church contact but wish to attend Life Chain call Karen to be added to our supporter list. Last year's event was supported by many groups, individuals and families. Please let us know if you will commit to bring 10 people to fill a block. If you want to be part of the biggest prolife prayer event in Edmonton call Karen at 425-1637. Please place the poster in the middle of this newsletter in your community.
- **October 29, 30 and 31st The City of Bridges hosting the NATIONAL PRO-LIFE CONFERENCE 2009 Building Bridges: Making Choices for Life. Convention Hotel: Hilton Garden Inn, Downtown Saskatoon**  
Speakers include Andrea Mrozek: Andrea calls Toronto home. Her ultimate, long term - no secret agenda here: To create a Canada where demand for abortions dwindles and decreases until there's none left, not because it was forced upon anyone but because that is what women choose. Rev. Dr. James Lamb: Executive Director of Lutherans for Life, United States. Dr. Lamb is from Iowa U.S.A. As part of his duties at National Lutherans For Life, he travels nationally speaking in a variety of settings and sharing the Biblical " For Life " message. He is the author of numerous brochures, articles, and essays on the life issues of our time. Alex Schadenberg: Euthanasia Prevention Coalition. Rod Bruinooge: Member of Parliament for Winnipeg South. Elected Chair of the Parliamentary Pro Life Caucus in December 2008. In a letter he submitted to National Post, he made this statement: " I have no choice but to advocate for the unborn and seek to have their value restored in my Canada. Our collective future depends on it." Ezra Levant: Lawyer and journalist, lives in Calgary. Author of " ShakeDown - How Our Government Is Undermining Democracy in the Name of Human Rights ". Mr. Levant led his own fight against the Human Rights Commission of Alberta and won. He continues to defend freedom of speech, freedom of the press and freedom of religion. Register at <http://www.saskprolife.com/index.stm>
- **Join others in an hour of peaceful, prayerful activism against the daily slaughter of innocent babies. Morgentaler Abortion Clinic: 12490, 109 A Ave.**

The fourth Sunday of every month. Candle light Rosary at 7:30 pm. Contact Maryellen at 476-4026

For information on any of the above events, call the Edmonton ProLife office at **425-1637** or email us at

**[edmpl@interbaun.com](mailto:edmpl@interbaun.com)**

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Editor: Karen Richert

EPL Board: President: Corry Morcos, Treasurer: Glenn Woolger, Recording Secretary: Michael Cooper, Directors: Gregory Amerongne, Anne Wansink, Phil Steele, Janet MacLellan, Alming Steele, Gwen Bouwsma and John MacDonald

Office Manager: Karen Richert

Webmaster: Eileen Rebstock

New board members welcomed. Meetings held bimonthly first Tuesday, 5:30 pm, at EPL office. All EPL members welcome to attend.

supplement the resources available in hospitals, while providing good value for public dollars.

Capital Health contracts under the Health Care Protection Act (HCPA) in several service areas:

Dermatology Ophthalmology Oral and maxillofacial surgery Otolaryngology Plastic surgery and Pregnancy termination.

With regards to pregnancy termination we wanted you to know the philosophy and justification of abortion in the Capital Health region. The following is from the annual report:

*In response to public preference and to increase capacity within the hospital system, Capital Health contracts close to 100% of pregnancy termination services to one non-hospital surgical facility. Annual volumes continue to increase each year and the contract is adjusted annually to manage growth. The facility has responded to increased demand by increasing their hours of operation, opening on Saturdays when needed and increasing their staffing. As a result, wait times were reduced and quality of care is maintained.*

The following table summarizes the total value of the HCPA contracts by service area for the 2007/2008-contract year.

| Service                      | Operators 2007/2008 Total Annual Contract Value (\$) |
|------------------------------|--|
| Dermatology                  | 328,924  |
| Ophthalmology                | 1,042,468  |
| Oral & Maxillofacial Surgery | 746,076  |
| Otolaryngology               | 157,174  |
| Plastic Surgery              | 296,462  |
| <b>Pregnancy Termination</b> | <b>2,179,900</b>                                     |
| <b>Total</b>                 | <b>4,751,004*</b>                                    |

The most used contracted service in Edmonton is abortion!

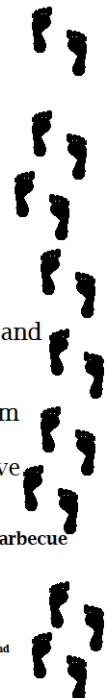
The abortion clinic serving over 5000 women at a cost of Two Million One Hundred and Seventy Nine thousand Nine hundred dollars! Any woman who has a positive pregnancy test and wishes to terminate the pregnancy can have an abortion. You do not need consent from a parent or guardian or referral from a doctor. If you are under 16 years of age, we encourage you to tell an adult for support; however, their consent is not needed.

No other surgical medical procedure is done without referral. Why the double standard? Because abortion has always been about choice. Abortion cannot be medically required and a free choice. I wish we could make people understand that abortion is rarely (never) performed for medical reasons. The thought of scarce health care dollars paying for abortion should outrage every taxpayer. If you are interested in learning more about this issue call Karen at 780-425-1637 or email [edmpl@interbaun.com](mailto:edmpl@interbaun.com).

\*Capital Health manages these contracts within the context of continued assurance of access, patient safety and net public benefit. In addition, Capital Health monitors the progress of each contract on an ongoing basis and provides routine reports to Alberta Health and Wellness. The annual activity reports for each operator are posted on Capital Health's website at:

<http://www.capitalhealth.ca/AboutUs/ResourceLibrary/NonHospitalSurgicalContracts>

## Edmonton ProLife Love Them Both Walkathon



Your Participation, along with family and friends, helps to build community awareness and raise funds for Edmonton ProLife. Saturday, September 19th, 2009 Check in and Registration at 8:30 am Launching of the walk at 9:00 am Rundle Family Center - 2909 113 Ave Rundle Park, Edmonton A Fun event for the whole Family Walker comfort stations located along the route. Barbecue lunch to follow.

Pledge Sheets available here or online at [www.edmontonprolife.org](http://www.edmontonprolife.org)



### Tips

1. Collect the pledge money when people agree to sponsor you.
2. Sponsor yourself first, and ask family, friends, neighbours, and co-workers to match your donation.
3. Remind your sponsors that tax receipts will be issued for all donations over \$10.

Edmonton ProLife 11125 107 Avenue, Edmonton Alberta T5H 0X9  
780-425-1637 [edmpl@interbaun.com](mailto:edmpl@interbaun.com)

Please consider walking at our walkathon this year, or generously sponsoring a walker when you are asked.

For more information contact Karen 780-425-1637.





# Dispel This Myth

## *“Abortion is 10 times safer than giving birth”*

### Fact

The maternal death rate in the 12 months following an abortion is four times greater than the rate of death among women following completed pregnancies, according to a Finland study from 1997.

A small but consistent number of maternal deaths result from abortion, although the numbers likely remain under-reported. Most of these deaths are caused by hemorrhage, infection, embolism, or cardiomyopathy.

Complications stemming from general anesthesia are also a factor in maternal mortality following abortion.

Physical complications of abortion vary, depending on the age of the pregnancy and the type of abortion. In general, the risk of complications increases with gestational age past eight weeks(1).

Some complications appear in the first hours following the abortion, while others may take days, weeks and even years to show up.

Reporting on abortion complications are inconsistent and incomplete.

Today hospitals admitting patients with abortion related injuries will record the injury under "Internal Medicine" as opposed to reporting it as an abortion related incident. As a result, Statistics Canada and the Canadian Institute for Health Information significantly underreport abortion related complications.

Late term effects on a woman's physical and psychological health are even further neglected.(2)

1 Stubblefield PG, Carr-Ellis S, Borgatta L. "Methods for induced abortion." *Obstetrics and Gynecology* 2004;104: 174.

2 Health Care Statistics Section, Health Statistics Division. "Therapeutic Abortion Survey, June 2007: 2004-A.

### Quick Facts

At eight weeks after conception, every organ of the unborn baby is present, the liver is making blood, the kidneys are functioning and the heart has already been

beating for five weeks. An abortion before a first full-term pregnancy raises a woman's lifetime risk of breast cancer by at least 50%.<sup>1</sup>

Studies have shown that women who choose abortion have rates of suicide that are six times higher than women who have given birth.<sup>2</sup>

The need for psychiatric help is five times greater.<sup>3</sup>

The rate of hospitalization for infection is four times greater.<sup>4</sup>

It is estimated that 13,000 Canadian women need surgical intervention every year following their abortions.<sup>5</sup>

Abortion, especially for younger women, can be quite painful. <sup>6</sup>

Immediate complications may include excessive bleeding, puncturing or tearing of the uterus, infection, cervical laceration, and death.<sup>7</sup>

Longer term effects may include breast cancer, future miscarriages, premature birth, tubal pregnancies (which are increased eight to 20 fold by abortion) and infertility.<sup>8</sup>

**"I remain pro-choice. I am not religious. I am an atheist and a rationalist. The findings did surprise me, but the results appear to be very robust because they persist across a series of disorders and a series of ages. . . . Abortion is a traumatic life event; that is, it involves loss, it involves grief, it involves difficulties. And the trauma may, in fact, predispose people to having mental illness."**

**David M. Fergusson, PhD, director of the 25 year longitudinal study on abortion in young women and subsequent mental health, *Journal of Child Psychology and Psychiatry*, 2006.**

1. Daling et al. *Journal of the National Cancer Inst* 1994 Nov 2;86(21):1584-92; ([www.abortionbreastcancer.com/abc.html](http://www.abortionbreastcancer.com/abc.html))
2. M. Gissler et. al., "Injury deaths, suicides and homicides associated with pregnancy, Finland 1987-2000," *European J. Public Health* 15(5):459-63 (2005).
3. *Women's Health After Abortion: The Medical and Psychological Evidence*, by Elizabeth Ring-Cassidy and Ian Gentles, deVeber Institute for Bioethics and Social Research, 2002; p. 3.
4. *ibid*
5. *The American Journal of Medical Quality*, 2001
6. *Women's Health After Abortion: The Medical and Psychological Evidence*, by Elizabeth Ring-Cassidy and Ian Gentles, deVeber Institute for Bioethics and Social Research, 2002.
7. *ibid*
8. *ibid*

## Did you know?

In Canada our underage daughters cannot legally buy cigarettes, get a tattoo from a licensed artist, get a piercing, drive a car, see an R-rated movie, without her parent's help, but she can go and get an abortion without her parents ever knowing. What is wrong with our society? Know the facts – share the facts and challenge the status quo.

If you would like more information about abortion in Canada visit our website at [www.edmonotporolife.org](http://www.edmonotporolife.org) or email Karen at [edmpl@interbaun.com](mailto:edmpl@interbaun.com)

# Euthanasia Bill Introduced

## Bill C-384 - From The Euthanasia Prevention Coalition

On May 13, 2009 Francine Lalonde, MP, introduced Bill C-384: An Act to amend the Criminal Code (right to die with dignity).

Bill C-384 would legalize euthanasia and assisted suicide in Canada for people who experience physical or mental pain or people who are terminally ill.

### Dispelling the myths

Here are the five most common myths promoted by the euthanasia lobby, and repeated by the media.

**MYTH #1:** "It is about a right to die with dignity."

**Truth:** Bill C-384 is not about dying with dignity or palliative care; it is about giving the power to a physician to directly and intentionally cause the death of individuals. This bill will allow medical practitioners to directly and intentionally cause death by lethal injection.

**MYTH #2:** "It will legalize only assisted suicide."

**Truth:** Bill C-384 amends section 222 and 241 of the Criminal Code. This bill aims to legalize both euthanasia and assisted suicide.

**MYTH #3:** "It is limited to terminally ill people."

**Truth:** Bill C-384 states that people who experience physical or mental pain or terminally-ill would be eligible for euthanasia or assisted suicide. This bill also allows people who experience chronic physical and mental pain to die by lethal injection and it does not define terminally ill.

**MYTH #4:** "It is limited to competent people who are not depressed."

**Truth:** This bill measures competency based on "appearing to be lucid". To appear to be lucid does not mean a person is actually competent, only that they appear to be. This bill is not limited to people who are actually lucid and would allow people who experience chronic depression to die by euthanasia or assisted suicide.

**MYTH #5:** "It is not a threat to the lives of people with disabilities or other vulnerable people."

**Truth:** This bill allows euthanasia and assisted suicide for people with chronic physical or mental pain, on condition that they "appear to be lucid." Many people

with disabilities experience chronic physical or mental pain.

This bill directly threatens the lives of vulnerable people with disabilities especially when the medical practitioner has a negative perception of disability. It allows euthanasia for physical and mental pain and it does not define terminally ill.

### Can you help?

Bill C-384 is a dangerous bill; there is nothing redeeming or worth amending in it. Nonetheless, we need to remain focused on why the bill is so bad. Know the facts and share them with others, you MP, coffee row buddies, family, friends, doctor, teacher, and pastor etc, anybody who will listen! If you need more information, contact Karen at [edmpl@interbaun.com](mailto:edmpl@interbaun.com) or 780-425-1637.

Bill C-384 legalizes both euthanasia and assisted suicide. Euthanasia is the act of one person directly and intentionally causing the death of another person, usually through medical means, such as injecting lethal drugs. In the case of euthanasia, one person ends the life of the other person. Assisted Suicide is when one person directly and intentionally aids, abets or counsels the other person ending his or her own life. Some facts to share:

**Bill C-384:**

- is not about a right to die with dignity. The bill does not create greater access to excellent end-of-life care and it doesn't actually create a right to die.
- would give a medical practitioner the right to directly and intentionally cause the death of another person.
- is not about creating more end-of-life choices for the terminally ill.
- does not promote palliative care, it does not enhance services for people with chronic conditions.
- is about giving medical practitioners the right to directly and intention- ally cause the death of another person.
- doesn't provide any effective safeguards for vulnerable people. Consider the following:
- is not limited to the terminally ill, but permits people with chronic physical or mental pain to die by lethal injection.
- does not define terminally ill.
- defines competency based on "appearing to be lucid". It does not require a person to actually be lucid.
- permits medical practitioners to lethally inject people who are incompetent, so long as they stated their intentions while "appearing to be lucid".
- does not require that individuals try all effective treatments before receiving a lethal injection.
- permits people with chronic depression to die by lethal injection, even when they have rejected effective treatments.
- permits foreign tourists to die by lethal injection in Canada.

