

# The Rose



THE PROVINCIAL NEWSLETTER FOR ALBERTA PRO-LIFE ALLIANCE ASSOCIATION

SEPTEMBER 2007

## Statistics Canada confirms late-term abortions in Canada

By Joanne Byfield

In July Statistics Canada released national abortion figures for 2004. The numbers showed a very slight decline in the total number of procedures although the federal agency acknowledged that the reporting system only captures about 90% of the total. However, StatsCan also released a more detailed breakdown of the 2004 numbers following a request from Canadian Physicians for Life for information on gestational age. That report confirmed a fact most Canadians do not know: late-term abortions, including some after 33 weeks gestation, are performed in Canada.

In its general release on July 13 StatsCan noted a 2.9% decrease in

abortions in 2004 from 2003. There were 100,039 abortions reported in 2004.

In notes accompanying the report, the agency said abortions performed in Manitoba clinics were not reported, nor were abortions obtained by Canadian women in the U.S. In the provincial breakdown, StatsCan reported 11,098 abortions were performed in Alberta, a 2.6% increase over the 2003 number. (This number differs from the total 2004 abortions reported by Alberta Health and Wellness of 10,850. The difference may reflect different reporting periods—calendar year versus fiscal year.)

National reporting was hampered by a lack of detailed reports from both hospitals and clinics. About two-thirds of hospitals submitted information

on repeat abortions and gestational information. Among private abortion clinics, only those in Alberta submitted detailed reports. Alberta's two clinics performed 6,125 of the 43,369 abortions performed in private clinics in Canada.

The lack of detailed reporting by hospitals and clinics means that the Statistics Canada numbers for second and third trimester abortions represent a fraction of the total. In the report to Canadian Physicians for Life, Statistics Canada has information on gestational age for 36,874 abortions, only about one-third of the total. If that one-third paints an accurate reflection of all the abortions performed, we have a fairly high number of abortions that occur after the first trimester, information that most people in Canada have never heard.

Here's what the report shows: There were 31,994 first trimester abortions, or 87% of the 36,874 that included gestational age in their report. There were 4,479 abortions performed between 13 and 20 weeks gestation. The Canadian Medical Association considers 20 weeks to be the point of viability, that is, the point at which babies can survive outside the womb. After the 20 week period, there were 401 abortions, 366 between 21 and 24 weeks, 18 between 25 and 28 weeks, 12 between 29 and 32 weeks and 5 abortions reported at 33+ weeks.

Keep in mind, if this pattern applies to the over 60,000 abortions for which there is no gestational information, it means there were about 1,200 post-viability abortions in Canada in 2004, with more than 100 in the third trimester and 15 in the final six weeks of pregnancy.

It is true that every abortion, no matter at what stage it occurs, destroys a tiny human being. Each one also coarsens our society's view of human life and increases our tolerance for the brutality of abortion. Two decades ago, about 98% of abortions occurred in the first trimester, when women and men could be convinced the embryo was a "clump of cells." Now a growing number of women are choosing abortion when they can feel their baby move and they know with certainty that this is a tiny human being. Just as disturbing, there are doctors willing to take these lives.



## BABY

Baby, child,  
Gift of God,  
What is your fate?  
This world we  
Belong in  
Is about to  
Terminate  
Your life before  
You can  
Grace us by your  
Tender cry.

You began your journey  
Because someone  
Other than yourself  
Willed it so,  
Or carried out an act  
That made you  
Start upon your way.

The one from whom  
You should receive  
Your care says "Yes."  
And the man of medicine  
Begins his task  
And whoever you may  
Have grown to be,  
The chance shall not  
Be ours  
To witness,  
Whether great or small.

Not welcome,  
Little one,  
At least not here  
On planet Earth,  
But what is locked  
Within your soul  
May be nurtured  
Elsewhere,  
In this, God's  
Universe.

Forgive us, little one,  
We know not  
What we do.

Peter Campbell is a Canadian  
now living in London, England

### Induced abortions, 2004

#### Number of induced abortions by gestation range and type of facility

| Gestation range | Clinic        | Hospital      | Total          |
|-----------------|---------------|---------------|----------------|
| Under 9 weeks   | 2,896         | 11,106        | 14,002         |
| 9 to 12 weeks   | 2,220         | 15,772        | 17,992         |
| 13 to 16 weeks  | 698           | 2,427         | 3,125          |
| 17 to 20 weeks  | 296           | 1,058         | 1,354          |
| 21 to 24 weeks  | 7             | 359           | 366            |
| 25 to 28 weeks  | 0             | 18            | 18             |
| 29 to 32 weeks  | 0             | 12            | 12             |
| 33+ weeks       | 0             | 5             | 5              |
| Unknown         | 40,252        | 22,913        | 63,165         |
| <b>TOTAL</b>    | <b>46,369</b> | <b>53,670</b> | <b>100,039</b> |

#### NOTES

1. Induced abortions performed in Canada on Canadian residents.

2. Note the large number of induced abortions with an unknown gestation range.

Data source: Therapeutic Abortion Survey, Canadian Institute for Health Information, Custom table produced by: Health Statistics Division, Statistics Canada – July 2007.



Ken Epp, MP

Edmonton – Sherwood Park

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## What is Alberta Pro-Life?

Alberta Pro-Life represents the pro-life position at the provincial level. We inform citizens, lobby politicians and work with local and national groups to effect change in our society.

Our members include individuals who have joined Alberta Pro-Life and local groups throughout the province who are either affiliates or amalgamated with us.

If you wish to become a member or would like more information about our activities, call our office at: Phone (780) 421-7747 Fax (780) 421-7749 or toll free at: 1-877-880-5433 e-mail: [apl@albertaprolife.com](mailto:apl@albertaprolife.com) Website: [www.albertaprolife.com](http://www.albertaprolife.com)

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## Welcome Amanda



Alberta Pro-Life is pleased to announce that Amanda Phillips has been hired as Office Assistant and will be working part-time in our Edmonton office.

Amanda has been involved in pro-life work for quite a while despite her youthful appearance (and age.) She was very active in Rock for Life in Edmonton and volunteered earlier this year and last with the Back Porch ministry in Edmonton. She recently returned from Wellington, New Zealand where she spent 5 months at the International Catholic Program of Evangelization School of Missions learning about the faith and evangelizing in schools, prisons, to street people, businesses and wherever the opportunity arose. "I've wanted to work for the pro-life cause almost my whole life," she says. "I am dedicated to helping fight the fight against the injustices directed towards the unborn, their mothers and fathers, and to be a voice for those who do not have one."

Amanda can be reached at [apl@telus.net](mailto:apl@telus.net) or by phone at 780-421-7747.

## the Back Porch NEEDS YOU!

The Back Porch is an outreach ministry to women and men who are reconsidering their decision to have an abortion. We are located across from the Morgentaler Clinic in Edmonton. The Back Porch is operated by A.L.I.E.S. (Alberta Life Issues Educational Society), a registered charity. Here's how you can help us.

**SPEAKING ENGAGEMENTS:** Help get the word out about the Back Porch! We need your help to get us into churches, prayer groups, Christian conferences/functions, schools, etc. so that we can get the message out, recruit volunteers and request donations!

**VOLUNTEERS:** We need volunteers who can listen and refer women for help. We have 2 shifts a day, 5 days a week. Training is provided.

**DONATIONS:** We have one part-time employee, rent, utilities and materials for our ministry. One-time or regular monthly donations are greatly appreciated and wisely used.

Visit the Back Porch, see what we do and read excerpts from our Volunteer Journal.

If you are interested in helping The Back Porch in these areas, please contact Amanda. (Ph) 421-9941 (Fax) 421-7749 (E) [alies@telus.net](mailto:alies@telus.net)

Visit our website at [www.alies.ca](http://www.alies.ca).

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## Ethical infant vaccines this fall

Since last fall pro-life Canadians have been waiting to hear if our provincial health departments will be supplying ethical alternatives to infant vaccines produced from cell lines of aborted fetuses. Initially, an official from Alberta Health and Wellness, in response to a request from Canadian Physicians for Life, said that the vaccine, Pediacel, would be available in Alberta in March 2007. Health officials later retracted that apparently because negotiations with the drug manufacturer had not been completed.


Pediacel is an alternative to Pentacel, a vaccine which protects against diphtheria, pertussis, polio, tetanus and Haemophilus B. Pentacel was created using fetal cell lines. You can learn more about infant vaccines and the use of aborted fetal cell lines at [www.lifecanada.org](http://www.lifecanada.org).

Alberta Pro-Life received a response in August from the Disease Control and Prevention Branch of Alberta Health and Wellness about the availability of Pediacel, which was not produced from aborted fetal cell lines. "We should be receiving Pediacel in Oct 07 and begin offering that product to infants which will be publicly funded." So, if you take your infant to the local health unit for immunizations this fall, your child should be receiving Pediacel as one of the vaccines.

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## LIFE CHAINS

*The first Life Chain was held in 1987 in California. It has since spread to hundreds of communities in the United States and Canada. The website [lifechain.net](http://lifechain.net) explains: "Life Chain is a peaceful and prayerful public witness of pro-life people standing for one hour praying for our nation and for an end to abortion. It is a visual statement of solidarity by the Christian community that abortion kills children and that the church supports the sanctity of life from the moment of conception."*

Here is a list of the Life Chains happening in Alberta. Life Chain occurs on the first Sunday of October. Because that Sunday falls on Thanksgiving weekend this year, some communities have moved their Life Chain to Sunday, September 30. Please check this list carefully for the correct date and try to attend one of the events nearest to you.

Barrhead will hold its second-ever Life Chain on Saturday, September 29, from noon to 1 p.m. at the corner of 49th Street and 53rd Avenue, i.e. the lights by the Ford dealership/Prairie Chef restaurant.

Calgary Life Chain will be Thanksgiving Sunday, Oct 7th, from 2:30 to 3:30 centered at the intersection of Heritage and Macleod Trails. We are registered with the Life Chain Website. Contact John Harder at 246-8848 for more info.

Drayton Valley Respect for Life will hold our Life Chain on Sept. 30 at 2 pm. We meet at the corner of 50th St and 50th Ave. in the Eldorado School parking lot. Meet at 1:45. Contact Lisa Smith, 780-542-7546, for more information.

Edmonton Prolife will hold the annual Life Chain on Sunday, Sept. 30 from 2:30 to 3:30 pm at a new location. It will begin at the intersection of 104 Ave and 109 St. (near the downtown campus of Grant McEwan College) and we hope to have a crowd large enough to go to the Morgentaler Clinic on 124 St. Contact Karen at 425-1637 for more information.

Fort McMurray will hold a Life Chain on Sunday, September 30 from 2 to 3 pm. Please call Jessie at 780-791-0306 for location.

Lakeland Pro-Life will hold our Tenth Annual Life Chain demonstration in the Joe Heffner Memorial Park at the southwest corner of 50th Avenue and Highway 28, on Sunday October 7 from 2 pm to 3 pm. In addition, as part of the ASLAN Pro-Life Youth conference on September 29, we will involve the youth in a prayerful, peaceful, safe and adult-supervised Life Chain in the Joe Heffner Memorial Park and extending towards the front of Assumption Jr./Sr. High School. For more information on either event, call Remi at 780-639-3601 or Maureen at 780 639-0311.

Lethbridge and District Pro-Life will hold its Life Chain on Sunday, October 7 from 2 to 3 pm along Mayor Magrath Drive South. Immediately following the Life Chain, we will be hosting a Memorial Service at the

Monument for the Unborn & Born in the Mountain View Cemetery, Lethbridge.

Mayerthorpe will hold its Life Chain on Sunday, October 7, at the corner of Highway 43 and Main St. from 2 to 3 pm. Call Ann Walsh at 780-786-4926 for more information.

Medicine Hat Pro-Life will hold its Life Chain on Sunday, Sept.30 in front of the Health Unit from 2-3 pm. For more information call 403-527-7434.

Red Deer Pro-Life will hold its Life Chain on Sunday, October 7th, from 2 to 3 pm at Heritage Ranch Approach on QE II. The Knights of Columbus will hold a Memorial Service for the unborn at Alto Reste Cemetery at 1 pm. Call 403-340-2229 for more information.

Taber Pro-Life is holding our Life Chain on Sunday, September 30. This is the first time it will be on a Sunday. The Chain starts at the Civic Center just north of Safeway at 2:00. Contact Marian Tamminga for more information at 403-223-8625.

Westlock will hold its Life Chain on Sunday, September 30 from 2 to 3 pm. Please meet at the parking lot of the Westlock Inn. Signs will be provided. For further information phone Toni Seguin at 349-5398.

Whitecourt will hold its Life Chain on September 30 from 2 to 3 pm. Please meet at Hwy. 43 and Dahl Dr. in front of the Boston Pizza. For more information contact Rachel Gordon at 780-648-2199.

### "Purity & Chastity"

#### Josh Nugent

*Completing his Masters at the University of Calgary, and the past campus pro-life president, he coaches basketball at St. Mary's College.*

### "Defending the Pro-Life Position"

#### Stephanie Gray

*Seasoned pro-life speaker who has successfully debated well-known abortion advocates. Many have credited her captivating and inspiring presentation with changing their minds on abortion.*

### "Flings, Crushes & Romance"

#### Beverly Hadland-Turner

*Author of the national bestseller "Hang on to your Hormones. Founded "Straight Talk" to promote chastity as a positive alternative to the prevailing sex related problems among our youth.*

## ASLAN Pro-Life Youth Conference 2007

### "Life, Sexuality and True Love"

Saturday September 29, Assumption School, Cold Lake, AB,  
8:30 am to 4:30 pm, Cost \$10.00/person before Sept. 15.

Lakeland Pro-Life Email: [jar.lir@telus.net](mailto:jar.lir@telus.net)

**FOR MORE  
INFORMATION,  
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**Maureen Thurrott at (780) 659-0511  
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# The debate over graphic images

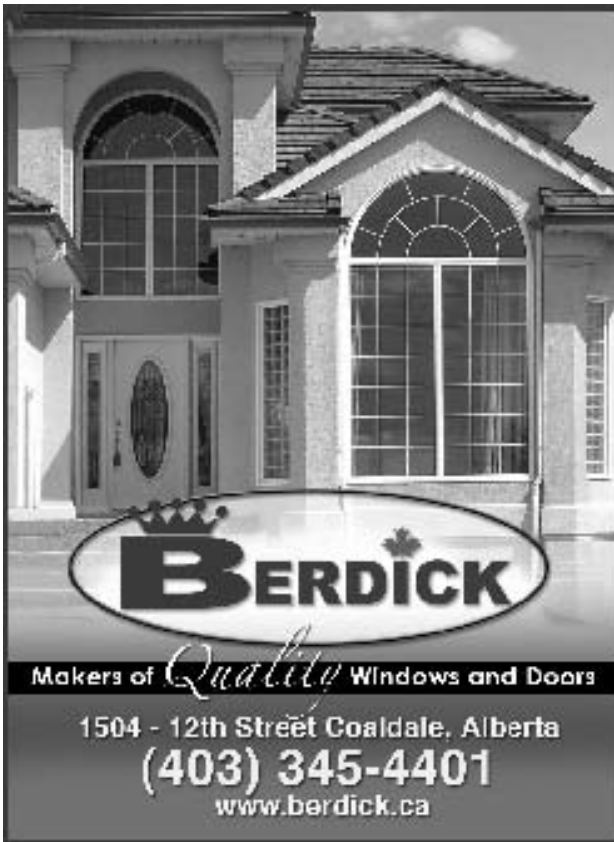
## CCBR truck campaign continues

By Mark Isinger

*Editor's Note: In August the Calgary-based Canadian Centre for Bioethical Reform (CCBR) launched its Reproductive Choice Campaign in which a large box-truck with billboard-sized photos of aborted babies drives through the streets of Calgary. The first few days of the campaign elicited limited media coverage but on Saturday, August 11, both the **Calgary Herald** and the **National Post** featured articles on the controversial campaign. In the **Herald**, columnist Nigel Hannaford wrote admiringly of CCBR's executive director Stephanie Gray for her courage and her "intellectual clarity." You can learn more about CCBR and the truck campaign at [www.unmaskingchoice.ca](http://www.unmaskingchoice.ca).*

Photos of aborted babies are always controversial both inside and outside the pro-life movement. The debate flared up earlier this year when Calgary Roman Catholic Bishop Fred Henry publicly denounced the Genocide Awareness Project (GAP), a university photomural exhibit displaying various term abortions and comparing them to other historical atrocities. Most recently, Calgarians have been witnessing the Reproductive Choice Campaign (RCC)—a white box truck with billboard-sized photos of aborted fetuses plastered to the sides—winding its way through morning rush hour traffic. The RCC has also been condemned by Bishop Henry. It is mystifying to many pro-lifers caught between a seemingly effective pro-life tool and a well respected pro-life religious leader.

There are compelling arguments on both sides. Opponents, like Bishop Henry, express three major objections: first, that pictures of aborted children violate their dignity as human persons; second, that many people, especially children, will be forced to look at these photos against their will and be angry at all pro-lifers; and third, post-abortive women will be traumatized and possibly driven to suicide.



Bishop Henry said in his letter to Stephanie Gray, executive director of the Canadian Center for Bio-Ethical Reform (CCBR), the organization behind the GAP and RCC projects, "GAP, in its usage of pictures of aborted children violates their human dignity, denies human remains the respect that inherently must be accorded them and reduces them to things, albeit, for an arguably good reason. The end, however, does not justify the means." In response, Calgary Herald columnist Nigel Hannaford wrote, "With the greatest of respect to Henry, with whom I disagree but whose integrity I would never question, the violation was done by a doctor in the clinic where the baby died, not by the people showing the dismembered limb as a protest. One might as well say pictures of Holocaust victims dishonoured them: No, it was their persecutors who were dishonoured."

Bishop Henry's objection is expressed in the Catechism of the Catholic Church: "The bodies of the dead must be treated with respect and charity, in faith and hope of the Resurrection. The burial of the dead is a corporal work of mercy; it honours the children of God, who are temples of the Holy Spirit." (CCC, art. 2300)

Graphic imagery can be abusive if used disrespectfully or unkindly. However, the CCBR in my experience has always been both respectful and charitable in discussions about the displays. They do not engage in harassment or accusations. One may not agree with the approach, but that does not make this method intrinsically undignified, disrespectful or evil. Restating Nigel Hannaford, the evil is not in displaying the photos, but rather in the act of abortion they expose. Therefore, the means—exposure of the cruel indignity of abortion itself—is justified.

The second objection, forcing people to see the images, is the one most commonly expressed. Indeed, the RCC truck driving through the city is shocking to unsuspecting drivers. The university GAP displays include large signs warning passersby about what they are about to see. Not so the trucks. Why does Stephanie Gray, who Nigel Hannaford describes as "a decent, gentle woman," engage in such barbaric tactics?

The object is to open a discussion about the reality of abortion. Stephanie Gray has intellectual clarity about her cause. She quotes one of her movement's leaders "Injustice that is invisible becomes tolerable; injustice that is visible, inevitably becomes intolerable." She is neither abusive in her remarks about abortion providers, nor condescending to women who have visited them.

There are children who see the images and that's unfortunate but as Ms. Gray told a newspaper, "A

parent's reaction determines a child's. An angry parent will have an upset child, calm begets calm. Seize it as a teaching opportunity. We're not targeting kids, we don't go to schools; but as it's impossible to reach adults where there are no children, we have no other outlet." Indeed, it is difficult not to ask the question, "What is objectively more offensive for a child: to see these horrible images, or to grow up in a society that embraces the horrible truth that these images represent?"

The last objection is an emotional one: post-abortive women will be driven to despair and even suicide if they witness these images. I have one question: Why? The images used in the RCC do not state that abortion is wrong. There is a photo of an aborted fetus with the word "Choice" emblazoned at the top. If it isn't even human, then this is simply akin to displaying a bloody tumor or other surgical removal on a billboard. That would be gross, but would not drive anyone to suicide. We see such images on cigarette packs every day. The truth is, the photos prove the humanity of the unborn child. Pro-abortion advocate Naomi Wolf accurately writes, "To insist that the truth is in poor taste is the height of hypocrisy."

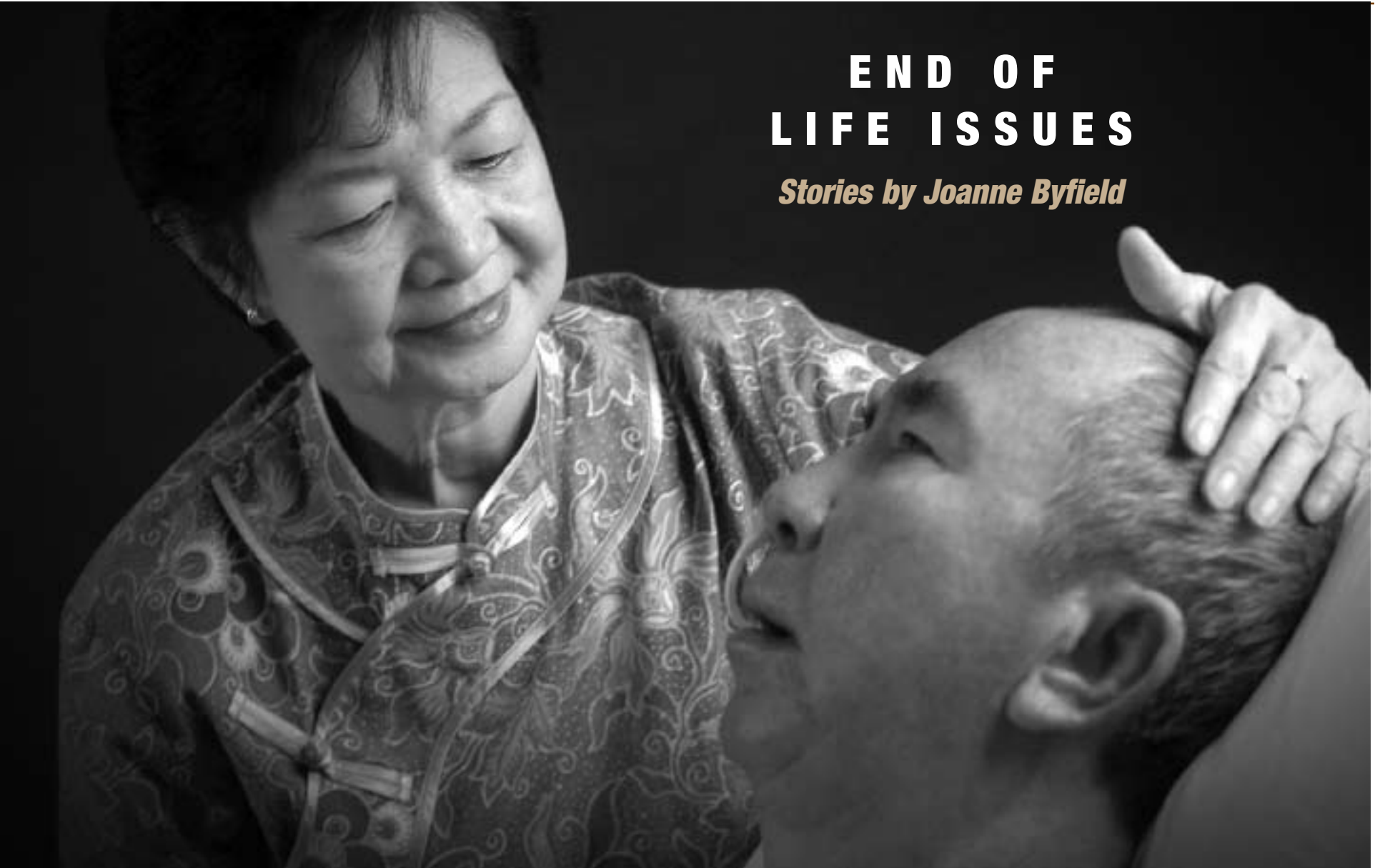
This truth can be devastating for a post-abortive woman who has been in denial. Living on in denial can be just as debilitating. The passion narratives in the Bible provide clarity on this issue. Peter and Judas both sinned horribly, and experienced great anguish as a result. Peter chose forgiveness and reconciliation, and became the head of the church. Judas, trapped in his own pride, chose despair and suicide, despite the fact that forgiveness was available to him! Similarly, the two thieves crucified with Christ took different paths. One recognized Christ as an avenue of redemption, and took Christ up on his offer. The other refused to recognize this, and chose otherwise. The choice was always theirs.

Regarding graphic imagery, radical feminist Gloria Steinem has written, "To insist that women cannot handle the truth of what they are choosing is a view unworthy of feminism." How women react to this truth is their choice. They can grieve and seek forgiveness, counseling and healing. Or they can deny the truth and rage against it. It doesn't matter what your worldview is: If you believe in a God, chances are you would rather be reconciled during your lifetime than afterwards; if you are an atheist, better to be reconciled in the only life that you have.

Mark Isinger supports and has participated in campus GAP displays. He lives in Sherwood Park.

## END OF LIFE ISSUES

Stories by Joanne Byfield



*Last May a conference sponsored by the Caritas Health Group and organized by Dr. Fawzy Morcos was held in Edmonton. It included speakers from a wide range of fields—doctors, nurses, a philosopher, a judge, a historian, clergy, a politician—all contributed their perspectives on various end of life issues, including the disturbing trend in favour of euthanasia. The conference was open to the public but also provided medical professionals with an accredited medical course. Its objective, according to the pamphlet brochure, was to provide awareness and caution re: the slippery slope; to provide life-affirming alternatives from hospice to palliative care to family support; to discuss caring, healing, compassion and hope; to re-affirm the Hippocratic tradition of healing and "do no harm."*

*In this section, we will recap some of the ideas and information presented at that conference.*

## On Death and Dying

Donna Wilson a professor with the University of Alberta's Faculty of Nursing shared some information and statistics on death and dying. She pointed out that since the very high profile case of Sue Rodriguez, a B.C. woman with Lou Gehrig's disease who tried to win the legal right to kill herself, there has been a great deal of research and study on end of life issues. Mrs. Rodriguez took her challenge to the Supreme Court of Canada in 1993 but lost. The court upheld the criminal prohibition on assisted suicide. Six months later, Sue Rodriguez died with the help of a doctor. No one was ever charged in her death. A Senate sub-committee chaired by Senator Sharon Carstairs studied death and dying.

Among the statistics and facts Prof. Wilson shared were:

- Life expectancy is 76 years for men and 82 for women
- 25% of deaths are sudden and the other 75% are not a surprise
- 80% to 90% of people are walking around until the last 1 to 3 days before they die
- 10 to 20 years ago most deaths occurred in hospitals; now only 45% occur in hospitals; 10% occur in emergency departments, 25% are in private residences and 5% are in nursing homes

- in 2000 there were 220,000 deaths in Canada; 2% occurred between birth and age 22; 12% were among those 90+ years old
- only 3% - 4% of people who die in hospital receive CPR
- 50% of those who die have a will
- The number of deaths in Canada will double in the next 10 years with disturbing effects on waiting lists in our hospitals; deaths will double again 10 years later

Euthanasia and assisted suicide are legal in some jurisdictions, notably Holland, Belgium, Switzerland and the state of Oregon. Both are illegal in Canada but, as Prof. Wilson pointed out, it does happen and is usually ignored. No one is ever convicted of the crime. Those who participate in assisted suicide are usually from one of three groups: doctors, nurses or family members of the victim. The most common methods to commit or assist in suicide are potassium, curare, barbituates or asphyxia. In roughly 7% of cases studied the death took too long and a second attempt was needed.

The most common reasons cited for seeking euthanasia or assisted suicide are long and progressive

illness, fear of being a burden to others or pain and suffering. Various surveys in Canada have shown that between 40% and 80% of doctors in this country do not support physician assisted suicide.



Special Report

# The new duty to die



Wesley Smith

*The subject of euthanasia is a grey area for many people. They are not comfortable with the idea of killing but they see euthanasia as a response to extreme suffering at the very end of life. It is sold by its proponents as a compassionate response and an aid to loved ones.*

Wesley J. Smith spends much of his time warning against this idea. The California-

based lawyer is an attorney for the International Task Force on Euthanasia and Assisted Suicide and author of "Forced Exit: The Slippery Slope from Assisted Suicide to Legalized Murder." His book, published ten years ago, correctly identified where the euthanasia movement would take society. The "death with dignity" notion is based on two concepts: first, on radical individualism, the idea that one has complete control of his own body and can choose to do whatever he wishes with it. Secondly, killing is seen as an acceptable end to suffering. Suffering is not necessarily related to a terminal condition but has been defined to include physical, mental or emotional suffering.

Smith points to Holland and Switzerland which permit euthanasia for emotional illness. He describes this as a "profound form of abandonment." Instead of counseling and supporting individuals through their problems, medical professionals help them kill themselves. He sees a shift away from the role of mental health professionals in such situations to help patients heal to one of helping them through the process to ensure they make a "rational" decision. Their job becomes one of "validating" the decision made by the patient.

Dutch doctors, he says, now kill the elderly, the depressed and those who are grieving. He cited the case of a Dutch psychiatrist whose female patient was grieving the death of her children. She wanted to die and be buried with them. After five weeks of "treating" her, he assisted her suicide. In another case, a woman in remission from anorexia wanted to die to avoid a relapse into the disease. It may not sound "rational" to most people but it did to her Dutch doctor who assisted her suicide.

He cites disturbing statistics on euthanasia in pediatric wards in Holland, where 8% of infant deaths, 80 to 90 babies a year, are killed by doctors. This is legal infanticide.

Smith argues that such widespread acceptance of euthanasia and assisted suicide coupled with the documented abuses in jurisdictions where the practice is legal and supposedly regulated, changes societal norms. What is now considered an option for patients and doctors very quickly becomes duty. He points out that proposed legislation in California to legalize assisted suicide would require Catholic nursing homes to allow euthanasia on their premises in direct violation of

Catholic teaching and practice. Doctors, too, could be forced to refer patients if they have moral objections to killing patients.

This "forced" element is not restricted to institutions and health professionals. Smith cites examples of elderly or chronically ill people who feel they are a burden on their families and have a "duty" to end their lives. These sentiments can be encouraged by physicians or nursing home staff and even family members, eager to shed the burden of caring for the individual or to inherit wealth.

Many proponents of the "death with dignity" movement point to Oregon which legalized assisted suicide in 1994 in a bill called the "Death with Dignity Act." Smith dismisses their arguments that there has

## The law in Canada

*Euthanasia and assisted suicide are not legal in Canada. There are two relevant sections of the Criminal Code which deal with these issues:*

**Section 14:** No person is entitled to consent to have death inflicted on him, and such consent does not affect the criminal responsibility of any person by whom death may be inflicted on the person by whom consent is given.

**Section 241:** Every one who (a) counsels a person to commit suicide, or (b) aids or abets a person to commit suicide, whether suicide ensues or not, is guilty of an indictable offence and liable to imprisonment for a term not exceeding fourteen years.

Judge Darrell Riemer of the Provincial Court of Alberta addressed the conference on issue of whether there is a constitutional right to euthanasia. His answer? "No, but..." Judge Riemer outlined the Criminal Code provisions which clearly prohibit the practice but pointed to the Charter of Rights and Freedoms. Sue Rodriguez, a B.C. woman who unsuccessfully challenged the prohibition on assisted suicide in 1993, relied on three sections of the Charter in her case before the Supreme Court of Canada. These are section 7, the right to life, liberty and the security of the person; section 12 which states "Everyone has the right not to be subjected to any cruel and unusual treatment or punishment"; and section 15, the equality section which states, "(1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability." Ms. Rodriguez was in the early stages of Lou Gehrig's disease and feared that she would be unable to kill herself as the disease progressed and wanted the right to have someone else kill her. Judge Riemer pointed out that the Supreme Court upheld the prohibition on a 5-4

not been a flood of doctor-assisted suicides there. "How do we know what happening in Oregon?" he asks. The state relies on physicians' self-reporting of incidents and requests for lethal prescriptions. There is no independent oversight by health authorities and based on the actual records we know that violations of the regulations have occurred. One person obtained a prescription for a lethal drug and did not use it for two years. Under the regulations, such prescriptions can only be given if the person will die within six months.

The shift to euthanasia and assisted suicide leads to less emphasis on healing, suicide prevention and counseling for those who are depressed and palliative and hospice care for the sick and dying.

vote, with Justice John Sopinka, now deceased, writing the majority opinion. (Six months after the court decision, Sue Rodriguez was killed by an unidentified doctor. No one has ever been charged in her death even though a sitting MP at the time, Svend Robinson, witnessed her killing.)

Justice Riemer warned that it is not clear where the current court would go if a similar case were brought today. Public opinion is shifting away from the belief that all human beings have inherent dignity because they are created by God. Human dignity based on autonomy, the ascendant philosophy, leaves little basis, he says, for protecting life. Nor does the restriction end with those who are disabled or dying. Justice Riemer pointed out that we all live with certain constraints and a subjective view of what constitutes dignity or quality of life threatens everyone. He also expressed concern that courts might increasingly see pain and suffering as an affront to human dignity.

Jason Kenney, Secretary of State for Multiculturalism and Canadian Identity, spoke at the conference on the role of the parliamentarian in the euthanasia debate. He too outlined the Criminal Code provisions against assisted suicide and/or euthanasia. He noted that since 1991, there have been many attempts to amend the law to allow euthanasia and assisted suicide (see list on page 7). To date, all have failed.

Mr. Kenney, MP for Calgary Southeast, said the government is not interested in changing the law but said Bloc MP Francine Lalonde, who introduced the Right to Die with Dignity bill in 2005, has said she will bring it forward again. He urged those who would oppose such a bill to mobilize support in favour of the existing prohibition.

## Special Report



# The good news



Dr. Rutledge-Harding

*The Euthanasia and End of Life Issues conference was encouraging and uplifting due to the presence of health care professionals who spoke about their life-affirming work in hospice and palliative care, pediatric intensive care, and critical care medicine.*

Dr. Sheila Rutledge-Harding, a hematologist

and associate dean of medicine at University of Saskatchewan, outlined the Christian presuppositions that guide members of the Christian Medical and Dental Society (CMDS) of which she is one. She noted that everyone comes with beliefs, be they Christian or not, and none are provable or more rational than another. The CDMS guiding principles are: all people are created by God; we are responsible to God for our actions; the time and giving of life is God's; death is not the end; suffering should evoke compassionate care.

She spoke about the euphemisms, false dichotomies and myths used by the pro-euthanasia crowd. They use terms like "death with dignity" and "compassionate care" when they are really talking about killing people. The debate over euthanasia should not focus on extreme cases, people who die long and excruciating deaths. That is not the norm. The use of potassium to end life provides no comfort, no sedation and no pain relief, she said. How can it be considered compassionate?

The Hippocratic Oath is clear on this issue. It obliges doctors to commit to doing no harm and never to administer a drug or substance to kill someone. Similarly it is unethical to withhold treatment simply to cause death. She upheld the hospice movement as a reflection of Christian principles.

## Palliative and hospice care

There can be confusion among the general population about the difference between palliative care and hospice care. Hospices provide support for a gentle death. This is not medical care, but social and spiritual care. Palliative care is medical and hospital support after treatment has been withdrawn.

Marion Boyd is the director of Pilgrim's Hospice in Edmonton. Hospice is a return to the idea that death is a significant event but a normal and natural process. The hospice helps people through the process but does not hasten it. It is a reaction to the medicalization of death and as more people choose to remain at home and die at home, hospice offers much needed assistance.

Pilgrims Hospice offers a place for patients to come for companionship, recreational activities, physical comfort and assistance, spiritual guidance and support, grief counseling and other activities. Patients often need a break from their caregivers as much as the caregivers need a break. There is also counseling and support for children and teens.

Marion Boyd says hospice care is about "living, not dying. It's about living and loving them, raising their spirits and giving them social and comfort care."

She warned doctors and other health care professionals that if euthanasia is legalized, they will be required to participate and she expressed concerns that in some jurisdictions, palliative care doctors were beginning to move towards euthanasia. (Some nursing homes have close relationships with death with dignity groups that exist across the country.)

She dismissed as myth the argument that euthanasia is needed because patients must be allowed to refuse treatment or intervention. That is already allowed, she said. "The telos (the end or purpose) of medicine is the provision of right and good healing acts," she said, quoting medical ethicist, Edward Pellegrino.

Another myth is that euthanasia is acceptable because patient autonomy means doctors should do whatever patients ask. That does not produce good medicine. Patients can be depressed, exhausted, overcome with hopelessness.

Another common argument is that people from different cultures have different views, beliefs or laws. Dr. Rutledge-Harding challenged the notion that all cultures and beliefs are equally valid. "What about cultures that treat boys and kill girls?" she asked. There are actions which are evil. She also dismissed the claim that if euthanasia were legal, there would be guidelines to ensure protocols were followed. She pointed to the Netherlands where statistics prove that between 500 and 1,000 people a year are euthanized involuntarily.

Finally she urged doctors to prepare for the battle. Commit to being a Hippocratic practitioner (a group which follows the Hippocratic Oath that most doctors no longer swear when they graduate). Get involved in setting standards and prepare to leave the profession if your conscience demands it.

She urged others to support Hippocratic doctors. "Encourage and defend them," she said. Also, get politically engaged to ensure that Canadian laws prohibiting these practices do not change.

## Euthanasia and Assisted Suicide in Canada – Past Legislation

**Bill C-203, 16 May 1991 and Bill C-351, by Robert Wenman, March 1991. Acts to amend the Criminal Code for terminally ill persons were designed to protect medical practitioners from possible criminal liability in participating in euthanasia. Bill defeated.**

**Bill C-261, by Chris Axworthy, 19 June 1991. Axworthy's bill incorporated most of Wenman's passive euthanasia but extended its scope to provide for active euthanasia. Bill met early demise.**

**Private Member's Bill introduced by Svend Robinson to legalize physician-assisted suicide in December 1992**

**March 1993, House of Commons defeated a motion by Ian Waddell, calling upon government to consider the advisability of introducing legislation on euthanasia**

**Motion, M-123, Svend Robinson, 4 November 1997. Called for special committee to be appointed to review Criminal Code provisions dealing with euthanasia. Rejected by considerable margin.**

**Bill C-407, Francine Lalonde, 5 June 2005. Act to amend the Criminal Code to establish certain criteria for limiting criminal liability involving assisting in euthanasia. Not voted on due to dissolution of Parliament.**

**Ms. Lalonde stated she will reintroduce the bill in the 39th Parliament.**

## Special Report



# The front lines



Dr. Daniel Garros

Dr. Daniel Garros works in the pediatric intensive care unit (PICU) at Edmonton's University of Alberta Hospital. Intensive care units scare people, he says. They think that most people who go into the ICU die there. He says most people survive

their trip to the ICU but it is the others who present challenges for the medical personnel and the patient's family members. In 2006 there were 750 admissions to his pediatric ICU and 20 deaths.

Dr. Garros emphasized the importance of family in pediatric care. He and his team do all they can to include parents in all the decisions. They receive honest and complete information on their child, emotional support and as much as possible the doctors and nurses try to preserve the parent-child relationship. For the medical professionals on his team, the patients become like family to them.

Almost 80% of the deaths in the PICU in 2006 were due to the foregoing of life sustaining treatment. He hastened to add that that didn't mean doctors were giving up on patients. In almost a quarter of the cases, families raise the issue of limited treatment. In general, he said, about half of doctors hear requests for euthanasia. About 30% of patients do not want to make that decision.

He also emphasized the importance of faith to families going through this situation with a child.

Dr. Chris Doig is also an ICU doctor. He is an Associate Professor of Critical Care Medicine at University of Calgary and also works in Medical Bioethics. Dr. Doig made headlines last year when he resigned as co-chair of the Canadian Council for Donation and Transplantation. He objected to the group's proposal to change the definition of death to allow for organ donations after cardiac death.

In his role as an ICU doctor, he deals often with end of life issues. The mortality rate in ICU is one in five overall although in Alberta he says it is probably one in six. Most of the hospital deaths occur in ICU, he said.

That puts ICU front and centre in the organ donor business. Patients seeking organs for transplant far outnumber organs available. In recent years, there has

been much emphasis on encouraging people to sign donor cards and to donate organs and tissue when a loved one dies. In Canada, the rate of organ donation from living donors was 15.6 per million population in 2005 and 12.5 per million from deceased donors. 275 people died in 2005 waiting for transplants. Each donor is the source of an average of 3.8 organs. That same year close to 4,000 Canadians were waiting for an organ transplant.

The growing waiting list has led some transplant specialists to propose a more aggressive push for organs. In some cases they recommend a "trained requester", who gets to know the family and ask for donations. More disturbing in Dr. Doig's view, is the push for a new definition of death.

Since 1968 the medical community has defined death as the complete cessation of brain activity—brain

death. "We have clear clinical criteria for determining brain death," he says. The criteria for Cardio-Pulmonary Death (CPD) are not so clear. Dr. Doig says some say after the heart has stopped for 10 minutes, the patient can be declared dead. Others would put the time at five minutes. He has heard suggestions for "harvesting" after 30 second or 75 seconds. Organs deteriorate rapidly after the heart stops beating and blood ceases to circulate. His concern is that patients will be considered donors before they die. He describes a ghoulish image of doctors waiting outside the operating room waiting for the heart to stop so they can "harvest" the organs.

Dr. Doig says patients must trust their physicians. This is even more critical in the ICU where patients are critically ill and often die. They need to trust that the treatment is not affected by the possibility that their organs can be donated.

## Special Report



By Jennifer Roback-Morse

This article originally appeared on Monday, April 16, 2007 at [www.jennifer-roback-morse.com](http://www.jennifer-roback-morse.com) and is reprinted with permission from the author.

In March, I had two major speaking engagements, which together showed me the real condition of the women's movement. At the University of Virginia, I debated the state of Women's Studies programs. In Harrisburg, PA, I presented The Smart Sex Workshop to a statewide network of crisis pregnancy center counselors. These contrasting audiences revealed this surprising truth. The self-styled women's advocates housed in Women's Studies are now the Establishment. The new underground, counter-cultural radicals, the really committed advocates for women, are the women of the Pro-Life movement.

At the University of Virginia, I had the curious experience of attacking feminism against opponents who neither defined nor defended feminism. They were not prepared for a serious discussion. The student feminists identified themselves by wearing little pink stickers saying, "This is what a feminist looks like." There were probably 30 self-tagged feminists. Because there was solid phalanx of them, I expected confrontation, or at least some energy. But no. They asked a few lame, almost rote, questions. They had no urgency, no passion, no fire in the belly. They are used to getting what they want without significant opposition. After all, no right-thinking person disagrees with the basic tenants of feminism: 1. Women and men are the same except women are better. 2. Women have been systematically oppressed. 3. Women's Studies compensates for these innumerable and obvious injustices.

Yawn.

Two weeks later, I addressed the Real Alternatives training conference, an audience of abstinence educators and crisis pregnancy counselor from across Pennsylvania. I looked out into the audience of about 100 and saw five men. In an instant, it became real to me that the Pro-life Movement is the New Women's Movement. These are the women out in the community, talking to other women about their hopes and fears for their unborn children. Pro-life women actually walk that nine month walk from conception to birth, with mothers who want to care for their children, but who aren't sure they can.

Abortion advocates never admit that women in crisis face an extremely lopsided "choice." A woman can end her pregnancy at any time. The abortion clinic provides her with an immediate solution to her "problem." She can walk in pregnant, and walk out not pregnant. Abortion counselors, assuming there are any, have no particular incentive to provide for her longer term needs, or to get to know her and her problems.

By contrast, the decision to carry a child to term has to be renewed on a daily basis. Throughout the pregnancy, the mother may have moments of fear or fatigue or indecision. Her boyfriend or her mother may be working on her to abort. If her conviction wavers, for even a single afternoon, she can get an abortion. Her child will be gone forever.

That is why workers in a crisis pregnancy center must have a whole different level of commitment than those in an abortion clinic. Pro-life counselors know perfectly well the client has a "choice," other than returning to their center, so they have to make their services appealing. Pro-life counselors get to know the woman, her life, her problems, sometimes even her boyfriend or her mother. They help clients with housing,

# The New Underground Women's Movement

medical care, jobs, transportation and child care. The Real Alternatives program in Pennsylvania for instance, has a mandate to assist the woman for a year after her baby is born.

The modern feminist movement is a Marxist knock-off, committed to transforming class warfare into gender warfare. Under the guise of equalizing income for men and women, the feminist movement made in-roads into the power structures of America, inroads that would have been impossible any other way. Since babies account for so much of the gender difference in earnings, Girl Marxists need to neutralize the impact of babies: hence their commitment to all abortions, all the time.

The struggle feminism created is not now, nor has it ever been, solely between women and men. The struggle is between women who want their babies, and women who want something else more. The conflict is between women who value marriage, and Marxists who see marriage as another manifestation of class warfare.

Don't be fooled by the rhetoric of the Feminist Establishment. You'll never hear this from the Main Stream Media, but pro-life women are the real champions of the most vulnerable women's interests. The Pro-life Movement is the New Women's Movement.

Jennifer Roback-Morse, Ph.D., is the author of Smart Sex: Finding Life-long Love In A Hook-up World.

## Life Canada

LifeCanada has hired a new executive director, Gudrun Schultz. Gudrun has been writing for Lifesite News for the past year and we are delighted that she has joined us. We hope you have the chance to talk to her by phone or email over the next few months.

Gudrun has already been busy over the summer gearing up for our always busy fall. The third ABC billboard campaign will kick off in October with billboards and transit signs. We have had to change the graphics for the ads to remove the ribbon as the Breast Cancer Foundation has applied for trademark protection on the pink ribbon. We have been advised that even though our ribbon is not the same colour or shape as theirs, we don't really want to have to defend this in court. We hope this year's campaign will again attract media attention and hits to our website [www.AbortionBreastCancer.ca](http://www.AbortionBreastCancer.ca).

October is also the month in which our national poll is conducted with EnviroNics Research. Thanks to the support of our member groups, we will be adding a fifth question this year on the issue of legal protection for unborn victims of violence. We will still be including questions on legal protection for the unborn, informed consent, parental consent and de-insuring abortion. If you would like to see our past polls, go to [www.lifecanada.org](http://www.lifecanada.org).

Our new fee structure kicks in this month. All LifeCanada memberships will now be due in September and will run until August. The fee is now \$5 per member for each member of your pro-life group. If your pro-life group is a member of LifeCanada, please ensure that your fees are paid up before the national convention in October in Moncton, New Brunswick.

We will be holding our Annual General Meeting there on October 25 and each member group has a vote at the AGM. If no one from your group is attending the conference, you can arrange to have a proxy take your vote. The proxy can be anyone from another group or me, your Alberta director. If you would like me to take your proxy vote, you can contact me at 780-628-7177 or by email at [jbyfield@cruzinternet.com](mailto:jbyfield@cruzinternet.com). You must complete the proxy form sent out by LifeCanada and return it before the AGM. If your group is not a member, please consider joining.

We are also finishing up the ads and billboards for the January 2008 educational campaign to draw attention to the 30th anniversary of the 1988 Supreme Court decision which struck down the legal restrictions on abortion. We will be sending the groups samples of the billboards, transit ads and postcards that will be part of this campaign. We are also creating a website with information on legal abortion in Canada. We hope you will consider participating in this campaign. It is so important for all of us to get our message out to people across Canada who are not members of pro-life groups. Advertising and the internet are among the very few avenues we have to reach beyond the pro-life community to educate people about abortion.

Also, I hope to see many of you at the national convention in New Brunswick. In addition to great speakers and a good opportunity to network with like-minded people from all across the country, there will be a Lobster Cruise and lots of Acadian music and hospitality. To get more details and to download a registration form, go to [www.lifecanada.org](http://www.lifecanada.org).



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PROVIDING SUPPORT AND DIRECTION

# News from groups

CALGARY PRO-LIFE ASSOC.  
Ph: 403-243-0691  
pro\_life@telusplanet.net

**CAMROSE PRO-LIFE**  
Ph: 780-672-7110  
gailschulte@hotmail.com  
Camrose & District Pro-Life fall meeting will be held on Monday, October 1 at 7:00 pm at 58 Montcalm Avenue, Camrose. Call Gail at 672-2066 for more information. With your support, artist Helena Mulligan is completing the sculpture of a child within the hand of God. Many thanks to all who donated financially towards its purchase. Donations are still being gratefully accepted by Camrose & District Pro-Life, care of 150 Mount Pleasant Drive, Camrose T4V 3H3. We hope that St. Mary's Hospital will accept the sculpture in honour of the Sisters of Providence who founded the hospital and whose continuing mission is to care for life at all stages. We ask for your continued prayers.

**CHOOSE LIFE**  
ATHABASCA  
Ph: 780-675-4442  
hdleicht@x-wire.net

**C.H.I.L.D. (Citizen's Helping in Life's Defense)**  
Ph: 780-962-8108  
srossi053@yahoo.ca  
Our event with Stephanie Gray generated much interest in her work with GAP, and gave those in attendance the opportunity to defend the pro-life cause. We are looking to an exciting and busy year. We took the summer months off from meetings, but will resume again on the third Monday of each month,

beginning with Monday, September 17th, @ 7 p.m. If you are in the Tri Municipal area of Spruce Grove, Stony Plain, Parkland - why not join us one evening! For more information please contact Tracey @ 968-0574.

**DRAYTON VALLEY RESPECT FOR LIFE**  
Ph: 780-542-7546  
mlsmith2@telus.net  
We are holding our Life Chain on Sept. 30 at 2 PM. We meet at the corner of 50th St and 50th Ave, in the Eldorado School parking lot. Meet at 1:45. Contact Lisa Smith at 780- 542-7546 for more info.

**EDMONTON PROLIFE**  
Ph: 780-425-1637  
edmpl@interbaun.com  
www.edmontonprolife.org  
We will hold our Life Chain on Sunday, September 30 at a new location at the corner of 104th Ave and 109th St. (by the downtown campus of Grant McEwan College). We hope to have enough people to have the chain run west along 109th St. to 124th St. and then north on 124th St. to the Morgentaler Clinic at 109A Ave. Come yourself and bring a group to join you and commit to filling up a block, approximately 20 people. We need to fill about 22 city blocks to reach the clinic. Contact Karen at 425-1637 to register your group and you will be assigned your block and receive information on obtaining your signs. Consider encouraging your church, women's and men's groups, extended family, youth groups and other organizations to rally together to show

Edmontonians we are a community that values all life. If you are coming alone, signs will be available that day, at a yet to be determined location. For more information on how you can be involved, email to edmpl@interbaun.com.

**FORT McMURRAY PRO-LIFE**  
Ph: 780-791-0306  
Our bus bench ad was redone when the city replaced all the bench backs. It reads "Every life is Younique and worthy of respect." Our other ad is inside a bus shelter and reads "Take my hand not my life. Say no to abortion and euthanasia." This ad is co-sponsored by Fort McMurray Pro-Life and the Knights of Columbus. For details on Life Chain, see list on page 3.

**GRANDE PRAIRIE VOICE FOR LIFE**  
Ph: 780-538-3344  
vfl@telusplanet.net

**HIGH RIVER PRO-LIFE**  
Ph: 403-652-7975  
highriverprolife@shaw.ca

**LAKELAND PRO-LIFE**  
Ph: 780-639-3601  
rlirette@telusplanet.net  
Lakeland Pro-Life members are preparing to host the A.S.L.A.N. Youth Conference. We hope to see many young people for a day of fun and learning how to be truly pro-life and influence others to be pro-life and to live a pure and chaste life amidst a culture of death. Prizes and surprises are part of the day. For details on Life Chain, see list on page 3. Open

Letter to Three Hills & District Pro-Life Society: The Lakeland Pro-Life Association members wish to thank Ken & Kay Klassen and all the members of the Three Hills & District Pro-Life Society for your generous donation of the pro-life float (wagon) along with the flowers and baskets, pro-life T-shirts and caps and signs pertaining to the float. We also greatly appreciate the memorial crosses and the signs for the walk-a-thon, etc. We will benefit from your ideas for the Walk-a-Thon and the memorial Masses. Our thanks also for allowing us to view your pro-life album as this helps us with ideas for future activities. This is truly a great gift to our group. Please pass our thanks to all. It was very uplifting to hear how many local people got involved in supporting your pro-life activities, especially attending fund raising banquets and all the many other events. You certainly had the right approach. May God bless all those who were once part of your group and may he still use you in mighty ways in the future. With all our gratitude, Remi Lirette, President

**LETHBRIDGE & DIST. PRO-LIFE**  
Ph: 403-320-5433  
lprolife@shaw.ca  
We will be participating in the Life Chain on Sunday, October 7 from 2:00 to 3:00 PM. See list on page 3 for details. Even though some people may be away during this long weekend and unable to attend the Life Chain we trust that those who are able to attend will

be there and bring along visiting family members and friends. In the evening of September 28-30, we will be at the Southern Alberta Women's Show being held at the Lethbridge & District Exhibition Park. Last year's show proved to be an excellent venue in reaching out to women and girls of all ages. We were even able to share the pro-life message with men and boys. At this year's show, we are expecting many more opportunities to change hearts and help heal broken ones. School presentations have been scheduled for October and November. November is our Membership Drive month. We will be encouraging members to renew their memberships and seeking out new members. For information about our events or organization, contact Jackie at (403) 320-5433 or lprolife@shaw.ca

**MEDICINE HAT PRO-LIFE**  
Ph: 403-527-7434  
gibach@telusplanet.net  
Medicine Hat Pro-Life Association will hold its Annual General Meeting on Sept. 10 at 7:30 pm in St. Patrick's Church Hall. Stephanie Gray of CCBR will be the guest speaker. Our Life Chain will be moved to Sept. 30 and will be held in front of the Health Unit from 2-3 pm. We encourage everyone to come out to both events to support all LIFE. Our pro-life trailer with signs supporting Life has been completed and placed on location west of Medicine Hat beside Highway 3 since spring.

**PEMBINA PRO-LIFE**  
Ph: 780-674-2952  
ichthys@telusplanet.net  
We held a very successful Garage Sale Fundraiser in the third week of June. The local greenhouse owners allowed us to use their by-then somewhat empty greenhouse to hold a community garage sale. Another local group had run this Garage Sale for many years so many people did not realize that it had been passed on to us. The sale started Thursday night at 6 but would you believe that there were people actually lined up at 5 p.m.??? Anyway, our goal was to raise enough money to pay for our insurance needs so we were hoping around \$1500.00 Guess what... you think pro-life has little support in the urban communities??? May this encourage all of us. We raised \$4222.30!!! Praise the Lord! God is so good! If you have some questions about this, phone me, Christie at 780-674-3862. The other thing I would like to share is that the initial apprehension shown by the greenhouse owners, because, let's face it, pro-life is deemed controversial, disappeared and they became very interested in how we were doing!

**RED DEER PRO-LIFE**  
Ph: 403-340-2229  
bonnie@rttinc.com  
Our Life Chain will be on Sunday, October 7th. For details see list on page 3.

**TABER PRO-LIFE**  
Ph: 403-223-8452  
emoedt@telus.net  
Life Chain will be held on Sunday, Sept. 30. See list on page 3 for details.

# Calendar of Events

September 29 **ASLAN Provincial Pro-Life Youth Conference** will be held at Assumption School in Cold Lake from 8:30 to 4:30. For more information see ad page 3 and to register call Maureen Thurrott (780) 639-0311 or Kelly Henderson (780) 594-4054 or Paulette or Remi Lirette (780) 639-3601.

September 30 **Life Chain in several Alberta communities.** Check ad on page 3.

Oct. 1-7 **Siege of Jericho 2007** is seeking people to pray the Rosary during this week to end abortion. Organizers hope to have someone praying the Rosary every hour of the week. For more information or to sign up, call Mrs. Wally O'Hara at 780-963-0896 or email ephphatha@xplornet.com.

October 7 **Life Chain in some Alberta communities.** Check ad on page 3.

## Life Digest

*Life Digest contains items that originally appeared in our weekly E-Updates. Many of our members do not receive the updates and may not have heard about these stories*

### Gardasil linked to three deaths

Judicial Watch, a public interest group that investigates corruption, filed a Freedom of Information request for information from the U.S. Food and Drug Administration (FDA) on adverse reaction reports to Gardasil, the vaccine against humanpapilloma virus (HPV). The group discovered there were 1,637 reports of adverse reactions, including three deaths. One patient died of a blood clot three hours after being vaccinated and the other two deaths, a 12-year-old and a 19-year-old, were reportedly due to heart and/or clotting problems. Judicial Watch says of the 42 pregnant women who received the vaccine, "18 experienced side effects ranging from spontaneous abortion to fetal abnormalities." There were 371 reactions classified as "serious." These included paralysis, Bell's palsy, Guillane Barre syndrome and seizures. You can read the Judicial Watch press release at <http://judicialwatch.org/6299.shtml>.

### The permanent pill

Lybrel, a birth control pill that would eliminate menstrual periods entirely, has received approval from the U.S. Food and Drug Administration. Lybrel is designed to be taken continuously, unlike most birth control pills which are taken for 21 days out of 28. While they are on this pill, women will eliminate their periods entirely, although most women in clinical trials experienced irregular bleeding and spotting, some

October 19: The annual "Song for Rachel" fund raising concert for Project Rachel will be held at Our Lady of Grace Catholic Church in Calgary. Concert features a wonderful line up of performers including the "Singing MC" Tony Rino and Reverend Elvis (Pastor Bruce Sheasby). Call 403-218-5504 for tickets.

Oct 19 & 20 "The Science and Ethics of Early Human Life" at St. Mary's University College. Conference presenter is Rev. Dr. Tad Pacholczyk, Director of Education for the National Catholic Center for Bioethics in Philadelphia. To register, call (403) 218-5505 or email lfrcoordinator@rcdiocese-calgary.ab.ca.

Oct. 25-27 **National Pro-Life Conference in Moncton, New Brunswick.** This year's theme is "From sea unto sea for life," hosted by Moncton Right to Life Association and co-sponsored by LifeCanada and Campaign Life Coalition. For all the details on speakers and events or to download a registration form, go to [www.lifecanada.org](http://www.lifecanada.org) or call toll free 1-888-796-9680.

November 3 Pembina Pro-Life will host Pro-Life Apologetics 101 with Stephanie Gray from the Centre for Bioethical Reform (CCBR). It will be held at St. John's Evangelical Church (right in Barrhead, by the lights on the highway running through town). If anyone out there is interested, give us a call at 780-674-3862 and ask for Christie.

November 10 **Love Life: A Life Issues Conference** sponsored by Lutherans for Life – Canada, Concordia University College, and Concordia Lutheran Seminary Pre-Registration is \$20.00/At the Door is \$25.00. High School/University Students are \$10.00 (which includes a lunch). A conference registration form, accompanied with more workshop information, will soon be posted on the Concordia Lutheran Seminary [www.concordiasem.ab.ca](http://www.concordiasem.ab.ca) or call (780) 474-1468.

Nov 9-11: **Rachel's Vineyard Retreat in Calgary.** For confidential information about this compassionate journey to healing and reconciliation after abortion call 403-218-5506 or email [projectrachel@rcdiocese-calgary.ab.ca](mailto:projectrachel@rcdiocese-calgary.ab.ca).

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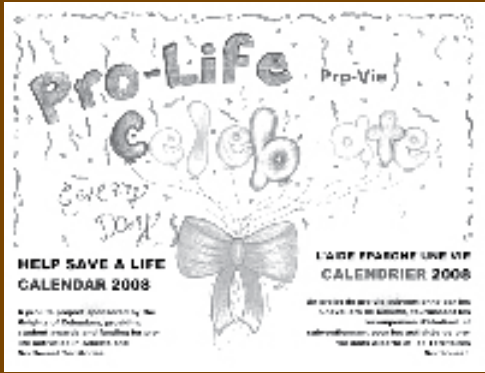


# Wearing a message

When was the last time you wore a pro-life message? If you can't remember, we can help you fix that! By "wearing a message" you can get great unique opportunities to talk to people about your pro-life position that you maybe would not be able to do otherwise. Whether it is just a small precious feet pin on your lapel or purse handle, or the huge "choose life" message on the hoodie below, these items are 100% guaranteed to be the perfect solution to pro-life conversation starters.

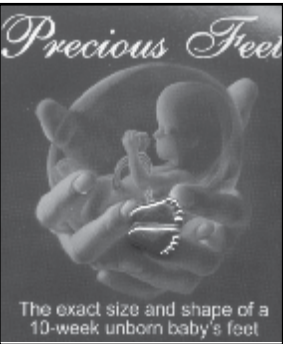
### We want to hear your story!

Please send us your stories about times when you've experienced exactly what we're talking about. We'll do our best to publish as many as we can... and if you're not camera shy... we are "always" looking for cool & funky unaborted pics to put in our newsletter or up on the official unaborted.com website.



Order your 2008 Pro-life Calendar now.

Donation: \$10.00



**PRECIOUS FEET PINS**  
These popular 10 week feet pins come with a tiny brochure that tells about the baby at the 10-week stage. An excellent tool to hand out to young people without having to say a word.



**PRECIOUS FEET AWARENESS BRACELET**  
These rubberized bracelets are popular with the younger teens—and have the imprinted the words "Life is precious" along with the 10 week foot-

## "UNABORTED" T-SHIRTS & HOODIES

Check out [www.unaborted.com](http://www.unaborted.com) to see actual colors of T-shirts and Hoodies.



**"Funky un" T-shirt**  
Long sleeves. Colors available: Pink (001) or Brown (002).



**"Loveline" T-shirt**  
Short sleeves. Colors available: Green (013).



**"Thank God" T-shirt**  
Short sleeves. Colors available: White (006) or Light Blue (007).



**"Wake-up" T-shirt**  
Short sleeves. Colors available: Olive (008) or Army (009).



**PRECIOUS FEET LANYARDS**  
These handy shoelace style key holders—have the "precious feet" printed on them at the 10 week actual size, and come in white.

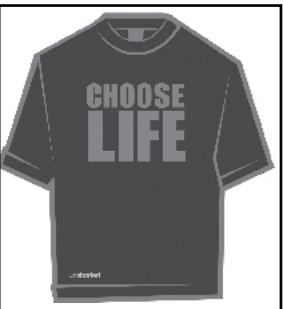


**DNA**  
Black Ladies (016) Black Mens (017)



**"Trad un" T-shirt**  
Short sleeves. Colors available: Eggplant (003) or Brown (004).

**"Trad un" Hoodie**  
Colors available: Asphalt (005).

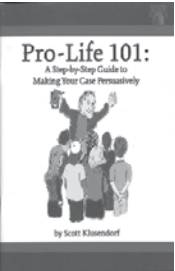


**"Choose Life" T-shirt**  
Short sleeves. Colors available: Asphalt Ladies (010), Asphalt Mens (011)

**New Color!**  
Olive Green Ladies (014)  
Olive Green Mens (015)

**"Choose Life" Hoodie**  
Colors available: Asphalt (012).

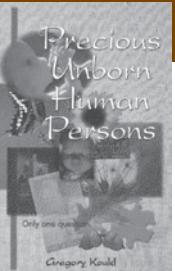
## Books



**PRO-LIFE 101**  
By Scott Klusendorf  
One of the best pro-life tutorials available! A must read for everyone interested in this issue.



**BREAST CANCER – RISKS AND PREVENTION**  
By Dr. Angela Lanfranchi & Dr. Joel Brind  
Written to help women understand the risk factor of abortion and breast cancer. A great booklet to give to your local doctors!



**PRECIOUS UNBORN HUMAN PERSONS**  
By Gregory Kouss  
A well-reasoned discussion on what it means to be human.

| ALBERTA PRO-LIFE ORDER FORM  |                                      |                             |  |       |
|--|--------------------------------------|-----------------------------|--|-------|
| QTY.   | ITEM                                 | PRICE                       | TOTAL  |       |
| _____  | <b>Feet Pin</b>                      | \$4.00                      | _____  | _____ |
| _____  | <b>Bracelet</b>                      | \$3.00                      | _____  | _____ |
| _____  | <b>Lanyards</b>                      | \$5.00                      | _____  | _____ |
| _____  | <b>Magnets/sticker</b>               | \$3.00                      | _____  | _____ |
| _____  | <b>Pro-Life 101</b>                  | \$8.00                      | _____  | _____ |
| _____  | <b>Precious Unborn Human Persons</b> | \$8.00                      | _____  | _____ |
| _____  | <b>Breast Cancer</b>                 | \$9.00                      | _____  | _____ |
| T-SHIRTS AND HOODIES   |                                      |                             |  |       |
| All T-shirts available in girls & guys sizes – i.e. a small girl size is equivalent to a size 5. Hoodie sizes are unisex |                                      |                             |  |       |
| QTY.   | ITEM #                               | SIZE                        | GIRL or GUY Size (check one)                         | TOTAL |
| _____  | _____                                | _____                       | <input type="radio"/> Girl <input type="radio"/> Boy | _____ |
| _____  | _____                                | _____                       | <input type="radio"/> Girl <input type="radio"/> Boy | _____ |
| _____  | _____                                | _____                       | <input type="radio"/> Girl <input type="radio"/> Boy | _____ |
| _____  | _____                                | _____                       | <input type="radio"/> Girl <input type="radio"/> Boy | _____ |
| _____  | _____                                | _____                       | <input type="radio"/> Girl <input type="radio"/> Boy | _____ |
| _____  | _____                                | _____                       | <input type="radio"/> Girl <input type="radio"/> Boy | _____ |
| <b>T-shirt price \$20.00</b>   |                                      | <b>Hoodie Price \$50.00</b> |  |       |
| Please add a donation of \$5.00 towards shipping & handling  |                                      |                             |  |       |
| For large quantities (25 or more), please contact the office at (780) 421-7747 to place your order.                      |                                      |                             |  |       |

| Name _____   |   |
|--|---|
| Address _____  |   |
| City _____ Prov _____  |   |
| Postal Code _____ Ph.# _____   |   |
| Email _____  |   |
| <input type="checkbox"/> Annual membership fee (\$25.00) \$ _____  |   |
| <input type="checkbox"/> Donation \$ _____   |   |
| <input type="checkbox"/> 2008 Pro-life Calendar (\$10.00) \$ _____   |   |
| <input type="checkbox"/> Total amount of products \$ _____   |   |
| <b>Total Payment enclosed \$ _____</b>   |   |
| Please make cheque payable to: Alberta Pro-Life Alliance Association, P.O. Box 11479, Edmonton, AB T5J 3K5. Alberta Pro-Life Alliance Association is not a registered charity and thus unable to issue tax receipts for donations. |   |
| PAYMENT OPTIONS  |   |
| <input type="checkbox"/> CHEQUE  | <input type="checkbox"/> <input type="checkbox"/> |
| CARD # _____   |   |
| EXPIRY DATE _____  |   |
| SIGNATURE _____  |   |