



Prince George ProLife Society

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NEWSLETTER NO. 25

July 2005

PROLIFE SOCIETY

This newsletter is a publication of the ProLife Society of Prince George.

Office hours: 9 a.m. to 9 p.m.

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Members of the ProLife Society believe in the right to life of all human beings from the moment of fertilization until natural death. We support only the use of peaceful means to promote the aims of the society.

COMING EVENTS

August 2005

11-14 PGX ProLife Booth

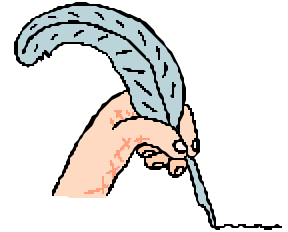
October 2005

2 LIFE CHAIN
Along 15th Avenue
2 – 3 p.m.

19 AGM
Moose Hall
663 Douglas
7:30 p.m.

PRESIDENT'S MESSAGE

While preparing this newsletter, I came across a pamphlet entitled, "Health Risks of Abortion," which was recently released by LifeCanada. This pamphlet, in no uncertain terms, reveals the devastating physical and psychological side effects which are now being linked to abortion.



Physically, the known risks of abortion are numerous. A study sponsored by the College of Physicians and Surgeons of Ontario found that, "in the three month period following an induced abortion, hospital patients had a more than four-times higher rate of hospitalization for infections and a five-times higher rate of "surgical events." This can include severe hemorrhaging or even possibly death. In a 2004 study published in the American Journal of Obstetrics and Gynecology, it was found that "the mortality rate associated with abortion was 2.95 times higher than that associated with pregnancies that were carried to term." Another increased risk is breast cancer as abortion denies a woman the protective effect of a full-term pregnancy, leaving her 30% more susceptible to this type of cancer. Abortions can also lead to future miscarriages, ectopic pregnancies, reduced fertility or even infertility.

Psychologically, many of these women may suffer from severe depression, become addicted to drugs and alcohol, have unhealthy relationships, become overwhelmed with guilt and struggle with constant nightmares, experience feelings of worthlessness, and many attempt or succeed at suicide. They have a nearly five-times higher rate of being hospitalized for psychiatric problems.

And now it's also been determined that subsequent children of women who have had abortions are facing an 85% increased risk of low birth weight or premature birth (less than 33 weeks of gestation). This risk increases dramatically with each additional abortion. Premature babies also have an increased risk of having cerebral palsy (thirty-eight times greater) or other types of handicaps.

Why are women not being told about these very serious risks? Last year, Conservative MP Rob Merrifield, in trying to address this issue, suggested that women contemplating an abortion would benefit from individual counselling and that it should be required before having an abortion. He

(President's Message, cont.)

was asking for nothing more than what is required of any other medical procedure. For a patient to give an informed consent, the patient must be made aware of any and all possible risks. In response to his suggestion, however, Rob Merrifield became the target of pro-abortion supporters' anger and contempt, with widespread media coverage....and as a result, nothing changed. Many have said that a woman who is in an emotional turmoil, due to an unexpected pregnancy, is in no state to hear "scare tactics" about abortion. But what person facing heart surgery or chemotherapy is in any better emotional state? Yet, this person receives full disclosure of every risk. Women considering abortion deserve the same. They need to be informed, and before is definitely better than after, when it is much too late and the full impact of this life-altering decision has hit.

But there is good news! Women who have experienced abortion are now coming forward, sharing their stories and speaking out against abortion. These women play an active role in the National Silent No More Awareness Campaign. The purpose of this campaign is to make people aware of the emotional and physical pain that is caused by abortion and to reach out and bring healing to those who are suffering from the after effects of abortion. Its goal is to "make abortion unthinkable and persuade society that women deserve better than abortion."

This October, we will be privileged to have as the guest speaker at our Annual General Meeting, Denise Mountenay, author of "Forgiven of Murder...a True Story," and also founder and president of Silent No More. I encourage you to come out to this event and to invite many others to come with you. Together, let's help to educate and to break through this shroud of secrecy and silence. Let the truth be shared - so no other women will fall victim to the evil of abortion.

Laura Fowle, President

Dr. John Shea, medical consultant to Canada's Campaign Life Coalition:

"The moment when a human being comes into existence is not something properly defined by public opinion, or by doctors with a conflict of interest. It is something that has been empirically established by the science of human embryology."

Quoted from LifeSiteNews.com, June 22, 2005

MORGENTALER'S HONORARY DOCTORATE FALLOUT

OTTAWA, June 17, 2005 (LifeSiteNews.com) - The University of Western Ontario's decision to give an honorary doctorate of laws to notorious Canadian abortionist Henry Morgentaler continues to hurt the institution. In addition to a petition signed by 12,000 protesting the move, a demonstration of some 600 proliferators including 6 UWO professors took place at the graduation where Morgentaler was awarded yesterday. In addition to millions of dollars in lost donations, Veronica M. Granic, Student Senator, resigned from the University Senate because of the university's shameful decision.

"I am ashamed that Western has decided to ignore the voice of students and to honour Morgentaler," said Granic, a fourth year Administrative and Commercial Studies and Psychology student. "As a Student Senator it is my role to represent all students. The University of Western Ontario has always prided itself on inclusiveness and tolerance regarding the needs of its constituent groups, especially students. However, many students are staunchly opposed to the awarding of this honorary degree, and Western should respect their views as much as it does those that support Dr. Morgentaler," said Granic.

"This is shameful. By awarding Morgentaler an honorary degree, the administration is sending a clear message to its vital core - the students- that it is unconcerned with their views. I have to represent the students, even if Western will not. I can no longer work with an administration that does not listen to students. I hope my resignation will send a signal that the views of students can no longer be blithely ignored," said Granic.

ABORTION/BREAST CANCER FACTS NOT WELCOME

HALIFAX, June 13, 2005 (LifeSiteNews.com) - A group providing information about the link between abortion and breast cancer were asked to leave an international conference on Breast Cancer in Halifax last week. Ellen Chesal of the group, Positive Options for Women, told LifeSite News.com that their table at the conference was very well received by most of the conference attendees. "We ran out of material and had to go out to run off more," she said.

On the second day of the conference, however, the group was approached by one conference organizer and accused of misleading women. Chesal said, "A

board member from the Breast Cancer Foundation approached us, enraged, and spitting out accusations about us having a hidden agenda and that we were presenting a lie to frighten women from having abortions.”

The group was called to a meeting with conference organizers that afternoon and asked to leave. “They were very polite at the time,” said Chesal. Chesal presented the letter that had been sent months before clearly outlining their intention and the kind of material they would be presenting. At that point, the organizers changed tactics and said that the Muslim women in attendance were “completely appalled” by their mention of abortion. “We were accused of being ‘insensitive’ since in Muslim countries, one simply never mentions the word ‘abortion,’” said Chesal.

The group’s aim was to inform women of the well-documented connection between abortion and breast cancer, called the ABC Link. Most western cancer organizations, including the Canadian Cancer Society have vigorously denied the link and ignored the mounting medical and statistical evidence that a history of abortion increases a woman’s risk of breast cancer by as much as 160%. 28 out of 37 worldwide studies have independently linked induced abortion with breast cancer since the question was first analysed in 1957. Since the advent of legalized abortion however, most groups and medical organizations have attempted to deny or cover up the link.

With the equating of women’s rights with abortion on demand, the suggestion that abortion could in any way be detrimental to women’s health has come to be seen as an attack on women’s freedom. Chesal found out to her surprise that the organizers were opposed to women even receiving information.

Chesal said that she felt their efforts were not wasted however, “Lots of information went out and many women from many countries,” she said. “A Nigerian woman was surprised we were leaving and took a lot of our stuff as we were packing up.”

UK SEX ED BOOK CRITICIZED BY PRO-FAMILY GROUPS

LONDON, June 10, 2005 (LifeSiteNews.com) – A newly released sex education manual for children aged 13 to 16, put out by the UK’s FPA (Family Planning Association), is being harshly criticized by pro-family groups as being very inappropriate for children.

The booklet includes information on how to perform various sexual acts including anal and oral sex, and includes a chapter titled, “How can I be good at sex?” One example found in the chapter explains, “No-one is born sexually experienced, and most of the fun is learning. Talk to your partner. Ask what they like. Be aware of their feelings as well as your own pleasure.”

The booklet encourages children to explore their homosexual attractions, and contains details on masturbation. The manual also details where a child could get abortifacients like the morning-after and birth control pills without their parents knowledge or consent.

Family and Youth Concern Director Norman Wells said, “Publications like this one serve only to normalize sexual activity among young people under the age of consent,” according to a scotsman.com report. Sexual intercourse is legal between consenting persons who are 16 years old in England and 17 in Scotland. “The whole tone of the leaflet cheapens sex rather than attempting to preserve its special character as an expression of the total self-giving between a husband and wife in the context of a lifelong committed marriage,” Wells added.

Wells, reiterating the deeply-held traditional values of most Britons, emphasized, “If we really want what is best for young people, we need to tell them the whole truth – that saving sex for marriage is a positive choice that brings with it a host of physical, emotional and psychological benefits, and it is the only sure way of protection against sexually transmitted infections.”

Wells said the value of sex-ed for children is questionable, when you look at the failure rate of such an approach – highlighted by UK having Europe’s highest teen pregnancy rate, along with a skyrocketing incidence of sexually transmitted disease. “Rather than persisting with the same old, tired, fatalistic approach that has failed so dismally, we need to start treating young people with more respect and give them a positive and much more radical message,” he said.

STUDY CONFIRMS ABSTINENCE EDUCATION WORKS

WASHINGTON, June 14, 2005 (LifeSiteNews.com) - A new study released today by the US Department of Health and Human Services, and completed by a contract with Mathematica Policy Research, Inc, reveals that abstinence education works. According to the interim report, teens who participated in abstinence

programs had an increased awareness of the potential consequences of sexual activity before marriage, thought more highly of abstinent behaviors, and had less favourable opinions about sexual activity before marriage than did students who were not in abstinence programs.

"Students who are in these [abstinence education] programs are recognizing that abstinence is a positive choice," HHS Assistant Secretary for Planning and Evaluation Michael O'Grady said. "Abstinence education programs that help our young people address issues of healthy relationships, self-esteem, decision-making, and effective communications are important to keeping them healthy and safe."

Leslee J. Unruh, president of the Abstinence Clearinghouse agrees. "The evidence from this and other studies is overwhelming; abstinence education results in self-confident, healthy kids," said Leslee J. Unruh, president of the Abstinence Clearinghouse. "Every child in America deserves the best. When it comes to health instruction, the best is abstinence until marriage education."

"While evidence of the effectiveness of abstinence education continues to mount," Unruh concluded, "pro-promiscuity groups continue to push for more of the same failed contraceptive sex ed of the past. It does not matter to groups like SIECUS and Advocates for Youth that their version of sex education has never been scientifically proven to prevent unmarried pregnancy or STDs. On the contrary, abstinence education has been weighed, measured, and found exceptional."

The study released today is part of a longitudinal study spanning five years. Youth participating in four abstinence education programs were tracked. An additional phase of this study examining how abstinence education affects behaviour is expected next year.

For an excellent exposition of ways to convincingly argue the pro-life/pro-family cause in these days of moral relativism, go to:

www.issuesetc.org/resource/archives/klsdorfl.htm

Scott Klusendorf, the author of these compelling arguments, trains young adults on college and university campuses across Canada and the United States in how to make a rational case in defense of human life.

The National Campus Life Network (NCLN) is looking for local students interested in getting such training. If you know a student that might be interested

please refer them to NCLN's web site for further information at :

www.ncln.ca

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Send your cheque donation to:

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Toronto, Ontario M5B 1X9

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For on-line contributions go to:
www.lifesite.net/contribute/lifesite

ASSISTED SUICIDE BILL INTRODUCED IN CANADA

OTTAWA, June 24, 2005 (LifeSiteNews.com) -Bloc Québécois MP Francine Lalonde has introduced a private members bill to legalize assisted suicide in Canada. The Euthanasia Prevention Coalition (EPC) has condemned the measure saying, "This bill is so wide open it provides no effective restrictions whatsoever and if passed it will be assisted suicide on demand."

The bill, introduced June 15 and tentatively set for debate next Wednesday, does not necessitate someone to be terminally ill to request assisted suicide. Should the bill pass, anyone in Canada over 17 can request assisted suicide if they are experiencing "severe physical or mental pain without any prospect of relief." That relief need not come from medications since the bill permits assisted suicide even though the person has been "refusing the treatments that have not been tried."

EPC Executive Director Alex Schadenberg told LifeSiteNews.com that the person who aids the death does not have to be a physician. The bill states that "the person who aids the other person to die" must be "a medical practitioner or is assisted by a medical practitioner."

Schadenberg warns that the measure is a prescription for abuse. "You don't have to be competent to make the decision. The legislation states only that you have

to 'appear to be lucid'", he said. The legislation states that those asking to have themselves killed must have, "while appearing to be lucid, made to a medical practitioner, or to the person who aids the person to die, two requests more than ten days apart expressly stating the person's free and informed wish to die."

See the bill online here:

http://www.parl.gc.ca/38/1/parlbus/chambus/house/bill/private/C-407/C-407_1/C-407_cover-E.html

MINIMUM AGE FOR PREMATURE BABIES TO RECEIVE CARE?

LONDON, June 10, 2005 (LifeSiteNews.com) - This week, Britain's foremost promoter of eugenic "Bioethics," Baroness Helen Mary Warnock, said that Britain should follow the Dutch euthanasia model in setting an age limit below which babies would not routinely be resuscitated.

Warnock's suggestion is that the first presumption should be not to keep the baby alive if at all possible, but to examine a case before hand with the presumption that only those infants who show a strong chance of living to be 'healthy' should be allowed to survive. She said, "Some doctors and nurses get competitive about the triumph of keeping these tiny, premature, babies alive," she said. "It would be better to set a minimum age than to have no form of scrutiny or regulation. Below a certain age of gestation no baby should be kept going without very thorough scrutiny of what the prognosis for that baby is."

The Nuffield Council on Bioethics, a medical think tank, is investigating the long-term costs of allowing to live those who were born prematurely. In many cases, a child born very premature will suffer various disabilities throughout life. The Nuffield Council is compiling a report preliminary to suggesting new guidelines that put a 24-week limit on care for premature babies.

This is historical eugenics in its purest form that disregards any inherent sacredness to human life, and considers only economic motives. Margaret Sanger, the founder of Planned Parenthood, that considered disabled people 'human weeds,' whose existence was a threat to health of the species and a drain on economic resources.

In the Netherlands, doctors routinely refuse to administer intensive care to babies born before 25

weeks gestation, despite the fact that babies are regularly saved at earlier stages than this.

Warnock's suggestion is being resisted by most UK doctors, but government policy is guided not by the wishes of the majority but by ideological elites and economic pressures. One of Britain's most senior pediatricians, Sir Alan Craft, president of the Royal College of Paediatrics and Child Health, said, "One possible course of action would be not to intervene with any 23-week-old babies unless they breathe completely and spontaneously themselves."

This thinking is spreading throughout the medical system. According to now-standard medical ethics guidelines, a physician, not a patient or a family, decides when a person can be starved, dehydrated or otherwise neglected to death. Recently a man with a severe and progressive neurological disease went to court to fight for the right to be kept alive with a feeding tube. Leslie Burke won his first round against the UK's General Medical Council arguing that he, not a bioethics committee had the right to decide if his life was 'worthy of life.' The government is fighting the decision for its right to kill him.

TERRI SHIAVO - AN 'AWARE' WOMAN WAS KILLED

CLEARWATER, Florida, June 20, 2005 (LifeSiteNews.com) – A neurologist who spent 10 hours examining Terri Schiavo while she was alive has issued a release criticizing the autopsy conclusions drawn by the independent medical examiner.

Dr. William Hammesfahr, nominated for a Nobel Prize for his work in Medicine, and a patent holder for a medicine to help people with brain injuries and stroke, released the following statement in response to the independent medical examiner's autopsy conclusions: "We have seen a lot on the autopsy of Terri Schindler Schiavo in recent days that I feel needs to be addressed," Dr. Hammesfahr began. "To ignore these comments will allow future 'Terri Schiavo's' to die needlessly after the wishes of clinicians and family are ignored."

"The record must be set straight. As we noted in the press, there was no heart attack, or evident reason for this to have happened (and certainly not of Terri's making). Unlike the constant drumbeat from the husband, his attorneys, and his doctors, the brain tissue was not dissolved, with a head of just spinal fluid. In fact, large areas were 'relatively preserved.'"

“I have had a chance to look at Dr. Nelson's analysis of the brain tissue, and essentially, as a clinician, these are my thoughts. (Neuropathologist Dr. Stephen Nelson performed the autopsy on Mrs. Schiavo's central nervous system.) The autopsy results confirmed my opinion . . . that the frontal areas of the brains, the areas that deal with awareness and cognition were relatively intact.”

“To use Dr. Nelson's words, ‘relatively preserved.’ In fact, the relay areas from the frontal and front temporal regions of the brain, to the spinal cord and the brain stem, by way of the basal ganglia, were preserved, thus the evident responses that she was able to express to her family and to the clinicians seeing her or viewing her videotape. The Spect scan confirmed these areas were functional and not scar tissue, and that was apparently also confirmed on Dr. Nelson's review of the slides.”

Terri Schiavo “was a woman trapped in her body, similar to a child with cerebral palsy, and that was born out by the autopsy, showing greater injury in the motor and visual centres of the brain,” Hammesfahr continued. “Obviously, the pathologists comments that she could not see were not borne out by reality, and thus his assessment must represent sampling error. The videotapes clearly showed her seeing, and even Dr. Cranfoed, for the husband, commented to her that, when she could see the balloon, she could follow it with her eyes as per his request.”

“That she could not swallow was obviously not borne out by the reality that she was swallowing her saliva, about 1.5 liters per day of liquid, and the clinical swallowing tests done by Dr. Young and Dr. Carpenter. Thus, there appears to be some limitations to the clinical accuracy of an autopsy in evaluating function.”

“With respect to the issue of trauma, that certainly does not appear to be answered adequately,” Hammesfahr added. “Some of the types of trauma that are suspected were not adequately evaluated in this assessment. Interestingly, both myself and at least one neurologist for the husband testified to the presence of neck injuries. The issue of a forensic evaluation for trauma

is highly specialized. Hence the wish of the family to have observers which was refused by the examiner.”

“Ultimately, based on the clinical evidence and the autopsy results, an aware woman was killed.”

For more information on Terri's fight for life go to the Life Legal Defense Foundation at:

www.lldf/terri/index/htm

WHAT'S SO PRO-CHOICE ABOUT NO CHOICE?

According to a June 18 WorldNetDaily.com on-line report, the state of California is suing the U.S. government to try to force all pro-life health care workers in the at state to participate in the provision of abortion services. Currently, a December 2004 amendment signed by President Bush forbids state and local governments that receive federal funds from such coercion.

The Alliance Defense Fund and the Christian Legal Society have filed a motion to intervene.

It is interesting that often those who say they believe in choice often resort to the courts to prevent choices other than their own.

ADULT STEM CELL BREAKTHROUGH EXCITES INTEREST

June 24, 2005 (LifeSiteNews.com) - While research lobbyists pressure governments for access to embryos, more work is being done obtaining stem cells from

ethical sources proving that embryonic stem cells are a dead end. This has not been lost on private investors who are now pouring money into adult stem cell research.

In April, at a meeting of the Institute of Physics, Professor Josef Käs and Dr Jochen Guck from the University of Leipzig announced that they had discovered a procedure that can extract and isolate embryo-quality stem cells from adult

blood for the first time. In the past, researchers were able to identify adult stem cells from blood by marking them with dye, but this reduced their value for medical uses. The Leipzig group has found a way to identify

Pat O'Brien, former Liberal MP who recently decided to become an Independent Member of Parliament because of his previous party's stand on moral issues:

“[Christians] have a responsibility to participate in the national debate . . . if you have religious values you have to get engaged in the public forum.”

them from a physical trait – their elasticity, that is characteristic only of stem cells.

Stem cells, because they are not yet differentiated, or specialized, to be specific types of tissue, have not developed a rigid ‘cytoskeleton’ or membrane and are therefore identifiable by being more ‘stretchy’ than other cells in the blood. Käs and Guck’s machine uses a powerful beam of infrared laser light to stretch and measure cells one by one.

This is precisely the kind of breakthrough that has private investors interested in adult stem cells. An example is Osiris Therapeutics Inc., a leader in adult stem cell therapy for tissue regeneration, which has announced it expects to have adult stem cell-based therapies on the market by late 2007. One Osiris project is working to develop a method of combating tissue rejection for leukemia patients undergoing bone marrow transplants.

Investors, excited about the possibilities of adult stem cells – stories about which seem to break into the news almost daily – have raised more than double the expected research funds after the Food and Drug Administration approved the research.

Two other Osiris projects are seeking to replace knee tissue after sports or repetitive motion injuries to prevent the onset of arthritis; and to replace the tissue damaged by heart attack.

This enthusiasm for adult stem cell research on the part of private investors will doubtless prod the more ideologically driven research lobby to push harder for public funding for embryo research. However, businesses, motivated as they are by the need to pursue what works, have set the tone for the future.

PGX PROLIFE OUTREACH

AUGUST 11 – 14

THE PRO-LIFE SOCIETY WILL NEED VOLUNTEERS TO BE IN THE BOOTH FOR THIS OUTREACH.

SHIFTS ARE 3 HOURS EACH:

| | |
|---------------|---------------|
| 10 am to 1 pm | 1 pm to 4 pm |
| 4 pm to 7 pm | 7 pm to 10 pm |

WE HAVE A TWO-SIDED BOOTH SO WE WILL NEED TWO PEOPLE FOR EACH SHIFT.

ON ONE SIDE, THE EMPHASIS WILL BE ON “**A WOMAN’S RIGHT TO KNOW**”. A PETITION TO THE FEDERAL GOVERNMENT ON THIS TOPIC WILL BE AVAILABLE.

THE SECOND SIDE WILL BE ON **FETAL DEVELOPMENT AND CHASTITY ISSUES**. IT WILL ALSO PROVIDE INFORMATION ON SUPPORT SERVICES AVAILABLE FOR WOMEN WITH THIS NEED.

THURSDAY IS **SENIORS’ DAY** AND FRIDAY IS **KIDS’ DAY**.

IF YOU ARE INTERESTED IN TAKING A SHIFT, PLEASE PHONE **LAURA FOWLIE** AT **563-3874**. AFTER AUGUST 1ST (OR TO CHANGE SHIFT SCHEDULE) PHONE **TRISH O’NEILL** AT **564-0643**, AS LAURA WILL BE OUT OF TOWN DURING AUGUST.

FREE PGX PASSES ARE MADE AVAILABLE TO GET IN FOR YOUR SHIFT



LIFE CHAIN 2005

A peaceful, prayerful
witness to the truth
about abortion

along 15th Avenue from PGRH to Central

Sunday October 2nd

2:00 to 3:00 pm

for further information and church
contact person phone Laura at

563-3874

Annual General Meeting

Wednesday, October 19 - 7:30 – 9:30 p.m.
Moose Hall - 633 Douglas Street

Agenda includes: President's Report, Treasurer's Report,
Business Arising, Elections

Guest Speaker: Denise Mountenay, President
Canada - Silent No More

Dessert Evening – A Free Will Offering will be taken



Denise Mountenay is reaching out to thousands of post abortive women across Canada. Author of the book FORGIVEN, Denise has been publicly sharing the pain of her abortions on radio and television, at conferences and to youth gatherings. She has a powerful testimony and message that passionately reminds us of the humanity of the unborn child.

Denise is the founder and president of Canada - Silent No More, a nation-wide campaign to enable women to speak out about the psychological and physical consequences of their abortions. You may remember seeing Denise on CBC's NATIONAL news last year following the May "March For Life" in Ottawa.

Name/s: _____

Address: _____

Phone: _____ E-mail: _____

Membership: New Renewal

Individual/Family **\$20** SeniorStudent **\$10** Donation _____

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(Prince George ProLife cannot issue charitable tax receipts for donations)