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HOUSE OF COMMONS
CANADA

Maurice Vellacott, MP
Saskatoon-Wanuskewin

Vellacott commends Saskatoon doctors for promoting a climate for less abortion

For Immediate Release

November 20, 2009

OTTAWA – The Saskatoon StarPhoenix (Abortion cut-off date criticized as too early, Nov. 13, 2009) reported this week that, in the view of some people, there weren't enough Saskatoon doctors performing abortions. Objections have also been raised to the Saskatoon cut-off date of the 12th week of pregnancy for performing abortions as unnecessarily premature.

Evelyn Reisner, executive director of Saskatoon Planned Parenthood (now called "Sexual Health Centre Saskatoon"), even claimed, according to the paper, that this situation "increases the risks to [pregnant women's] health, causing a 'higher rate of infections, complications and deaths'."

"On the contrary," said Saskatoon-Wanuskewin MP Maurice Vellacott, "a growing body of research reveals significant health problems caused by abortion, including a greater risk of breast cancer, cervical lacerations and injury, uterine perforations, hemorrhage, and serious infection. Long-term physical consequences of abortion include sterility or subsequent ectopic pregnancies and premature births. Premature births are associated with higher rates of cerebral palsy, as well as respiratory, brain, and bowel abnormalities. "Post-abortive women are speaking about the devastating emotional, physical and psychological effects abortion had on their lives," noted Vellacott.

"The growing demand for fully informed consent by women and the revelations from modern ultrasound technology are leading more and more women to reject abortion and are discouraging a greater number of doctors from providing abortions," Vellacott added.

The current abortion regime is also conducive to abuse. Aborted women tell stories of being badgered, harassed and coerced into getting their abortion by boyfriends, partners, parents, employers, or other unsupportive circumstances. Abortion has also been used to cover up the sexual abuse of girls who were minors. Pro-life feminists have also come to see abortion as part of a male agenda to have women more sexually available. With widespread abortion access, the male partner also has come to think that he can blame the woman if she chooses not to have an abortion after an unplanned pregnancy.

"The bottom line is that the decline in the availability of abortion services is directly linked to a growing commitment to the medical evidence of what abortion does and how abortion negatively

impacts the lives of women. Saskatoon's doctors should be commended for the leadership they are showing by reducing the availability of abortion in our city and for supporting real alternatives for women in need," said Vellacott.

The late Dr. Bernard Nathanson, once America's most prominent abortionist, after becoming pro-life, admitted that he and others fabricated their huge figures of 5,000-10,000 "back alley" abortions per year and kept repeating these fabricated numbers until the media unquestioningly reported them. Ms. Reisner is being disingenuous – at best – when she claims that the limited access to abortion in Saskatoon will lead to a "higher rate of infections, complications and deaths."

Vellacott said, "The intelligent women of today are owed a full and complete disclosure of information on the life changing abortion effects and long-term harms. Women are done a great disservice and are not treated with equality when there is not a fully informed consent."

"When women look beyond those pushing abortion, they discover that there are more services available today to women facing crisis pregnancies, so that they don't have to feel trapped into killing their unborn child. We need to provide the compassionate, caring support for women and their pre-born children at such a vulnerable time, so that someday, abortion is a very rare thing in our country," added Vellacott.

"As a compassionate, caring, progressive society, we should provide the kind of support and options for the expectant mother, so that she doesn't feel her only choice is to choose death for her offspring. To put women in that kind of position is not the hallmark of a caring, compassionate, progressive society. That's providing 'no choice.' We should be doing so much more for women in this regard so they don't feel backed into a corner and coerced. As a caring, compassionate, progressive society, we should provide the kind of supports so that they have real choice, so they can do the instinctive thing – so they can choose life," concluded Vellacott.

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For further comment, call (613) 992-1966 or (613) 297-2249

References to the research regarding the health risks of abortion

The book "Women's Health After Abortion: The Medical and Psychological Evidence" published by the deVeber Institute for Bioethics and Social Research is posted online, and you can find a summary of each chapter at this link: <http://www.deveber.org/text/whealth.html#one>

Issues related to future fertility, infections, uterine perforations, etc. can be found in chapter 5. The link to breast cancer is found in chapter 2. Further research regarding the abortion/breast cancer link can be found at: <http://www.abortionbreastcancer.ca/theresearch.htm>

The link to future pre-term birth is found in chapter 4 (see also study cited below.)

At this link you can find a summary paper on the impact of induced abortion on women's subsequent mental and physical health: <http://www.deveber.org/summary-womens-health-after-abortion>

You can find each chapter of the book online here: <http://www.deveber.org/womens-health-after-abortion>

A number of studies have shown that induced abortion is associated with future pre-term birth. A recent systematic review of the evidence was done by researchers at U of T and is attached ("Induced termination of pregnancy and low birthweight and preterm birth: a systematic review and meta-analyses"). The researchers conclude that "A previous I-TOP (induced termination of pregnancy) is associated with a significantly increased risk of LBW (low birth weight) and PT (preterm) but not SGA (small for gestational age). The risk increased as the number of I-TOP increased."

I am also attaching a study from the Journal of Psychiatric Research in which researchers Coleman et.al. found that "Abortion was found to be related to an increased risk of a variety of mental health problems (panic attacks, panic disorder, agoraphobia, PTSD, bipolar disorder, major depression with or without hierarchy) and substance abuse disorders after statistical controls were instituted for a wide range of personal, situational and demographic variables."

I am also attaching a study published in the British Journal of Psychiatry by Ferguson et. al. entitled "Abortion and Mental Health Disorders: Evidence from a 30-year Longitudinal Study." The researchers concluded: "After adjustment

for confounding, abortion was associated with a small increase in the risk of mental disorders; women who had abortions had rates of mental disorder that were about 30% higher. There were no consistent associations between other pregnancy outcomes and mental health. Estimates of attributable risk indicated that exposure to abortion accounted for 1.5% to 5.5% of the overall rate of mental disorders."

A comprehensive list of physical and psychological side effects of abortion, including research citations can be found at <http://www.abortionincanada.ca/health/index.html>

There are many more studies which could be cited, but this will give you an idea of some of the research out there.

And finally, regarding Maurice Vellacott's comments related to "abortion as part of a male agenda," an article by Richard Stith, "Her Choice, Her Problem: How Abortion Empowers Men" provides an interesting perspective on abortion. See: <http://www.firstthings.com/article/2009/07/her-choice-her-problem>