



Does The Pill cause breast cancer? p. 6



Exciting new website:
www.prowomanprolife.org

20 YEARS SINCE R. VS. MORGENTALER DECISION: STILL NO ABORTION LAW IN CANADA

TORONTO RIGHT TO LIFE

January 28, 2008 marked 20 years having passed since the Supreme Court of Canada's Morgentaler decision; since that day, our country has had no law on abortion whatsoever. Currently in Canada abortion is legal right up until, or during delivery. This 20-year figure symbolizes the stark reality of the degree to which the lack of respect for the sanctity of life has affected our society. However, May 14th, 1969, is the date of real importance, for on that day nearly 39 years ago, abortion was legalized by a democratic vote in Canada's Parliament.

Prior to 1969, taking steps to cause an abortion was an offence liable to life imprisonment under the Criminal Code. However, a legislative scheme passed in 1969 made an exception for abortions performed in a hospital with the approval of that hospital's three- doctor therapeutic abortion committee who certified that the pregnancy would be likely to endanger the life or "health" of the mother. The term "health" was not defined, and therapeutic abortion committees were free to develop their own theories as to when a likely danger to "health" (which might include psychological health) would justify a therapeutic abortion. Around that same time, Dr. Henry Morgentaler began openly performing abortions in private clinics. They were illegal because

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ADULT STEM CELLS REPROGRAMMED USING ABORTED FETAL AND HEK CELLS

The recent developments in stem-cell research have generated much excitement and hope in the scientific and pro-life communities. In November, a breakthrough was announced in two simultaneous studies, in which reprogrammed adult skin cells could be used, avoiding the ethical controversy surrounding the use of embryonic cells. Although a moral breakthrough in stem-cell research is eagerly awaited, it may not be here just yet- the methods used in the studies have been questioned for their ethical validity. Following is an article from Children of God for Life, a U.S. pro-life organization, that raises such questions.

Children of God for Life, 8 January, 2008
Adult Stem Cells Reprogrammed Using Aborted Fetal and HEK cells
Moral methods could have been used

TENNESSEE - Children of God for Life reports that a recent stem cell breakthrough that turns adult skin cells to "embryonic" is not a pro-life solution as currently done. On November 21st and 22nd, Dr. Shinya Yamanaka

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A GREETING FROM THE NEW EXECUTIVE DIRECTOR



Dear Pro-Life Supporters,

It is with great enthusiasm that I join the Toronto Right to Life team in promoting the sanctity and dignity of life! I eagerly look forward to meeting and working with the many honourable people who believe in defending the defenceless and the most vulnerable in our society, speaking for those who have yet no voice, and helping those who are helpless to advocate their right to live. There are already people I wish to thank for their support. First, Natalie Hudson, the former director, who laid a solid foundation of education, which leads to conversion, which leads to change. Her tireless efforts in making hundreds of presentations have raised informed awareness of life issues among many in the GTA and beyond. I also wish to express my sincere thanks to the staff and board of Toronto Right to Life, and to our many supporters and benefactors. The fruits of your labours and selflessness cannot be truly known: how many lives have been allowed to occur and how many have considered and embraced the truths about the immeasurable value of life from conception to natural death. Thanks to you, however, much has and will be accomplished. Here's to life!

Respectfully yours,

Paul Klotz

PRO-WOMAN, PRO-LIFE: NOT A CONTRADICTION

January 14, 2008 (OTTAWA)
(LifeSiteNews.com)



Today marks the launch of **Canada's first pro-woman pro-life group**, ProWomanProLife, which can be found online at www.prowomanprolife.org. ProWomanProLife celebrates women, life and freedom and is being launched to mark the Morgentaler decision of January 28, 1988, which removed all restrictions on abortion in Canada at any stage of a pregnancy.

The founding director of Pro-WomanProLife, Andrea Mrozek,

says it is time women took a non-partisan, non-religious stand against the idea that abortion is good for women and furthermore, not just a choice, but a "right." "We have no hidden agenda here but a very open one: To eradicate abortion in Canada, not by legislation or force, but because that is what women choose. Women should band together to remove abortion from our cultural landscape," she says. Mrozek is joined by a board of five professional women: Brigitte Pellerin in Ottawa, Raji Shankar in Toronto, Rebecca Walberg in Winnipeg and Dr. Sheryl Alger and psychologist Teresa Fraser in Calgary.

Mrozek notes that abortion has become a pressing issue of freedom of speech. "Pro-lifers are told what they can and can't say in politics, and pro-life clubs are currently being banned on our university campuses. No Canadian should be comfortable with this suppression of dialogue, irrespective of how they feel about abortion," Mrozek said. To address the freedom of speech issue as well as the harm that abortion does to women, children and families, ProWomanProLife will blog with abandon. Our long-term goal is to become a charity that offers women better choices. But the first step is to raise our voices against the conventional, harmful wisdom that a willingness to kill her unborn child liberates a woman.

For further information please contact founding director Andrea Mrozek at 613-875-5888 or at andrea@prowomanprolife.org ProWomanProLife.org is the grassroots endeavor of the founding board, is not affiliated with any other organization and depends entirely on donations of time and money from individuals. ■

Morgentaler Decision, continued from page 1

they were not performed in a hospital with the approval of a three-doctor panel. Morgentaler was charged twice, once in Quebec in 1970 and once in Ontario in 1983. He was acquitted in a trial by jury both times.

The second acquittal was appealed by the Crown all the way to the Supreme Court of Canada, who ultimately decided in Morgentaler's favour on January 28, 1988. The majority of the Court held that "the structure of the system regulating access to therapeutic abortions is manifestly unfair." Some women in some circumstances would be able to access a legal abortion, while other women in other circumstances would not have such access and would be guilty of a criminal offence. Thus, the provision was held to violate the principles of fundamental justice and was struck down, leaving Canada with a legislative vacuum on abortion to this day. The majority of the Court in the Morgentaler Case did not, however, go so far as to find that the Charter contains a substantive right to abortion.

Although the Morgentaler decision was tragic, it contains a glimmer of hope. Consider the powerful statement made by the dissenting judges, Justices LaForest and McIntyre: "The proposition that women enjoy a constitutional right to have an abortion is devoid of support in the language of s. 7 of the Charter or any other section." One can hear the echo in the voice of another dissenting judge in another case nearly 10 years later: "If our society is to protect the health and well-being of children, there must exist jurisdiction to order a pre-birth remedy preventing a mother from causing serious harm to her fetus. Someone must speak for those who cannot speak for themselves." ■



The Right to Life Association of Toronto & Area

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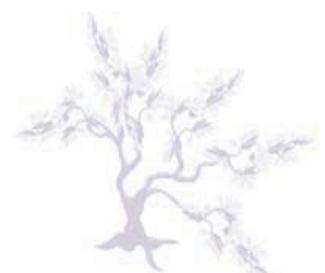
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Erin Hunking
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Tanzel Picard
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ANNOUNCEMENTS AND UPCOMING EVENTS

ONLINE AUCTION: EARLY APRIL



Toronto Right Life will host an electronic auction of donated items on E-bay in early April. Details will be announced on our website, www.rtl-toronto.org.

If anyone wishes to contribute to the pro-life cause by donating an item for auction, please contact us at righttolife@on.aibn.com. Thank you for your support and for valuing human life at all stages and ages. ■

PRESIDENT DECLARES "NATIONAL SANCTITY OF HUMAN LIFE DAY"

U.S. President George W. Bush has declared Sunday January 20th, 2008 "National Sanctity of Life Day", LifeSiteNews.com reports. In his proclamation, he stated that "On National Sanctity of Human Life Day, we recognize that each life has inherent dignity and matchless value, and we reaffirm our steadfast determination to defend the weakest and most vulnerable members of our society." He reiterated the importance of pursuing "the possibilities of science in a manner that respects the sacred gift of life and upholds our moral values" and committed to "help protect life at all stages," stating "my Administration will continue to encourage adoption, fund abstinence education and crisis pregnancy programs, and support faith-based groups" with the intention of helping to "strengthen the culture of life in America and work for the day when every child is welcomed in life and protected in law." ■

(Quotes extracted from www.whitehouse.gov)

EUTHANASIA ON THE RISE

PAUL KLOTZ

Euthanasia is one of the principal controversial issues of our time and support for its legalization is growing. With such events in recent years as Terri Schiavo's court-sanctioned death, discussion of Robert Latimer's parole, and the proposal of bill C-407, it is increasingly an urgent matter for pro-life advocates to be aware of. Euthanasia, despite its seemingly noble motives, is purposely intended to terminate human life. It is not the same as the non-initiation or withdrawal of interventions which can do nothing to prevent imminent death. Often accompanying the issue of euthanasia is that of physician-assisted suicide, the patient's termination of his or her own life, enabled by the attending physician.

Advocates of euthanasia and physician-assisted suicide maintain that these medical acts enable the person involved to "die with dignity". This includes sparing the person from physical and emotional pain - a compassionate motive in itself, and indeed the same goal is shared in the field of palliative care. However, the means to achieve it are radically different- euthanasia and physician-assisted suicide involve ending pain by the intentional taking of a life. Understandably, nobody wants to see their loved ones in prolonged suffering. However, there is much that can be done toward this end without deliberately causing death. Most physical pain is now controllable due to advances in pain management. Good hospice care and the unwavering support and presence of loved ones, medical staff, and the community can alleviate much of the depression and isolation that can potentially prompt a person to desire a non-natural death. These alternatives can help provide for a truly dignified death, in which the dying person feels honoured, accepted and loved as they are - valued not for their "usefulness" but simply as family, a friend, or a fellow human being.

Our current utilitarian culture worships "ability". Notions of "perfection" are often tied to bodily and intellectual ability, as well as to "productivity". This perspective can display itself in the care and thought that are given to the "less than perfect" elements of society - the elderly, and people with disabilities as

well as those with illnesses. The same attitude is often reflected in the way these people view themselves. Not only is this a distorted mentality, but it fosters a dehumanizing slippery slope - human life becomes something disposable. Thus, we have cases like that of Terri Schiavo, who was not naturally dying, but died from being deprived of nutrition and hydration. Her brother, Bobby Schindler, commented at the First International Symposium on Euthanasia and Physician-Assisted Suicide, which convened in Toronto last month, that while it is a felony to starve an animal to death, she was not protected from this by the courts. "Quality of life", often a subjective interpretation tied to "ability", therefore cannot be the determining factor of who is allowed to live; nor can it be rightfully delegated by or to legislative bodies for this reason.

Respect for individual "autonomy" is also a reason people support euthanasia and assisted suicide. They believe that these acts empower a person to choose their own time and manner of death. Just how truly autonomous is a person who has been recently told of a dramatic diagnosis? Or people who are in suboptimally controlled pain? It is not difficult to conceive that if someone is in significant suffering, the thought of ending it by a contrived death would seem to be a desirable way out. The duress of pain, fear of desolation, despair, and of being a physical or emotional burden to others, makes authentic autonomy, and thus consent, questionable.

Euthanasia and physician-assisted suicide are acts that on the surface may appear to many to be benevolent, compassionate, and promoting of human dignity. However, they are the deliberate taking of human lives. As supporters gradually desensitize the public, society runs the risk of indifference toward, or even acceptance of distorted concepts of compassion and dignity. Suicide and contrived death take on a situational legitimacy. Public support for legalization of euthanasia and physician-assisted suicide, or at least its toleration, is growing world-wide. Two decades ago, they were not legal anywhere - since then, one or the other or both have been legalized in several countries and in one U.S. state. In Canada, bill C-407 could have done the same. Euthanasia and physician-assisted suicide will become law, unless those who want a culture of life do something about it. There is much

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Stem Cells, continued from page 1



and Dr James Thomson published back-to-back studies that were hailed as moral alternatives to embryonic stem cell research. Both studies involved introducing genes into adult stem cells through a lentivirus, which reprogrammed them to become “embryonic” or induced pluripotent stem (IPS) cells, without destroying human

embryos. But pro-lifers may have celebrated too soon, without studying the methods reported in the papers.

Both researchers used several versions of the 293 aborted fetal cell lines to modify the DNA of the host adult skin cells in order to accomplish the reprogramming.

“Unless you read the papers published by Dr Yamanaka in *Cell* and Dr Thomson in *Science*, you would have no idea where the DNA came from that was used to transform the adult cells”, stated Debi Vinnedge, Executive Director of Children of God for Life, a pro-life watchdog organization focused on stem cell research and aborted fetal cell lines in medical products. “And even then you would have to know what you were looking for to understand it”, she added.

For example, while Dr Yamanaka reports using PLAT-E, PLAT-A and 293FT cells in his paper, the proper name for these cell lines is HEK (human embryonic kidney) 293. The cells were obtained from an electively aborted baby by Dr. Alex Van der Eb, of Crucell NV, who also produced aborted fetal cell line PER C6 from the retinal tissue of an 18-week gestation baby.

In the second study, Dr James Thomson of the University of Wisconsin, Madison, also used aborted fetal cell line 293FT to produce DNA used to modify adult cells. Furthermore, Dr Thomson obtained the DNA sequences he used from human embryonic stem cells. And before using foreskin fibroblasts, Thomson tested the reprogramming on IMR-90 aborted fetal cell line, taken from the lung tissue of a 16-week gestation

female baby.

“Pro-lifers may be deceived by the excitement about these publications”, Vinnedge cautioned. “Using aborted fetal and embryonic stem cells from deliberately destroyed human beings is certainly not any kind of moral victory.”

Vinnedge noted that the research is fraught with other moral and clinical problems, such as fatal tumors, which are a well-documented attribute of embryonic stem cells, and which also occurred with the adult reprogrammed IPS cells. And while Yamanaka and Thomson allege the new cells generated would be “patient specific” with no immune rejection problems, this claim is premature because there is foreign DNA present from the lentivirus used to modify the cells.

However, it is not necessary to use aborted fetal cells to produce the lentivirus at all, noted Dr Theresa Deisher, R&D Director of Ave Maria Biotechnology Company, a research firm dedicated to pro-life alternatives for unethical human therapeutics.

“There are other ethical ways to produce the DNA needed for transformation, efficiently and morally,” said Dr Deisher. “If these means were employed to produce the needed DNA, there would be no moral issues with the use of reprogrammed adult cells for research.” ■

Read Dr Deisher’s editorial *Why Are We Celebrating the Reprogramming of Adult Cells?* www.cogforlife.org/reprogramandethics.htm

Dr Yamanaka, *Induction of Pluripotent Stem Cells From Adult Human Fibroblasts By Defined Factors* <http://images.cell.com/images/Edimages/Cell/IEPs/3661.pdf>

Dr James Thomson, *Induced Pluripotent Stem Cell Lines Derived From Human Somatic Cells*, <http://www.sciencemag.org/cgi/content/abstract/1151526>

By Hilary White



CANADIAN CANCER SOCIETY ADMITS ORAL CONTRACEPTIVES POSE RISK FOR BREAST CANCER

NATALIE HUDSON

In what may be a first, the Canadian Cancer Society and the National Cancer Institute of Canada have admitted a link between oral contraceptives and breast cancer. Their 2007 Annual Stats report was released in April of 2007. It included an entire section dedicated to the topic of breast cancer. According to the report, one in nine Canadian women will suffer breast cancer in her lifetime, accounting for 29% of all cancers in women. But the report actually goes on to state, in the section entitled, "Trends and Incidence Mortality" that possible explanations for the alarming rise in cases (30% increase since 1969) "include changing patterns of childbearing and hormones (i.e. number of children, age at first birth, age at menarche and menopause, use of oral contraceptives [OC's] and combined hormone replacement therapy[HRT])." Further in the Report in a chart listing "Risk factors for breast cancer," the use of "exogenous hormones (eg., oral contraceptives, combined hormone therapy)" is again stated. The report does not state by how much these hormones raise the risk of breast cancer.

The link between OC's and breast cancer is of itself old news. In fact it has long been studied and reported, but due to many competing interests has never been admitted by the leading cancer authorities.

Last year, in October 2006, Dr. Chris Kahlenborn, M.D, published a significant article in the Mayo Clinic's medical journal, the Mayo Clinic Proceedings that garnered world-wide attention. The article entitled "Oral Contraceptive Use as a Risk Factor for Pre-menopausal Breast Cancer: A Meta-analysis," reported a 44% increased risk in women who used OC's before a first full-term pregnancy. The reason for the increased risk was that OC's elevated a woman's exposure to

estrogen, a known carcinogen.

The World Health Organization has listed "The Pill" as a carcinogen since 2005, stating in a press release that combined oral contraceptives (estrogen plus progestogen) and combined menopausal therapy are "carcinogenic to humans."

Though the National Cancer Institute and the Canadian Cancer Society have readily admitted that oral contraceptives and pregnancy events are risk factors in breast cancer, there was a deafening silence in the 2007 Report when it came to the "a-word." Abor-

tion was not given a single mention and its absence was palpable. If it can be admitted that the over-exposure of estrogens in OC's and HRT raises a woman's risk of breast cancer, why can it not be noted that a similar risk is present when a woman terminates her pregnancy and loses the protective effect of carrying her baby to term, a known scientific fact?

Dr. Joel Brind, PhD, who authored the famous meta-analysis that found a solid association between abortion and breast cancer indicated back in 1996 that the overall risk increase for a woman who had experienced a termination of pregnancy was 30%. That would make the 2007 Annual report just about right. They report that the actual rates of breast cancer incidence have risen by 30% since 1969, the year abortion was legalized. ■

[Note: Though abortion and OC's are risk factors in breast cancer, it does not mean that every woman with the disease has had an abortion or used OC's. Likewise, for women who have undergone these treatments, it does not follow necessarily that they will incur breast cancer.]

This article was first published in The Interim, February 2008. Republished with permission.



UNBORN VICTIMS OF CRIME BILL DEBATED IN HOUSE OF COMMONS



December 14, 2007 (OTTAWA)
(LifeSiteNews.com)

The Unborn Victims of Crime Act (C-484) introduced on November 21 by Conservative Member of Parliament for Edmonton-Sherwood Park, Ken Epp, received its first hour of debate in the House of Commons yesterday.

“This bill is about giving a woman the freedom of choice to bring her child to term in safety,” Mr. Epp said. “In anticipating the birth of her baby, she has become emotionally attached to it, and has experienced the greatest violation of her right and freedom possible - the criminal assault and death or injury to her child that she loves and wants to protect.”

The bill is a response to impassioned pleas by grieving families who want Parliament to enact legislation to recognize unborn children as separate crime victims when they are harmed or killed during criminal attacks against their mothers.

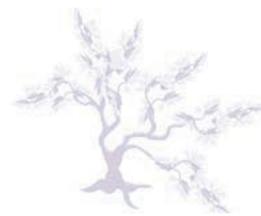
According to the Canadian Perinatal Surveillance System, women abused during pregnancy were four times as likely as other abused women to report having experienced very serious violence. Researchers have also found that the most common area of the body struck during pregnancy was the abdomen, suggesting that those who attack pregnant women are purposely targeting the fetus.

“It is very disturbing that when a woman is at her most vulnerable, she is at increased risk of attack,” said Mr. Epp. “What message are we sending to would-be abusers when our justice system turns a blind eye to the intentional killing of a woman’s unborn child against her will? We are only encouraging violence against pregnant women. And by failing to recognize her child as a potential victim, we are effectively telling the woman, when she is at her most vulnerable, that it is her responsibility alone to defend her child’s life, that she will receive no help from the state. This injustice is compounded when the surviving family members are told that a child whose birth they anxiously awaited—a child they already loved—never even existed in the eyes of the law.”

Mr. Epp concluded, “This bill is about doing what is right and decent in a civilized and compassionate society. It is just, it is humane, and it is long overdue.” □

If you wish to request a copy of the petition to enact legislation which would recognize unborn children as victims when they are injured or killed during the commission of an offense against their mothers, allowing two charges to be laid against the offender instead of just one, contact Edmonton MP, Ken Epp at:

eppk@parl.gc.ca



THE RIGHT TO LIFE ASSOCIATION OF TORONTO AND AREA

Membership Renewal/ Donation

- I have enclosed \$ _____ for my/our tax-deductible contribution. (See boxes at right)
- I would like to become a member/ renew my membership with the Right to Life Association of Toronto and Area (Please check appropriate box on the right).
- I would like to give a gift membership to a friend, including your quarterly newsletter (please attach their contact information).
- I would like to support Toronto Right to Life Association with my automatic monthly donation of \$ _____ applied to my VISA or MasterCard.
- Please renew my membership automatically each year (donation charged to my credit card) in the amount of \$ _____

All donations are tax-deductible.
Suggested minimum donations for membership:

- Student/senior - \$10 -
 - Individual - \$20 -
 - Family - \$25 -
 - Monthly gift of \$ _____
 - Other \$ _____
- Total of \$ _____

Name: _____ Email: _____ *Please add me to your e-list

Address: _____ City: _____ Prov: _____ Postal Code: _____

Home Tel: _____

VISA MasterCard Cheque Card #: _____ Expiry: _____ Signature: _____

Euthansia, continued from page 4

that can be done. A good example is the compassionate care leave that is given to caregivers – but we need to do more. We need to fight and lobby against attempted legislation supporting euthanasia and physician-assisted suicide. We can improve the quality of palliative care and hospice care with increased funding, better training, and educating medical personnel and the public about the benefits of these methods of care and compassion to the ill and dying. On an individual level, we need to refuse to remain silent and indifferent; and on a societal level, we must change the way we see death, dying, and the value of life and those in our lives and care. ■

PRO-LIFE BILLBOARD MESSAGES TO BE POSTED IN TORONTO

9 months.
The length of time an
abortion is allowed in Canada.

abortion.
Have we gone too far?

www.AbortionInCanada.ca



Toronto Right to Life has posted pro-life messages, as part of a campaign sponsored by Life Canada, on billboards in several locations throughout the city. The billboards are scheduled to be posted starting the week of January 28th, for at least 4 weeks, and can be found at the following locations:

1574 The Queensway at Atomic Avenue, facing west. This is just blocks from IKEA, and a block west of the Queensway Cathedral, a huge evangelical church.

1507 Avenue Road at Lawrence Avenue, facing southwest, so everyone going north and going east will see it.

The third location is at Eglinton Avenue and Brentcliffe Road (west of Leslie) facing east, in a great spot at the top of the hill. ■

You?



Toronto Right to Life is currently seeking passionate, dynamic, youth-oriented pro-life advocates to serve as members of our Speakers Bureau. As a member, you will be provided with all the appropriate training to enable you to help spread the pro-life message in elementary and high school classrooms and at other speaking engagements. If you are interested in becoming a part of this essential facet of Toronto Right to Life, please email us at righttolife@on.aibn.com or call us at **(416) 483-7869**. ■

120 Eglinton Ave. East Suite 700
Toronto, ON
M4P 1E2

Thank You!



We at Toronto Right to Life just want to say a big Thank You to everyone who contributed their time, energy and resources to this year's Christmas Card Campaign. This much needed fundraiser would not be possible without your generosity and dedication to the pro-life cause. ■

Return all undeliverable mail to circulation dept.
120 Eglinton Ave. East, Suite 700, Toronto, ON, M4P 1E2
e-mail: righttolife@on.aibn.com