

CANADIAN PHYSICIANS FOR LIFE .:WHAT THEY'VE SAID ON DEFUNDING

"Abortion is not an essential medical service. It is designated "medically necessary" for purely social and political, not medical, reasons. Pregnancy is not an "injury, illness or disease." There is no proof that abortion improves health. In fact it disrupts a normal physiological process, poses a risk to the mother, and ends the life of her developing child. There is no "medical necessity" where no medical benefit or health risk exists." "To justify funding of a service, the medical necessity and therapeutic value of that service should be undisputed. "

ONTARIO YOUTH CARE ABOUT THE FUTURE

Today's young people are more attuned to the absurdity of abortion than many of their parents.

We also understand that the cost of our current health care system is skyrocketing, with no apparent solution. That's unsustainable. To ensure the health care system exists for us in the future, politically-motivated spending on items like abortion must cease.

We see the illogic of having a healthcare system that is cash-starved and yet, continues to allocate scarce dollars towards the killing of children – our little brothers and sisters.

We see the incongruity of forcing citizens to fork over their hard-earned money for a medically unnecessary procedure that they find morally reprehensible.

We want what scarce money is available, directed toward saving lives, not taking them.

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ABORTION
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12-2PM
/ QUEEN'S PARK, TORONTO



**KILL BABIES
WITH TAX DOLLARS?**
NOT FROM MY **WALLET!**



NOT MEDICALLY NECESSARY, SO DEFUND IT!

It's time for Ontario legislators to treat our money with respect.

It's one thing for an individual to make a personal choice to kill a baby in the womb. It's quite another to expect the rest of us to pay for it.

It's ludicrous to ask us to open up our wallets for these killings when the province is drowning in debt, and genuine areas of health care are neglected, such as treating autistic kids, doctor/nurse shortages, elder care and buying MRI machines.

The Canada Health Act (CHA) is federal law which requires provinces to fund "medically necessary" services, but it does not define abortion as being medically necessary.

When Ontario legislators deem an elective procedure as "not medically necessary"

it does not get insured by OHIP, and as a result, will not receive public funding. For example, in 2004 Dalton McGuinty's Liberal government delisted chiropractic services after more than 30 years of public funding. Optometry examinations and physiotherapy were also delisted from OHIP at that time.

Therefore, it is clear that Ontario MPPs can easily delist abortion from OHIP. What they lack is the political will and moral fortitude to do the right thing.

In almost all abortion cases, the life of the mother is not in danger. The simple truth is that abortions today are performed for convenience, as a back-up birth control method. That's clearly not a medical necessity and should not be funded as such.

F FACTS ABOUT THE ABORTION MONEY DRAIN

FACT: In Canada ALL abortions are publicly funded - over 100,000 per year. In Ontario alone, between 30,000 to 50,000 babies are killed by abortion per year ... and paid for by you, with your taxes.

FACT: According to the abortion-advocacy group, Pro-Can, the average cost of elective abortion in a hospital is \$1000.

FACT: Abortion is used as a "back-up" birth control method more than 96% of the time. No physical illness or alleged "hard case" exist in these situations. Rather, the reasons are socio-economic in nature. ⁽¹⁾

FACT: Ontario taxpayers shell out \$30 - \$50 million annually for elective abortions⁽²⁾.

FACT: For \$30-\$50 million per year, Ontario can hire over 200 family doctors, or 400 nurses⁽³⁾, or purchase 20 MRI machines⁽⁴⁾ or provide therapy to 500 additional autistic kids each year⁽⁵⁾. All these uses of taxpayer dollars would represent genuine health care ... rather than killing babies.

FACT: The \$30M-\$50M estimate excludes the cost of abortion complications, such as perforations, uterine hemorrhage, pelvic inflammatory disease⁽⁶⁾, sepsis, post-traumatic stress disorder⁽⁷⁾, suicide⁽⁸⁾, infertility and breast cancer⁽⁹⁾. All these indirect costs could easily escalate the total cost of abortion to hundreds of millions of dollars annually! How many doctors could be hired, how many autistic kids could be cured, instead of pouring money down the abortion drain?

FACT: 61% of Ontarians oppose the automatic funding of all abortions, including many people who support access to abortion.

Footnotes:

(1) <http://www.johnstonsarchive.net/policy/abortion/abreasons.html>. This analysis cites figures from the abortion industry's own research division, The Guttmacher Institute, plus independent statistics gathered by 7 U.S. state governments.

(2) NO level of government has released cost figures for abortion so estimates are based on the direct costs of abortion.

(3) Average salary for a family doctor in Ontario is \$150K and nurse is \$70K (4) Average cost for MRI machine is \$1.5M

(5) Based on \$80K cost per child cited in Toronto Star, January 18, 2007, 'Ontario expands autism funding'.

(6) A study sponsored by the College of Physicians and Surgeons of Ontario found that women who underwent abortion experienced 4 times higher rate of hospitalization for infections. In 2000, the UK's Royal College of Obstetricians and Gynecologists established that the immediate physical complication rate of induced abortion is at least 11%. A similar U.S. study found a higher complication rate of 17%.

(7) The same study above found that women who underwent abortion experienced nearly 5 times higher rate of hospitalization for psychiatric problems. Psychologist Dr. Teresa Burke in her book, 'Forbidden Grief: The Unspoken Pain of Abortion', cites statistically-valid studies showing that 14% - 20% of women who abort, experience post-traumatic stress disorder (PTSD), while 65% experienced multiple symptoms of PTSD.

(8) An authoritative study in Finland found that the suicide rate associated with abortion is 6 times higher than the suicide rate associated with childbirth. (9) Abortion as a risk factor in breast cancer has been supported by more than (20) peer-reviewed scientific studies. These studies average a 30% increased risk of breast cancer due to abortion.

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TORONTO

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