

**GOLD COAST BRANCH**

5 September, 2018

To The Queensland Parliament Health Committee

In the *Inquiry Overview of The Termination of Pregnancy Bill 2018*, the *About the Bill* section states:

The primary objective of the Bill, as outlined in the explanatory notes, is that the termination of pregnancy should be treated as a health issue, not a criminal matter.

This premise is misguided. Abortion is not like any other medical or health procedure. Firstly, no other legal medical procedure in Australia kills a human being. Secondly, the vast majority (about 97%) of abortions are performed on healthy women carrying healthy babies, i.e. for social or financial reasons. Abortion is a medical "solution" to a social problem, which creates many health problems for women.

I believe that decriminalising/legalising abortion would bring far greater health problems to women than currently exist in Queensland. Research studies on pregnancy and suicide will be used towards the end of this submission to display this point.

I will use biographical and autobiographical material from the well-known abortionist Bernard Nathanson (1926 to 2011) to expose fallacies deliberately planted and now accepted as 'truth'.

Nathanson fought the pro-life movement with great gusto and determination. So involved was he in the push to legalise abortion in the United States, he even admitted to fabricating polls saying Americans supported abortion. As one of the founding members of NARAL (National Association for the Repeal of Abortion Laws), Nathanson later described the lies he and his fellow abortion proponents devised to push the legalisation of abortion. These included fabricating polls saying Americans supported abortion as well as illegal abortion statistics. On a website explaining this fabrication, Nathanson says that the "actual figure (of illegal abortions) was approaching 100,000 but the figure we gave to the media repeatedly was 1,000,000".²⁰ The same account reports Nathanson saying, "I remember laughing when we made those slogans up", as he reminisces about the early days of the pro-abortion movement in the late '60s and early '70s. He also states that he was "looking for some sexy, catchy slogans to capture public opinion. They were very cynical slogans then, just as all of these slogans today are very, very cynical" He adds, " Repeating the big lie often enough convinces the public. The number of women dying from illegal abortion was around 200-250 annually. The figure we constantly fed to the media was 10,000. These false figures took root in the consciousness of Americans, convincing many that we needed to crack the abortion law." ²¹

After the 1973 US Supreme Court decision commonly referred to as *Roe vs Wade*, which allowed unlimited access to abortion, Nathanson says his group was inundated with requests for abortion:

To that end, I set up a clinic, the Center for Reproductive and Sexual Health (CRASH), which operated in the east side of Manhattan. It had 10 operating rooms, 35 doctors, 85 nurses. It operated seven days a week, from 8am to midnight. We did 120 abortions every day in the clinic, At the end of the two years that I was the director, we had done 60,000 abortions. I myself, with my own hands, have done 5,000

abortions. I have supervised another 10,000 that residents have done under my direction. So I have 75,000 abortions in my life.²²

. . . Bernard Nathanson documents his inner journey out of the abortion industry in his autobiography . . .

. . . The inner changes began to come for him the 1970s with the growth of doubt about what he was doing. These arose largely from the arrival of ultrasound, showing real live unborn human beings on TV screens before him. After gazing at the movements of the unborn child, despite all he had formerly believed and done, he came to realise that the unborn child is a member of the human community. He argues this evidence alone should be enough to convince those who look at such screens. . .

. . . Nathanson married four times, his first three marriages ending in divorce. There had been a history of suicide in his family: his paternal grandfather had committed suicide, as had his father's sister; and Nathanson himself did contemplate it. . .

. . . When, finally after long soul searching and being confronted with the reality of the living child in the new ultrasound pictures before him he decided to do no more abortions. He describes his existential dilemma as he wondered whether or not to commit suicide following realisation that he had killed so many innocent children. . .

. . . I had been cast adrift in a limitless sea of sensual freedom – no sextant, no compass, no charts, simply the dimly apprehended stars of the mores of society (a chimpanzee could be trained to do as well, a minimalist concept of justice, and a stultified sense of decency). . .

. . . Having tried alcohol, tranquillisers, self-help books, counselling and psychoanalysis up to this point, he finally found a secure starting point for his journey in being honest with himself, in realising he despised himself for what he had done. . .

. . . His harrowing confrontation with what he had done and his contemplation of what he should do, led him to think that he would do more for others if he gave witness to the truth of what he had done. In the 1980s he directed and narrated a film entitled *The Silent Scream* which described what occurred in an abortion in very quiet factual terms . . . The film itself had an extraordinary influence around the globe, having been translated into dozens of languages.

²⁰ "National Abortion Rights Action League Founder Reminisces":

<http://www.pregnantpause.org/abort/remember-naral.htm> (Accessed 13 May 2012)

²¹ Ibid.

²² Ibid.

The experiences of Dr Nathanson lead one to suspect that an environment steeped in instabilities may increase the tendency to be involved in abortive activities. And also, that involvement in abortion may lead to increased mental instability. Indeed, it would appear that mental health issues and abortion can work together to escalate each other.

There is a significant body of support for this supposition.

At the Sixth World Conference on Research Integrity, due to occur in Hong Kong from 2-5 June 2019 one of the papers cited is titled *Suicides after pregnancy in Finland, 1987–94: register linkage study*. The Abstract of this study is copied below:

Objective: To determine rates of suicide associated with pregnancy by the type of pregnancy.

Design: Register linkage study. Information on suicides in women of reproductive age was linked with the Finnish birth, abortion, and hospital discharge registers to find out how many women who committed suicide had had a completed pregnancy during her last year of life.

Setting: Nationwide data from Finland.

Subjects: Women who committed suicide in 1987–94.

Results: There were 73 suicides associated with pregnancy, representing 5.4% of all suicides in women in this age group. The mean annual suicide rate was 11.3 per 100 000. The suicide rate associated with birth was significantly lower (5.9) and the rates associated with miscarriage (18.1) and induced abortion (34.7) were significantly higher than in the population. The risk associated with birth was higher among teenagers and that associated with abortion was increased in all age groups. Women who had committed a suicide tended to come from lower social classes and were more likely to be unmarried than other women who had had a completed pregnancy.

Conclusions: The increased risk of suicide after an induced abortion indicates either common risk factors for both or harmful effects of induced abortion on mental health.

Key messages

- The risk of suicide after birth is half of that among women of reproductive age in general
- Suicides are more common after a miscarriage and especially after an induced abortion than in the general population
- Increased risk for suicide after an abortion indicates either common risk factors for both or harmful effects of induced abortion on mental health

Abortion is introduced under a false guise of compassion for women and leads to poor health outcomes for significant numbers of women.

For the well-being of the women and of all the people in our State, I recommend that the law in Qld remains as it currently stands. The very presence of the law sets a standard which limits a range of potential abuses from multiplying. To limit the increased risk of mental health issues and other problems, I would also recommend that all women be offered counselling and support prior to making an abortion decision. This should include a scan of their unborn child and also information on the risks.

Yours sincerely

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ⁱ Excerpts from Chapter 20 (*From abortion advocate to Catholic*) of *Catholic Converts from Down Under... and All Over* compiled by Wanda Skowronska published by Connor Court Publishing in 2015