

3rd September 2018

health@parliament.qld.gov.au

Committee Secretary

Health, Communities, Disability Services and Domestic and Family Violence Prevention
Committee

Parliament House

George Street

Brisbane Qld 4000

Dear Committee Members,

WE OPPOSE the Termination of Pregnancy Bill 2018

We are writing a submission in **OPPOSITION** to the Termination of Pregnancy Bill 2018 and request that you **DO NOT recommend the passing of this legislation to legalise abortions in Queensland.**

We would like to make the following specific points in relation to this legislation: -

- **Part 2 Termination by medical practitioner after 22 weeks**

This section requires the consultation of two medical practitioners for late term abortions however it provides absolutely NO protection to viable babies! Late term abortions inflict excruciating pain on the baby. It is well documented and proven that babies feel pain beyond any shadow of a doubt from as young as 20 weeks but the reality is that pain is felt well before this if the pregnancy is tampered with. Furthermore, babies with proper care can survive when born exceedingly prematurely.

This section refers to considering the relevant medical circumstances, the woman's current and future physical, psychological and social circumstances however there is NO provision for mandatory free independent counselling with the woman/girl without significant others present. It is essential that this be included in the process so that she can freely express her wishes/desires/fears without intimidation or fear of significant others present who are often acting to coerce her into the decision believing it is best for her. Abortions pose a long-term risk to women. It is not just the removal of a clump of cells like a bunion or wart as women are often told. Women around the globe can attest to the emotions one can feel in pregnancy even in a normal wanted pregnancy let alone when a woman is frightened and in a crisis where she is being told she is too young, her life will be ruined, she won't be able to cope and she has nowhere to go for help. If you listen to stories of women who have had abortions, you will hear how vulnerable they were and how for the vast majority abortion was not their choice. Rather they were coerced into the decision by husbands, parents, grandparents, boyfriends, partners, friends, teachers, doctors, and/or by their own fears and lack of support and knowledge.

How many cases of child abuse, rape and incest are covered up by forcing these young teenage girls to have abortions? I personally know someone who was sexually abused as a child by a friend resulting in a pregnancy, followed by an abortion. No questions were asked. It was all covered up and that girl who is now a woman went through hell for many, many, many, years because of that abortion and is still in the recovery process. Read the real-life story of the anguish and pain felt by Lyn and the coercion she experienced:

The mandatory free independent counselling needs to be conducted over time (not just one quick session) and include at least three appointments with people who really care about women and not by those who are endeavouring to sell an abortion as the quick and easy fix that will solve their problems. As this is an outright lie! The abortion causes a multitude of ongoing problems for the woman that are not easily resolved. Medical practitioners and registered health practitioners are not able to conduct the counselling, nor are counsellors at an abortion clinic as they have a vested interest and abortion is the product women are sold at the time of their greatest vulnerability. The counsellors need to have experience in helping women who have had abortions so they understand the long-term impact that abortions can have on women.

In addition, there should be a requirement for real options to be provided. This means the adoption process needs a complete overhaul so that it is easier for women who are in difficult situations to be given this option, and it needs to be provided free of charge. There are so many couples who are unable to have their own children and often they remain childless because the adoption process is so long, involved and stringent with no guarantees at the end. As part of the counselling, and while she is in a safe environment, the woman in crisis should be able to access via phone, skype or in person alternatives and supporting agencies as well as information to take with them.

Furthermore, if it looks like the child might have a disability or die soon after birth, then let's give the family the support they need to love and care for the baby while it lives and if they are unable to care for a baby with special needs there are people who will adopt these children as well. Or if they choose to raise the child then provide networks and counselling for both men and women giving them the tools to have strong, healthy and happy families by providing parenting, financial and budgeting skills needed to raise a family.

The pregnant woman needs to be given detailed information and complete disclosure as to what the termination procedure entails and of all the possible complications and negative health effects in both video and printed material while at the counselling session and to take home with them. The information needs to include not only the physical risks such as infertility, hysterectomy, damage to intestines even to the extent of the need to have colostomy and death; but also, the physiological effects both short and long term; post-traumatic stress, years of nightmares about children, anxiety, anguish, tears, sleepless nights, the grief and shame, inability to bond with living children, depression and suicide. Those seeking a termination need to be able to listen to real life stories of women who have worked in abortion clinics and those who have undergone an abortion. Allen E. Parker Justice Foundation states that **“Women have constantly said: They didn't tell me I would suffer for years from my abortion, they didn't tell me I'd have nightmares about my baby,**

they didn't tell me I would regret it so deeply that I would rather kill myself then go on living... nah it's 10 minutes and you'll never have to think about it again... that is a lie."

The mental health of women is damaged to a much greater extent through the termination or killing of her own child than through any other option as the decision is irreversible. Often that decision was made in a time of great fear and confusion with the coercion of others and is regretted for the rest of their lives greatly impacting the mental health of those involved. Even when women have been ignorant and believed it was just a clump of cells they were plagued with nightmares of screaming babies. **One woman has shared "Rather then just go through 9 months of a crisis pregnancy, I've gone through about 20 years of hell on earth... just by exercising my right to choose".**

Women generally seek abortions because they don't feel they have any other option and are often coerced by others. They lack support and undergo an abortion because they don't feel they have any other choice. It is absolutely essential that women are provided with all the information and nothing is hidden and kept from her so that she is in a better position to make an informed decision. In addition, detailed information on the abortion reversal pill should be provided and the funding of a top quality website with all the necessary resources and FREE help lines such as this one in America [REDACTED] so women in Australia can easily access the help they need and not just be told it is too late.

Further and very importantly ABORTIONS AFTER 22 WEEKS ARE NOT A MEDICAL NECESSITY to save a mother's life so **Part 2 Section 6 (3) should not be included. A viable unborn baby NEVER NEEDS TO BE KILLED to save the mother's life.** Please listen to Dr Anothony Levantio ["A Conversation with a Former Abortinist: Is abortion ever medically necessary?"](#)

[REDACTED] Dr Levantio worked in a hospital specially for high risk pregnancies and he saved hundreds of women from life threatening pregnancies by delivery the babies (where necessary through Cesarean section), NOT through aborting them. The vast majority of life threating situations in pregnancies do not arise until 24, 25, 26 and higher weeks of pregnancy when the babies can often survive outside the womb with proper care. Late term abortions take days to prepare the cervix so that it is large enough to [REDACTED] the baby so if an abortion was used to 'save the women's life' she would in fact be dead and would not survive. In Dr Levantio's experience of well over a decade, he NEVER had to kill a baby to save a mother's life. A pregnant mother can choose not to raise the child by putting the child up for adoption but should not have the option of "not being pregnant" through having a late term abortion.

- **Part 4 Safe access zones**

This section refers to establishing exclusive protective zones for abortion businesses. While we don't support women being harassed or intimidated, if this was to become law then it would be an offence to peacefully protest, pray or even offer information and practical help to women within 150 meters.

This is a huge threat to our democratic freedom of speech. It is vitally important that you reject a bill that criminalises citizens who wish to peacefully oppose abortions. How can you pass a bill that makes it a criminal offence to peacefully oppose the killing of innocent babies and the harming of women? Frightened women in crisis have been sold a very

skillfully marketed product expecting a fix to only find out it is defective. Do not stop the possibility of these women being helped moments before they make a decision which the majority regret and believe it to be the worst decision of their life. Read this real story here:



- **Part 3 Section 10 Woman does not commit an offence for termination on herself**

This a dangerous inclusion as it encourages the self-administering of medication abortions which are not as safe as surgical abortions. Please read a couple of extracts from article titled "Abortion pills: From the back street to the bathroom" by Philippa Taylor. "This is rarely acknowledged, yet all the evidence is clear. The largest and most accurate study of medical abortions, a Finnish study of 42,600 women, found that women had four times as many serious complications after medication abortions than surgical abortions: 20 percent compared with 5.6 per cent." "A leading campaigner for abortion, obstetrician Peter Boyland, has admitted: 'There are serious dangers when women take [abortion pills] without supervision. We have knowledge of women who have taken them in excessive dosage and that can result in catastrophe for a women such as a rupture of the uterus with very significant haemorrhage... And if that happens in the privacy of a woman's home or perhaps in an apartment somewhere, that can have very, very serious consequences for women. So it's really important that these tablets are... dealt with in a supervised way'."

- **Part 2 Section 8 – Registered health practitioner with conscientious objection**



This section is dealing with conscientious objections however it states that a doctor and nurse has a duty to perform or assist in performing an abortion on a woman in an emergency. **"AN EMERGENCY ABORTION" DOES NOT EXIST. Refer to the information provided above under Part 2 Termination by medical practitioner after 22 weeks above.** In the case of an ectopic pregnancy where the mother may die (as well as the baby) if nothing is done to remove the embryo from the fallopian tube this is a non-survivable scenario for the foetus and it has usually already died by the time it is discovered. This is not an abortion. Further the mental health of the mother CANNOT be used as a category for an emergency abortion since killing her baby will have a far greater and far reaching effect on her mental health. We are greatly disturbed by this clause as doctors and nurses (registered health practitioners) will be called upon to undertake abortions regardless of their position. Furthermore, directing a patient to someone who will undertake the abortion is in breach of their conscientious objection and makes the situation impossible for all registered health practitioners who do not agree with terminations.

Life is sacred and should be protected

Every life is worth living. It is important that the lives of unborn babies are not sacrificed under the title of "Women's Right to Choose". Half of the babies aborted (or perhaps even more) are baby girls soon to be women if allowed to live... what about their rights? After conception, a new life is created. Medical, biological and scientific writings all agree on this fact. A baby's heart is beating before the mother even knows she is pregnant. Abortion kills babies and harms many more; mothers, fathers, grandparents, siblings, friends, etcetera. I, Susan, personally know three women who have been adversely affected by abortions and who have suffered much as a result and in some cases are still suffering emotionally, mentally and physically. Abortion cannot be used as a birth control when contraception's

have failed. While a baby might not be “convenient” for the woman in question, nine months is a very short time when you consider the span of her entire life.

Abortion poses a long term risk to women

Inevitably the vast majority of women at some point suffer from major depression, anxiety, regret, guilt and shame as a result of having an abortion. These women often suffer privately being too embarrassed and ashamed to talk about it or if they do they are told to just get over it, it is just a clump of cells. Many suicides or attempts stem from the decision to abort. Often women have been told that abortion is the quick and easy fix and will solve all their problems only to discover that now they are in a much worse condition than before. In addition to the many physiological affects some of which have been mentioned above. Further details can be found at this website 


CONCLUSION

Due to the fact that ABORTION POSES A LONG-TERM RISK TO WOMEN, it KILLS A BABY and all the other reasons stated above, we urge you to **OPPOSE** the Termination of Pregnancy Bill 2018 and any other Abortion or Termination of Pregnancy Bills. We request that you **DO NOT recommend the Legalisation of Abortion in Queensland.**

Once again we urge you to ensure **that Queensland DOES NOT** make it legal to kill babies still in their mother's wombs. **PLEASE HOLD TO THE TRUTH and do more to protect the lives of the unborn babies and protect the health of women.** The killing of a baby does nothing to promote a women’s health but puts them in a predicament where the decision is irreversible.

Yours Sincerely,

Jon & Susan Kirk

