

28 June 2016

**The Committee of Inquiry into Abortion Law Reform Health, Communities,  
Disability Services and Domestic and Family Violence Prevention Committee**

Dear Committee Members

I am writing to request your Committee makes recommendations which supports the right to life of the preborn child in Queensland.

I urge the Queensland Parliament to reject Mr Rob Pyne MP's [Abortion Law Reform \(Women's Right to Choose\) Amendment Bill 2016](#).

**I use this opportunity to ask who is driving this campaign of free and total access to abortion “up-to-due date”. Who stands to gain financially and socially from this industry?**

- This campaign is about clearing the way for abortion up to due date, and indeed the bill allows the baby born alive after its own abortion to be left to die without medical care and dignity.
- Why I say this is that I live in Victoria and am aware of the effects that the Abortion Law Reform Act 2008 has had on the number of late term abortions, the type of late term abortions and the extent to which the law has expanded the abortion industry.
- It is clear there is a movement around Australia pushed by the feminist agenda of “abortion up to “due date” in every state.
- Ensuring there is no barrier whatsoever to the killing of the preborn now extends in states such as Tasmania, Victoria and ACT to includes the prevention of free speech by excluding protests or peaceful prayers outside abortuaries.
- It is apparent even from the name of the bill itself that lobby groups are behind this bill i.e. “Women’s Right to Choose” You never hear husband or father’s rights endorsed by these groups.
- Fathers of babies have responsibility for babies but no rights to their preborn.
- Are those people who are providing abortions in this country – Marie Stopes International, Planned Parenthood (Australia) and abortionists in public hospitals and private abortuaries – the ones who are set to gain from the number of abortions provide?
- MS Health-a company run by Marie Stopes International is the importing, marketing and distribution company for abortion drug RU 486 in Australia. This is a company already providing surgical abortions in Australia. It is a conflict of interest that a company importing the drug is given the approval to market and distribute it in society, when it receives the financial benefits from women having abortions using their services and products.
- The other thing is to support families — we need to be a pro-child society with a pro-child government.

**My submission focusses on late term abortions and what is happening in Victoria, which is a key factor in predicting outcomes for Queensland if this bill continues.**

**Fallacy:**

*Decriminalisation of abortion will not increase late term abortions, just take them out of the code.*

**Fact:**

The removal of abortion from the criminal code will increase the use and availability of late term abortion resulting in escalating numbers of late term abortions – based on figures from Victoria, who decriminalised in 2008.

The graph below looks at CCOPMM\* figures in Victoria, from the years 2000-2013. (Latest report is 2012/123).

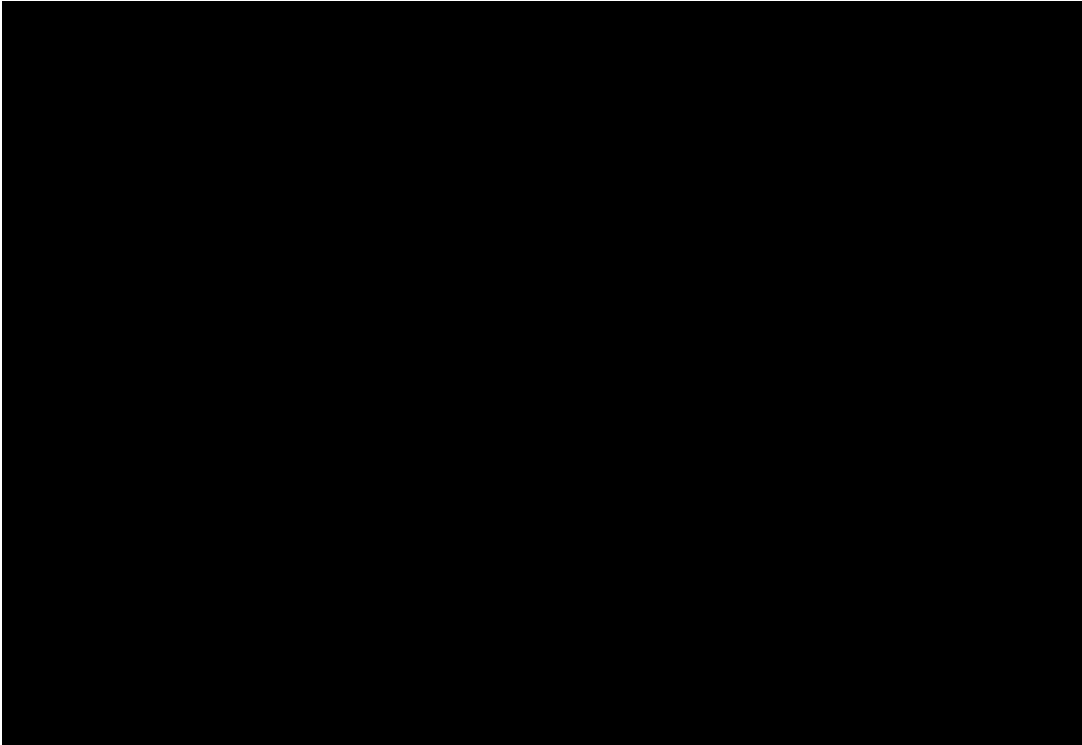
In 2008 the Abortion Law Reform Act 2008 was passed. Since that time late term abortions have been climbing. (Graphs are my representations).



Jennifer Keyte, journalist with Channel 7 news presented a story about the increase in late term abortions at the Royal Women's Hospital in Melbourne. Late term abortions in that hospital alone, after the decriminalisation increased by 600% in two years.

If there were 150 late term abortions (3/week) a year in 2010 at the Royal Women's, there were more than another (366-150) = 216 that year being performed around the rest of Victoria! Not sure whether these numbers even include private clinics such as Marie Stopes Croydon.

In the latest CCOPMM\* report 2012/13 the number of late term abortions in Victoria is 358 per year that is nearly one per day i.e. (7 per week).



**Fallacy:**

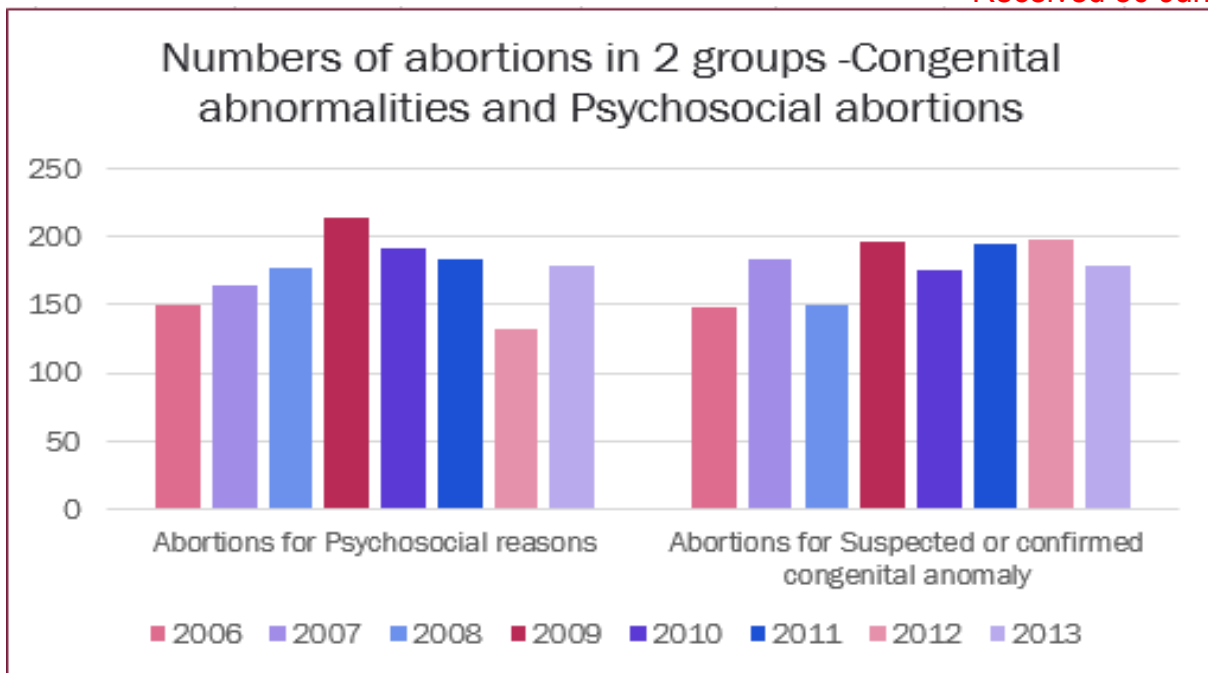
*Late term abortions are only for babies with extreme congenital abnormalities.*

**Fact:**

Not so, about 50% abortions in Victoria are for psycho-social reasons, i.e. not related to the baby's health. (See graph below)

In the group of babies with congenital abnormalities there are babies born alive, and babies who are stillborn. No one knows what happens to the babies. Why are babies aborted for maternal psycho-social reasons all born stillborn and yet there are babies aborted for congenital abnormalities who survive.

We have no information about how long aborted babies survive yet for all other newborns who die postnatally this information is recorded down to the size of the baby and the number of weeks gestation and length of survival post birth.



\*Data extracted from Consultative Council on Obstetric and Paediatric Morbidity and Mortality Reports 2007-2013

**Fallacy:**

*Babies are only being aborted for diagnosed congenital abnormalities.*

**Fact:**

Yes they are being aborted for congenital abnormalities but abortions have extended to babies to "SUSPECTED but NOT confirmed abnormalities". See CCOPMM reports\*

In addition in 2011 a baby was aborted in Victoria at 37+ weeks for psycho-social reasons. It is indisputable that this scenario will happen elsewhere.

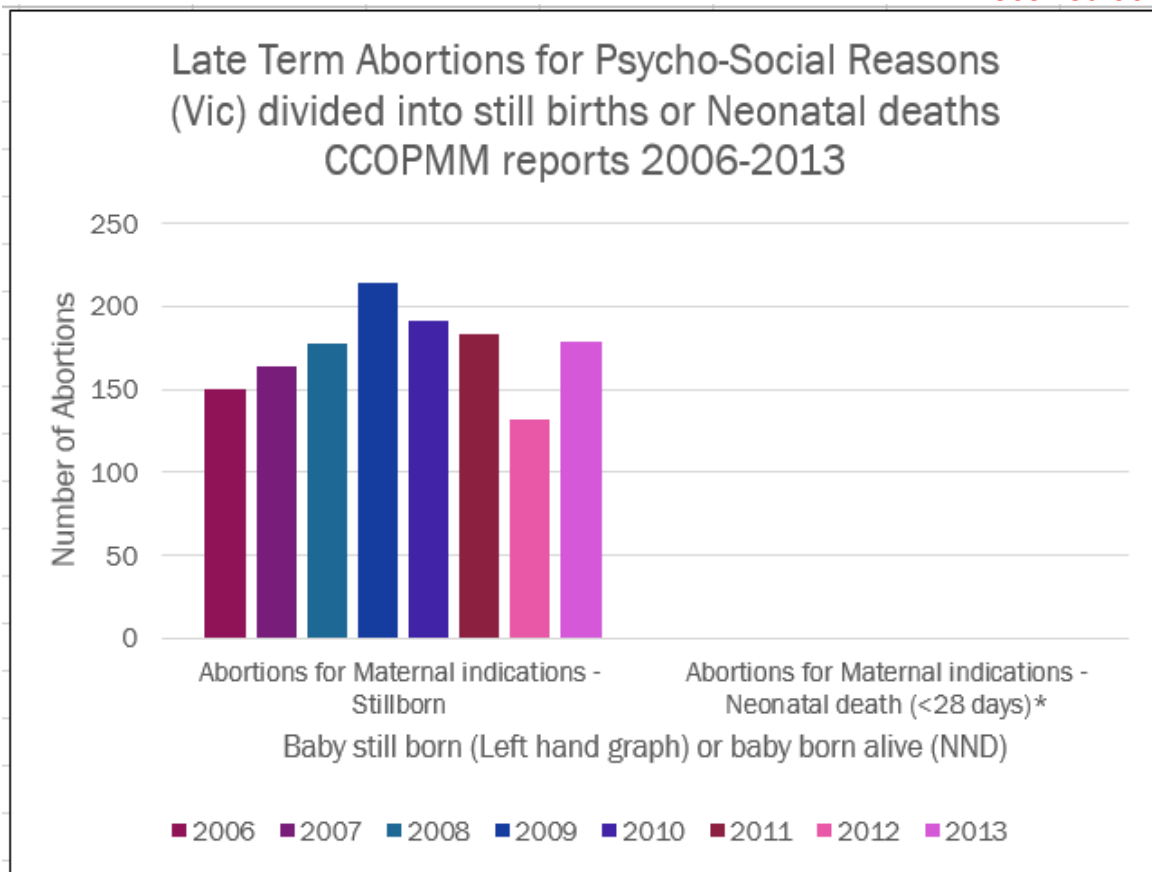
**Fallacy:**

*There are no failed abortions, babies are not born alive after abortions.*

**Fact:**

Decriminalisation leads to zero protection for a child who survives an abortion. This means there is discrimination between a child who is "wanted" who receives all types of medical care to ensure its survival with a child who is "unwanted".

The fact that the CCOPMM reports in Victoria show that in the case of abortions for Psycho-social reasons, there are two types of death from abortions, i.e. babies who are still born and babies born alive. See graph. Does this mean that some babies are aborted "better than others"?



The number of neonatal deaths (NND) in Victoria reached 53 in the 2012 year! It has been widely publicised that this horrendous activity is also happening in Queensland.

In addition some health services around Australia are actually publicising in their policies what the “process” should be around the delivery of a live born baby who survives his or her own abortion.

**Fallacy:**

*Abortion is just “another medical procedure”.*

**Fact:**

In terms of the unborn, every child is a unique unrepeatable blend of genetic material from mother and father. An abortion is not like the removal of a toe nail! Every abortion kills a baby.

Advances in science allow operations to preserve the baby within the amniotic sac, as well as early deliveries with life saving care applied. .

Abortion has physical and mental effects on women which are both personal and recorded in literature. Others submitting to this inquiry will have detailed the life changing effects.

The issue has not been looked at is the effect on health professionals eg nurses being exposed to the horrors of late term abortions.

In Victoria, a journalist - [Barney Zwartz in 2010 reported that babies are born alive and left to die](#). As he said in his article "What has been the effect on staff morale at the Royal Women's Hospital?" What has been the effect on staff recruitment? Barney Zwartz also said in one case - not at the Royal Women's (Melbourne) - a trainee was deeply traumatised when she was told to drop a living foetus in a bucket of formaldehyde.

\*Data extracted from Consultative Council on Obstetric and Paediatric Morbidity and Mortality Reports 2007-2013

**In summary:**

**I feel upset when I read the above figures and think that each one of these babies was no matter how abortion is presented, was a baby unwanted and unloved.**

**I ask all Committee members to review all submissions not only with a factual eye but with a conscience about the sanctity of human life.**

**I request this bill be withdrawn and that a bill which focusses on supporting women and men in crisis pregnancy is introduced.**

Mary Collier

