



Speech By Robbie Katter

MEMBER FOR TRAEGER

Record of Proceedings, 20 March 2024

TERMINATION OF PREGNANCY (LIVE BIRTHS) AMENDMENT BILL

Introduction

Mr KATTER (Traeger—KAP) (12.29 pm): I present a bill for an act to amend the Termination of Pregnancy Act 2018 to clarify particular matters relating to the provision of medical care and treatment to persons born as a result of a termination. I table the bill, the explanatory notes and a statement of compatibility with human rights. I nominate the Health, Environment and Agriculture Committee to consider the bill.

Tabled paper: Termination of Pregnancy (Live Births) Amendment Bill 2024 410.

Tabled paper: Termination of Pregnancy (Live Births) Amendment Bill 2024, explanatory notes 411.

Tabled paper: Termination of Pregnancy (Live Births) Amendment Bill 2024, statement of compatibility with human rights 412.

More than 30 babies—people—are born into this world alive in Queensland each year as a result of a late-term pregnancy termination procedure: 30 babies. This bill to amend the Termination of Pregnancy Act 2018 enshrines in legislation the fundamental human right that all persons—human babies—born alive in Queensland are to be afforded proper medical care and treatment. I am surprised in this day and age that we would have to call for something like that in parliament. I would have imagined it as a given, but it has not been as has been the history of care or lack of care in Queensland until recently.

When I heard for the first time that Queensland lags behind other jurisdictions in ensuring these babies—these humans, these Queenslanders—are properly cared for and treated, I was compelled to develop this bill with the KAP. As detailed in the statement of compatibility to this bill, this bill enshrines the human rights of all babies born in Queensland. It protects: right to life; the protection from torture and cruel, inhuman or degrading treatment; the protection of families and children; and right to health services. That is consistent with the Human Rights Act of Queensland.

Professor Joanna Howe has worked tirelessly across Australia to ensure all Australian babies born receive the care that they need—their fundamental human right. Although there is very little information about what happens to babies who are born alive following an abortion—I guess for obvious reasons—a Northern Territory coroner's report into the death of baby Jessica Jane provides some insight into what occurs.

In this case, Jessica Jane was born alive and placed on a metal kidney dish in an empty room for approximately 80 minutes until she died. She went from the safest place you could imagine—in the womb of her mother—to a metal dish in a dark room by herself and was left for 80 minutes until she died. According to nurse Williams who delivered her, Jessica Jane although premature was apparently healthy and had no apparent abnormalities and her vital signs were relatively good. Nurse Williams weighed the baby and she was 515 grams. She called the doctor who had authorised the abortion to inform him of the live birth and that the baby's APGAR scores were strong. According to the coroner, the doctor's only response was to say, 'So?' and then he abruptly hung up the phone on her. He gave no instructions to give the baby medical care and the baby was left to die where she lay. The nurse

checked on Jessica Jane every 10 to 15 minutes and observed crying and movement. According to the coroner's report, after an hour her heartbeat and breathing slowed until her death at 4.05 am. Nurse Williams informed the coroner, 'I desperately wanted to do more but my hands were tied.'

In Coroner Greg Cavanagh's judgement, reference is made to another case of a baby born alive following an abortion and left to die in Sydney. Given the similarity between this case and the media reports during the same time period of a baby born alive and left to die in Westmead Hospital, it seems likely that this reference is in relation to an unnamed baby who was aborted and zipped into a medical waste bin while still breathing at Westmead Hospital following an abortion. The New South Wales Deputy State Coroner, Janet Stevenson, in that case criticised Westmead Hospital staff for failing to care for the baby, stating—

There is a serious issue which arose as to the way in which the deceased was treated after signs of life were detected. Not the least of these being the non-acceptance by medical staff that they had a duty to treat the situation in a manner different than they did ... There appears to me to have been a total abrogation of responsibility, let alone common humanity, on the part of those who should have borne the burden of dealing with the child.

We also know of a recent third case which happened in 2020, this time involving a little Queensland baby girl. Unexpectedly born at 19 weeks after an abortion, her name was Xanthe and she was left to die in an empty room in the Royal Brisbane and Women's Hospital in December 2020. Her case was reported in the *Courier-Mail* last year. We have various reports and guarded information around this. Although we know the raw data that 90 babies were born alive in Queensland after an abortion in the last two years alone, baby Xanthe's story exposes the brutal reality of the short lives of these poor children.

The former health minister and now Premier assured the parliament that late-term abortion would not increase under the then new laws introducing abortion up to birth. This has proven to be horribly incorrect. In 2018, before the abortion up to birth bill passed, 152 Queensland gestationally viable babies were killed via late-term abortion. By 2021, however, the number had doubled, with 304 Queensland babies tragically killed in late-term abortions.

More late-term abortions mean more live births after a late-term abortion. In just the last two years that we have data for, 90 Queensland newborns were born alive after an abortion and did not have a legislative right to care and to be treated equally like all other newborns. In 2018 a study reported in the *Journal of Obstetrics and Gynaecology* reviewed 241 late-term abortions without feticide on babies between 20 and 24 weeks gestation and found that more than half the babies were born alive with a median time of survival of 32 minutes, with one baby surviving for over four hours, 267 minutes. Scientific evidence is very strong that these babies feel pain at that age.

The government and indeed the opposition may suggest that this bill is not required as Queensland Health put in place a guideline last year to direct that care is given. However, the way this was done in the dead of the night, without much notice given and certainly no public notice, it can be changed just as easily in the dead of the night again back the other way. For something so important, I do not think we can rely on just a procedure and a guideline that sits in Queensland Health. This needs to be legislated. I think it is very important for Queensland to see that it is legislated—that we care about the human rights of those kids.

Let us not have a deep dive into the abortion debate or the ideologies that surround it. There is no question: a baby breathing the same air that we breathe is a human life. They are out there and they deserve the same human rights. This is a human rights issue. They deserve the same human rights as you and me. Leaving them alone to die in a room by themselves or in a medical waste bin or wherever should be something that we do not even contemplate. In fact I hope that most people are sincerely disturbed and moved to hear that.

This bill enshrines in legislation the human rights of all babies born. It brings us into line with best practice in New South Wales and South Australia. It basically means we simply draw a line between the barbaric practice of leaving newborn babies to die after an abortion and we close the chapter on this dark part of history and say 'never again'. Never again will precious babies in Queensland like little Xanthe die alone in a room by themselves. We bring this bill to parliament seeking every member's support for these objectives.

First Reading

Mr KATTER (Traeger—KAP) (12.39 pm): I move—

That the bill be now read a first time.

Question put—That the bill be now read a first time.

Motion agreed to.

Bill read a first time.

Referral to Health, Environment and Agriculture Committee

Referral to Health, Environment and Agrict			
Mr DEPUTY SPEAKER (Mr Krause): In accordance with referred to the Health, Environment and Agriculture Committee.	standing order	131, the bil	l is now
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