

Submission to the Queensland Department of Health, Communities, Disability Services and Domestic and Family Violence Prevention Committee

Response to the Queensland Government public consultation on the Abortion Law Reform (Woman's Right to Choose) Amendment Bill 2016

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Summary – Key Responses to the proposed decriminalisation and unlimited access to abortion by women facing a crisis pregnancy.

I. Changes to existing legislation expose vulnerable women to coercion

ISSUE: Over 90% of abortions are undertaken for psychosocial reasons such as lack of support, financial pressure, career or educational aspirations and relationship problems, including half of all late term abortions. There are serious concerns that many women are feeling pressured and coerced into seeking abortions as they feel they have no other reasonable options.

Key Action 1: *Existing legislation regarding access to abortion in Queensland should not be changed.* Unlimited access to abortion including late term abortion does not represent a liberating choice for women, but exposes women to coercion. Instead better education, options and support structures representing a feminine approach should be considered.

II. Late term abortion practices run contrary to public opinion

ISSUE: Australians are very conflicted about the morality of abortion with a majority believing it should remain legal but should be a last resort. In Queensland, 53% either want the law to stay as it is, or are in favour of making it stricter.

85% are opposed to abortion after 20 weeks, with 84% of Queenslanders believing that abortion can harm the physical and/or mental health of a woman and overwhelmingly want safeguards introduced to protect women. 79% of Queenslanders support conscientious objection provisions for doctors and nurses which would allow them to opt out of performing abortion operations against their will.

Key Action 2: Changing existing legislation to allow unlimited access to abortion, in particular late-term abortion runs contrary to the will of the people of Queensland. Furthermore, conscientious objection must be available to health professionals now and in the future.

III. Women's right to know

ISSUE: Given the historical harms of past coercive practices, I believe it is of critical importance that women are fully informed of the risks of abortion and provided life-affirming options.

Key Action 3: Adopting similar legislation to that used in the United States that requires that a woman give her informed consent before having an abortion. This requires (A) that specific information be provided to the woman before she undergoes an abortion. This may also include neutral counselling and; (B) A reflection period 1-3 days allowing the woman to consider the information provided to her.

IV. Adoption as a real option

ISSUE: Current policy and practice surrounding adoption in Queensland is an area of serious concern. Existing policies result in many women that are facing a crisis pregnancy feeling pressured and coerced into either keeping a child they are unwilling or unable to raise or; reluctantly seeking abortions as they feel they have no other reasonable options.

We cannot claim to be pro-choice and pro-woman if we as a society do not provide women adoption as a *realistic* option. Adoption like abortion is a very difficult and complex emotional decision. However unlike abortion where women often struggle to recover from the finality of their decision, adoption enables ongoing awareness of and connection with the developing child.

Key Action 4: Legislation should be considered to make provisions for adoption reflective of current best practice, beginning prior to birth, with full involvement of relinquishing parents to choose prospective adoptive parents, similar to provisions in surrogacy and federal family parental responsibility laws. Such a model would be more in line with current research into what has been demonstrated to be most supportive of the emotional wellbeing of relinquishing parents as well as and more importantly reflective of the evidence of the importance of timely primary attachment relationships for optimal child development.

V. Greater Maternal Support and flexibility

ISSUE: Women in Queensland should not feel that Abortion is their only option. With such demonstrable harm we should encourage life affirming options that both mother and child can live with.

Key Action 5: Recognise and Improve support for mothers through greater flexibility to continue educational aspirations, enable family based care support, onsite child care options at university or vocational training facilities, mother mentoring programs for vulnerable women and family friendly workplace options.

VI. Social attitudes towards sex

ISSUE: Sexual practices and cultural ideas that objectify women fuel unplanned and often unsupported pregnancies. Sex divorced from commitment may seem liberating in theory but costs individuals and society immensely: A burden disproportionately born by women.

Key Action 6: Support innovative programs that holistically address sexuality. In particular, programs such as the Youth Wellbeing Project that use a Whole-Person Centred Sexuality Education Model to inform, develop awareness and personal confidence in young people navigating their sexuality.

VII. Protection for babies born alive

ISSUE: The revelation that life saving medical care was denied to 27 babies last year in Queensland who survived their late term abortions is barbaric and incongruent with a civilized society.

Key Action 7: Queensland must have legislation that protects infants who are born alive after a failed abortion attempt. Legislation similar to The *Born-Alive Infants Protection Act of 2002* from the United States, which extends legal protection to an infant born alive after a failed attempt at induced abortion is urgently required.

Explanatory information regarding these seven key actions is provided in the following sections, along with source material references.

Introduction

Induced Abortion (IA) seems to have become synonymous with women's emancipation. However, when we look deeper into what is being chosen, the facts about what abortion is, what techniques are used and what other options are actually available to women it reveals a picture that looks less victorious and more like capitulation. Women's stories and survey statistics suggest that for the majority of women, IA results from a combination of social, economic and relational reasons that make them feel trapped. Unlimited IA that includes late term inhumane techniques of dismemberment, lethal injection and cranial decompression is no answer to women's desperation. With approximately 97% of abortions being performed on healthy mothers carrying healthy babies, including half of all late term abortions, surely a modern progressive society can offer women real choice. Women deserve better than unlimited abortion.

Abortion is an extremely sensitive, complex and politically charged topic. One that strikes at the heart of many of our most deeply held beliefs about life and death and right and wrong. This is perhaps why research is demonstrating that abortion is not the simple easy solution it is portrayed as and why women suffer terribly with post abortion grief. Women like Macie who say *"Never in my life have I felt so empty. It took me a long time to realize that what I did didn't make me un-pregnant; it made me a mother to a dead child"* and Christina *"Suddenly it was over. What life was once there was now gone by my command. Painfully, I felt a rush of relief followed by an intense grief that took my breath away. I felt selfish and ashamed"* and Jess *"She told me to pretend it never happened and get my life together. I felt so nauseous and terrible. I was so numb. I did not want to do it, but I felt I had no choice."* These are but a snapshot of the thousands of stories that can be found on post abortion grief sites such as Silent No More and Rachel's Vineyard. Their stories make for tearful, harrowing reading. Women deserve better than unlimited IA.

Beyond the psychological impacts of IA there is an emergence of research evidence demonstrating the physical harms posed to women. Side effects such as uterine perforation, cervical incompetence, infection, future infertility and many studies have found a causal link to breast cancer. These are serious health risks that must be part of a fully informed consent process. If women are going to choose IA they must be fully informed of the potential risks to their mental and physical health both ethically and legally.

Finally, as representatives of the people I think it is vitally important to understand what the public perception of IA is and what your constituents believe is in the best interests of women and society. A summary of recent public opinion polls is reviewed for your information. A brief review of international policy and recommendations are provided that I believe help to protect vulnerable women facing a crisis pregnancy and ensure women are supported with life affirming options that provide real feminist choice that they and their children can live with. Because women and their children deserve better than unlimited abortion.

Abortion Facts

Abortion is a term that defines the termination of a pregnancy which can be both spontaneous i.e. miscarriage or induced abortion (IA). IA can be performed using a number of different methods depending on the gestational age of the developing baby. Either through medical inducement which can be done up to 9 weeks' gestation through the consumption of abortive chemicals such as RU-486. After 9 weeks' surgical abortion is required. Currently in Australia there are approximately 80,000 children; 10,000 of those in Queensland; aborted each year through surgical abortions. There are no figures on the number of medical

abortions. This is an approximate because a number of states including Queensland do not record abortion statistics.

Statistically a third of Australian women will have an IA, with one in four pregnancies ending in abortion and 60% of women seeking abortions were using birth control. These statistics alone are staggering in light of current evidence into the mental and physical health consequences of IA, which will be discussed. It has been found that the vast majority, in the vicinity of >90% of abortions are undertaken for psychosocial reasons such as lack of support, financial pressure, career or educational aspirations and relationship problems, including half of all late term abortions. Less than 3% are done because the child has a disability and less than 1% are the result of rape or incest. From these statistics the majority of abortions are therefore performed on desperate healthy women carrying perfectly healthy children.

While many Australians support a women's right to access abortion, a study undertaken by the Southern Cross Bioethics Institute, found 94% of people believe abortion should be a last resort. What is interesting to note is that many people supportive of abortion change their minds when educated on foetal development and watching professional medical animations of surgical abortions. Once people are enlightened to techniques such as dismemberment, lethal injection or cranial decompression, they describe it as inhumane.

Dismemberment abortion, used in the second trimester when the baby is too big for medication or suction has been outlawed in many US states under "foetal pain acts", or women have to be informed their babies feel pain and offer them the option of providing their unborn baby pain relief before the abortion, under the "unborn child pain prevention act" (US Congress, 2015). There are also saline IA where amniotic fluid is removed from the pregnant uterus and replaced with something to kill the foetus and induce premature labour. This can only be performed after 16 weeks' gestation. After the toxic mixture is injected, the baby swallows the salt solution and is poisoned and their skin burned. After suffering for 1 to 1.5 hours, the baby's heartbeat stops. The corrosive effect of the salt solution burns the lungs and strips away the outer layer of the baby's skin. The mother goes through labour and soon delivers a burned, shrivelled and dead baby. The abortion, in medical terms, is considered a success. This technique has been found to be dangerous to the health of women, Sweden and the Soviet Union abandoned saline abortions in the late 1960s as too dangerous for women.

Third-trimester late term abortions of viable babies are routinely done either with lethal injection to induce cardiac arrest and then the woman gives birth to a dead baby. Alternatively, there is the cranial decompression method also known as partial birth abortion where the baby is pulled from the mother's womb feet first then the base of the neck is pierced and the brains suctioned out, then the head is removed and the baby is born dead. Partial birth abortion was outlawed in the USA by the Supreme Court in 2007.

It has recently been revealed that 27 babies survived their late term abortions in Queensland in 2015 and were not provided assistance because they had been deemed unwanted and left to die. Here we see the consequences of the idea of life as choice in the acceptance of infanticide. If our most vulnerable are left to die because they are unwanted principally due to social reasons, then we are setting a dangerous precedent that removes personhood and rights from a group deemed unworthy of full citizenship by those who have power over them. It seems the argument by Giubilini and Minerva in their 2012 Journal of medical ethics article on "After Birth Abortion" that the killing, or in these cases failure to render any care, is ethically permissible in all the circumstances where abortion would be.

Why do Women Have Abortions

According to statistics in Australia and abroad, the most often cited reason for abortion is psycho-social reasons. That is, in the vicinity of 97% of abortions are performed on healthy women carrying perfectly healthy babies due to lack of support, financial pressure, career or educational aspirations and relationship problems. Statistics like this make it difficult to argue that abortion is liberating when as can be seen the majority of women have abortions due to relationship or circumstantial pressures. Dr Pike in his article, *The Effects of Abortion*, found abortion was strongly correlated with domestic violence and the abuse of women. I have personally heard stories of cultural pressures to abort based on gender and it was only our current laws that protected women and their unborn girls from abortion. I have also personally encountered stories of women having abortions because they felt that adoption was not a realistic option in Queensland. I have serious concerns that the current policy and practice surrounding adoption in Queensland is resulting in many women feeling pressured and coerced into seeking abortions as they feel they have no other reasonable options.

Women deserve better than just access to unlimited abortion. If 97% of women are having abortions for psycho-social reasons, then we need to look at what these needs are and provide life-affirming options as well such as flexible-learning, greater flexibility of working hours, social support networks and realistic adoption or foster care options. Unlimited abortion is not choice, it's a reflection of desperation and that we are failing women and that women are settling for less. It may seem to be a quick, simple and final solution, but it comes with a high price and one borne overwhelmingly by women. Women may experience an unplanned pregnancy but we should be able to help her experience unplanned joy.

The Effects of Abortion on Women

Beyond the desperation and personal suffering many women experience from this "liberating" choice, decades of research is demonstrating the tragic physical and psychological consequences of IA. The recent documentary "Hush" by "pro-choice" Director Punam Kumar Gill takes a pro-information approach to seeking the truth about abortion through a year long extensive investigation of scientific research, investigative journalism, expert witness and personal interviews. *"We determined to maintain one goal, and only one goal, in the making of this film: to find the truth for the sake of women's health."* What she and many others have found is that there are significant risks to women's reproductive and mental health from IA. Harms that are often not disclosed or intentionally denied.

Physical

- Risk of miscarriage
- Increase risk of premature delivery in future pregnancy.
- Risk of infection that can lead to infertility
- Risk of haemorrhage
- Uterine perforation
- Hysterectomy
- Breast cancer
- Death

Psychological

- Post traumatic stress disorder
- Increased self harm, drug and alcohol abuse
- Increase risk of suicide
- Depression
- Relational problems

These are serious consequences which women must be informed of. These are not pro-life scare-mongering findings; these are the results of international scientific evidence of the effects of abortion on women. Women must have access to the most up to date findings on the effects of IA to their physical and mental health. Informed consent is mandatory. There have already been legal cases, such as the Stood case, where the doctor allegedly failed to disclose that babies could be born alive if the technique does not effectively kill the baby pre-birth.

32 States in the USA such as Texas have legislated “A Woman’s right to know” which ensures women are fully informed of the potential harms to them from both abortion and child birth. They are provided information on the growth and development of the unborn child. Information about the Abortion procedure; both medical and surgical techniques and the risks including the emotional impacts of abortion, future fertility and child bearing and physical risks including possible links to breast cancer. They also provide information about support services should you choose to continue your pregnancy as well as links to adoption service providers, an option not readily available to Queensland women. Some states have mandatory counselling with 72 hour waiting periods to ensure full considerations of the consequences.

The breast cancer link is highly controversial. However, according to “Hush” and as discovered by others, including the American College of Paediatricians, Dr Jane Orient, executive director of the Association of American Physicians and Surgeons and myself, there are many (both pro-life and pro-choice) researchers and epidemiologists producing reams of large-scale, peer-reviewed studies insisting on causality due to oestrogen proliferation and mammary differentiation. The 2013 book, *Complications: Abortion's Impact on Women* by Angela Lanfranchi, is a comprehensive study of the long-term (and short-term) impacts of abortion on women including the Abortion breast cancer link.

I believe such laws would be beneficial because if a woman is going to choose abortion they should have a right to make an informed decision based on ALL relevant information and have real choice.

What is Public Opinion on Abortion

As representatives of the people it is beneficial to see what Australians and Queenslanders more specifically believe about abortion and what is thought to support women and families considering abortion.

A major four-phase study undertaken by the Southern Cross Bioethics Institute into Australians and abortion sought to engage with Australians to find out what ordinary people thought about Abortion. While Australians are very conflicted about the morality of Abortion, a majority believe it should remain legal but believe it should be a last resort. 87% believe it would be good to reduce the numbers of abortions, with almost universal support for reductions through social policies rather than restrictions through law. Furthermore, there

was almost unanimous; 99% support for neutral counselling prior to abortion and 78% of those believed woman should have it. 98% of respondents believed women should be advised of any health risks involved in abortion. Finally, almost universally participants believed in legal access but that it should not be unrestricted or for trivial reasons and that it was the role of government to provide women with support services.

Adding to the above finding are the results of a comprehensive opinion poll conducted by leading independent market research firm Galaxy on 6-8 May 2016 for the Australian Family Association. Results are as follows:

Research shows that the majority of Queenslanders (53%) either want the law to stay as it is, or are in favour of making it stricter. 85% are opposed to abortion after 20 weeks, with 84% of Queenslanders believing that abortion can harm the physical and/or mental health of a woman and overwhelmingly want safeguards introduced to protect women. 94% of respondents believe free independent counselling and information should be provided so women can make fully informed decisions. Furthermore 87% of Queensland voters want a cooling-off period of several days between making an appointment for the abortion and the actual operation. Finally, the poll also shows that 79% of Queenslanders support conscientious objection provisions for doctors and nurses which would allow them to opt out of performing abortion operations against their will.

As a practicing nurse, I chose my profession to save lives and serve people. How then could I participate in a processes that ends a life and contributes to significant mental and physical health risks for women? I am grateful to know the majority of my fellow Queenslanders support my CHOICE not to actively participate.

The current law as stated by the late Judge Fred McGuire "Permits abortion to preserve the Mother's life... It is a humane doctrine devised for humanitarian purposes but it cannot be made the excuse for every inconvenient conception."

Feminism

Abortion is the antithesis of feminism. Feminism as a philosophy embraces basic human rights for all regardless of size, age, developmental status, disability, location or gender and rejects the use of violence to dominate one another. The early feminists such as Mary Wollstonecraft, Lucretia Mott and Elizabeth Cady fought for women's emancipation in the late 1700-1800's. They fought for the right to vote, hold property, testify on their own behalf, to go to college and they fought for the abolition of slavery. Mary Wollstonecraft in 1792 condemned abortion saying "Nature in everything deserves respect, and those who violate her laws seldom do with impunity." As has been seen women do indeed suffer because of IA. Furthermore, Elizabeth Cady said "When we consider that women have been treated as property, it is degrading to women that we should treat our children as property to be disposed of as we see fit."

When we are presented with the truth of what abortion is, how it impacts on the hearts and minds of women and the way it influences the cultural ideas about the sacredness of life and sexual relations we can see like Victoria Woodhull; the first woman to run for American President said "*Every woman knows that if she were free, she would never bear an un-wished for child, or think of murdering one before it's birth.*"

If our culture has come to a point where ripping apart, lethal injecting or suctioning out the brains of viable babies that feel pain is the best we can offer women suffering psychosocial problems and the vulnerable little Queenslanders within them, then I believe we are creating a dark compassionless future. If women get to a point where they feel they need to do any of

the above to their unborn babies then they are entrapped not liberated, and we have failed them. Women deserve better than abortion and their viable babies deserve the right to life.

Given the consequences of abortion it does not appear that abortion is positively contributing to women's wellbeing or true freedom. The idea that we can end the life of a viable human to somehow benefit a woman's psychosocial health does not seem to be a morally acceptable way to promote a culture of happiness and social flourishing. We can do better than unlimited abortion for vulnerable women. Women deserve better than abortion.

Is there a better way to support Women than unlimited abortion?

The evidence is pretty clear. 1 in 3 women in Queensland will seek an abortion in their lifetime primarily out of desperation with great risk to her physical and mental health. A third of our female population correlates to a massive impact on our state's social and economic capital. So how can we better support women in the future? Is unlimited abortion the best we can offer? The focus on abortion does not solve the underlying psycho-social reasons why women find themselves in a position where they believe termination is their only option. Abortion is a symptom of broken human relationships.

Our current laws are clearly not restrictive with approximately 10,000 surgical abortions in this state per annum; not including medically induced abortions that are not recorded. We currently have a statesman balance and a reflection of what Queenslanders believe. That is, a law that allows abortion for the life of the mother while protecting viable baby's innocent lives being taken by force for any or no reason using barbaric techniques. Without such a law how do we resolve the inherent moral inconsistency of spending so much time, money and effort on the premature babies in our neonatal intensive care units while actively terminating or watching others die based on adult choice and physical location.

I do not believe such change equals progress in women's rights, when at least half or more of aborted babies will be female, denying them all future rights. We already have 100 million missing women worldwide and when abortion becomes unlimited you cannot protect unborn females. As Prime Minister Trudeau of Canada who supports unlimited abortion recently said in an interview when asked if he supported gender selection abortion, he said that he "supports women choosing what to do with their body": Even if it is a culturally coerced "choice" that the woman in fact, has little choice in.

I do not believe unlimited abortion is a compassionate response to the complex multiple intersecting social, cultural, economic, education, career and relational problems such as violence, that impact on women's lived experience of pregnancy. Mattie Brinkerhoff wrote in 1869, "*when a man steals to satisfy hunger, we can safely assume that there is something wrong in society – so when a woman destroys the life of her unborn child, it is evidence that either by education or circumstances she has been greatly wronged.*" In fact, legislating unlimited abortion for any or no reason may add to women's experience of violence, sexual exploitation and oppression. With almost unanimous public support for life-affirming options and social changes to support women facing a crisis pregnancy what can the state government provide or encourage to give women real informed free choice?

Recommendations

Given the historical harms of past coercive practices, I believe it is of critical importance that women are fully informed of the risks of abortion and provided life-affirming options. I also believe a proper attitude of love and responsibility in human sexual relationships would never subject women to these kinds of risks nor sacrifice her unborn.

“Woman’s Right to Know”

Is a phrase used to describe legislation in the United States that requires that a woman give her informed consent before having an abortion. These bills generally incorporate two components:

- 1) Requiring that specific information be provided to the woman before she undergoes an abortion. This may also include neutral counselling and;
- 2) A reflection period 1-3 days allowing the woman to consider the information provided to her. The U.S. Supreme Court has upheld these laws as constitutional and 32 states have Women’s Right to Know (informed consent for abortion) laws in effect.

What types of information are generally provided to women under this law?

This law requires that the abortionist (or a qualified, designated person) provide specific information to the woman seeking an abortion at least 24 hours prior to performing the abortion. This information generally includes:

- 1) the name of the physician who will perform the abortion
- 2) a description of the abortion procedure to be used
- 3) the possible physical and psychological risks associated with abortion
- 4) the medical risks associated with carrying the child to term
- 5) alternatives to abortion
- 6) the probable gestational age and anatomical characteristics of the unborn child at the time of the abortion. This can include access to ultrasound imaging and heartbeat monitoring.

I believe such a law should be mandatory to ensure women can make informed decisions with due consideration of their future physical and mental health as well as consider all their options without undue time pressures.

Adoption as a real option

Drawing from knowledge and experience, I have serious concerns that the current policy and practice surrounding adoption in Queensland. It is resulting in many women that are facing a crisis pregnancy feeling pressured and coerced into either keeping a child they are unwilling or unable to raise or; reluctantly seeking abortions as they feel they have no other reasonable options.

The restrictions, pressure and delay in pre-adoptive foster care have been highlighted as reasons women feel adoption has been removed as a real choice. Evidence demonstrates the physical and psychological harm women can suffer as a result of abortion whereas Open Adoption has been shown to help mothers resolve grief of loss through contact and knowledge of the growing child. This is also true for fathers.

Legislation should be considered to make provisions for adoption. Adoption legislation reflective of current best practice should begin prior to birth, with full involvement of relinquishing parents to choose prospective adoptive parents, similar to provisions in surrogacy and federal family parental responsibility laws. To ensure a child-centred framework, transfer of the child should occur in a very timely manner, soon after birth, maintaining the child-centred 30-day revocation period. Such a model would be more in line

with current research into what has been demonstrated to be most supportive of the emotional wellbeing of relinquishing parents as well as and more importantly reflective of the evidence of the importance of timely primary attachment relationships for optimal child development.

We cannot claim to be pro-choice and pro-woman if we as a society do not provide women adoption as a realistic option. Adoption like abortion is a very difficult and complex emotional decision. However unlike abortion where women often struggle to recover from the finality of their decision, adoption enables ongoing awareness of and connection with the developing child.

Greater maternal support and flexibility

Women in Queensland should not feel that Abortion is their only option. With such demonstrable harm we should encourage life affirming options that both mother and child can live with. Some ideas include;

- 1) Flexible learning schedules to continue educational aspirations, either by distance education or night or weekend classes to enable family based care support.
- 2) Onsite child care options at university or vocational training facilities.
- 3) Mother mentoring programs for vulnerable women.
- 4) Family friendly working options.

Social attitude towards sex

The sexual revolution has come at a cost. The so called safe sex and ever increasing sexual education movement is resulting in sexual practices and cultural ideas that fuel unplanned and often unsupported pregnancies. Sex divorced from commitment may seem liberating in theory but costs individuals and society immensely, a burden disproportionately born by women.

Programs such as those created by Youth Wellbeing Project may be beneficial in this area. Youth Wellbeing uses a Whole-Person Centred Sexuality Education Model to assist students, parents and professionals in identifying the huge range of influences that impact a person's sexual development and decision-making.

- 1) Identifies love and valuing self & others as foundational to building healthy, equitable relationships.
- 2) Places priority on increasing protective behaviours and emotional & relational intelligence.
- 3) Provides insight into sexuality as a multi-dimensional and central aspect of being human.
- 4) Empowers young people to make proactive choices that protect physical, emotional, mental & relational wellbeing.
- 5) Encourages critical analysis of media and literacy in individual, relational and cultural impacts of pornography.
- 6) Addresses gender-based violence & discrimination whilst creating respect for diversity, empathy and resilience.

- 7) Creates awareness that sexual integrity is foundational to meaningful & authentic connection.

As stated earlier education should include a proper attitude of love and responsibility in human sexual relationships. Such a view of women would never subject her to these kinds of risks to her wellbeing nor sacrifice her unborn.

Protection for babies born alive

The revelation that life saving medical care was denied to 27 babies last year in Queensland who survived their late term abortions is abhorrent and I have yet to meet a single person who does not despair at such practice. We must have legislation that protects our most vulnerable who survive failed abortions. Legislation similar to The *Born-Alive Infants Protection Act of 2002* from the United States. It extends legal protection to an infant born alive after a failed attempt at induced abortion.

The purpose of this Act is to ensure the protection and promotion of the health and well-being of all infants born alive. Therefore, this Act mandates that healthcare providers give medically appropriate and reasonable life-saving and life-sustaining medical care and treatment to all born-alive infants. I would expect nothing less from a civilised society.

Conclusion

The advent of modern technology has enlightened us all to the humanity of the unborn with pro-life and pro-choice alike acknowledging that abortion causes a real painful death. How degrading to women to equate this with feminist emancipation. Is sacrificing our children and our mental and physical health the price we must pay for sexual freedom and social equality?

Research has demonstrated that women find abortion an extremely difficult and often desperate choice. We must ask ourselves why abortion is touted as a simple and safe procedure, yet is such a hard decision and one with so many long-term consequences. Evidence is revealing that abortion is not the liberating autonomous choice it is often claimed to be as women reveal coercion, abandonment and desperation led them to "CHOOSE" abortion. Frederica-Matthews-Green in her 2015 book *Real Choices* after conducting and analysing multitudes of post-abortion surveys stated that "*Women want an abortion as an animal caught in a trap wants to gnaw off its own leg.*" Any society that makes women so desperate that they are willing to sacrifice their greatest gift, their ability to create life, in order to fully participate in society, is demonstrating that the greatest issues are not within her womb but outside.

The vast majority of Queenslanders do not support unlimited abortion and believe we can do better to support women experiencing a crisis pregnancy. Our current laws protect vulnerable women and viable babies, while still allowing abortion for the life of the mother.

Women deserve better than unlimited IA and we need to be seeking social and cultural change as well as life affirming options, so women feel they actually have *real* reproductive choice. I believe every woman knows that if she were truly free, she would never bear an "unwanted" child nor have to consider abortion.

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