



Submission on the Health Insurance Amendment (Medicare Funding for Certain types of Abortion) Bill 2013

Senate Finance and Public Administration
Committees

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1. Introduction

This bill intends to remove Medicare funding for sex selective abortions. I fully and unconditionally support this bill.

Sex selective abortion is discriminatory in essence and hence should not be allowed. This bill amends the *Health Insurance Act 1973* and removes Medicare benefits for certain types of medically induced terminations, namely if: “the termination is carried out solely because of the gender of the foetus.” (Section 17A (1)(b))

2. Gendercide and Sex-Selective Abortion

The status quo regarding Medicare funding for terminations based on the gender of the foetus primarily affects female unborn babies but is also used to discriminate against male unborn babies. Cases of sex-selective abortion are known to have occurred in Australia, such as in January 2011 when a couple aborted twin boys in a desperate bid for an IVF girl.ⁱ

Medicare funding of gender-selective abortion is an inappropriate way of spending the money of taxpayers. The Medicare system is set aside specially for health reasons. Funding of sex-selective abortions can reinforce a value judgement based on antiquated prejudices, which devalue the life of female babies based on inheritance and property ownership laws and the ability to work and support the family.

If Medicare funded assistance for gender selection- with preference for protecting males and terminating females, sought by some ethnic groups in Australia prevails, it is logical to assume that sex-selective abortion rates will increase, as has been observed in other countries such as India and China.

While the prevalence of female gendercide is worst in China the practice has spread to other East Asian countries, including Taiwan and Singapore, the Balkans and Caucasus, and even sections of America's population (Chinese and Japanese Americans, for example): all these have distorted sex ratiosⁱⁱ. In fact a “Financial Times analysis published Feb. 8 [2003] spoke of a national shortfall of around 40 million women in India”ⁱⁱⁱ

Female gendercide may occur in the case of parents seeking a male child who have a biological preference to conceiving female babies, where they make repeated attempt to conceive, thus leading the mother to abort her unwanted baby girls.

In China and India out of control gendercide has resulted in the deaths of millions of baby girls resulting in a dearth of females causing a serious imbalance in the male, female ratio and an excess of men unable to find a bride. This has resulted in increased crime rates, bride trafficking, sexual violence, and even female suicide rates^{iv}.

Abortion is a very serious procedure not to be taken lightly with certain serious risks and implications for the mother's health, therefore it is safer for the mother not to have sex-selective abortions as it will only increase the harm done to her(Refer to Appendix A: Abortion and the Illusion of Women's Health)

3. 'Family-balancing'

The use of Medicare funded gender-selection abortions for the purpose of 'family-balancing' is not a valid excuse either, since this is a subjective statement and does not have independent indices to measure it. For example, for one couple having three boys and a girl is balanced while for others one boy and one girl is in balance. Clearly Medicare funding should not be used for abortions based on subjective criteria such as 'family-balancing'.

There has been support for campaigns by United Nations agencies to end the discriminatory practice of gender-selective abortions^v

4. Conclusion

Overall, this bill should be supported as it ends Medicare funding for terminations based solely on the gender of the unborn baby. The abuse of taxpayer money through Medicare funding for sex-selective abortion needs to end, as this is not a health issue, can create an imbalance in the gender ratio of the population of the nation and elevates the preference of parents to have a child of their preferred gender while denying the right of the unborn child to life.

5. Appendix A: Abortion and the Illusion of Women's Health

For women there is a range of complications, both physical and psychological, that occur from abortion.

Physical effects of Abortion

Breast Cancer

Abortion increase the risk of breast cancer later in life; women who have had abortions have a 50% greater risk of getting breast cancer. There is more than double the risk if a woman's abortion was before the age of 18 or over the age of 30.^{vi}

Bleeding, Hepatitis and Ectopic pregnancy

1-14% of women will require a blood transfusion due to bleeding from abortion, and hepatitis can occur as a result of the blood transfusion. Anywhere from mild fever to death can occur as a result of an abortion. After an abortion there is a 30% greater chance of having an ectopic pregnancy which is a pregnancy that occurs outside the uterus, if it is not discovered early enough, it will rupture, and the mother can bleed to death (if she does not have emergency surgery).^{vii} After 2 or more abortions the increased risk of having an ectopic pregnancy is 160%.

Cervical damage and miscarriage

1 out of 20 women suffer cervical damage due to abortion, this causes a 50% chance of 7 miscarriage in the next pregnancy (if not treated during the pregnancy). Women who have had greater than two abortions have double the chance of first trimester miscarriages and ten times the number of second trimester miscarriages, following a vaginal abortion. There is a whole range of other physical complications that can occur to the mother, a few of them include: bladder injury, bowel injury (which can cause death if not treated early enough), perforation of the uterus and sterility.^{viii}

Recent Incidents in Victoria

As recently as December 21, 2011 a woman died after having an abortion in Melbourne.^{ix} This was after the Victorian *Abortion Law Reform Act 2008*, after which this Tasmanian legislation is modelled, which had the intention of promoting women's health. Another incident occurred in Melbourne on August 26, 2011 in which a woman

was hospitalised due to major organ failure after a late-term abortion.^x This once again highlights that abortion legalisation opens the door to further late-term abortions, which are never safe. As Dr. Warren Hern, an abortionist, said, “in medical practice, there are few surgical procedures given so little attention and so underrated in its potential hazards as abortion. It is a commonly held view that complications are inevitable.”^{xi}

Psychological Effects of Abortion

Post-Abortion Syndrome

Post-Abortion Syndrome (PAS) is a form of Post-Traumatic Stress Disorder (PTSD). PTSD is the result of having suffered an event so stressful and so traumatic that the person is taken beyond her ability to cope in a normal manner and affects their functioning.^{xiii} A few of the psychological affects that abortion has on women are: flashbacks, the feelings of regret, sadness, guilt, anger and possibly numbness, thoughts of suicide, survival guilt, eating disorders, alcohol and drug abuse and many others. Women may inherit depression disorders such as a lack of ability to concentrate, insomnia, despair and hopelessness. These difficulties may last for months or years. If someone experienced these symptoms before an abortion, it is expected they will worsen. Other psychological effects are an avoidance of babies, fear of future pregnancies, and attempt to become pregnant again in the hope to have a replacement child. These affirm the belief that women have a strong relationship with their unborn child who was terminated. Many post abortion testimonies can be seen at the following website www.afterabortion.com

Recognition and healing

There is a groundswell of protest against abortion from those women and men who have been hurt by and regret their abortions (see www.silentnomoreawareness.org). There are also many groups now who offer healing for women and men impacted by abortions: <http://www.rachelsvineyard.org/> <http://hopeafterabortion.com/> <http://www.afterabortion.com/>.

The vast majority of Australians want: information on health risks, access to independent counselling, reduction in abortion numbers and alternatives to abortion.^{xiiiiv}

6. Appendix B: References

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