

Submission re Medicare Funding of late-term abortions

By Spencer Gear

The Secretary
Senate Finance and Public Administration Committee
Parliament House,
Canberra ACT 2600.
Email: fpa.sen@aph.gov.au
26 September 2008

Dear Committee members,

I write to object to Item 16525 being legislated to provide a Medicare benefit of \$226.59 for the “management of second trimester labour, with or without induction, for intrauterine fetal death, gross fetal abnormality or life threatening maternal disease”. The second trimester is when the child in the womb is at 14-26 weeks gestation

My objections are these:

1. To kill a child in the womb during the second trimester requires the killing of one who is so well developed that some of these children have survived outside of the womb. To kill such a child is an act of violence against an "innocent" child. Medicare reimbursement absolutely should not be used to support such violence against a child in the uterus. Medicare is meant to support medical treatment and not killing of an unborn child who may live outside of the womb at this stage of development. To approve Item 16525 means that the government approves the killing of little human beings in the womb.
2. As a long-term family counsellor (30 years), I have dealt with couples who wanted late-term abortions for their own social benefit. This is eugenics and no government should be supporting such manipulation of children by destruction – through Medicare repayment. There are dire consequences for a country that financially supports through Medicare the destruction of viable children in the womb.
3. While I support abortion if a mother's life is threatened, modern medical science has developed to the point where such an eventuation is rarely the case. As the Senators know from previous investigations, abortionists have been known to recommend abortion for trivial deformities of the child in the womb such as correctable disabilities such as a cleft palate and disabilities such as deformed or missing fingers. Those infants in the womb who have Down's Syndrome or infants of dwarf stature are known to live fulfilled lives. Such destruction of human life should not be funded by Medicare through second trimester abortions.
4. Surely, your Committee should make it a matter of top priority to understand what abortion does to a woman. If you could sit in my counselling office and hear the loss and grief experienced by mothers through their having an abortion, you would never, ever legislate for an abortion and have it funded by a Medicare rebate.

5. Do you want Medicare rebates to be contributing to an increase in depression, suicide & breast cancer? Medicare rebates are meant to support dealing with disease and increasing a person's health and sense of mental well-being. Please consider the impact of abortion on increased suicide rates, depression and risk of breast cancer:

"After the STAKES findings were published, researchers at the South Glamorgan Health Authority in Great Britain [chose] to examine their own data on admissions for suicide attempts both before and after pregnancy events. After their pregnancies, there were 8.1 suicide attempts per thousand women among those who had abortions, compared to only 1.9 suicide attempts among those who gave birth."¹

"Dr. Barry Garfinkel, head of the University of Minnesota's Child and Adolescent Psychiatry Department, surveyed teenagers to determine what factors contributed to depression, stress, and thoughts of suicide. The study found that girls who had abortions were four times as likely to attempt suicide as girls who had not aborted."²

The abortion-breast cancer link has been well document in research: "In 1996, Professor Joel Brind of Baruch College in New York and his colleagues at Pennsylvania State Medical College conducted a review and meta-analysis of the studies. A meta-analysis pools together the data from the studies in an area of medicine - in this case, the abortion-breast cancer research - and comes up with an overall risk for a particular risk factor. The Brind team, half of whom included abortion supporters, found an overall 30% elevated risk among women choosing abortion after first full term pregnancy (FFTP) and a 50% elevated risk among women choosing abortion before FFTP."³

Based on the above information, I urge you not to approve Item 16525 that currently provides a benefit of \$226.59 for a second trimester abortion.

Yours sincerely,

Spencer Gear,

¹ Available from Real Choice at: <http://realchoice.0catch.com/library/weekly/aa070700a.htm> [cited 26 September 2008].

² Ibid.

³ Joel Brind, et al. *Journal of Epidemiology: Community Health* (1996) 50, pp. 481-96, available from the Coalition on Abortion/Breast Cancer at: http://www.abortionbreastcancer.com/abc_summary.htm#World%E2%80%99s%20Only%20Comprehensive%20Review%20and%20Meta-Analysis [cited 28 September 2008].