

The Secretary

Senate Finance and Public Administration Committee

Parliament House, Canberra ACT 2600.

Dear Committee,

1. Endeavour Forum is a pro-family women's NGO which has special consultative status with the Economic & Social Council of the United Nations. We are opposed to Medicare funding of second trimester abortions because abortion, **defined as a procedure to kill the fetus** and not merely a natural miscarriage or an induction of early birth because of health problems of the mother or the baby, ends the life of an innocent human being.
2. We are opposed to Medicare funding for fetal disability. These are sometimes wrongly diagnosed, and many can be treated after birth. Increasingly some fetal abnormalities are treated in utero, e.g. spina bifida *cf* the famous photo of baby Samuel clutching the finger of the surgeon who was operating on him in utero. Some other disabilities, such as Down syndrome are compatible with a happy life - *cf* the wonderful example of Governor Sarah Palin of Alaska who is running for Vice President of the USA and who declined to abort her Down syndrome baby, now about 5 months old.
3. Second trimester abortions are not necessary for physical "health of the mother" reasons. If indeed she has a serious health problem incompatible with the continuation of the pregnancy, birth can be induced and efforts made to save the baby. We object to Medicare funding for procedures deliberately designed to end fetal life, e.g. injecting KCl (potassium chloride) into the fetal heart, partial-birth abortions etc. Second trimester babies have to be delivered in much the same way as full-term babies, and if indeed the pregnancy has to be terminated because of a serious problem with the mother's health (this situation occurs very rarely) then birth should be induced as late into the pregnancy as possible and the baby given a chance of survival.
4. Some feminists spuriously cite "emergency situations" in late pregnancy when they claim an abortion is necessary. In an emergency it is far safer for both mother and baby to induce a birth or perform a caesarian section than an abortion.
5. "Mother's health" is being falsely used to justify abortions for psycho-social reasons. Mothers with an unwanted pregnancy should be encouraged to give birth and make them available for adoption. There is never a good reason to terminate a second trimester pregnancy.
6. As a civilized society how can the Australian taxpayer be compelled to pay for abortions which involve excruciating pain to the fetus? Partial-birth abortions involve turning the baby around in the uterus (an unnecessary risk to the mother), delivering the baby except for the head which is pierced with scissors, the scissors are opened to enlarge the opening in the skull and the baby's brains are suctioned out. There is increasing evidence about fetal pain during abortions:

(a) Kanwaljeet Anand, a pediatrician and fetal pain specialist at the University of Arkansas for Medical Sciences, is considered the top American expert on the subject. Anand has conducted research on the subject for over two decades and he also happens to be a native Indian.

Anand told the Telegraph of India newspaper that scientists have seen how operations and other procedures involving unborn children in the womb have shown clear evidence that a baby feels pain before birth.

"The evidence is undeniable," he told the newspaper. "Even a 20-week foetus is likely to feel pain, and excruciating pain."

He told the newspaper he thinks unborn children even have the ability to feel more intense pain, including in an abortion, than newborn babies, children or even adults.

"This is because pain transmission pathways have developed in the foetus, but not the pain modulation pathways that are not effective until six weeks after birth," he explained.

"There is more than enough evidence now. But no one is as blind as someone who doesn't want to see."

On Feb. 10 the New York Times ran a major feature article citing the experience of Kanwaljeet Anand, who while a medical resident in a British hospital saw the significant harm caused to premature babies when they were operated on without anesthetic. At the time, 25 years ago, doctors thought the nervous systems of the babies were too underdeveloped to sense pain.

Through trials, Anand clearly showed this was not at all the case and that once the babies received anesthesia the mortality rate dropped from 25% to 10%. Pain relief for premature babies soon came to be standard, the article said. Anand continued his observations in this area and noted that babies as young as 22 weeks of gestation demonstrated a reaction to pain even when pricked by a needle.

Anand, now a professor at the University of Arkansas for Medical Sciences and a pediatrician at the Arkansas Children's Hospital in Little Rock, told the New York Times that he believes fetuses can feel pain by the 20th week of pregnancy, and possibly even earlier.

The article also cited Nicholas Fisk, a fetal-medicine specialist and director of the University of Queensland Center for Clinical Research in Australia. Fisk has carried out research showing that fetuses as young as 18 weeks react to an invasive procedure with a spike in stress hormones and a shunting of blood flow toward the brain. This is a reaction also present in infants and adults and is designed to protect a vital organ from threat.

The New York Times article acknowledged that the question of whether the fetus does feel pain has obvious implications for the abortion debate. In fact, medical evidence is showing they do feel pain, and as time goes by researchers are pushing back more and more their estimation of the age at which the fetus is affected by pain.

Admitting that a fetus does feel pain, however, is difficult for abortion advocates, as it is just one more bit of evidence proving how wrong they are about denying the unborn a chance to live.

"Since it must be treated from conception as a person, the embryo must be defended in its integrity, cared for, and healed, as far as possible, like any other human being," states No. 2274 of the Catechism of the Catholic Church. Recognizing that a fetus can indeed feel pain is one step on the path to acknowledging it is a person.

(b) They Are No Strangers to Pain, Says Book: A topic receiving more attention recently in debates on abortion is the question as to whether a fetus can suffer and feel pain. A book just published brings together a variety of evidence by experts, mainly Italian, on the subject.

"Neonatal Pain: Suffering, Pain and the Risk of Brain Damage in the Fetus and Unborn" (Springer) is edited by Giuseppe Buonocore and Carlo Bellieni, who are both members of the department of pediatrics, obstetrics and reproductive medicine at the University of Siena.

The contributions from the large number of experts who contribute to the book agree in affirming that a fetus can feel pain before birth, the two editors explain in their introductory essay. "Recognizing human dignity and human suffering from life in the womb is a clinical duty in the service of better treatment," they declare.

One of the contributions, a joint effort by nine experts, looks at the evidence obtained from ultrasound techniques. The introduction of three-dimensional and four-dimensional ultrasonography has enabled a far more detailed evaluation of the fetus, thus allowing the observation of how it reacts to specific stimuli, they observe.

The uterus is a protected, but not an isolated, environment and touch is the first sense that the fetus develops. By week 10 of pregnancy an unborn child can be observed bringing hands to its head, opening and closing the mouth, and swallowing.

As well, recent experiments show that newborns have functional memory, development of which began in the period before birth. The authors note that, in fact, newborns remember tastes and odors perceived in the uterus and these perceptions might have an influence on future preferences. Sounds, also, are heard by the unborn, including the mother's voice. Newborns have even been shown to recognize music that the mother listened to during pregnancy.

Another joint article examines the specific question of fetal pain. The team of medical experts who authored the piece starts by noting that the unborn child is a protagonist, promoting cellular traffic with the mother, and so the fetus needs to be considered a patient, whose well-being is taken into consideration by doctors.

There is evidence, they observe, that acute or chronic pain, or even prolonged stress, can be dangerous for the fetus, especially if it happens during a critical period of brain development. Possible negative effects range from a lower pain threshold to an increase in age-related memory impairments.

Based on experiments with primates, the article hypothesizes that fetal pain can even impair the functioning of the body's immune system, with long-term implications for infections and autoimmune diseases.

Regarding stress, the authors cite a study on a group of mothers who suffered stress and compared them to a control group. The babies of the stressed mothers were characterized by a lower birth weight, smaller head circumference and a lower gestational age at birth when compared with the babies of the control group.

The authors observe that some medical experts don't consider the fetus can feel pain because it is not conscious, and also because it is normally asleep in the womb. The article on neonatal pain in Buonocore and Bellieni's book reply to this by saying there is considerable scientific evidence showing that fetuses are sensitive to a variety of sensation in the uterus: sound, changes in light, touch and pressure, and changes in balance.

7. It is illogical for taxpayers to pay for a procedure such as second-term abortions which not only kill the fetus but also create serious psychological and physical health problems for the mother - for which Medicare will also have to pay. Aborted women have a higher risk of suicide as studies from Finland and California have shown; *cf* also the suicide of UK artist Emma Beck early this year after aborting her twins. Other costly health consequences are the risk of premature birth in subsequent pregnancies with serious outcomes for the infants such as cerebral palsy, and an increased risk of breast cancer. Below is the Disclosure and Consent Form from an

abortion clinic in San Antonio, Texas. If even an abortion clinic is admitting these risks, why are Australian taxpayers expected to pay for abortion procedures?

“Disclosure & Consent” form for Termination of Pregnancy or Suction Curettage or Abortion to Medical & Surgical Procedures” of the Woman’s Choice Quality Health Centre, San Antonio, Texas, USA:

“I also realise that the following risks and hazards may occur in connection with this particular procedure & even death:

- (a) Bleeding with the possibility of requiring further surgery &/or hysterectomy to control,**
- (b) Perforation (holes in) uterus &/or damage to the bladder, bowel, blood vessel,**
- (c) Abdominal incision & operation to correct the injury,**
- (d) infection of female organs:uterus, tubes, ovaries,**
- (e) sterility or being incapable of bearing children, (f) Incompetent cervix**
- (g) failure to remove all products of the conception, (h) continuation of the pregnancy**
- (i) depression or “ the blues”,**
- (j) Post abortion stress syndrome**
- (k) possible increased lifetime risk of breast cancer.**

9. We submit that Medicare funding for second trimester abortions should cease and the funds saved be used to help mothers with unplanned pregnancies, i.e. accommodation, rent, grocery bills, and to promote adoption services.

If the Committee is holding public hearings, we would appreciate the opportunity of making a verbal submission so that we can provide additional information.

Mrs. Babette Francis
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