

Submission to the Senate Community
Financial & Public Administration
Committee

**Medicare Funding of Second Trimester
Abortions**

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Mrs Margaret Tighe, President

The Barnett Motion – Should healthcare monies be used to support the killing of unborn babies in the second trimester or later?

The principle at stake here is whether or not it is appropriate and/or just to use health care monies provided by taxpayers to pay for the deliberate destruction of human lives.

It is appalling that Medicare pays for any abortions when, in fact, abortion is the purposeful termination of a human life. It not only ends the life of an innocent child in the womb but it also has a deleterious effect upon women – both physically and mentally.

The prime reason for abortion today is that of social need, getting rid of any unwanted baby.

The baby may prove to be of social inconvenience i.e. the mother may consider the child's existence may interfere with her life style, may cause her stress and apprehension wondering how she will cope with an unwelcome child, and all around her are telling her to get rid of it. Some of the stress may be economic or lack of support.

Living as we do in an abortion culture, many mothers feel that they have a moral duty to not give birth to an unwanted child and society, in general, tends to contribute to this destructive attitude.

In relation to second trimester & later abortions the prime reason for those is the removal from society of children diagnosed, before birth, with a disability. This may be Down syndrome, spina bifida, cleft palate or a whole range of other disabilities – major or minor.

Approximately 98% of children diagnosed in the womb as having Down syndrome are aborted!

If the reasons for abortion today were applied to children outside the womb, it would be condemned outright as a crime against humanity.

The carrying out of eugenic abortions, i.e. the removal from society of the socially unfit before birth, is no better in principle than the wide scale practice of eugenics after birth that occurred in Nazi Germany – even before the Jewish Holocaust.

The same principle was of stake then! During a visit to Europe in the eighties, I well recall seeing promotion of a documentary to be shown on Frankfurt T.V. which featured a procession of children with Down syndrome in an orphanage – all of whom had been exterminated during the Nazi regime.

Quite apart from the eugenic abortions performed late term, there is ample evidence of late term abortions being carried out for a whole host of social reasons i.e. mother deserted by partner, mother unaware of pregnancy until late in the second trimester, change in mother's social circumstances, etc.

There are some Senators who, though sympathetic to Senator Guy Barnett's original motion, were not inclined to support it because it would preclude Medicare rebates for legitimate life saving procedures such as intra uterine foetal death. These items are included in 16525 which also covers the purposeful termination of a human life.

In 1979 when none of the current members of parliament held office, there was a motion – the Lusher motion – in the House of Representatives which sought to curtail federal government funding of abortions. Item 6469 applied to 1st trimester abortion. Yet some of those MPs who opposed the Lusher motion claimed that by restricting access to item 6469 it would preclude legitimate life saving procedures allowed under that item?

This was false as at that time, item 6469 applied solely to the “evacuation of the contents of the gravid uterus, “gravid” meaning full with developing young.

At that time, the Commonwealth Health Department had written to all medical practitioners pointing out that item 6469 be used solely to claim for 1st trimester abortions.

It is not good enough to argue against the good intent of the Barnett disallowance motion of item 16525 by saying it will penalise those claiming for legitimate life saving procedures! Steps should surely be able to be taken to prevent the use of medical benefits for the purposeful termination of a human life!

Some federal parliamentarians claim that the issue of abortion is not really their concern but rather solely the preserve of the states.

That is true in relation to laws allowing or prohibiting abortions.

However, it is entirely another matter for the federal parliament, through the government of the day, to agree to the misuse of healthcare monies for the purposeful termination of human lives.

Healthcare monies are meant to be used for just that purpose – to provide good healthcare for the community. Killing babies in the womb is hardly providing good healthcare and it is totally discriminatory when one considers that healthcare monies – both State and Federal – are rightly used to provide good healthcare for those babies in the womb considered wanted by their parents.

Provision of medical benefits for abortions is saying to the community it is of benefit to you to have your child aborted! It is giving the seal of approval to the practice of social engineering allowed by the States.

Is the federal government obliged to fund everything allowed by the states? I think not!

There are many measures – health or otherwise which a particular state government may want federal funding for. But the federal government of the day may be ideologically opposed to one or other of these policies and could legitimately say- Sorry, we won't fund this.

Finally, I am sending you a copy of a feature article published in "The Age" of April 25, 1998. It gives a graphic account of the practice of late term abortions in Australia today [refer to end section of this submission]. There is no reason to believe that this has subsided over the past decade. Note the words of Dr David Grundmann, past master of the gruesome partial birth abortion technique. (In the accompanying article from The Age 25.04.98).

"But Dr Grundmann terminates pregnancies up to 24 weeks for other reasons.

"Look I know that I will never win the hearts and minds of the minority who oppose abortion, but these same people will still have abortions," Dr Grundmann says.

"I'm personally happy to do terminations at 26, 28, 30 weeks but I know that the public and the politicians won't accept that.

"At 24 weeks plus or minus, I start to ask myself "Are we going too far?" But then there will always be the patient who comes through the door at 26 weeks and the circumstances are so extreme and you say yes.

"Is the foetus more important than the mother or as important at any stage?" I've never encountered that situation."

Saturday Age News Extra 25.04.98

This foetus is 24 weeks old. These doctors are prepared to abort it.

Julie-Anne Davies

CONSIDER this if you will. A baby as long as a Biro, still covered in the soft, dark, downy hair that protects the foetus inside his mother's womb. His eyes are fused shut and he cannot breathe without the help of a respirator that mechanically forces air into his tiny lungs. The retinas behind his eyes are still to develop and his brain, while structurally intact, is weeks off maturity.

But he lives. The heart beat is slow and rhythmic, his vital signs are good and, according to the specialist neo-natal doctor, this 24-week-old foetus has a better than even chance of not only surviving but living without any appreciable sign that he was born more than three months premature.

This is where medical technology has brought us. A viable baby, little more than halfway through a normal pregnancy.

Now, hear Amanda's story, in her own words. She is 27, lives in a suburb in Melbourne's south-east, is a senior public servant and has been living with her partner, Luke, for three years.

Two weeks ago she paid nearly \$5000 to travel to Brisbane to have her 24-week-old foetus aborted.

A few days earlier she had been told by her doctor that she was pregnant. Six months pregnant.

How could this happen? How could a woman be so fooled by her own body? Amanda had no clue, no notion that a child was growing inside her, no sickness, no breast tenderness, nothing except an inexplicable weight gain.

She had no menstrual period to tip her off, hadn't bled for three-and-a-half years. "I was told eight years ago I would never have children. I was diagnosed with endometriosis and prescribed anabolic steroids as well as the contraceptive pill just to control the pain I experienced every month.

"I have lived with this torment for eight years, that I would never have children. Then 10 days ago I was told I was six months pregnant. While I certainly had noticed I was putting on weight, I thought it was because I was over-eating, not getting enough exercise. I had been going to Jenny Craig for four months, damn it. I had no other symptoms of pregnancy.

"Then finally my partner said, 'Amanda, that does not look like fat, it looks like a soccer ball. You'd better go to the doctor.'

"My GP dropped the bombshell and just said, 'Well it looks like you'll have to go through with it.' I had been taking steroids for years and I knew instantly that this was a problem, a big problem for the baby. My doctor agreed, and told me there was a 98 per cent chance the child would be brain-damaged, but again said there was no way I could be helped.

"I was sent for an ultrasound to confirm the dates and to see if there was evidence of damage to the child. I asked the doctor who did the scan to turn the screen away because, as I said to him, 'This is an unplanned pregnancy.'

'There's no point beating around the bush, I know the baby was a boy because I heard the nurses talking outside the door after the scan was done. I wish I had not heard that conversation because it does make it more real to me.

"The scan didn't show evidence of any damage, but then the doctor had warned me it probably wouldn't. I rang every obstetrician in the phone book trying to get help and all but one said there was nothing that could be done at this late stage. Finally the last doctor I called told me about a clinic in Brisbane that might be able to help me. I am so grateful to that one man who told me about Dr Grundmann but I am also bitter that there was virtually no one else prepared to help me.

"My partner and I discussed it, of course. He has been particularly upset but as I said to him, 'Who am I to determine that this child should be brought into this world in the condition it is - are you prepared to stay home seven days a week and care for a severely brain-damaged child'?

"There is no way I could have gone through with this pregnancy and then put the child up for adoption. This way it is gone. With adoption it would be there all my life. I'm aware that he would have been born at the beginning of August and I'll always remember that date."

THIS is a woman's place.

Seeing Mark Schulberg in the waiting room is a shock. Dressed in blue surgeon's uniform but with black biker boots and a thick gold chain around his suntanned neck, this doctor seems like an intruder.

Which is unfair, of course. He is a Queenslander and flies down to Melbourne every Sunday night to perform abortions up to 20 weeks at the Croydon Day Hospital, a new private clinic that opened a few months ago.

The place is deserted most of the time. There are plans to reopen the 30-bed nursing home next to the main hospital building, but not yet.

Monday is the day of business, the day the right-to-lifers draw straws and nominate their token placard bearer for the morning.

Dr David Grundmann, a disciple of the abortion pioneer Bert Weiner and an old boy from Melbourne High School, is one of only two doctors in Australia who performs abortions on foetuses beyond 20 weeks gestation that are otherwise healthy.

He has five clinics - three in Queensland and one in Newcastle - and now he's come to Melbourne.

His business partner, Melissa Grundmann - they are separated - is the director of nursing at the Croydon Day Hospital and runs the business here.

She has plans for a marketing campaign in Victoria, South Australia and Western Australia. "We're the only place that can offer abortion from five weeks to 20 weeks on this side of the country and I think people ought to know this," Ms Grundmann says.

Any later and it's off to their Brisbane clinic, Planned Parenthood of Australia, where terminations are performed up to 24 weeks. At least 50 per cent of patients come from interstate - women desperate enough to pay up to \$5000 and travel half way across the continent for an abortion.

Dr Grundmann charges women \$4000 for a post-20 week termination. They receive a \$475 rebate through Medicare. Without the Medicare rebate women must pay \$5000. "The way we do it is expensive and takes time because we do it properly. The high costs also act as a deterrent so the woman knows that this is a serious business."

As one doctor put it wryly: "They can ask that much because they're the only ones doing it."

About 100,000 abortions are performed in Australia every year. Of these about 5000 are done in the second trimester of pregnancy. Dr Grundmann estimates that he performs about 100 post-20-week terminations annually. Also, big public hospitals do late-term abortions up to 20 weeks where there is evidence of a foetal abnormality.

But Dr Grundmann terminates pregnancies up to 24 weeks for other reasons.

"Look I know that I will never win the hearts and minds of the minority who oppose abortion, but these same people will still have abortions," Dr Grundmann says.

"I'm personally happy to do terminations at 26, 28, 30 weeks but I know that the public and the politicians won't accept that.

"At 24 weeks plus or minus, I start to ask myself 'Are we going too far?' But then there will always be the patient who comes through the door at 26 weeks and the circumstances are so extreme and you say yes.

"Is the foetus more important than the mother or as important at any stage? I've never encountered that situation."

The question of when an otherwise healthy foetus can survive outside the womb is vexed. Speak to Dr Grundmann and he says 28 weeks. Talk to Catholic ethicist Nick Tonti-Filipini and he will tell you it is closer to 18.

Dr Andrew Watkins, director of paediatrics at Mercy Hospital for Women, says there is now a 70 per cent chance a 24-week-old foetus will survive and suffer no long-term disability. But he cautions against drawing absolute conclusions because this presupposes the baby is born in good condition.

"There are some 24-weekers you couldn't kill with a mallet and others whose lungs will collapse as soon as you try and ventilate them."

Each year the Mercy treats between 20 and 30 babies born at 24 weeks, and between eight and 15 babies born at 23.

"The 23-weekers are the grey zone," Dr Watkins says. "They are increasingly being treated in the specialist units and in the good units about 50 per cent are surviving, but they are definitely high-risk cases."

Although the Mercy has saved a couple of babies born premature at 22 weeks, Dr Watkins says this is rare and most doctors are reluctant to treat them.

This is confronting, difficult terrain.

Mention mid-trimester abortion - post 13 weeks - and even the fiercest of pro-choice advocates cough nervously and suggest that a public discussion of the subject can only be harmful to the cause.

Everyone has to draw their line in the sand somewhere. For Christine Healy, one of the few female doctors in Victoria who performs terminations, it's 12 weeks.

"That's where we feel comfortable," Dr Healy says. "It's not a moral decision, it's just what we feel comfortable with."

The Royal Women's Hospital does the majority of public abortions in Victoria. But most are performed in the private system. Of the second-trimester abortions at the Royal Women's, about 50 per cent are done at 18-19 weeks and almost always because of a foetal abnormality.

It is exceptional for the hospital to go beyond this stage, says a senior consultant obstetrician and gynaecologist, Dr Sonya Grover.

"We tend to draw the line at 20 weeks. Anything beyond that would be an exceptional circumstance where there is a lethal foetal abnormality," she says.

The Fertility Control Clinic in East Melbourne, Bertram Weiner's old place, turns away women who are more than 16 weeks pregnant.

For Dr Mark Jones at the Women's Clinic on Richmond Hill, it's 18 weeks in exceptional circumstances, but he stresses this is rare.

In Sydney Dr Geoff Brody, who runs three abortion clinics and is president of the Abortion Providers Federation of Australia, says 18 weeks is his cut-off point too.

Dr Brody is a rare doctor because he is prepared to say out loud what many are wondering and what those who know say is better the rest of us don't hear.

"At 10 weeks you've got arms and legs, fingers and toes, the foetal parts tend to hang together but its an ET-looking object. At 18 weeks you get faces, they're intact, you have a little Buddha staring at you. It starts affecting you."

Consciousness is the key for Dr Brody. Viability is one thing he says but consciousness is his ethical and moral guide.

A recent study in the United Kingdom produced evidence that 20-week-old foetuses can hear inside the womb. "I took a great interest in that work because it suggests something to me about self-awareness and that's what I am interested in."

Dr Brody is also a pragmatist. One death during late-term abortion could bring down the industry.

The abortion debate was refuelled recently after two Perth doctors were charged with procuring an abortion. There is legislation before the WA Parliament which, if passed, would decriminalise abortion and in effect provide abortion on demand.

"If you had a maternal death at 23 weeks in a case where the pregnancy was merely inconvenient you'd be carved up by a jury. The people in the community who are pro-choice will isolate you and the regulatory authorities would punish you. It is not worth the risk - for the mother or the doctor.

"It's no fun doing these mid-trimesters. The staff get distressed, the doctor gets distressed, we are human after all, we have feelings. I want to sleep at night."

But Dr Brody does not shy away from a public debate on abortion.

Events in Western Australia have placed the issue back on the social and political agenda, something the anti-abortion movement welcomes but which worries many in the pro-choice camp.

"Look we fought long and hard to get to a point where women today can have abortions in a safe environment and without fear of prosecution. We have to think carefully before we jeopardise all of this," says a prominent abortion campaigner, who did not want to be named.

"We simply don't trust the politicians to look after women's best interests, so maybe we don't rock the boat. Talking about mid-trimester abortion is particularly difficult and so few are done what's the point airing it? Let the doctors get on with it quietly and let the women feel safe."

"Rubbish," says Brody. "The middle-ground gynies who do foetal-abnormality terminations are being dragged into the pit with the abortionists and it's about time." IT'S THEIR anniversary today, she tells me. Like most 16-year-old girls, Polly attaches a lot of importance to dates. She is nearly 20 weeks pregnant; 19.6 weeks according to her medical chart.

Her parents dropped her off at the Croydon Day Hospital just before seven o'clock this morning. It was still dark outside; too early even for the right-to-life protesters who stand just inches away from the boundary of the hospital. They have been threatened with trespass by Melissa Grundmann if they enter her territory.

"Nine months to the day since we got together, weird isn't it?"

But another truism of teenage girls is they get pregnant. And for a small but over-represented minority they tune out. Denial is the most common reason young girls present late for an abortion.

Figures from one of the country's largest abortion providers, Australian Birth Control Services in Sydney, show that women under 20 undergo 69 per cent of all second-trimester terminations and, conversely, only 21 per cent of all first-trimester abortions.

Polly is tucked up under a bulky blue-and-white Doona. From under the covers an intravenous drip pokes out.

She is lying in the recovery room after stage two of the three-stage termination procedure.

Half an hour has passed since Dr Schulberg inserted more of the seaweed pessaries that are preparing Polly's cervix for the final stage of the abortion later in the day. She came in last night for the first lot of pessaries and was then sent home to sleep. Terminating a 19.6-week-old foetus takes time and care.

This is a woman's place.

"I guess I have been in denial," Polly says tiredly. "I was getting some spotting for a couple of months and I suppose I convinced myself it was my period. I mean, we'd used condoms and so it just didn't seem possible. But then Matthew started to worry but I told him it would be okay.

"Anyway, about four weeks ago I finally did a home pregnancy test and it was positive so I went to the doctor and had a blood test and there was no doubt.

"I didn't know what to do, I didn't want to go through with it but I was too scared to tell my parents. The doctor was against abortion. He didn't help me at all and he told me I was somewhere between one and three months so I thought I had some time up my sleeve.

"But then I went somewhere else and they told me I was at least four-and-a-half months, I'd thought I was 12 weeks tops; I just wanted to get rid of it. I want to have babies one day but when I'm married, when I have a house and can afford it." BOWEN HILLS, an inner-city suburb of Brisbane, is the end of the line. There is nowhere else to go unless, of course, you're prepared to flee to a place in LA where it is said doctors will perform an abortion on a 28-week-old foetus.

I am told by a doctor that he knows of such women, so desperate that they would risk their own health and possibly sanity to take this last flight.

But for everyone else, for the 100 or so Australian women who every year find themselves more than half-way through a pregnancy they cannot continue, they come here, to Brisbane's Planned Parenthood of Australia clinic. Here, abortions are performed up to 24 weeks.

Dr David Grundmann in partnership with Dr Mark Schulberg are the mavericks of Australia's private abortion industry.

Yes, they do some of the foetal abnormality cases that the public system refuses. But their distinguishing trademark - the thing that sets their Brisbane clinic apart - is their willingness to terminate pregnancies for what their critics call convenience.

That is, of course, if you call convenient a 14-year-old girl who has been raped by her stepfather and has been so traumatised she has denied the pregnancy. By the time she has confronted her situation she is 21 weeks pregnant and suicidal.

No private abortion clinic or public hospital in Australia will touch this girl except Dr Grundmann and Dr Schulberg. Maternal mental state is not a valid reason for abortion beyond 20 weeks in Australia's public and private health systems.

In the trade, these abortions are known as "socio/psycho"; the women who seek them usually have extreme social, psychological or medical reasons for waiting so long before terminating and, usually, the circumstances of the pregnancy and its impact on

the woman's life are so dire that late-term abortion is the only answer.

The automatic cry from all corners, including most pro-choice advocates, is how can these women not know of their pregnancy? Or worse, know and do nothing?

According to Ms Susan Kelly, the coordinator of Grundmann's Brisbane clinic, the most common reasons women reach their second trimester of pregnancy before seeking an abortion include continued monthly bleeding; negative pregnancy tests and inaccurate examination and diagnoses by a doctor; foetal abnormalities; denial as a coping mechanism; pre-existing medical conditions that confound the diagnosis of pregnancy; a history of amenorrhoea or irregular menstrual cycles.

"Part of my job is to make sure these women are not seeking a quick fix; there is no room for ambivalence here. I have to be as sure as is possible that the woman is going to be OK later but there are no guarantees - I can't play God," Ms Kelly says.

She counsels many of the women who come to Brisbane and has seen and heard unimaginable stories of pain, the sort of stories that cause the rest of us to wince and then close our minds.

"We've terminated pregnancies here where half the face is missing and the woman has been told by her doctor, 'Oh the child may need an operation or two.'

"We also get the cases where Down syndrome has been identified too late, at 24 weeks, and usually because some doctor has stuffed it up but then they refuse to deal with it. These women come to us in a terrible state."

The counselling process used in Grundmann's clinics for mid-trimester abortion is a tough, no-prisoners-taken approach. As Ms Kelly says, there is no room for ambivalence here.

Dr Schulberg, the only other doctor in Australia who does terminations after 20 weeks for reasons other than foetal abnormality, says he has "kicked women off the operating table" literally seconds before he is about to operate.

"I did it this morning in fact. I just looked at the expression on this woman's face and I knew she was not happy with her decision. There's no way I would ever proceed if I was unsure too. You have to be able to pick 'em."

Time is the enemy of a woman with an unwanted pregnancy.

For those who find out early, they must wait before most doctors will terminate - usually six to eight weeks. For those who find out late or who do not acknowledge their pregnancy until it is almost too late, there is no time at all.

THE TECHNIQUE used by the doctors at Planned Parenthood of Australia seems to be the most frightening, most controversial, most threatening aspect of late-term abortion.

In the United States they call it, graphically, partial-birth abortion and there it is a white-hot political issue.

About 25 US states have introduced legislation to outlaw the technique known in Australia as dilation and extraction.

Here is what happens. The woman's cervix is dilated using laminaria (seaweed sticks) that swell as they absorb moisture from the cervical cells. Over 24 to 48 hours the cervix softens and widens and the laminaria are removed, or more are added.

"Completion", the term used by Dr Grundmann to describe the final stage, is where the doctor inserts a cannula (a small tube) into the back of the foetal cranium to extract the brain, which is 90 per cent fluid. The skull collapses, enabling the foetus to be extracted through the cervix.

Dr Grundmann uses this method to terminate pregnancies of 20 weeks and longer.

The issue of foetal pain is often exploited by the anti-abortion movement in its efforts to condemn all abortion.

The Silent Scream, a film used by various anti-abortion organisations, depicts foetal responses during what is falsely claimed to be a first-trimester abortion.

In 1995, research commissioned by the UK Department of Health ruled out the possibility of foetal pain before 26 weeks.

"It is important to emphasise the movements evoked at this stage are a reflex or spontaneous nature only . . . The cortex is not a functional unit at this stage . . . and therefore any discussion of 'perception' or 'conscious reaction' is inappropriate," Professor Maria Fitzgerald reported.

Dr Grundmann is reluctant to talk about the procedure because, he says, he always gets into trouble later. He agreed to this interview only if I did not talk about the

"method". He was happy, however, to grant access to his clinic, patients, staff, and even invited me into the operating theatre during a procedure.

David Grundmann clearly sees himself as the abortion movement's '90s crusader, getting in the faces of not only the right-to-lifers but also the mainstream medical establishment and many pro-choicers, including other doctors, many of whom wish this boy from Melbourne would just shut up and get on with it - quietly.

"The technique is inextricably linked with the issue of late-term abortion and it seems impossible to separate the two in the public's mind," Dr Grundmann says.

But it is not easy to get him to talk about the more complex matter of when is it OK to terminate a foetus and what is it like for a practitioner to do this work.

"Gestation is not so relevant. It is the technique that is important," he says. His primary interest is the woman and the standard of care she receives. To him, the foetus is just not the issue.

"I ask myself what is the difference between a 19-and-half-week-old foetus and a 21-week-old foetus and the answer is nothing except maybe a millimetre or two. The circumstances for the woman haven't changed at all. If she's been raped, and is pregnant and can't go on with it then that is that as far as I am concerned."

AMANDA is on her way home. She had flown a thousand miles and travelled more in her mind in one week than most others do in a lifetime. She has a future ahead of her that now includes children. "But you know, I will always resent the hell out of a system that has made me feel like a criminal and for forcing me to have this lost week of my life. A week no one can ever know about. I guess it's my shameful secret."

Next week, three more women, including a 14-year-old girl, will make the same journey to Bowen Hills. All are more than 20 weeks pregnant and none believes she has any other way out.

[end of article]

How many Australian taxpayers would be happy knowing that their hard earned dollars are being used to support a technique that is nothing short of barbaric?