



THE SOCIETY FOR THE PROTECTION OF UNBORN CHILDREN

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Submission on the Proposal by Mr Jim Wells MLA for Public Consultation:
Ending the Life of an Unborn Child

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Introduction

The Society for the Protection of Unborn Children (SPUC) is an independent education, research, advocacy and lobby group with active members throughout Britain and Northern Ireland. We are committed to affirming, defending and promoting the inherent value of human life from the moment of conception until its natural end. We defend, assist and promote the life and welfare of mothers during pregnancy and of their unborn children from fertilisation up to, during and after birth. We reassert the principle laid down in the Declaration of the Rights of the Child that:

...the child by reason of his physical and mental immaturity, needs special safeguards and care, including legal protection, before as well as after birth.¹

We are opposed to the intentional killing of unborn children through abortion, whether by chemical or surgical means (including the use of drugs and devices to cause abortion of the early embryo) as morally unjustifiable. We are opposed to abortion whether performed within the health service or the private sector.

It is tragic that decisions taken by the Courts mean that the law in Northern Ireland does not provide absolute protection for children before they are born. In spite of this babies are undoubtedly much safer here than they would be under the British Abortion Act. SPUC would therefore welcome the adoption of this proposed legislation as it promises to prevent the current level of legal protection from being further undermined.

The first part of this submission will deal directly with the aims and the anticipated consequences of the proposal. Part two of the submission will focus on the threat to public safety posed by the presence of the commercial abortion provider Marie Stopes International (MSI). The opening of the Marie Stopes abortion facility in Belfast 2012 was a clear challenge to the laws protecting our unborn children. This threat cannot be ignored. SPUC believes this proposal needs to be adopted as a matter of urgency.

New Legislation Proposed by Mr Jim Wells

Ending the Life of an Unborn Child

11A.-(1) Without prejudice to section 58 and section 59 of the Offences Against the Person Act 1861 and section 25 of the Criminal Justice Act (Northern Ireland) 1945 and subject to subsection (2) any person who ends the life of an unborn child at any stage of that child's development shall be guilty of an offence and liable on conviction on indictment to a period of not more than ten years' imprisonment and a fine.

(2) It shall be a defence for any person charged with an offence under this section to show-

(a) that the act or acts ending the life of an unborn child were lawfully performed at premises operated by a Health and Social Care Trust, or

(b) that the act or acts ending the life of the unborn child were lawfully performed without fee or reward in circumstances of urgency when access to premises operated by a Health and Social Care Trust was not possible.

(3) For the purposes of this section a person ends the life of an unborn child if that person does any act, or causes or permits any act, with the intention of bringing about the end of the life of an unborn child, and, by reason of any such act, the life of that unborn child is ended.

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(4) For the purposes of this section ‘lawfully’ in subsection (2) means in accordance with any defence or exception under section 58 and section 59 of the Offences Against the Person Act 1861 and section 25 of the Criminal Justice Act (Northern Ireland) 1945.’

This proposal essentially seeks to do two things:

- i) to ensure that unborn children in Northern Ireland continue to benefit fully from the legal protection which currently exists, and
- ii) to prohibit the activities of commercial abortion providers, such as Marie Stopes International (MSI).

Strengthening the Law

If enacted this proposal would offer a number of benefits. It would:

- remove the threat to women and children posed by the presence of the MSI abortion facility in Belfast (See Part two of this submission for details of just how grave this threat is.)
 - prohibit other commercial abortion providers from expanding their business into Northern Ireland
 - reaffirm the current level of protection for unborn children
 - silence abortion advocates who claim Northern Ireland is governed by a Victorian abortion law
 - send a clear message to Westminster that the people of Northern Ireland are committed to protecting their unborn children
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PART TWO

Marie Stopes International: damaging women and babies

MSI is registered as a charity and claims a not-for-profit status. However, not-for-profit doesn't mean unprofitable. While it doesn't pay a dividend to shareholders, MSI is in fact a lucrative business. Figures published by the Charity Commission show that MSI's income for 2012 was £173,412,000 ²(mostly made up of fees and grants from government bodies but also fees from clients) for abortion and other "sexual health services" (see list of charges below). Its financial statements for that year show total unrestricted reserves of £59.7 million.³ MSI claims to offer advice to women but it stands to benefit from encouraging vulnerable women to have abortions.

Despite the fact that each year the National Health Service pays MSI millions of pounds for the abortions it carries out, there is not one medical benefit associated with abortion. There are, however, hundreds of studies showing the damaging effects abortion has on women and their subsequent children.

The largest European study of abortion and pre-term birth was carried out in 1998 and involved 106,345 women.⁴ This study showed that with one prior induced abortion, the odds ratio for having an early preterm birth in future was 2.5; if two past abortions, the odds ratio was 5.2; for more than two prior abortions, an odds ratio of 8.0. It demonstrated that abortion is clearly associated with an increased risk of preterm birth of less than 37 weeks, but that the association was even stronger for the risk of early preterm birth. Early preterm infants constitute a majority of those with serious disabilities, including mental disability, epilepsy, blindness, deafness, lung infections, and cerebral palsy.⁵

MSI: a vested financial interest in abortion

The fees MSI charges for abortions demonstrate the level of income which could potentially be generated by its new centre in Belfast initially from medical abortions and referrals to other MSI facilities for surgical abortions.

Belfast service fees⁶

<u>Unplanned pregnancy</u>	<u>Fee</u>
Pregnancy test	£40
Consultation	£80
Post-op Consultation	Free
Treatment	£350

The 'treatment' referred to is an RU 486 medical abortion. Misleadingly, it appears from the MSI website that this abortion is lawfully available on the grounds of an "unplanned pregnancy."

MSI have repeatedly refused to rule out the expansion of its service to include surgical abortions. When asked by the Chairman of the Justice Committee⁶ about carrying out abortions beyond its nine-week limit, at 18 or 24 weeks for example, Tracey McNeil, MSI's UK director, acknowledged that: "There is nothing stopping us."⁷

Fees for other UK MSI facilities⁸

Pregnancy test	£5
Telephone consultation	£82
One to one consultation	£82

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Medical abortion up to 9 weeks £464
(abortion pill)

Surgical abortion

Up to 14 weeks, non anaesthetic £562
Up to 14 weeks sedation £643
Up to 14 weeks general anaesthetic £707
Over 14-19 weeks sedation £845
Over 14-19 weeks general anaesthetic £899
Over 19-24 weeks general anaesthetic £1958

MSI in Brixton: ‘like a car production plant’

In 2005 Maria Georgiou, a former administrator at MSI Raleigh centre in Brixton, alleged that nurses were offered payments of hundreds of pounds to increase the number of NHS-funded abortions they performed each day.

Georgiou told the Mail on Sunday⁹: “Everything is geared to getting as many people in for terminations as possible.’ She claimed: “When I started in July 2004, the branch was performing between 20 and 30 surgical abortions a day. But we were told Essex was doing 50 a day and that we were under-performing. So they called a meeting last November at which we were told our bonuses were being withheld until we caught up.

“We had two wards upstairs and it was like a car production plant.

“When I started, people would be given a few hours to recover, but by the end they were waking them up within half an hour and getting them out.

MSI began a television marketing campaign advertising in England in 2010, but stopped after advertising groups received a record number of objections. SPUC pointed out that the advertising was both grossly offensive and illegal.

MSI’s deadly abortion drugs

The RU 486 drug which MSI uses for so-called medical abortions is extremely dangerous. Research has shown that the death rate from infection following medical abortion has been ten times higher than the death rate from infections following surgical abortion¹⁰ and 50 times more compared to childbirth.¹¹ Women frequently are alone in their homes when the abortion occurs. RU 486 is known to have killed 15 women worldwide including Manon Jones¹² (18) from Bristol and Jessie-Maye Barlow¹³ (19) from Staines.

Short of death, the most serious concerns are haemorrhage and sepsis. Women who take RU 486 usually bleed for one or two weeks, with 8% bleeding more than one month.¹⁴ This leaves women exposed to infection for an extended period of time. The average woman using RU 486 experiences four times the average blood loss associated with a surgical abortion. The US Food and Drug Administration (FDA) Medication Guide for RU 486 states that “in about 1 out of 100 women, bleeding can be so heavy that it requires a surgical procedure (surgical abortion/D&C) to stop it.

Sometimes the bleeding is of massive proportions well beyond the amount of bleeding typically experienced in usual gynaecological cases. Dr Donna Harrison, co-author of a published report on 607 of the Adverse Event Reports received by the FDA on RU 486, testified before a U.S. Congressional committee regarding the severity of some of the cases: “In my experience as an obstetrician and gynaecologist, the volume of blood loss seen in the life- threatening cases is

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comparable to that observed in major surgical trauma cases like motor-vehicle accidents. This volume of blood loss is rarely seen in early surgical abortion without perforation of the uterus, and it is rarely seen in spontaneous abortions.”¹⁵

MSI’s deadly record

MSI has been responsible for the death or serious injury of a long list of its clients.

Sarbjit Lall (29) from Bradford died after an abortion arranged by Marie Stopes in Leeds in 1993.¹⁶ Mrs Lall wanted an abortion when she found out she was expecting a baby girl. Sex-selection is not grounds for abortion under the Abortion Act. MSI accepted no responsibility for arranging the illegal abortion or Mrs Lall’s death. There is, however, growing concern over the practice of sex-selective abortions in the UK. Dr Vincent Argent, who previously worked for the British Pregnancy Advisory Service and is now a GP and consultant obstetrician and gynaecologist, told the Daily Telegraph¹⁷ that he had “no doubt” that women were terminating pregnancies because of the sex of the baby and that he believed the practice was “fairly widespread”.

In 2011 an MSI abortionist in London nearly killed a woman from the Republic of Ireland. Gynaecologist Phaniel Dartey¹⁸ who was struck off for his treatment of five patients -- including the Irishwoman -- worked at the MSI centre in Ealing.

In December 2011 The Age¹⁹ newspaper in Australia reported the death of an unnamed 42 year-old woman at the MSI Maroondah centre in Victoria. The surgery’s owner, Dr Mark Schulberg, was in 2009 found guilty of unprofessional conduct for failing to gain legal consent to perform a late-term abortion on an intellectually disabled woman.

The centre’s anaesthetist James Latham Peters allegedly infected more than 50 women with hepatitis C at the same clinic in 2008 and 2009. He faced 162 charges of infecting women patients he aborted at the surgery during this time.

Earlier in 2011 it was revealed that Pheap Sem (40) was left fighting for her life after Schulberg performed a late- term abortion on her.

Marie Stopes and the law

In a letter to the Chairman of the Stormont Justice Committee (17 October 2012) John Larkin QC, the Attorney General, spelt out the law in a clear, concise summary.

“[A]bortion in Northern Ireland is a matter regulated by the criminal law primarily by two statutes; the Offences Against the Person Act 1861, and the Criminal Justice Act (Northern Ireland) 1945. The subject falls squarely within the jurisdiction of the [Justice] Committee. Abortion in Northern Ireland is a criminal offence which is punishable by a maximum sentence of life imprisonment.

“An abortion carried out in Northern Ireland may [emphasis added] not result in a criminal liability if, on a trial for that offence, a jury considers that the person who procured it was a suitably qualified person²⁰ who believed, and had reasonable grounds for believing,²¹ that the continuation of the pregnancy would have created a risk to the life of the mother or would have probably caused serious and long- term harm to her physical or mental health.

“It must be stressed that termination of a pregnancy based solely on the abnormality of an unborn child is always unlawful.”²²

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Abortion is a criminal offence. By opening a facility, which it says provides abortion as a commercial service, MSI is directly challenging Northern Ireland's protection for children before birth.

For decades MSI has campaigned to overturn Northern Ireland's abortion laws. Despite claims that it merely wishes to offer a service to the women here, the MSI website calls for the law in Britain "to enshrine a woman's right to choose and self-determination, allowing abortion on request and to be extended to women in Northern Ireland."²³

MSI also has a record of breaking abortion laws in various countries in which it operates.

In 2007 Paul Cornellisson, the MSI programme director in South Africa, was filmed discussing ways in which MSI could circumvent abortion laws in the neighbouring country of Namibia. He said: "...there are various options... once we open a centre, I mean we do illegal abortions all over the world... There are various things we can look at if we can just get our foot in the door."²⁴

In July 2012 the Zambian Minister of Health Joseph Kasonde issued an indefinite ban on MSI carrying out abortions for committing 490 illegal abortions earlier in the year.²⁵

Abortion is unlawful in Bangladesh. To circumvent the law MSI refers to the abortions it performs in that country as menstrual regulations.²⁶ The menstrual regulation procedure is identical to a suction abortion but is carried out without definite verification that the woman is pregnant. However, outside Bangladesh MSI equates its "menstrual regulation" services to abortion. In one table on its website, MSI compared the rate of abortion provided in eight countries where it operates. Bangladesh was the second of the eight, showing that MSI provided a steadily increasing percentage of the abortions in the country, reaching 15% in 2010. A small asterisk after the name of the country clarified that MSI had tabulated "menstrual regulations" in Bangladesh but "abortions" in every other country. If MSI did not acknowledge that the menstrual regulations it carries out are in fact abortions, the inclusion of Bangladesh in the table would be inappropriate.

¹ United Nations Declaration of the Rights of the Child (1959) preamble.

² <http://www.charitycommission.gov.uk/find-charities/> accessed 11 September 2013

³ MSI Financial Statements 31 December 2012 http://apps.charitycommission.gov.uk/Accounts/Ends43/0000265543_AC_20121231_E_C.pdf

⁴ Martius JA, Steck T, Oehler MK, Wulf K-H. Risk factors associated with preterm (<37+0 weeks) and early preterm (<32+0 weeks): univariate and multi-variate analysis of 106,345 singleton births from 1994 statewide perinatal survey of Bavaria. Eur J Obstet Gynecol Reprod Biol 1998;80:183-189

⁵ Escobar GJ, Littenberg B, Petitti DB. Outcome among surviving very low birthweight infants; a meta-analysis. Arch Dis Child 1991;66:204-211.

⁶ http://www.mariestopes.org.uk/Fees/Belfast_integrated_services.aspx accessed 8 January 2013

⁷ Official Report (Hansard) 10 January 2013 Committee for Justice - Marie Stopes International: Compliance with Criminal Law on Abortion in Northern Ireland

⁸ http://www.mariestopes.org.uk/Fees/Womens_services/Abortion.aspx accessed 11 September 2014

⁹ Mail on Sunday 4 September 2005

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¹⁰ Donna Harrison, M.D. before the House Subcommittee on Criminal Justice, Drug Policy and Human Res., Committee on Government Reform on RU-486: Demonstrating a low standard for women's health. 109th Congress (May 17, 2006) The FDA and RU-486: lowering the standard for women's health. Staff report prepared for the Hon. Mark Souder, Chairman, Subcommittee on Criminal Justice, Drug Policy and Human Resources, October 2006. Greene M F. Fatal infections associated with mifepristone-induced abortion. N Engl J Med 2005;353(22):2317-8. Fischer M. Fatal toxic shock syndrome associated with Clostridium sordellii after medical abortion. N Engl J Med 2005;353:2352-60.

¹¹ Harrison, op. cit

¹² Western Mail 13 July 2008

¹³ Daily Mail 20 September 2012 Mail on Sunday 4 September 2005 ¹³Mifeprex (RU 486) Label, FDA, Revision 2: 7/19/05. Available from: <http://www.fda.gov/cder/foi/label/2005/020687s31bl.pdf> (Accessed April 13, 2007)

¹⁴ Mifeprex (RU 486) Label, FDA, Revision 2: 7/19/05. Available from: <http://www.fda.gov/cder/foi/label/2005/020687s31bl.pdf> (Accessed April 13, 2007).

¹⁵ Harrison, op. cit

¹⁶ The Independent Saturday 5 March 1994

¹⁷ Daily Telegraph 24 Feb 2012 <http://www.telegraph.co.uk/health/healthnews/9104994/Sex-selection-abortions-are-widespread.html>

¹⁸ Belfast Telegraph 3 December 2011 <http://www.belfasttelegraph.co.uk/news/local-national/republic-of-ireland/irish-woman-left-fighting-for-life-after-abortion-in-uk-clinic-16086044.html#ixzz2CIKfHcy3>

¹⁹ Woman dies after abortion clinic visit 21 December 2011 <http://www.theage.com.au/victoria/woman-dies-after-abortion-clinic-visit-20111220-1p414.html#ixzz2F6te0vcE>

²⁰ Original footnote: It appears therefore that, where the potential long term harm relied upon consists of harm to the mother's mental health the opinion of a qualified specialist in psychiatry would be required to have been obtained and considered.

²¹ Original footnote: In the case of R v Bourne (1939) 1KB 687, McNaughton J said, "If the doctor is of the opinion, on reasonable and with adequate knowledge, that the probable consequence of the continuation of the pregnancy will be to make the woman a physical or mental wreck, the jury are quite entitled to take the view that the doctor, who under those circumstances and in that honest belief, operates, is operating for the purpose of saving the life of the mother."

²² Original footnote: See judgement of Sheil J at paragraph (9) and Nicholson LJ at paragraph (73) in the Family Planning Association v The Minister of Health, Social Services and Public Safety (2004) NICA and (2004) NICA 39

²³ MSI Campaigning for safe abortion, our recommendations - Marie Stopes Clinics. http://www.mariestopes.org.uk/Campaigning/Campaigns_%5e_advocacy/Safe_abortion/Our_recommendations.aspx Accessed 18 Jan 2013

²⁴ <https://www.youtube.com/watch?v=9Cf7Rg8zxls>

²⁵ Times of Zambia 26 July 2012 Zambia: Govt 'Aborts' Marie Stopes <http://allafrica.com/stories/201207260525.html>

²⁶ EUROPEAN DIGNITY WATCH The Funding of Abortion through EU Development Aid: An Analysis of EU's Sexual and Reproductive Health Policy March 2012