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House of Representatives

ABORTION IS NOT HEALTHCARE

HON. CHRIS SMITH OF NEW JERSEY

(Excerpts)

Madame Speaker, for those of us who recognize abortion as lethal violence against children and the exploitation of women, nothing less than a comprehensive prohibition on public funding, promotion and facilitation of elective abortion in any federal health program, including the bill under consideration today, satisfies the demands of social justice.

The Stupak-Pitts Amendment which passed 240-194-1 ensures that not some, but all the elements of the Hyde amendment applies to the programs that are both authorized and appropriated in this bill.

By now, I trust that all members fully understand that because programs in Obamacare are both authorized and appropriated in this legislation, the actual Hyde Amendment has no legal affect. It only affects Labor HHS not this massive

expansion of government funded health care.

Regrettably the language that emerged from the Senate is weak, duplicitous and ineffective, not by accident, but by design. It will open up the floodgates of public funding for abortion in a myriad of programs resulting in more dead babies and wounded moms than would otherwise have been the case.

Because abortion methods dismantle, decapitate, crush, poison, starve to death and induce premature labor, pro-life Members of Congress, and according to every reputable poll, significant majorities of Americans want no complicity whatsoever in this evil. Obamacare forces us to be complicit.

Abortion hurts women's health and puts future children subsequently born to women who aborted at significant risk. At least 102 studies show significant

psychological harm, major depression and elevated suicide risk in women who abort.

Recently, the Times of London reported that, “[S]enior...psychiatrists say that new evidence has uncovered a clear link between abortion and mental illness in women with no previous history of psychological problems.” They found, “that women who have had abortions have twice the level of psychological problems and three times the level of depression as women who have given birth or who have never been pregnant...”

In 2006, a comprehensive New Zealand study found that 78.6 percent of the 15-18 year olds who had abortions displayed symptoms of major depression as compared to 31 percent of their peers. The study also found that 27 percent of the 21-25 year old women who had abortions had suicidal idealizations compared to 8 percent of those who did not have an abortion.

At least 28 studies—including three in 2009—show that abortion increases the risk of breast cancer by some 30-40 percent or more yet the abortion industry has largely succeeded in suppressing these facts. Abortion isn’t safe for subsequent children born to women who have had an abortion. At least 113 studies show a significant association between abortion and subsequent premature births. For example a study by researchers Shah and Zoe showed a 36 percent increased risk for preterm birth after one abortion and a staggering 93 percent increased risk after two.

Similarly, the risk of subsequent children being born with low birth weight

increases by 35 percent after one and 72 percent after two or more abortions. Another study shows the risk increases 9 times after a woman has had three abortions.

What does this mean for her children? Preterm birth is the leading cause of infant mortality in the industrialized world after congenital anomalies. Preterm infants have a greater risk of suffering from chronic lung disease, sensory deficits, cerebral palsy, cognitive impairments and behavior problems. Low birth weight is similarly associated with neonatal mortality and morbidity.

Unlike both the Hyde Amendment and what would be the effect of the Stupak-Pitts amendment, the Senate passed bill permits health care plans and policies funded with tax credits to pay for abortion, so long as the issuer of the federally subsidized plan collects a new, congressionally mandated fee from every enrollee in that plan to pay for other peoples abortions. Requiring the segregation of funds into allocation accounts—a mere bookkeeping exercise touted by some as an improvement to the new pro-abortion funding scheme—does absolutely nothing to protect any victims—baby or mother—from publically funded abortion.

The Senate passed bill creates a new Community Health Center fund and appropriates at least \$7 billion for Community Health Centers (CHC). Again recognizing that the Hyde Amendment does not apply to this bill and absent enactment of the Stupak-Pitts amendment, it is clear that the 1,250 CHC clinics (among the most effective means of reaching the poor and underserved with basic health care) will

likely be compelled either by the Obama Administration or the courts or both to fund abortion on demand at CHC sites. There is no statutory protection against this abuse in the Senate-passed bill.

Additionally, under the federal employee health benefits plan, which includes Members of Congress, since 1984, no funds may be used for abortion or the administrative expenses in connection with any health plans that provide any benefit or coverage for abortions or even the administrative expense, except in the case of rape, incest or to protect the life of the mother.

The Office of Personnel Management (OPM) administers the program.

The Senate-passed bill on the other hand creates a huge new program administered by OPM that would manage two or more new multi-state or national health plans. The bill stipulates that at least one plan not pay for abortion. Which only begs to question: what about the other new multi-state plans administered by OPM? Why can those federally administered plans include funding abortion on demand? This represents a radical departure from current policy.

Additionally, other appropriated funds in the bill have no Hyde/Stupak-Pitts type protections either including \$5 billion for a temporary high risk health insurance fund and \$6 billion in grants and loans for health cover co-ops. Pro-life members who vote for this bill will roll the dice on this one.

When the bill left the House, it contained the Hyde-Weldon language protecting health care providers who refuse to participate in abortion against discrimination by government entities. The Senate passed bill instead only includes more narrow text that prevents discrimination by a “qualified health plan” on the Exchange. This narrow language was included in the House bill, but without the additional protections against discrimination by federal and state governmental entities, pro-life health care providers are not fully protected.

Then there’s the Mikulski Amendment, Sec. 2713, which empowers the HHS Secretary with broad new authority to compel private health care plans in America to cover “preventable” services.

When Senator Ben Nelson suggested that abortion not be included in the so-called preventative services mandate, Ms. Mikulski said no—raising a serious red flag that abortion is being postured as “preventable abortion service in the future”—after all, abortion prevents a live birth.

Abortion as preventative health care isn’t new.

And as far back as 1976, Dr. Willard Cates, Jr and Dr. David Grimes then with CDC presented a paper to a Planned Parenthood meeting, entitled: Abortion as a Treatment for Unintended Pregnancy: The Number Two Sexually Transmitted “Disease”. To call pregnancy sexually transmitted disease; to call abortion a treatment or a means of prevention for this “disease” is barbaric.

Abortion isn't health care—
preventative or otherwise.

Mr. Speaker, we live in an age of
ultrasound imaging—the ultimate window to
the womb and it's occupant. We are in the
midst of a fetal health care revolution, an
explosion of benign innovative interventions
designed to diagnose, treat and cure disease
or illness any unborn child may be suffering.

Unborn children are society's
youngest and most vulnerable patients.
Obamacare should do them no harm.
Tragically, it does the worst harm of all. It
kills them.