



# Trish Doyle MP

## Member for Blue Mountains



02 4751 3298 | [bluemountains@parliament.nsw.gov.au](mailto:bluemountains@parliament.nsw.gov.au) | 132 Macquarie Rd Springwood NSW 2777

### New South Wales Parliament Legislative Assembly

### Reproductive Health Care Reform Bill 2019

**6 August 2019**

I speak in support of the Reproductive Health Care Reform Bill 2019. This is an important day for all people in New South Wales and it is an opportunity to correct an historic wrong. As the Minister said, we must place the issue of abortion where it should be: as a reproductive health issue and not a criminal act. I thank those women who have come forward to share their experiences of accessing health care and I thank those who were sadly denied or made to feel bad for accessing abortion care. I am most appreciative. I acknowledge the brave women and men—doctors, nurses, counsellors and activists— who have stood up for the rights of women. I believe we need to trust women to make the best decisions about their health and their pregnancies because women are the greatest experts on their own bodies and their own lives.

Women know what is right for them and what is right at a particular moment in time. I thank the members of Parliament from across party lines who came together in a working group—Liberal, Labor, The Nationals and Independents—to work collaboratively on this bill to decriminalise abortion in this State and bring us into line with the rest of the country. I thank members across the entire political spectrum who have been working to advocate for this for many decades. The 2003 Australian Survey of Social Attitudes [ASSA] found that 81 per cent of those surveyed believed a woman should have the right to choose whether or not she has an abortion. The 2003 ASSA found that religious belief and support for legal abortion are not mutually exclusive, with 77 per cent of those who identify as religious also supporting a woman's right to choose.

Clearly, the vast majority of Australians support this reform regardless of their religious affiliations. That is not new. Those figures have been sustained now for decades. Surely it is time for legislation to reflect the views of the community. Approximately one-quarter of Australian women have had an abortion in their lifetime. Many of those women were already mothers and had chosen to have a termination of pregnancy due to the circumstances in their lives at that time. Some people may wonder why there is a need for abortion in this day and age. Even when used correctly and consistently all contraceptive methods can fail. Sometimes women are not in a position to insist on contraceptive use, particularly when violence is involved.

It is unreasonable to expect all women to be able to control their fertility for 100 per cent of their reproductive lives. It is time that we treat abortion like any other sexual or reproductive healthcare service. That is what is expected of us by the majority of people in this State. It is also supported by key professional groups such as the Royal Australian College of Obstetricians and Gynaecologists, the Australian Medical Association, the Public Health Association of Australia and the Family Planning Alliance Australia. They all advocate for the decriminalisation of abortion and equity of access to abortion services. Once the issue of

legislative reform has been addressed, we must look at the broader issues of equality of access, affordability and the responsibilities of both public and private healthcare sectors in the provision of abortion services.

I acknowledge that abortion law reform can rouse strong emotions and that for some people of faith this is a difficult subject and one which they cannot support. However, I urge those who oppose this reform on religious grounds to listen to the stories of women. On another occasion I shared some of my own personal story in this place. I spoke about the child I was who grew up in poverty in a family mired in domestic violence. Today, I stand before you as the proud new shadow Minister for Women and say that the personal is the political. At a very difficult time in my life I also needed to seek abortion services. People who oppose this bill need to listen to women's stories, even if those women are making what they see as a morally wrong choice. It is their right to live in accordance with their conscience. People must ask themselves this question: Should women and doctors spend 10 years in jail to satisfy their morality tests? What these women need most is our support and understanding, not our judgement.

At this point I acknowledge the role of women's health centres and Family Planning NSW. In the 1970s and 1980s it was not uncommon for abortion clinics and women's health centres to be raided by the police, who were looking for medical files with the potential for criminal prosecution. Without a change to the law and the decriminalisation of abortion that is potentially still the case. There has been much misinformation surrounding this bill. Currently, in this State around 90 per cent of terminations of pregnancy occur before 12 weeks, with most occurring before 10 weeks. Where second-trimester abortions do occur, most occur for medical reasons such as fetal anomalies. In other cases, they often occur in the context of incest, domestic violence and women having substance dependency or mental health problems. Where women have difficulty in accessing abortion due to factors such as cost, geography and a lack of referral knowledge and options, it is more likely that a woman will access a later term abortion as a result of those barriers or that she will seek an unsafe backyard abortion, risking her life.

Let us remove the barriers.

In a practical sense, this bill will not immediately change the status quo—abortions are happening right now in New South Wales, whether those opposed to this bill like it or not. However, the bill will take abortion out of the criminal code and place it appropriately within a health legislative framework. We can then begin the work of providing equitable access through the public health system. Passing the bill will mean that women and their doctors will not face the potential jeopardy of criminal prosecution. By reducing the stigma and providing greater options within the public health system, women should be able to access termination of pregnancy at an earlier stage.

Staff at abortion provider Marie Stopes International informed me that each week they see approximately four or five women seeking access to second-trimester abortions in their Victorian clinic after they have been refused access in New South Wales. Those woman have often been turned away from public hospitals and told that abortion is illegal in New South Wales. As they navigate the system in the dark, without knowledge and information about access in New South Wales, their pregnancy advances and they are left with no other option than to access a late-term abortion.

Let us remove those barriers.

For women in the regions, it is not simply the cost of the medical procedure that poses a burden. Women will often face significant travel costs and distances. They will need another adult to accompany them home. They may need to stay away overnight, sometimes being forced to leave their children at home. All of this can make access to an abortion out of reach.

Sometimes access is about more than money. Far more work needs to be done in the regions to train and support GPs to ensure more consistent access to safe early abortion in rural and regional areas. We want those women supported with access to public healthcare services in their communities. Over the past few weeks I have been contacted by women and doctors wishing to share their stories with me.

One woman living in Wilcannia contacted a Sydney-based women's health centre for help. She was 16 weeks pregnant, a survivor of domestic violence and she already had five children. She had known she was pregnant for some time but had delayed her abortion as she tried to save money to pay for it. The women's health centre assisted her with a no-interest loan and after great difficulty was able to provide her with a referral to a sympathetic doctor. In another example, a woman arrived at the local women's refuge with her three children and no belongings other than what they were wearing or could store in plastic bags on the train trip from the north-west of the State. The woman had experienced serious domestic violence at the hands of her partner and the father of her children. In previous pregnancies the violence escalated, as it does for many women. She knew that she was facing homelessness and serious uncertainty. She knew she could not go on with the pregnancy.

Later she spoke of the difficulties she was facing but she knew that she had made the right decision. She knew that life as a single mother was not going to be easy and she was glad that she could access a safe abortion with the support of the refuge staff. We have made those women criminals and it is time to reverse that wrong.

There are women in this House and in the gallery who have—because of this archaic law—committed a crime. I acknowledge the bravery of my comrade sister Emily Mayo, who began #ArrestUs on social media recently. Emily wrote to me to tell her story and I have asked her if I can share some of it today.

She said:

*I had an abortion when I was in my early twenties.*

*I had a one-night stand. I had unprotected sex. It was consensual, uncontroversial. It was a mistake. I remember going to my GP and I was frightened. I knew abortion was in the criminal code but I also knew there was no way I was in a position to have a child.*

*I remember shaking as I asked the GP about what to do and I remember them explaining to me that I would need to have an ultrasound and come back. I talked to only one friend. I needed to borrow money because I could not afford the out of pocket expenses for the doctor's appointments and the ultrasound.*

*It was awful asking but she was supportive—she was a little older than me and she said she had gone through the same and that someone had helped her too.*

That is an example of women helping women. She went on:

*I lived in Inner City Sydney—I was lucky—at least there were clinics near to me.*

*I had driven past the clinic I was referred to time and time again on my way to work and I had seen the anti-abortion protestors out the front. I was terrified. I called them and I made the appointment.*

*They explained that terminations were not really legal and that I would need to see a counsellor and demonstrate why having a baby would be detrimental to me and the "unborn child".*

*Medicare covered some of the cost but I was too frightened to use my Medicare card in case I got in trouble.*

*I cannot remember how much it was, but for me at the time, it was a lot.*

...

*It was awful. I felt useless. And I felt absolutely sure of the hard decision I had made.*

*I had the termination.*

*I have no regrets.*

...

*I do not want the women I have supported through this to have to do the same for others. I want reproductive health decisions to be respected. ...*

*I have a five-year old child now. I am as comfortable with the decision I made to have an abortion, all those years ago, as the decision I made to have a child. I was ready.*

*New South Wales is ready. It's time.*

The success of abortion law reform can only be achieved through a strong coalition and the goodwill of many players over many decades. I acknowledge warrior feminist and lobbyist extraordinaire Claire Pullen, who is in the gallery today. She has been central to this campaign.

I also acknowledge campaigners including former MLC Helen Westwood and EMILY's List Australia, Dr Deborah Bateson, Ann Brassil and Family Planning NSW, Margaret Kirkby, the Uniting Church and the Anglican Church in Newcastle, Lyn Muir and the Women's Abortion Action Campaign, Jozefa Sobski and the Women's Electoral Lobby, Rosie Ryan and the Labor for Choice women, the Our Bodies Our Choice Collective, Marie Stopes International, the Pro-Choice Alliance, doctors from Albury-Wodonga who every day assist women from New South Wales, women's health centres over the decades, the early pioneers and the Bessie Smyth Foundation.

I acknowledge the work that Penny Sharpe, MLC, has done in the other place. She has driven this bill out of the legislation for safe access zones to reproductive health clinics, which was introduced last year.

I thank and acknowledge my friend, mentor and Federal Labor colleague Tanya Plibersek, who this year put this firmly on the national agenda—much to the distaste of the many who disagreed with her.

She recognised that we are building on the work of the many who have come before us. New South Wales, it is time—free, safe, legal.

Let us decriminalise abortion.

I commend the bill to the House.