

## **Submission of Terry Bellamak**

**I support the passage of this bill.**

**I would like to make an oral submission**

Thank you for the opportunity to submit to the committee.

I am National president of ALRANZ Abortion Rights Aotearoa, but I make this submission in my capacity as a private citizen, whose job affords me the privilege of hearing the stories of many New Zealanders who have accessed abortion care under our current laws. These stories have affected me deeply. They illustrate the human cost of our current legislative regime, and demonstrate why it must be changed. My purpose in making this submission is to share the information I have gathered from these stories with you.

ALRANZ made a complaint to the Human Rights Commission in 2017, alleging the current laws discriminate against women. We were joined by several complainants whose experiences demonstrate the discrimination of which we complain. They are, however, the tip of the iceberg. News of the complaint brought many other people to light, who told me their stories as well.

My comments here are based on observations and remarks made to me in the course of these conversations. These stories coalesce around the issues ordinary women find most confronting with our system:

- being forced to lie about their mental health status to meet the grounds in the Crimes Act 1961 s 187A
- worrying about whether they will receive the health care they need, or actually being denied abortion care
- being denied a referral for abortion care under Contraception, Sterilisation, and Abortion Act 1977 s 46 by their GP
- waiting weeks or months to receive care
- worrying about harassment

### **Being forced to lie about their mental health status to meet the grounds in the Crimes Act 1961 s 187A**

When compared to the experience of people in earlier times, who risked their lives to obtain abortions, telling a lie about your mental health may seem like a small price to pay. No doubt this is why so many have been willing to pay this price over the past 40 years.

But “I had to say I was crazy to get an abortion” comes with costs Parliament may not realise. Lying is wrong; it feels wrong; and yet, in order to access the health care you need, you must lie. In order not to commit the crime of accessing abortion outside the grounds in the Crimes Act, you must do something wrong. Can you appreciate how perverse it is for one’s government to require someone to do something wrong in order to get something as essential as health care?

This circumstance reinforces the idea that normal women don’t receive abortion care, only insane women do. This casts women receiving abortion care as part of a deviant out-group, even though 1 in 3 - 4 people with uteri will receive abortion care over the course of their lives.

Thus pregnant people must abase themselves to get care. It feels like extortion, like when your big brother holds you down and won’t let you up until you say ‘I’m a <insert insult here>’.

The duration of this legal regime has shown everyone that the government has wanted it to be this way for a long time. That feels hostile toward people who face unwanted pregnancy.

### **Worrying about whether they will receive the health care they need, or actually being denied abortion care**

Much of the population spent years mistakenly believing New Zealand had abortion on demand, but many of those who accessed the system realised their care was contingent on the approval of 2 certifying consultants. It was, in fact, an act of discretion, not theirs as a matter of right simply because they were New Zealand citizens needing health care.

Requiring approval opens the possibility of refusal. These women realised for the first time they could be forced to carry a pregnancy they did not want. They thought about how they might have to move back home, or might be kicked out of their parents' home. They realised they might have to quit their course of study. They might lose their jobs. You might think, 'hold on, it's not legal to fire people for pregnancy in New Zealand.' But if people have to quit because they are too tired to work, it amounts to the same thing for them.

It feels like the walls of a room closing in around you. It feels like a trap.

And now, imagine what it feels like to realise you're not going to get out of this trap. Several of the people who spoke to me were denied abortion care, and required to continue their pregnancies, because they did not have the money to go to Australia.

These women are good parents. They will cope and get on with it as women have done for millennia. But in a modern country with proper health care, they should not be in this position. They feel their government is to blame for not changing the laws ages ago.

### **Being denied a referral for abortion care under Contraception, Sterilisation, and Abortion Act 1977 s 46 by their GP**

We always hear about obstruction of access to reproductive health care as though the harm in question was the denial of a referral. From the stories people have told me, that is not the case.

The real harm comes from the offensive, judgmental, abusive manner in which some people are denied care. People have told me of running from their GP's office crying tears of rage and shame at the things that were said to them.

These verbal attacks included telling them what sluts they were, how they should not have had sex, and how they made their bed and should now lie in it. Others were told God was very angry with them indeed, and they should turn to Jesus.

Paula Penfold's story is representative, except that she made a complaint. The vast majority don't. None of the people who spoke to me did. Some did not know they could complain, or how to do it. Others were very goal-focused, and just wanted to get their termination so they could put the experience out of their minds.

The problem is not just being insulted by your primary care physician, or being treated with contempt by their staff. All they wanted was health care. They went to a doctor. They did not come for a lecture. They did not come for spiritual or pastoral guidance. If the doctor wanted to judge the morals of others so badly, why didn't he become a minister?

Anger, humiliation, and helplessness. Why does this doctor get to treat me like this? Why are his feelings so much more important than mine? The harm here is much more personal, and much more visceral than just being refused a referral.

### **Waiting weeks or months to receive care**

The delays our current laws impose on people seeking abortion care are clear. Almost everyone can relate to the annoyance of having to wait for an elective procedure in the health system. But that feeling does not really capture the experience of having an unwanted pregnancy, and waiting weeks or even months to end it.

Think about the last time you had food poisoning. Now imagine that experience 24 hours a day 7 days a week. I'm told that is what hyperemesis gravidarum is like. But nausea doesn't have to reach the level of a diagnosis to be debilitating. All the while, the pregnant person must continue working, attending school, and taking care of their other children.

In some cases she may feel the need to conceal the pregnancy to preserve her privacy. So not only must she push herself to carry on as normally as possible, she may not feel able to talk about it. The experience is isolating, and feels like punishment.

People have told me of being turned away from scheduled appointments for showing up 2 minutes late. Missing an appointment can set the process back by a week or more. They have told me of presenting as early as 5 or 6 weeks, only to be placed at the back of the queue for many weeks because so many other people are farther along, and need receive care before they require a more complicated procedure.

Like pregnant people, every pregnancy is individual. Some have an easy time of it, some not. The discomfort is worth it if you want a baby at the end of it. If you don't, the time spent waiting for it to end seems very long.

### **Worrying about harassment**

Everybody worries about being harassed when they receive abortion care. It is practically a universal dread.

Anti-abortion groups that harass people outside clinics sometimes claim to be 'sidewalk counsellors', merely reaching out to people who need to hear about their alternatives. Very few of these approaches result in people changing their minds, a fact acknowledged by the 'sidewalk counsellors' themselves.<sup>1</sup> Their effect is to increase the emotional cost of receiving abortion care. Many people I have spoken to believe that is their intended purpose.

People seeking abortion care say they perceive 'sidewalk counsellors' and 'protesters' as harassing, intimidating, or threatening them. They wonder why they are the only people in New Zealand expected to endure this kind of harassment when seeking health care.

People speak of the fear of being targeted by judgmental strangers who do not understand their circumstances. They steel themselves to pass by old men with enormous, gory photos on signs. Even when the harassers are silent, they can feel the judgment. It feels like every other form of street harassment.

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<sup>1</sup> "Protester Admits That Harassing Women Outside Of Abortion Clinics Doesn't Work" ThinkProgress <thinkprogress.org>.

Women have said they do not understand why this behaviour is legal.

Everything I have heard, and related in this submission boils down to the pervasive feeling that they are being punished, not by a deity but by the government itself. They suffer because the law requires their experience to be punitive. And everyone knows who makes the laws.

When debating this bill, I urge you to consider the experience of abortion care in New Zealand from the perspective of those who receive it.