

## **Submission of Scott Summerfield to the Abortion Legislation Bill Select Committee**

Kia ora koutou

Thank you for the opportunity to make an oral submission to you on the Abortion Legislation Bill.

I want to firstly remind the Committee that 150,000 people have had abortions in Aotearoa in the last 10 years. Thousands of pregnant people who need an abortion each year need Parliament to make abortion law that treats them with dignity. The submissions in front of you need to be balanced against the reality of those people who are actually accessing abortion care in this country every day.

This afternoon I want to talk to you about:

- why the legislation is important,
- what changes should be made, and
- discuss the importance of safe access zones around abortion providers.

In preparing my oral submission today, I have been reflecting on the point of the legislation. The legislation won't impact on whether or not abortions occur in Aotearoa, and it will unlikely have an impact on the number of abortions that occur.

What the legislation will do is:

- Improve the safety of abortion services
- Improve the dignity in abortion services; and
- Improve the equity of abortion services

### **On safe abortion access**

The proposed legislation will create improved health outcomes for pregnant people.

The associated health risk of having an abortion increases over the gestation of the pregnancy. The current legislative requirement for two consulting doctors to approve an abortion introduces unnecessary delay into when abortion services occur. This places the pregnant person at risk.

It follows that with the removal of unnecessary medical hurdles, more terminations will occur earlier in gestation, allowing for safer abortions across the board.

### **On abortion services with dignity**

Abortion access is fundamentally about trust.

We know that abortion has happened for millenia.

We know that in Aotearoa about 15-20% of pregnancies are aborted.

We know that women have historically been put through hell when trying to access abortion services.

We know that women and pregnant people bear the brunt of the law around unexpected, unwanted or unviable pregnancies.

We know that our current law forces the vast majority of people to lie about their mental health to access an abortion, and criminalises legitimate reproductive rights.

The truth is that pregnant people are the ones best positioned to know if having a child is right for them at the given time, under the given circumstances.

Abortion is a reality of our society. It is shocking that our Parliament has presided over a system that removes the dignity of those seeking an abortion.

Trust pregnant people with their own reproductive system. Afford them the dignity they deserve in seeking abortion care.

### **On equity in access to abortion services**

My written submission talks about the perverse situation where people from Tauranga in need of surgical abortions must make a 4 hour return trip to Thames. This is because of the politicised healthcare decisions of the Bay of Plenty DHB.

This experience comes up all over the country because local DHB control over abortion services, and a generally restrictive abortion system, has limited the level of abortion services available in provincial areas and some cities.

This discriminates against:

- lower income people,
- those with controlling or unsupportive partners,
- and those without transport.

The proposed legislation improves access to abortion care for all those who need it. It allows for self-referral, widens the definition of who can administer abortion care, and reduces the delay that pregnant people face under the consulting system.

Parliament needs to go further in removing inequity in abortion care, though.

This means public healthcare facilities need to be required to provide adequate abortion care. They must be funded to do so. Conscientious objection of providers should be removed.

### **On changes sought to the legislation**

My written submission notes a number of changes sought. I want to reiterate the call to remove any gestational limit on when a pregnant person can opt for an abortion. This was recommended as the Law Commission's Model A.

The common refrain for a gestational limit is that more viable foetuses need to be protected, and their rights balanced with those of the pregnant person.

Another view of this refrain is that there comes a time when pregnant people can no longer be trusted to make "the right choice" and must instead be regulated.

This line around gestational limits is medically arbitrary. It also implies that there is a point where trust and dignity for the pregnant person should be suspended.

It is also entirely unnecessary. The 2017 abortion statistics in Aotearoa show that only 72 of 13,285 abortions that year occurred after 20 weeks.

The vast number of abortions occur within 14 weeks of gestation. The number of total abortions performed within the 14 week timeframe are only likely to increase as a result of removing delays in the abortion care system.

A gestational limit is driven purely by moral conservatism. It is demeaning to the small number of affected pregnant people, and an affront to the dignity of people in need of abortion care.

There is no medical or statistical reason to impose a gestational limit on when an abortion can be sought.

### **Safe access zones and anti-abortion harassment**

I have referred to pregnant people rather than women throughout this submission in order to be inclusive of the full range of people who can be pregnant and need abortion care.

When it comes to safe access zones and anti-abortion harassment however, we should talk specifically about women's rights and the safety and wellbeing of women in our communities.

It is remarkable that anti-abortion harassment has been allowed to occur for so long in Aotearoa. It is notable that anti-abortion harassment is targeted at women.

In my experience it is worst from older men, and is allowed by male-dominated professions like the NZ Police and by council enforcement staff.

Anti-abortion harassment has been demonstrated to be harmful to the women on the receiving end of it.

Safe access zones work in reducing anti-abortion harassment. There is a pervasive international trend to harass and intimidate women accessing abortion care. Safe access zones are necessary to ensure women can actually access the abortion provider in the first place.

No one should get away with standing on a corner outside an abortion provider, waving plastic foetuses at women in cars, or holding lying signs which say "abortion causes mental illness." I have seen both of these.

No one should be circled by anti-abortion protestors outside an abortion provider. This experience was shared with me by a woman from Thames.

No one should be subject to the level of vile abuse and physical violence against women entering abortion providers which we have seen in Australia, the UK and the US.

As noted in my submission, my experience of reporting harassment and calling for measures to prevent anti-abortion harassment in Thames yielded no result. None of the relevant authorities wanted to be involved.

These authorities were all comfortable with leaving women accessing abortion services to be subject to anti-abortion harassment.

Parliament needs to step up, acknowledge the importance of safe access zones and ensure these are in place and enforced at every abortion provider from the date of assent.

### **Closing thoughts**

I particularly want to draw your attention to the submission of Irish Senator Ivana Bacik. Senator Bacik shared her experience of some of the successes and failures of the new Irish law.

These failures include the late introduction of compulsory "stand down" periods. These increase the delay in abortion provision and the corresponding risk to the health of the pregnant person. A further failure to promptly introduce safe access zones immediately allowed anti-abortion harassment of patients and abortion providers.

Finally, if you have not yet read the 2018 annual report of the Abortion Supervisory Committee, I urge you to do so. The statistics in this report have informed my submission

today and dispel many of the myths about abortion, who has abortions, and why people have abortions.

Women and other pregnant people are not irresponsible, they do not need regulation. This Parliament needs to trust pregnant people when it comes to their reproductive health and their reproductive rights.

I am happy to answer any questions.