

Committee Secretary
Community Affairs Committee
Department of the Senate
Parliament House
Canberra ACT 2600

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Statement from Radical Women
Inquiry into Health Legislation Amendment Bill 2005

It is noteworthy that this enquiry into legislation which, if passed, would give the federal Health Minister the power to restrict taxpayer funding for certain types of surgery, including abortion, coincides with efforts by anti-abortionist parliamentarians to keep the ban on the abortion drug, Mifepristone. Since the reelection of the Howard government in October 2004, attempts to remove access to abortion have escalated. This enquiry is one such attempt.

While Radical Women (RW) connects the the ban on Mifepristone and efforts to further restrict, or totally eradicate, Medicare funding for surgical abortions, this statement will focus on the latter.

Australia compares abysmally with other countries. The 1973 Roe v Wade decision of the U.S. Supreme Court made history by determining that reproductive rights are a constitutional right to privacy and individual autonomy. The right of a woman to make her own decision was recognised and enshrined in the law of the land. Other countries, most notably Canada and South Africa, followed suit. In 1988, the Canadian Supreme Court ended all statutory restrictions on abortion in Canada, stating that the constitutional right to liberty guaranteed "every individual a degree of personal autonomy over important decisions intimately affecting their private lives." The post-apartheid South African constitution guarantees the "right to bodily and psychological integrity, which includes the right to make decisions concerning reproduction." South Africa's subsequent Choice on Termination of Pregnancy Act of 1996 was one of the most liberal abortion laws in the world. In the 30 years since Roe vs Wade, more than 40 countries have liberalised or removed restriction on abortion. In the past 10 years, 13 countries liberalised abortion laws, five legalising abortion. These countries, across five continents, range from wealthy, such as Switzerland, to impoverished, such as Ethiopia. More than 60% of the world live in countries where abortion is available, with few or no restrictions. Yet in Australia, abortion remains on the criminal code of all states and territories except for the Australian Capital Territory. This is backward and shameful. In fact, when people outside Australia hear that abortion is illegal in this country, they are shocked.

The proposed amendment's impact on the majority of women. While most states allow an abortion when the life or health of a mother is threatened, the currently inadequate Medicare funding for surgical terminations puts this option beyond the reach of many women, because they still have to pay the remaining expenses.

The situation has recently worsened as pressures by the Health Insurance Commission, which administers Medicare, has targeted abortion providers in respect of theatre fees and copayments. The HIC itself would be under intense pressure from above. This economic pressure on providers, which has compelled many to stop bulk billing, has of course filtered down to the women seeking abortions. In NSW, for example, women seeking a termination in the first 12 weeks are facing an alarming -- and for so many, prohibitive -- rise in costs from \$160 (with a healthcare card) or \$190 (without a healthcare care) to \$480 or \$520.

Systemic sexism, compounded by racism and homophobia, means that most women cannot afford these rising costs. That is, denied equal pay and job opportunities, women make up the bulk of the poor in Australia -- and racism and homophobia compound this hideous fact. Rural women are especially disadvantaged by the absence of services, which means they must meet the added cost of travelling to where the clinics are. Furthermore, having to raise money for the increased costs delays the termination, which pushes women into the post-12 week stage -- which is even more expensive.

The proposed amendment is sinister. Given the clearly visible push by anti-abortionists -- inside Parliament or connected to parliamentarians -- the unofficial attack (as described above) is well advanced: the proposed amendment makes it official. Furthermore, the amendment revives the efforts of previous bills by anti-abortionist parliamentarians to remove Medicare funding for abortions -- such as Stephen Lusher (National Party) in 1979 and Alasdair Webster (Liberal Party) in 1989, 1990 and 1992. The Howard government also cut of funding for Family Planning in 1996.

Public opinion supports a woman's right to choose. Regardless of the law, women will continue to terminate an unwanted pregnancy. The highly popular film, Vera Drake, recently depicted this global fact. For a Health Minister to have the power to control what, if any, Medicare funding goes toward abortion procedures contradicts the meaning of health. To deny a woman her right to make her own decision about a pregnancy is to deny her her health -- to the extent of forcing her to risk her health and her life with a backyard abortion. This is an historically, tragically proven fact. Most Australians believe that the woman should make her choice. Even among Catholics, taught to believe that life begins at conception, 70% say that the woman must have this right. The proposed amendment is at odds with reality.

Don't be Backward, Go Forward. Radical Women recommends an alternative amendment: free, safe abortion (surgical and medical) on demand, fully funded by Medicare.

All other reproductive rights must also be guaranteed by appropriate other legislation:

- * Enforcement of the prohibition against sterilisation without consent
- * Paid maternity leave, fully funded by employers and the right to return to the same job with no loss of benefits or seniority

* Free, 24-hour childcare -- large workplaces, controlled by employees and funded by the employer, and elsewhere controlled by the community and funded by the government

* Equal pay and job opportunity for women

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