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Canberra ACT 2600  
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**Inquiry into Health Legislation Amendment Bill 2005**

I am writing to support women's right to have control of their bodies independently, and free from the encumbrance of political oversight. Australian women must be able to access abortion under Medicare Benefits.

It is abhorrent to me to think that a minister of the government may potentially have the power to decide the composition of the family and living circumstances of individual women as is likely to be the case if the health minister is given the capacity to restrict taxpayer funded contributions to some types of surgery, including abortion. It sometimes seems lost on politicians that women make up a large proportion of the taxpayers in this country.

Having spent the past 12 months researching the health (including disability) impacts of unwanted pregnancies for women and for the children born of those pregnancies it is clear to me that medical abortion – in the absence of access to Mifepristone (RU486) – is an essential component of health care for many women. Unsubstantiated and hyperbolic claims about escalating numbers of late term abortions mask the serious and unaddressed issues of unwanted pregnancy resulting from sexual assault and violence in family and other domestic spheres. Forced, coerced, threatened, cajoled, tricked or intimidated into sex, a woman becoming pregnant under these circumstances who is denied access to Medicare funded abortion is effectively punished for life by government policy.

The attached document is an excerpt from a (draft) paper outlining the evidence for what little is known about violence, unwanted pregnancy and pregnancy termination in Australia. I argue that we urgently need comprehensive research mapping the incidence and prevalence of violence induced pregnancy and health outcomes for both women and children. Until such time it is unsafe, immoral and intensely unfair to women and children to limit access to any and all available safe medical procedures that allow women to take control of their lives and family choices.

Finally, I find it offensive in the extreme that abortion is spoken about by public figures (on whom lack of access to publicly funded abortion is likely to have negligible effect) as if women might decide to undertake the procedure on a whim. This plainly demonstrates to me the complete failure of ministers at federal and Victorian state government levels to understand the fraught and difficult decision it is for women. I am offended that taxpayers money is spent on salaries for public officers who are plainly ignorant of the abundant evidence supporting the need for publicly funded abortion; it is their job to know about and act responsibly on the evidence and we, the taxpayers, are paying them to do that job.

I urge this committee to support the right of women to retain access to publicly funded abortion.

Yours sincerely  
Liz Olle.