

To: Members of the Bessie Smyth Foundation
From: Margaret Kirkby, Centre Manager
Date: 25-10-01

Dear sisters,

We do hope you can attend our Annual General Meeting on Monday 19th November 2001 at 6.30 p.m. at Bessie at Homebush. We have a few things planned - we will be presenting Certificates of Appreciation to organisations and individuals which/ whom have helped Bessie over the previous year. In addition, some entertainment is being sought. Another notice will come out if our plans come to fruition.

The annual report for the 2000-2001 year is still in preparation, however, we wanted to give you a snippet of some of the concerns of Bessie over the previous year.

Access and equity project

We continued our commitment to access and equity to abortion for all women in the 2000-2001 year via continuing to offer reduced fees for Health Care Card holders and for students. In addition, we allowed 97 women to part-pay their theatre fee on the day and take away an account for the balance.

One significant difference between accounts given out over the 1999-2000 year and those given out in the 2000-2001 year is the increased number of women who do not have a Medicare card and, therefore, the larger sums of money which women need to pay off.*

[*To fully cover our costs for women without a Medicare card the cost to the woman is between \$450 to \$520. The full cost is expressed over this range as the actual cost on the day depends on the length of the pregnancy, whether she has IV sedation or only local anaesthetic, whether she requires other tests such as an ultrasound, a blood test or a urine test.]

For the 1999-2000 year, 64 accounts were given out and, of that, 12 were accounts for larger amounts due to the women not having a Medicare card. For the 2000-2001 year of the 97 accounts given out, 10 were for women without Medicare cards and the amounts owed were substantially higher reflecting the fact that this year we saw a number of women who were illegal migrants and women who were in dispute with the Department of Immigration and Multicultural Affairs (DIMA) as to their residency status and, therefore, were being deemed ineligible for a Medicare card.

In other instances women may have been the spouse of a private full-fee paying overseas student but split up with their spouse due to domestic violence and been left without any financial support at all. The final category of women without a Medicare card are, of course, backpackers! Travelling overseas and away from your home environment and finding yourself pregnant when you don't want to be can really blow a hole in one's travel budget!

In the next year we plan on preparing a leaflet particularly targetted at women backpacking around Australia and will be placing it in backpacker hostels, the YHA hostels and other tourism locations.

As we all know the bottom line is that many, many women are being left destitute and with inadequate financial resources to cover all costs of living for themselves and their families. When times are as difficult as they are for people at the moment, women always put themselves and their needs last. It is absolutely essential in this kind of economic and political environment that a feminist abortion service, which has a social justice perspective and is committed to access and equity for all women, is maintained.

Doctor situation

The situation with doctors being difficult to find continued in the 2000-2001 year. The consequences of the November 1996 changes to the *Health Insurance Act* are biting deeper and deeper five years after they have been made. These changes are such that all the (approximately) 400 medicine graduates per annum since and including 1996 are not able to have a bulk-billing provider number unless they do the Royal Australian College of General Practitioners (RACGP) Family Medicine Programme or if they do a speciality.

It is very difficult to get into the RACGP programme and, if one is able to get into a speciality it will be 5-6 years in most cases before those doctors can practice on their own. Then after they have spent that long getting a speciality qualification they aren't going to be interested to turn around and do abortions are they?

For those doctors who are lucky enough to get into the RACGP Family Medicine Programme, they are not going to be able to do a period of work in a termination of pregnancy service whilst doing the RACGP programme as abortion is not recognised as a specialist service by the RACGP! [Yossarian where are you?]

And you may be wondering what happens to all those remaining doctors who graduate each year but who can't get into the RACGP programme or into a speciality qualification. The only place they can work is in the public hospital system as they don't need a provider number to work there because of the funding arrangements between the federal government and the hospital system. In some cases they are able to work in the private hospital system, depending on the type of work and the arrangements. Yes, that's right, the 1996 restrictions on provider numbers are really about forced labour for the public hospital system, not about ensuring an adequate supply of doctors.

What does all this mean for Bessie and other abortion providers?

The above changes to the *Health Insurance Act* have meant that no new doctors have entered the field of abortion service delivery since those changes occurred in 1996. In addition, a number of long-standing services, such as Bessie and Preterm Foundation, have had long-term doctor employees retire, yet these doctors are not being replaced by new doctors as recent graduates cannot work if they don't have a bulk-billing provider number.

This means that there are less and less doctors in the field of abortion and those that are still there are working their butts off. It also means that the doctors left in the field of abortion can pick and choose where they want to work and influence much more greatly the rate of pay. It also leaves the door open for prima donna'ish behaviour that, in other circumstances, you simply wouldn't tolerate.

During 2000-2001 we have had to resort to employing many locum doctors (at much higher rates of pay) to do IV sedation. There is simply no such thing as a locum termination of pregnancy doctor. All the remaining doctors doing TOP's in NSW are working their butts off - most are working at 2-3 or 3-4 abortion clinics per week and are working 6 days a week already. If a doctor goes on holiday not only just one provider will be really pushing it to find a replacement but usually 2-3 providers will be affected because of the characteristic that no doctor any longer only works at one clinic.

It is a very difficult time for the health care system and, in particular, for those who are caring doctors and who are working in it. Within this health care system the abortion services are experiencing shortages of doctors to a greater extent than in the past. The set up at the moment favours those who have no interest in rapport with clients and who are chasing the dollar. Becoming part of the political lobbying process and forming coalitions will be a priority for Bessie during 2001-2002!

More information about the above and other issues of concern to Bessie during the 2000-2001 will be available in our annual report to be tabled at the meeting. We hope to see you there!