

Ms Simone McGurk; Ms Mia Davies; Mr Dave Kelly; Dr Katrina Stratton; Ms Caitlin Collins; Ms Jodie Hanns;  
Mr David Scaife; Mr Mark Folkard; Ms Christine Tonkin; Ms Kim Giddens; Amber-Jade Sanderson; Dr Jags  
Krishnan; Mr Roger Cook

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**PUBLIC HEALTH AMENDMENT (SAFE ACCESS ZONES) BILL 2021**

*Second Reading*

Resumed from 23 June.

**MS S.F. McGURK (Fremantle — Minister for Women’s Interests)** [10.32 am]: I have had a few goes at giving my second reading contribution to this bill, so I am pleased to hopefully finish my submission today. In my last address to the house on the bill, I was particularly critical of some of the issues raised in the debate when this bill was before the previous Parliament late last year. I was referring to some of the comments made by the member for Cottesloe, who was arguing that perhaps there could be an argument for protesters outside abortion clinics in Perth on the basis that some clients going to those abortion clinics might not have given truly informed consent to the procedures that they were going in for. The member for Cottesloe said that he was convinced by a group called “40 Weeks to Life”, which was a Christian organisation that felt that the bill, and he states —

... will unfairly impede the work that it does to assist women who may be accessing an abortion service but who are doing so because they are suffering from undue pressure or financial distress.

He said that he believed they were well-meaning people and that they —

... conduct prayer vigils outside the clinics and also hand out brochures to women attending the clinics, offering help and support.

I am referring to the member for Cottesloe in the debate on 11 November 2020. Of this group, he said —

They claim that since 2012 at least 55 women have accepted their offer for help and went on to have their baby. They believe that 55 people are alive today because of their action.

The member for Cottesloe later goes on to say —

But I also believe that it is fair that people with good intent should have the opportunity to politely offer to help someone who is accessing those services because of extreme pressure or financial distress.

... But if someone simply wants to ask someone, “Look, would you like some help? Would you like some assistance?”, then I am concerned that if they cannot, some women will go through with the termination of a pregnancy when they may not have done. The information I have is that since 2012, 55 people have not gone down that path.

I was staggered during that debate, and I still am today, to hear the member for Cottesloe say that he thinks that the actions of some of the protesters outside abortion clinics are justified. I am also astounded that someone who holds a PhD accepts without question the claims of those anti-abortion protesters outside a clinic like Marie Stopes, and to say that he believes 55 people are alive today because of the efforts of that group. I took the time to look up “40 Weeks to Life” to see whether I could find out any information. I could not find “40 Weeks to Life”, but I found an organisation called 40 Days for Life and it refers to the protests that happened in the period of Lent, when these protesters are particularly active. I am almost certain that this is the group that the member for Cottesloe was referring to, because on its website it has a photo of a group of people outside the Marie Stopes clinic in Midland. In fact, 40 Days for Life is an international organisation that includes anti-abortion protesters. On its website it talks about the power of prayer and fasting and states —

Christ told us some demons can only be driven out by prayer and fasting. The two go hand in hand. Prayer keeps us rooted in the fact that it is our desire to carry out God’s will ...

Each day during 40 Days for Life, individuals, churches, families, and groups will be asked to join together in prayer for a specific request so the entire Body of Christ can unite around a common focus.

...

It is a peaceful and educational presence. —

Outside these clinics —

Those who are called to stand witness during this 24-hour-a-day presence send a powerful message to the community about the tragic reality of abortion. It also serves as a call to repentance for those who work at the abortion center and those who patronize the facility.

In fact, the experience of people working inside those centres or who patronise the abortion clinics is very different from a peaceful protest or a gentle approach about whether people would need help.

[Member’s time extended.]

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**Ms S.F. McGURK:** That was the experience of more than 70 per cent of submissions on the bill that were in favour of the safe access zones. It was also the opinion of the Australian Medical Association, the Public Health Association of Australia WA branch, and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists, which are in favour of the safe access zones legislation. In fact, the protesters outside those clinics are offensive and intimidating and they cause distress to clients and staff alike. As I said, I was not just concerned but angry to hear the comments of the member for Cottesloe, who would not know what it is like to face that sort of decision about what to do with an unwanted pregnancy, as many women, including me and many other people in this house, will have faced. I ask members like the member for Cottesloe to think very carefully about how they vote on this bill. We are talking about a safe perimeter around the two termination clinics in Perth and other places where these services are offered in Western Australia so that clients, their partners and their family members can get not only termination services, but also contraception advice and the like, and staff can do their work, safely and in peace.

I spoke before about the 40 Days for Life website, but I also note that Steve Klomp from Right to Life Western Australia has spoken about his organisation's work outside the clinics. An online article from *The Feed* on SBS from March this year states —

Mr Klomp said pro-life protesters are concerned that introducing a 150-metre safe access zone will “effectively stop the campaign altogether”.

I, for one, would be very pleased about that —

“We’re there to be witness to the Lord, he tells us to do it. And then pray for the mums and the children or the fathers ...

I think that sort of approach is not one that says, as the member for Cottesloe would have us believe, that these people are doing gentle, quiet protests about their beliefs about termination or abortion, but in fact are trying to inflict their views onto patients and their families and the staff at the clinic.

It is also important for the member for Cottesloe and others who are considering where they stand on this legislation to know that, as with any medical procedure, informed consent is required under the current legislation. For terminations that occur up to 20 weeks of pregnancy, the doctor who is performing the procedure is required to ensure that the person undergoing the procedure is informed and that proper counselling is available. That is to make sure that there are people with the expertise and resources to give proper advice and counselling to anyone who is seeking to have a procedure undertaken, not people who do not have expertise or who often are, frankly, zealots who protest outside abortion clinics. For all those reasons, I think it is important that this legislation is supported.

Before I sit down, I also want to take the opportunity to give credit to some of the authors of the Western Australian legislation that decriminalised abortion, including Cheryl Davenport. New South Wales, South Australia and Queensland are jurisdictions that have recently taken abortion off their statute book, but Western Australia was a very early adopter of legislation to ensure that women have proper control over their bodies and reproductive freedom. We are grateful to the people who were in Parliament back in 1998, including Cheryl Davenport, who was recently acknowledged in the Queen's honours list. We can see that we have been the beneficiary of that early advocacy, and now we are continuing to refine our legislation to ensure that women and their families and supporters are able to access, and staff are able to perform, those medical procedures without harassment or undue pressure.

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Opposition)** [10.45 am]: I rise very briefly to make a contribution on the Public Health Amendment (Safe Access Zones) Bill 2021. As speakers from the opposition have noted already, we have a conscience vote on this bill. I have already made a contribution to the previous iteration of this bill.

**Mr R.H. Cook:** I remember it, member.

**Ms M.J. DAVIES:** This debate has obviously been an opportunity for members who are new to the house to make their views known and ask any questions of the minister about this legislation, but for the purposes of the historical record, I say, firstly, that I am supportive of the legislation and, secondly, that the contribution I made on Tuesday, 10 November 2020, stands. Really, there is not a lot more that I can add. We raised some questions that will probably be covered by the minister in his response. They were about the penalties that are being set and how the 150-metre boundary was arrived at. I think the shadow Minister for Health also raised those concerns. In all truthfulness, in the contribution that I made at the time on this matter, I touched on many of the issues that other members have spoken about. The very difficult situation that women and families find themselves in need not be further aggravated by being faced with unwanted attention as they seek to access this type of service.

Just out of interest, I did note when I looked at my contribution that I had done a bit of research on other jurisdictions that had introduced similar laws. There was quite a lot of contention about the New South Wales legislation previously and I made the note that the laws in New South Wales were co-sponsored by the Labor Party and the

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National Party. Sometimes the National Party gets put into a particular box, so it was worth noting that in various state jurisdictions, political parties and members strive for a very sensible centre-of-the-line outcome on a number of different matters. The National Party tends to get put into a very socially conservative box. I do not think that is how Nationals WA members are perceived here, and I would certainly be very disappointed if that were the case. Every member of the Nats has an opportunity to put forward their views as an individual MP. They get to vote according to the requirements of their electorate, but also according to their conscience on every piece of legislation that comes to this house. I made the point at the time that, as a group, we tend to hold fairly similar views, but there are matters within our party—I am very sure that that occurs in other parties—that we can put first when we are considering legislation, and we vote according to our conscience or our electorate's priorities on every piece of legislation, not just legislation such as the bill we are dealing with today. That is just a historical point. When we debated the previous bill in November last year, I noted that in other jurisdictions the National Party has been involved in bringing forward similar types of legislation.

With that, I would just like to say for the purposes of *Hansard* that if anybody wants to know exactly the issues that I raised and my views on this bill, they were articulated at 7.21 pm on Tuesday, 10 November 2020. With that, I offer my support for the legislation, minister.

**MR D.J. KELLY (Bassendean — Minister for Water)** [10.49 am]: I want to make a contribution in support of the Public Health Amendment (Safe Access Zones) Bill 2021. I am fully supportive of the concept of providing safe access zones around clinics that to date have attracted the attention of anti-abortion protesters who attend those clinics with the desire to, as they say, provide information or advice to clients who might be wanting to use the services at those clinics. One clinic that is often targeted is the Marie Stopes clinic in Midland. As the member for Bassendean, I am reasonably familiar with that clinic and some of the protests that occur at that clinic. I know how distressing it is for some of the women who attend as patients to that clinic. I know how distressing it is for the staff who do a fantastic job at that clinic when either staff or patients have to run the gauntlet of the fairly regular protesters who attend that clinic. The member for Fremantle very well canvassed a lot of the issues around these clinics and why this legislation is necessary. I just want to make a few points.

One claim made by those protesters, which has been repeated in this place by the Leader of the Liberal Party, the member for Cottesloe, is that they are concerned that women, in particular, who want to access these clinics may be doing so in an environment in which they are acting under duress or financial pressure, or that they are not seeking the services of those clinics in a way in which they are giving their genuine consent, and that the protesters are there to help those women with information and assistance should they need it. Can I say, from my experience of those protesters, that they are the last people who should be in a position to offer advice or assistance to any patient accessing the services in those clinics. They are not trained health professionals who are trying to provide some professional advice to women entering those clinics; they are people, as the member for Fremantle said—I think she used the word “zealot”—who are motivated often by quite irrational views. I acknowledge that people are entitled to their religious beliefs, but these people are motivated by very strong religious beliefs that anyone who has an abortion, for example, is acting against the will of God. I respect their right to hold those personal views, but I do not believe that it is their right to try to impose those views on women who are trying to access those clinics. Given that that is their motivation and that motivation results in them behaving in quite extreme manners at those clinics, I think the idea that they are somehow providing a service to assist women who are accessing those clinics and to ensure that those women are acting under informed consent is absolutely untenable.

As a community we need to make sure that for all medical procedures, people have proper access to medical advice and all the information that they need before they decide to have any medical procedure. I am confident that women who access those clinics get that information and medical advice through the proper procedures. The idea that those protesters have a role in doing that is absolutely outrageous. We only have to look at the views they put forward and the way in which they conduct themselves at those clinics to know that they are absolutely the last people who should be given any credit for assisting women to make those decisions.

I absolutely fully support this legislation. I am disappointed that it did not get through in the last Parliament, but I am very pleased that the Minister for Health has very promptly brought this legislation into this Parliament. The sooner it becomes law, the better.

I want to deal with another issue. We need safe access zones around these clinics because, unfortunately, too often these clinics are readily identifiable. Groups that are opposed to abortion know where they are and they can pretty much guess—sometimes they are wrong—and pretty much assume that any woman who is accessing those clinics is likely going there for a termination. In my view, it would be preferable if these services were provided as part of the services that are available generally in our public hospitals so that women who want to access these services are able to attend a public hospital amongst hundreds of other patients who are attending on that day for a multiplicity of services so that they can do so with anonymity. I do not believe that we should, in effect, be divulging

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personal patient information, such as what procedure a person is seeking, by having these sorts of procedures being restricted to, if you like, standalone abortion clinics. My view is that it would be much better if these procedures were offered through general public hospitals. If that were the case, a lot of these problems of right-to-life protesters would disappear.

In the context of the Marie Stopes clinic in Midland, it was the case that termination procedures were available through the now closed Swan District Hospital. People could access that hospital, get those services and no-one would be the wiser. It is very unfortunate in my view that the previous Liberal–National government, when it closed Swan District Hospital and built the new Midland Public Hospital, entered into a contract with St John of God Health Care that allowed that hospital to decline to provide terminations, contraception and sterilisation as part of the services that they offer to that community. If women who currently go to the Marie Stopes clinic were able to go to Midland Public Hospital to access these services, we would not really be having the problem around that clinic that we do today. But under the previous government, when the previous minister Hon Kim Hames announced in 2012 that St John of God Health Care was going to operate the new Midland Public Hospital, it was clear that these services would not be provided at the new Midland Public Hospital. In subsequent debate in this place, former Premier Colin Barnett claimed that he was not aware of this.

**Ms S.F. McGurk:** He said it was an oversight.

**Mr D.J. KELLY:** That is right; it was an oversight that these services were excluded from that contract. It is a terrible admission, if it is true, that that contract went to cabinet, was approved by cabinet, with Liberal and National Party ministers in attendance, and that they approved that contract—some of them, including the then Premier—claiming to be oblivious that there was this carve-out of the services that were to be provided at the Midland Public Hospital. I find that hard to believe, but either way, it is a damning indictment on those ministers.

I was not a member of Parliament when that was announced in 2012; I was working for the union. We raised concerns about a number of aspects of that contract, including the carve-out of services. As it unravelled it was clear that what the government had done would create problems down the track. When this became a public issue, the solution, if I can put it that way, of the then minister, Kim Hames, was to propose that there be a separate standalone clinic at the other end of the car park from the new Midland hospital where abortion services would be offered. He put out a public expression of interest for a private operator to run that clinic. Members can imagine that if that had gone ahead, there would be a public hospital on the existing site run by a Catholic healthcare provider, ideologically opposed to abortion services being provided to anyone, then a car park, then a standalone clinic where those services were provided. Members can imagine the conflict that would have created.

As it turned out, the minister put out an expression of interest for a clinic to be established on that site. My understanding is that no private provider put up its hand to run that clinic, certainly not under terms that the government found acceptable. My understanding is that St John of God Health Care made it clear that if there were to be such a clinic on that site, patients attending that new clinic would not be able to access the car park at the public hospital; that clinic would have to have its own car park. It would not allow patients accessing the clinic to use the same entry and exit points at the site, so the whole traffic management of that site would have been made more complicated and there would need to be a hard border between the two facilities; that is, a hard fence with no entry and exit points. My understanding is that St John of God Health Care made it clear that it was not going to cooperate with the establishment of that clinic. In the long run, that was probably a good outcome for patients accessing that site because, as I said, had that proposal of the previous government been successful, and had that clinic been provided in that way, the conflict that would have generated would have been immense. When the separate standalone clinic fell over on that site, the previous government provided additional funds to Marie Stopes in Midland to upgrade the facilities at its clinic so it could provide services that would otherwise have been provided at the old Swan District Hospital. Off the top of my head, something like \$1.5 million was provided to Marie Stopes to upgrade its services. I may be wrong on that figure, but I think in the order of \$1.5 million was provided to Marie Stopes by the previous government to bring its facilities up to that required standard. We now have the situation that the public hospital that served the eastern corridor, including my electorate, that had previously provided these services no longer does so because a new Midland hospital is run by a Catholic healthcare provider. When it negotiated with the previous government, it was given a carve-out and its contract allows it to refuse to provide those services.

It is a very unsatisfactory situation. It is just one of the complications that occurs when governments privatise public hospitals. In this particular case, because the previous government made the decision that the contract would be entered into with a Catholic healthcare provider, it had the consequence that a bunch of health services that the vast majority of the community considered to be legitimate services could not be provided in that public hospital. It has caused conflict. It has caused a bunch of patients who seek those services the unnecessary grief of having to attend a standalone clinic which, in effect, outs them for accessing a particular service and invites people with strong

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religious views of a particular flavour to come and protest. In addition, it costs the taxpayers more money; the additional money that was required to upgrade the Marie Stopes clinic to provide these services.

**Mr R.H. Cook:** Why don't you seek an extension?

[Member's time extended.]

**Mr D.J. KELLY:** I thank the Minister for Health for his timely advice. He does a very good job generally.

**Mr R.H. Cook:** Don't you mean usually, and this is an unusual occasion, or something like that?

**Mr D.J. KELLY:** Particularly on this issue the minister has done an excellent job and I commend him for it, in very strong terms. I know that when he deals with these issues he gets a lot of flak from particular quarters.

When the contract was signed for the new Midland hospital and questions were raised about whether services that were provided at Swan District Hospital would be provided at the new hospital, the government knew exactly what it was doing. The contract summary that was put out in December 2012 contained a section that outlined the four services that would not be provided at Midland. It identified that there were likely to be about 250 patients a year who would have had access to services at Swan District Hospital who would not be able to access those services at the new Midland hospital. I had a look at that document this morning. It said that in a full year, it would be expected that 250 patients would want those services out of about 29 000 procedures that would otherwise be provided across the full range of what the new Midland hospital would offer. I remember at the time, and I have heard it since, members of the previous government saying that it is only 250 patients and that out of 29 000 procedures at the new Midland hospital, 250 procedures are not a lot. I found that pretty insulting, particularly to the women concerned. It is potentially 250 women seeking a termination, who at Swan District Hospital could just go through the front door anonymously, get the medical services they needed, with the best professional advice, and leave. Up to 250 women now have to go to a standalone clinic such as Marie Stopes and run the gauntlet of distasteful pressure being put on them by protesters. I find it remarkable that the previous Liberal–National government, the previous Minister for Health and members of the previous Liberal–National government argued that 250 women is an inconsequential number. I found that staggering.

I conclude by making special mention of the staff at Marie Stopes. Anyone who puts their hand up to work in that clinic knowing what they have to face from protesters on a daily basis needs our strongest expression of gratitude. People who work in the public health system are incredible and the services that we are provided with are first-class, but the staff at Marie Stopes not only provide first-class medical assistance, but also know that every day, as they provide that medical assistance, they are likely to get a volley of abuse from protesters out the front of the clinic. They are fantastic and, for the record, I express my appreciation for the work that they do under extremely trying circumstances. I hope that one of the good outcomes of the Public Health Amendment (Safe Access Zones) Bill 2021 is that not only will women who want to access that facility be able to do so without having additional pressures, but also the working lives of the staff at Marie Stopes will be made easier. As a government, we should do everything we can to assist those workers because, as I said, they do amazing work. Again, I congratulate the Minister for Health for bringing this bill forward so promptly. I look forward to the day it becomes law.

**DR K. STRATTON (Nedlands)** [11.12 am]: I am also very proud to stand and support the Public Health Amendment (Safe Access Zones) Bill 2021, a bill that has wide support from the health providers community and the community of Western Australia more broadly.

Last week, I had my COVID-19 Pfizer vaccination at Claremont Showgrounds, and, funnily enough, nobody followed me, nobody tried to stop me from getting in and nobody intervened. On Monday morning, I had a routine check-up with my general practitioner and, again, funnily enough, nobody followed me, nobody tried to stop me from getting in, nobody tried to change my mind and nobody intervened. On Tuesday afternoon, I went to the pharmacy to fill a script from my GP. Nobody tried to stop me from going into pharmacy, nobody tried to change my mind about filling that script and nobody intervened. Let us face it; if anyone had, it would have been slightly weird and odd, but it also would have been an invasion of my privacy, a threat to my safety and undue influence on my right to seek and access legal medical care. All people have the same right to seek and access medical care regardless of the medical intervention they are seeking. The bill is about not only protecting women's health and their choices, but also their right to seek legal medical intervention and to seek it with safety, respect, compassion and dignity. I stand here as a woman but also as one who has worked alongside women in their reproductive health journeys as a social worker at King Edward Memorial Hospital for Women. I stand proudly in support of a bill that enshrines women's safety when exercising their right to the legal termination of a pregnancy.

Let us be clear; following the enactment of the Acts Amendment (Abortion) Act 1998, abortions became legal in Western Australia in certain circumstances. I still consider 23 years to be a relatively short period of time for women to have had the right to access that type of medical intervention but, regardless, for 23 years we have had the

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legal right to access the termination of a pregnancy. In Western Australia, public hospitals, private hospitals and private clinics offer pregnancy termination services. In 2017–2018, the Department of Health noted that more than 20 separate establishments around the state provided abortion or termination services. More than 8 000 terminations are performed in Western Australia each year. This makes terminations one of the most commonly performed surgical procedures on women of child-bearing age. Again, I emphasise that it is a legal surgical procedure. The majority of terminations, over 6 300, are undertaken at two private clinics, Marie Stopes and Nanyara Medical Group. It is the women who attend these two sites who are currently the most targeted and most impacted by the behaviour of protesters.

The negative impact goes beyond the women who are seeking termination; the behaviour of protesters affects not only these women, but also their partners, support people, the medical, legal and counselling staff at the clinics and neighbouring businesses. The behaviours of protesters are reported to include, but are not limited to, confronting verbal abuse; approaching people to try to change the minds of the women who are seeking a termination; taking visual recordings of women without their consent, which is outrageous; giving gift bags containing food to precipitate the cancelling of procedures that might require fasting; forcing on patients pamphlets that contain emotive and non-evidence-based information about termination and its health impacts; displaying at clinics placards and posters with words and images to discourage the termination of a pregnancy; using emotional imagery of babies and fetuses; creating a physical barrier, so blocking entry into clinics, impeding a woman's free access to a clinic; and singing and prayer chants that are deliberately done at such a volume that they can still be heard inside the building. Protester numbers often range from three to 30. They work in organised shifts, and this is ramped up, as Minister McGurk said, during the period of Lent. Again, let us be really clear; this is planned, organised and deliberate behaviour that is intended to cause distress and anxiety, and it can and does compound the emotional toll of the decision to have and carry out a termination.

With permission, I am going to share with the chamber three stories of termination from women who I know, love and respect. These stories highlight the complex decision-making that goes into terminating a pregnancy—of the grief as well as the impact of the deliberate decisions and actions of protesters. In my previous life as a lecturer in social work at Curtin University, I would have given trigger warning for these stories. I give a trigger warning now because they are difficult to hear, but they highlight the very personal impact of the behaviour of the protesters, which is anything but polite. I will tell these stories in the first person, as they have been told to me. I am going to read them to ensure that I do them justice. The first story is —

We are going back twenty years now, when I was in my early 20s. I was in a long-term committed relationship. We planned to get married and have kids together eventually. The Pill failed for us. My pregnancy wasn't planned and it didn't fit the plans that we had. We were just getting started, saving for a house and getting our careers going. I was also taking medication, Roaccutane, that was incompatible with a successful pregnancy. If we had gone ahead, my baby would have had a short and very painful life if the pregnancy had gone anywhere near term at all. My partner and I were very clear that terminating the pregnancy was right for us, and right for our baby. We cried making that decision. We cried on our way to the clinic. I woke up from the procedure crying. That the decision was clear did not mean that it wasn't hard. This was not the experience of a first pregnancy that we had planned for our life together. I had seen my GP, who had gone through my options with me. He provided me a referral to the clinic and a blood test confirming the pregnancy. When we arrived at the clinic, protesters were blocking the entrance, a group of them walking around the door in circles. We had to literally duck and weave to get to the very front door. There was verbal abuse directed at both of us. My partner was asked whether a real man would let his wife terminate a pregnancy. What was a sad event in our lives was made traumatic by the behaviour of those protesters.

The second story is —

When I was 28 years old I became pregnant with my first child. During a routine ultrasound at month 4, the doctors noticed that the baby's bone density didn't look "normal" and they were concerned enough to schedule an amniocentesis for the next day to test for two syndromes—Trisomy 13 and octoogenesis imperfecta. Both of these syndromes are rare, and babies born with these syndromes don't survive birth, and if they do survive birth, they suffer greatly and have multiple health issues, and live merely months. The amniocentesis procedure was painless, but not without risk, and went smoothly. While we waited for the results, we met with our team of doctors to discuss what our options were should the test results come back positive for either of the syndromes. One of the options put to us was a late term abortion, a procedure that the hospital where I was receiving maternal health support did not provide. If I chose to proceed with a late-term abortion I would need to transfer to a standalone clinic for the procedure. This standalone clinic was located in close proximity to the hospital. There were protesters in front of the clinic every day, often as many as 20 protesters. So not only was I already dealing with the emotional trauma of having to make

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a decision to possibly having to terminate a pregnancy that I had long waited for, but I was also forced to have a discussion with my husband and medical team on how we could access the clinic without having to walk the gauntlet of protesters who were there not to give me support but to condemn me for a decision that I felt had been taken out of my hands by a genetic anomaly.

The third story is —

I was in my early 30s, and discovered I was pregnant for the first time. I was 14 weeks along when I found out. The pregnancy was not planned, and really wasn't about failed contraception but the chaos of my life meaning I wasn't in control of preventing a pregnancy. My partner would force me to have unprotected sex because he didn't like to use condoms and because he liked to control me. My partner and I had separated a month earlier due to his escalating physical violence and I decided not to tell him about the pregnancy. I had had to tell my family about the violence so they could help me flee. There was great shame for me in that—a professional and independent woman finding herself in a violent relationship and now another layer of shame. I desperately wanted to be a mother. What I did not want was to bring my baby into a life of violence. I didn't want to tie myself to my violent ex-partner forever. I knew that the baby would become a pawn in his efforts to continue to control me. My 68-year-old mother came with me to the appointment. There was a group of protesters waving placards with horrific images on them. They surrounded us. They called me names. They called my mother names. We both started sobbing as we made our way through the protesters—sobbing—and yet they persisted. I am clear I made the right decision for myself and for my baby. That eases my grief and sadness about that decision. What stays with me 10 years later—the trauma that I live with—is the behaviour of the protesters. The names. The intimidation. The fear. They didn't even bother to find out my story—and I do wonder where they would have been while I tried to raise a baby on my own or, worse still, raise a baby in a life of violence.

These stories are not isolated and they are not even extreme. They are just three stories I happen to know—three of 8 000 stories annually in Western Australia. They demonstrate the very deliberate anxiety and distress created by protesters for women and their supporters. Their presence and behaviour can compound the emotional toll of a woman deciding to have a termination.

It is widely acknowledged that the decision to terminate is often already a difficult one for most women who have an unplanned or unwanted pregnancy. However, a number of factors can complicate the decision, adding layers of grief and trauma. These factors include if a planned pregnancy, such as in the second story, needs to be interrupted for medical or social reasons. This can be because a baby has a genetic abnormality or disease that will affect the quality of the baby's life, or result in premature death or a lifetime of substantial care. Other factors include the following: pregnancy as a result of unwanted, coercive sexual intercourse or assault; pregnancy as a result of child sexual abuse; a pregnancy that is a threat to a mother's physical, emotional, or social wellbeing; and not wanting to bring a child into a violent relationship. Whatever a woman's reason for making a decision to have a termination, she has the right to make that decision and seek medical intervention free from abuse.

Let us be really clear that these protesters are not offering support for decisions, they are not offering counselling and they are not offering education. We already have access to legitimate, credible, professional supports for this. A woman will have already had a referral from a GP, and perhaps a blood test and an ultrasound. She has had an assessment with the service and perhaps been offered counselling support to assist with the decision-making. That is, women have had professional, qualified advice rather than the promotion of religious or moral beliefs—although “promotion” is a fairly kind word in light of the behaviour of the protesters. I think it is also safe to assume that, as women, we and our partners already have agency and capacity to make decisions about our own health.

Accessing medically safe, private and appropriate care being the legal right of all women who choose not to continue with a pregnancy is widely supported. During community consultation undertaken between April and May 2019 regarding this bill, more than 70 per cent of the some 4 000 submissions from the public and 40 public and private organisations supported the introduction of safe access zones around abortion services in Western Australia. Those who were against the legislation were more likely to be over the age of 55 and more likely to be men; that is, people not of child-bearing age or capacity. People with actual experience of accessing a termination reported in consultation feeling judged, harassed, intimidated and, in some cases, threatened by the behaviour of the protesters.

All other Australian jurisdictions, except for Western Australia, have already introduced safe access zones legislation. Not only will this bill bring us in line with contemporary practices and protections in other states and territories, but importantly, the zones in other states have successfully addressed this type of behaviour outside abortion clinics. The bill before this Parliament is modelled on the Victorian legislation, which is widely recognised as being the best model of safe access zones across the country. In April 2019, the majority of the High Court dismissed the

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constitutional challenge to the Victorian legislation establishing safe access zones and likewise unanimously dismissed the constitutional challenge to the Tasmanian legislation. Although the High Court held that both the Victorian and Tasmanian legislation burdened the implied freedom of political communications, in both cases, the decisions were considered justified by reference to the legitimate purposes of the legislation. The highest court in this country has enshrined the protection of the safety and wellbeing, privacy and dignity of persons accessing lawful medical services.

As elected members of this Parliament, we have a responsibility to ensure that all women in our community have access to safe medical intervention. That responsibility is in line with community expectations and also best practice. I would like to thank the passionate and dedicated staff who work across the variety of health providers who provide terminations in Western Australia, but particularly at the two clinics who are subject to the worst of the protesters' behaviours. These staff work hard to deliver for women safe, accessible and supportive access to termination of pregnancy. To those doctors, nurses, administration staff, social workers, psychologists and counsellors, I say thank you.

I commend this bill to the Parliament, and I urge all members to do the same to ensure that women in Western Australia have access to healthcare that is safe—physically safe and free from judgement, free from prejudice, free from interference and free from trauma—delivered with compassion, respect and dignity for all of us.

**MS C.M. COLLINS (Hillarys)** [11.28 am]: I wish to speak today on the Public Health Amendment (Safe Access Zones) Bill. I wholeheartedly support this bill. As we have heard today, Western Australia is now the only Australian jurisdiction that does not have safe access zone legislation to protect the safety, wellbeing, privacy and dignity of women who access abortion services. Simply put, this legislation will bring Western Australia into line with all the other states and territories.

In 1998, 23 years ago, Cheryl Davenport, Labor member for South Perth, introduced the bill to decriminalise abortion. This hard-fought bill enshrined the legal rights of women to determine control over their own bodies and to allow them to seek medical advice and access medical facilities for an abortion, where and when they had made this deeply personal decision. It was landmark legislation at the time. Given it dealt with such an intimate and personal subject, there was obviously strong opposition to its passing based on a raft of moral or ethical arguments. It has to be said many of its opponents remain actively opposed to the very concept of abortion to this day. However, I am not here to re-litigate the arguments for or against abortion. It is now a clear and established fact that a woman's right to choose was recognised by the government of Western Australia and enshrined in laws many years ago, yet since the amendment of the Criminal Code in 1998, there have been countless incidences of serious and organised harassment and threatening behaviour being perpetrated upon women attending family planning clinics while trying to exercise their legally protected right.

This behaviour includes making visual recordings of patients without their consent, and confronting clients with abusive verbal communications and pamphlets with emotive and non-evidence-based information on abortion and its health impacts. The list goes on, and we have heard some personal examples today. It is important to note the proposed bill does not prohibit protests to abortions. Everyone, of course, has the right to protest, but this bill will create a safe buffer zone to move protesters away from the immediate vicinity and premises. It is therefore simply a matter of defining and demarcating a physical safe access zone for excluding protesters from obstructing staff in these clinics and women who are making the personal decision to exercise their legal rights. As such, the bill is simply about passing into law a number of protective measures to ensure the safety of our citizens.

It is recognised and documented that making the decision to terminate a pregnancy is not an easy one for women. It is a time when women are subjected to a raft of societal and family pressures, greatly increased anxiety and, in many cases, a period of introspection and feelings of deep vulnerability. Therefore, having made this deeply personal decision to proceed with a termination, it is unconscionable and almost incomprehensible that in this third decade of the twenty-first century people should be subjected to picketers on their way into the clinic simply for using their mandated legal right to choose how, where and when they should terminate an unwanted pregnancy.

It is recognised by everyone in this house that everyone in Western Australia and Australia has the legally enshrined and, therefore, protected right to free speech and the right to express their opinions and argue their beliefs in public. However, it is also recognised that as a society, we cannot allow those same free speech rights to impede or take precedence over the legal rights of others to go about their own business or to make important personal decisions such as this—rights that are also equally protected under the law. Further, we, as a body of legislators, cannot condone the belief that groups should use their freedom of speech rights and liberties to somehow seek to impede the legally enshrined rights of other members of our community and carry out the kind of obstructive actions that we have witnessed so many times over these past 23 years. Therefore, in order to protect the rights of everyone, we, as a society have defined certain legal and physical limits for the expression of free opinions to ensure the protection of society



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as a whole. We should not allow our clear arguments for the need for this protective bill to be deflected or hijacked into a moral or ethical argument over rights of free speech as the member for Cottesloe tried to do. It is clearly not the case. This bill before the house today is solely and simply about ensuring the legal protection and safety of those women and medical staff who wish to exercise their legal rights with no harassment, no public shaming, and no threats of violence within a 150-metre radius of any facility for these important healthcare services. As such, this bill is much needed and a critical step to safeguarding women's health and safety. I therefore commend this bill to the house.

**MS J.L. HANNS (Collie–Preston)** [11.34 am]: I rise today to speak in support of the Public Health Amendment (Safe Access Zones) Bill 2021. I note that there has been extensive community consultation showing significant support for this legislation and I join in that support. I would like to frame my discussions around the fact that we need to see this bill as assisting women to access health care, including abortion. I would also like to use some personal stories in my experience, including one about my parents. In fact, my mother had me when she had just turned 18 years of age. I am a very proud example of a teenage pregnancy resulting in the person who stands here before you today. My parents were very fortunate. They were in love and they got married. Many other people in the 1970s and other decades were not as fortunate. My mum went on to study later in life. She received a university degree in her late 50s and early 60s. Certainly the circumstances that I was raised in made life fairly difficult for my parents. I never asked about whether they had considered options around the circumstances of my birth and whether adoption had been considered. Simply, there are two reasons for that: that is their choice and it is none of my business. I would like to highlight that message today.

Women's fertility is deeply personal. I am very fortunate to have many friends who have large families, many of whom with more than four children. I am also friends with people who suffer the devastating effects of infertility and are not able to have children or try very, very hard for 10 or more years to have children and are finally gifted with their life's achievement, which is to have a child. There are also women like me who have suffered from devastating miscarriages. I am the mum of two very healthy children, but I also suffered three devastating miscarriages and I am here today only through the interventions of the wonderful staff at Collie Hospital, nurse Sharon Varis and Dr Gill Cowen, who saved my life. I also have friends who made the decision to have an abortion. It is not an easy decision for these people. It may not be my choice, but it is their choice and it is none of my business.

When deciding whether to have a child or not, women agonise over the decision. They weigh up their options. They have to consider things such as whether they have stable housing. Are they in a stable relationship? Are they able to support a child? Are they in stable employment? Are they subject to domestic violence? How old are they? They may be teenagers or very young women. They may be women who are of child-bearing age but do not feel that having a child at that point in their life suits their circumstances. Whatever the case, for a woman who decides to have an abortion, it is not an easy decision and it is not taken lightly. But once that decision is made, we have to understand that that is probably one of the most difficult decisions that a woman and their partner or family has ever had to make. They do not deserve to be persecuted once they have made that decision. I would like members in the house to imagine a couple entering a reproductive health clinic. Given these clinics offer a range of services—abortion, STD screenings, contraception information, vasectomies, dilation and curettages following miscarriages and cervical cancer treatment—people may attend the clinics for any one of those reasons. We hear stories of people being harassed and abused when they approach those clinics and people making judgements about what a couple is there for. Again, I say it is not our business.

Finally, traditionally lawmakers were predominantly men. Thank you to Cheryl Davenport for changing that. For too long, men have set the agenda around women's health. Which laws exist around the choices men have to make in accessing health care? Imagine if men were heckled and abused if and when people knew they needed treatment for sexual health issues such as prostate cancer, vasectomies and erectile dysfunction. These are all very serious men's health issues, but we do not persecute men who access these services. We do what we should do with women: we support them. Those services should be accessed in privacy.

We have a record number of women in Parliament, and I am honoured to be a woman standing here today who can help reset and reframe the agenda for women's health. I support the Public Health Amendment (Safe Access Zones) Bill 2021, and I urge the support of everyone in this house and the other house for women to be free to choose the health care they need and to ensure that they are safe in doing so.

**MR D.A.E. SCAIFE (Cockburn)** [11.40 am]: I rise as a member of this place who quite obviously will never know the deeply personal experience of deciding whether to terminate a pregnancy. It has nonetheless always been plain to me that women should be able to exercise choices about pregnancy and their bodies freely, safely and without fear of intimidation or harassment. Parliament—as a body, historically dominated by men—should not stand in the way of that objective.

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This bill continues the important work of the Labor Party in facilitating access to abortion services and in giving women autonomy over their own bodies and lives. It will minimise the risk that women exercising a deeply personal choice will be traumatised by the harassment of misguided protesters. It is a good and necessary bill. It should not be the subject of extensive criticism by male members of either this place or the other place, none of whom will ever know the lived experience of the women this bill seeks to protect.

I will support this bill because men should support women in making these personal choices, and because it is the right thing to do. I commend the bill to the house.

**MR M.J. FOLKARD (Burns Beach)** [11.41 am]: I rise in support of the Public Health Amendment (Safe Access Zones) Bill 2021. I was disappointed that this bill did not go through during the last Parliament. I rose last time in support of the legislation and spoke to it. I am aware that the bill went to the upper house but was not progressed, and I find absolute anger in that space. After hearing the fine words of the member for Kwinana and some of the other fine words that have been spoken here this morning, I believe this bill should have been in place many, many years ago.

It worried me to hear the member for Cottesloe's contribution to this legislation in the last Parliament, and I listened to his words again in this Parliament. I am disappointed, to say the least, that his views have not changed. I suggest the member for Cottesloe read the discussion paper put out by the New South Wales Parliament on coercive control. I believe that if he had read that paper, his views may have changed. As I said, I feel very angry that this bill has not been progressed.

I come from probably a different experience in this space than that of most members who have spoken on this legislation this morning and in the past. Members will be aware that I am an ex-police officer. I will reiterate the following story because there are so many new members in this place who have not heard it. I used to work in the city as a plain-clothes officer, and on this occasion I was given the task of watching one of these protests outside a family planning clinic. I was tasked with just keeping an eye on the protests. The protesters included mums and males, young and old, but their self-portrayal as an innocent prayer group is a deadset misconception. There is nothing innocent about them.

In amongst the group was a male individual—a fairly big lad. As workers arrived at the clinic, he would start taking photos. I remember him having this huge camera, and he took photos of individuals as they walked past into the clinic. He was yelling at them, "I've got your image, and I'm gonna show the world!" This individual went on for days doing this stuff, intimidating anyone who went near the clinic. I watched, and as a diligent police officer, I made notes. I watched and continued to watch.

Later in the week, a young girl approached the clinic. She was about 16 or 17 at most. She could see the protest so she crossed over to the other side. This bugger with his camera started taking photos of her, and as she got to the clinic, he started yelling, "I've got your image; I'm gonna tell the world!" It was arguably one of the most intimidating things I have ever seen.

The young girl went into the clinic and about 10 or 15 minutes later we heard a siren coming from afar. It was an ambulance and it was driving, bells and whistles, to get to the clinic. Something was not right, and as a diligent police officer, I went over to the clinic to find out what had happened. What had happened was that the young girl had gone into the clinic and approached the counter to find out about having a termination. She went and sat down, but about 10 or 15 minutes later she made her way into the toilets and used a pair of toenail clippers to carve her wrists apart.

I do not know how, but I ended up in the back of the ambulance with her. I can remember her saying, over and again, "He's got my image; he'll tell my father." I was angry. When we got to the hospital, I went outside, jumped on the radio to the local divvy van and said, "Come to where we are." When the van arrived, I went out and grabbed this bastard—pardon my language—who had the camera and arrested him. I can remember grabbing him by the throat and the back of his belt and, as good policemen do, taking him to the van. We had a bit of a—what is the word?—minor tussle, I would suggest, and into the back of the van he went. In that process his camera was destroyed and the film in his camera was overexposed for some mysterious reason. We took him to the lock-up and bailed him, and he pleaded not guilty.

That is not the end of the story. He had a quite prominent lawyer representing him, and I remember sitting in the Central Law Courts and him screaming at the bench, "Tell me her name! The world needs to know who she is!" The magistrate at the time was an old magistrate by the name of Con Zempilas; a good old feller, he was. He looked at me and said, "Constable, can I see your notes?" I handed up my notes and Con read them. He said, "Fine, thank you, officer." He then turned to the perpetrator and said to him, "You are an evil man."

At the time, the only thing we could charge that individual with was disorderly conduct, and the maximum fine at the time was, I think, \$1 000. Con, in his wisdom—because you can never give the maximum fine—gave him a fine

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of \$978. But the other thing he did was that he gave him no time to pay it, so he had to come up with the money or he was going inside, which I thought was just brilliant.

I come back to the Public Health Amendment (Safe Access Zones) Bill 2021 before the house, which provides for a safe access zone of 150 metres from particular practices. I went to the briefing and learnt that, unfortunately, the High Court set that distance. I think it is too small. I think it should be at least 300 metres, if not 500 metres, to protect individuals and workers and the privacy of women and families who use these clinics. However, the High Court set the zone at 150 metres. The other thing this bill will do is stop the capture of images and further portraying of any images, which, again, is good from my perspective, having dealt with the horrendous behaviour of these religious zealots in that space.

I am all for religious freedom; I am absolutely in that space, but when it comes to religious extremist views I will defend everyone to make sure women have proper access to family planning. A church does not have the right to interfere in that space. We have seen the rise of extremism throughout the modern world, particularly in America where individuals armed with firearms have stormed clinics. We have seen it here in Victoria recently when an individual attacked those heading to one of the clinics with a machete. I suggest that this bill will, hopefully, protect and deradicalise some of the extremist views out there.

To me, no-one should interfere with that process. Women have a right to see their doctor and no person or state should ever interfere in that process. As I said with a zone of 150 metres, people can still be seen. I believe the distance should be further. I say that because unlike anyone else in this chamber, I have had to enforce these distances and deal with these extremist views. It is nonsense for people standing around to say that they are there for prayer vigils. They are wolves in sheep's clothing. They intimidate, they lie, they bully and they badger. The information they give people who go to clinics is based on absolute fallacy. As a Parliament and a state, we must protect individuals who go to use these premises. I thank you and I commend the bill to the house.

**MS C.M. TONKIN (Churchlands)** [11.52 am]: I rise in support of this bill, which seeks to protect the safety and dignity of women and staff accessing premises at which abortions are provided. It saddens me deeply that this legislation is even necessary, because it should not be that women in our community are harassed and have their privacy infringed when seeking these types of medical services. The type of oppressive behaviour exhibited by those gathering outside premises that provide abortions has been very eloquently described by the member for Nedlands. She spoke also of the trauma and grief experienced by women who choose a termination. The further anxiety inflicted on women by the actions of protesters outside these premises is tragic.

Our good colleague the member for Burns Beach provided a devastating description of the impact of the sorts of protesters on a vulnerable young woman who attempted to take her own life. The need for this legislation arises because there are people in our community who believe that they should be free to publicly and often forcefully express their political or religious views at the cost of the freedom and dignity of women to privately and safely obtain an abortion. For this reason, this bill has been modelled on the equivalent legislation in Victoria. That legislation withstood a challenge in the High Court in the case of *Clubb v Edwards* in which it was held that the safe access zones do not impermissibly infringe the implied freedom of political communication.

It appals me that it is often people purporting to express and impose a moral stance on others that themselves hold inconsistent moral positions. For example, during the pre-poll in advance of the last state election, I was harangued by people who were handing out how-to-vote cards for the No Mandatory Vaccination Party. Their catchcry was, "Your body, your choice". One volunteer was intent on explaining to me how important it is to claim and defend individual freedom of choice, particularly when it comes to choice about medical intervention. It therefore came as a surprise to me that this same person did not seem to accept that women should exercise freedom over their body in the form of choosing a medical termination of pregnancy. The views expressed by that volunteer were common among others supporting that party that I encountered, and colleagues who attended other pre-polls encountered the same thing. It is a strange thing to me that people can hold such inconsistent views and purport to do so in the context of a fairly well developed religious philosophy.

I take no issue with people holding particular religious views. Our community is enriched by diversity of religions and philosophies. What I object to is the disrespecting of others and, in this case, endangering the wellbeing of women exercising a deeply personal and difficult choice. I therefore commend this bill to the house and I am proud that this government has prioritised the early passage of this bill through this Parliament.

**MS K.E. GIDDENS (Bateman)** [11.57 am]: I am pleased to rise today to add my voice to the conversation and debate about the Public Health Amendment (Safe Access Zones) Bill 2021. I want to recap what this legislation seeks to achieve. The legislation will provide for safe access zones around premises at which abortions are provided to protect the safety and wellbeing and the privacy and dignity of persons accessing the services provided at those premises. It is also to protect the employees and other persons who need to access those premises in the course of

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their duties and responsibilities. It will also prohibit the publication and distribution of certain recordings. We heard very powerful testimony this morning from the member for Burns Beach around why that is such an important part of this legislation.

When I was invited to speak on this bill, my first reaction was: what could I possibly talk about for the 20 minutes we are allocated to speak to this? It is not because I do not fully support this bill; I stand here in 100 per cent support of it. It was because to me, it is so self-evident, so absolutely clear that women have the right to access the services that are legally available to them in Western Australia. Obviously, though, this bill is being introduced to meet the need to protect women's rights to do just that. We have seen evidence of protesters and we have heard evidence today of protesters who stand at these sites in their firmly held belief that women should not have the right to access these services in safety and in dignity. I do not dispute or argue against the beliefs that those protesters hold. I do not agree with them, but they absolutely have the right to hold them. They also have the right to express those views. In fact, only a couple of weeks ago, a vigil and prayer session were held out the front of this place on this issue. What I do not support is the right of those people to impose their view on women at a place at which they are seeking a legally available service. The point was very rightly made that if men were accessing legal services of a personal nature, I really doubt that the type of behaviour that these protesters have exhibited would have been tolerated for as long as it has been. This is not about freedom of speech. That argument was upheld by the High Court; all seven judges agreed that safe access zones do not breach the constitutional right of implied freedom of political communication.

As has been done often in this debate, I will refer to some comments made by the member for Cottesloe. He said in the debate on the 2020 bill —

A concern has been expressed to me by a Christian organisation that the very broad scope of this bill will unfairly impede the work that it does to assist women who may be accessing an abortion service but who are doing so because they are suffering from undue pressure or financial distress. One such group is 40 Weeks to Life.

He went on to say —

Members of this group conduct prayer vigils outside the clinics and also hand out brochures to women attending the clinics, offering help and support.

For the member for Cottesloe —

The key question is: does that mean that there can be no interaction with a woman accessing the service? The key question for the member for Cottesloe was not the wellbeing, safety, dignity or legal right of women to access these services, but rather the rights of the Christian organisation to express its views at the point of that service. The answer to the question is no, there cannot be an interaction with a woman who is accessing the service or their family or their support person.

To be clear on the point of support and counselling, members of a Christian group, no matter how well-meaning they may be and no matter how firmly they hold a belief, are not counsellors. They are not trained providers or medical professionals who are equipped to deal with the needs of women and their partners and families at this point of their lives. We have heard quotes, stories and testimony from women who have accessed these services and who have not found a helpful Christian organisation that is politely offering support, but if we accept that to be the case, it is not necessary. Any GP, when discussing a woman's request to access a service like this, would provide care and due diligence and go through a process with their patient, that woman, around what is in their interests and offer appropriate services available to that woman.

I want to talk about the issue that was raised around coercion, because for one woman I spoke to this morning on this very topic, it was an issue. She was coerced into an abortion. She shared her story with me and gave me permission to share it here today. She was in an abusive relationship—a marriage. She had already had children in the marriage and the husband had declared that if she ever fell pregnant again, the pregnancy would be terminated. There was another pregnancy, and the husband insisted that the pregnancy be terminated. The coercion and abuse this woman had suffered within this relationship for many years led her to succumb to that coercion, and she did attend a clinic. She described to me, in tears, the feeling that she had as she approached the clinic about to do something that was against her wishes, and then saw the protesters. She described the horrendous feeling she had as she left the clinic following that procedure as she was screamed at and had abuse hurled at her. She described to me how the trauma of that event was not so much from the procedure that she was coerced into having, but from stepping out of that clinic and being surrounded by hostile, angry people who yelled at her and judged her for the situation that she was in. To somehow purport that having protesters at that site would have protected her from the coercion she was under or was somehow helpful or useful to this vulnerable woman is a complete furphy. It added to her trauma, and it adds to the trauma of other women who access these services.

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I will conclude by saying that I stand in support of this bill. The professionals who work in these clinics and the women and their families who access them have every right to attend them with safety, dignity and their privacy intact.

**MS A. SANDERSON (Morley — Minister for Environment)** [12.07 pm]: Thank you, Acting Speaker, for the opportunity to speak on this important bill, the Public Health Amendment (Safe Access Zones) Bill 2021. I spoke on the bill that was introduced in the former Parliament last year, but I thought that as the 2021 bill is likely to pass, it will be the speeches that occur now that will be referred to, so it is important to reiterate some of the comments I made in the previous iteration of the Parliament.

I first congratulate the minister for introducing this bill as a priority bill so early in this term. The bill took some development in the previous term and the government was required, very sensibly, to wait for the High Court decision on the Victorian laws before drafting and introducing our own bill in Western Australia. This bill essentially seeks to put in place what is already in place in many areas around the country, and that is a 150-metre exclusion zone 24 hours a day and seven days a week around any premises that provide pregnancy terminations. The bill is modelled on the Victorian law, which has withstood a High Court challenge. This is robust, important protection for the women of Western Australia.

When we speak about these issues in our communities, people often say that abortion protests do not happen here and that we do not need this protection in WA. That is because they do not see it in their streets or in their lives every day. As many people have already outlined, it does happen in WA. Not only does it happen in WA, but also it was made worse by the decision of the previous Barnett Liberal–National government to not provide family planning services at the privatised Midland hospital. Women wanted access to family planning services—not just pregnancy services, but also such things as contraceptives and tubal ligations, which are standard procedures that are legally available—but they were not available in a public hospital. That government had to spend over \$1 million to beef up the Marie Stopes clinic so that it could provide those services. A termination is a relatively simply surgical service, but it needed to improve the surgical facility at that clinic so that it could provide those other services. That was an absolute insult to women in the East Metropolitan Region and the wheatbelt who use Midland Public Hospital. The former Liberal–National government locked that contract in for 20 years. That guaranteed an audience for those protesters who harass women accessing those legal healthcare services. I do not subscribe to the more generous terms in which others have described them, which is as good Christian people counselling people on their way into the clinic. They are serial pests and they are a blight on our health system. They simply harass women who are accessing legal healthcare services that were hard-fought for over many, many decades. We are continuing to fight for access to those healthcare services.

I think people are shocked when we explain that not only are those protesters there regularly, but also around 40 permits a year are issued so that they can be outside the Marie Stopes clinic. The Marie Stopes clinic provides these services only one day a week, so they are there almost every single week on the day that Marie Stopes is operating. They are particularly pestilent during Lent, when they spend 40 days camping outside the clinic and harassing people as they walk in and the staff who work in that clinic.

A relatively new term has emerged from the anti-choice lobby—that is, “kerbside counsellors”. That term is used by people who support this protest. I have heard members in the other place use that term too. It is mind-boggling to consider the mental gymnastics that were required to link that phrase with what these people are doing. Firstly, “kerbside counsellors” implies that these people are somehow qualified to provide advice on this issue, and, secondly, that it is voluntary and that these women are seeking counselling. They are not. They have made their decision and they are not seeking any kind of counselling at this point. They will have been through the process that they needed to go through to land where they have landed. I find the term “kerbside counsellors” deeply offensive.

The bill does not limit people’s right to protest at all. I have heard some members on the other side of the house and in the previous debate say that this bill is anti-protest. Nothing in this bill is anything like the extreme anti-protest laws that the previous Barnett government tried to introduce into Parliament that would have shut down any kind of protest, especially when we have seen people using certain strategies and tactics to bring that movement to the fore. That legislation would have shut protesters down completely. All this bill does is to put in place protections so that women and people who access or work in these facilities can do so without harassment.

People are free to protest, and they should continue to protest if they feel strongly about something, but the place to protest is outside the Parliament, government buildings and the offices of members of Parliament. They should not protest outside a clinic where women are seeking treatment. There was a protest last week, I think, of religious groups, right-to-life groups, outside this place, and that is absolutely the appropriate place for them to protest. People find such protests challenging. I do not mind them. I am always happy to give them a reason to protest. In my view, if the right-to-life lobby are not protesting and everything in their world is right, that is a problem for women. I am happy for them to continue to protest and I am happy to continue to give them a reason to protest.

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Conditions are attached to these permits, but there is no recourse for police to bring people to account when they breach those conditions, and it happens regularly. They take pictures of women entering clinics, they show disturbing imagery, they shout at people, they tap on car windows, they shove brochures in people's faces and they provide bags containing baby items and rosary beads, all in a futile attempt to defer women from making a decision that has already been made.

In the second reading speech, the Minister for Health outlined some examples of women who had met with protesters. I will run through that in detail later. Many of those women used words like “traumatic”, “stressful” and “overwhelming”. A woman's decision to terminate a pregnancy will be made for many and varied reasons. For some women, it is a difficult decision; for some women, it is the only decision, and that is perfectly okay. Whether it is a hard decision or not, it is their right to make that decision. There are a range of reasons for making this decision, whether it is from early pregnancy or through to late-term abortion. There has been a constant push to rewind those protections. An article, published I think last week, referred to the federal member for Stirling, Vince Connelly, introducing a private member's bill to provide medical assistance to babies born during a late-term abortion. That is offensive and dishonest. Hon Nick Goiran in the other place also has bleated on at length about this—about how we have to provide medical assistance to babies terminated in late pregnancy. That is dishonest in so many ways. The women and couples who make the very difficult decision to terminate what is often a wanted but unviable pregnancy go through a huge process, trauma and grief to get to that point and to birth that baby. For them to be told that these babies somehow need to be given medical assistance and that, if they are provided with that, the baby will survive is so dishonest. I hope that at the next federal election, the women of wherever Vince Connelly decides to land—wherever he decides to run—tell him exactly what they think about his private member's bill in the commonwealth Parliament. It is deeply offensive.

An organisation called Labor for Choice was formed a few years ago to promote a strong reproductive platform within the Labor Party. It worked very hard to encourage Labor ministers around the country to introduce safe access zones. In the development of their lobbying, they surveyed a number of Western Australian women about their abortion experiences. Most people are surprised when they learn that there are only two private clinics in WA that do 98 per cent of pregnancy terminations, which gives protesters a very focused target. There are only two abortion clinics in WA and a very small number of terminations are carried out in a hospital. The process for accessing this procedure is incredibly arduous—it is more arduous than accessing other medical procedures. By the time a woman gets to a clinic, she has been through quite the process, spent a lot of money and has probably already been told by a general practitioner that they will not refer her, so she will have had to find another GP and paid another fee to get a referral. By that stage she is probably a few weeks further on in her pregnancy, so she will have been living with that pregnancy for a number of weeks knowing that she is going to seek a termination. To then be greeted by these people outside a clinic is a complete insult to the women who make this choice.

There were 440 responses to the Labor for Choice survey and they reveal a bit about the abortion journey for women. The survey found that 64 per cent of women had contacted a GP as an initial point of contact and that 22 per cent had reported that their GP had refused to provide a referral for a legal healthcare option. Seventy per cent of respondents had not been informed that the GP did not refer abortion services before their appointment and, just to add to the insult, 43 per cent still had to pay for the appointment. Of the women who went to GPs, 26 per cent did not feel supported, and 88 per cent of women who followed through with the termination reported a significant strain on their finances in order to have the procedure. A very high number of women—91 per cent—agreed that Medicare should cover some of the costs. Unsurprisingly, 100 per cent of the women surveyed supported the safe access zone legislation because most of them had encountered protesters. The survey also asked women to relate some of their experiences with protesters and some of them were pretty harrowing. According to my notes, the first one stated —

On a day where I was already feeling highly emotional being called a baby killer really made me feel worse.

Another stated —

It was awful. A friend who came along to support and drive me told me to ignore them. After I worried about the situation if I ran into these people in public, and if so, would they publicly shame me.

Another woman stated —

A woman from a religious group approached me at the front of Nanyara and tried to talk me out of the procedure, she gave me pamphlets and tried to convince my partner to take me home and to this day, that experience with her still gives me a lingering feeling of guilt although I had already made my decision final before I arrived. It should be illegal for people to do that to others in an already vulnerable, difficult state of mind and body.

Shorter responses included: “It made me angry”, and, “It made me more upset.” Overall, the women all declared that it was incredibly traumatising. This in itself demonstrates the importance of the need for these laws.

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Abortion has been legal in Western Australia now for over 20 years. We have seen a slight decline in the overall rate of abortion over the past few years, particularly in younger cohorts. Sadly, I do not think that is because of improved access to medical abortion. It would be interesting to understand why figures are declining. A lot of scaremongering says that once we introduce abortion laws, women will be out left, right and centre having abortions. That is completely ridiculous. The figures certainly do not support those silly statements. The reality is that evidence shows the majority of abortions are for women aged 25 and over and that the pregnancy has been the result of contraceptive failure. That is very telling and is certainly not in keeping with some of the nonsense that is spouted by the pro-life sector. It is often asserted that women make these decisions lightly, and that is insulting to women. It tells us a lot about what the pro-life lobby thinks about women.

I want to talk a little about RU-486 because it is also a legal option for an abortion and it is a good alternative to a surgical abortion. Unfortunately, it is also incredibly difficult to get hold of. We know that when Tony Abbott was health minister, he tried to take it off the pharmaceutical benefits scheme list and ban it completely. Even women in his own party railed against that. Although it is currently a legal option, it is still incredibly difficult to get hold of. Part of the reason for that is that doctors are not made aware of it and they are not trained in the use of it. There is a fear around using it. The feedback I get from some doctors is that they worry about insurance implications; insurance is an issue. There are not many providers and that makes it incredibly expensive. It still costs several hundred dollars to access RU-486, which is quite shocking. There is a range of limitations and policy levers that, although legal, have worked to restrict access. That is why it is important that we open up these pathways.

The medical community and medical schools have a responsibility to better train doctors in this area, including those in general practice and obstetrics, and encourage doctors to go into this important area of health care. It is hard to find doctors who want to do that. One of the challenges for Marie Stopes was that it had to fly a doctor from the east every Friday to perform surgeries. We need to encourage doctors to make this available to women, because it is legal and it should not be so restricted.

There are reports that many women have gone to GPs for a referral for an abortion and they have ended up 17 or 18 weeks pregnant because they have not been able to find a GP to refer them earlier.

[Member's time extended.]

**Ms A. SANDERSON:** A termination at a handful of weeks, under 10 weeks, is a very different proposition from a surgical termination at 17 or 18 weeks, or even access to RU-486 in the first few weeks. They are very different impacts and very different propositions for those women. Although we do not want to put dollar terms on things, if we are talking about barriers, cost is certainly a significant barrier. If a woman is seeking an earlier termination, she is looking at \$800 or \$900 and up to \$4 500 at 17 or 18 weeks. There is a lot of evidence that over the past few years, women from Western Australia have travelled to South Australia to seek that service because it is provided under Medicare. They are quite advanced in their pregnancy and then have to fly to South Australia for that service because the cost is completely prohibitive.

I have touched on the terrible decision by the previous Liberal–National government to privatise the Midland Health Campus and what that has done. It has not only restricted services in that public hospital, but also created an uneven service provision across the state. If people live in a certain postcode, they can access the Marie Stopes services for no out-of-pocket cost, but if they live outside of a certain postcode, they cannot. It is a complete contradiction to the principle of universal health care on which the public health system is founded. In an attempt to retro-fix an issue it needed to fix by awarding St John of God Health Care, a Catholic healthcare provider, a contract for a public hospital, it ended up creating an incredibly uneven system for women.

A lot of that access to services is critical for women in regional areas as well. Access to family planning services and termination services is critical for regional Western Australians. It is a responsibility of the public system to provide those services. I know that some public hospitals do that on a case-by-case basis but, essentially, that 98 per cent of services are provided by the private health care sector is quite telling and restricts access in and of itself. This bill will go a very long way towards helping rectify some of the damage done by that decision, particularly at the Marie Stopes clinic and the Nanyara Medical Group and where doctors and clients are genuinely harassed and intimidated into providing those services.

I commend the minister for bringing this in. It has taken a long time to get here and we have to continue to be vigilant about our rights and the protections of our reproductive health, particularly in Western Australia, but in Australia, because there is a strong and powerful lobby that is driven on this issue. That strong and powerful lobby is currently in full control of the WA Liberal Party. We saw that with the candidates it threw up at the last election. It is of grave concern that Hon Nick Goiran, who spearheads in the Parliament a reduction in the options and choices for women, should ever end up around the cabinet table. That genuinely frightens me and it should frighten every

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woman in Western Australia about what rights will remain for women in Western Australia if he is ever in charge of those rights. We have to be vigilant and we will continue to be ever vigilant. We have waited 24 years for this bill. It is very welcome for the community and I thank the minister for his support.

**DR J. KRISHNAN (Riverton)** [12.29 pm]: I rise today in support of the Public Health Amendment (Safe Access Zones) Bill 2021. The clinics that provide legal medical terminations do not exclusively provide abortion services. Contraception is also an important service provided by these clinics. When people access these services for an abortion, it is unfair for someone to be prejudgemental and intimidating.

When I got married, I was a doctor, my wife was a doctor and my father-in-law was a doctor; he is still a doctor today. I spoke about him in my inaugural speech. The next day after my wedding, my father-in-law was at my house when he made a personal request. He said, “You’re a doctor. Yaamini is a doctor. You know all about contraception, but we would love to be grandparents so please do not implement contraception. Give us an opportunity to be grandparents.” That was counselling. I was fortunate to be counselled in my house by my father-in-law, unlike others who have to access legal clinics or legal medical services to access such advice. For someone to be prejudgemental and intimidate them as they walk into a clinic is not fair. As a good son-in-law and a good daughter, we followed my father-in-law’s advice; my wife fell pregnant three months after we got married. Everything was going well. During the 20-week scan, we realised that the child was not going to survive. I was not willing to accept the report that we had been given; I wanted a second opinion. As a doctor, I searched for the best sonologist in the state. I was fortunate to get an appointment within 24 hours. He did a repeat scan and confirmed that the baby would not survive if we continued with the pregnancy. I am very glad that my wife was given the choice to end the pregnancy, but she did so with a heavy heart. We named our unborn boy Yadish, and we still spend time together on his birthday every 16 November. It is not easy to go through that process. The point that I am making is that when a woman is already struggling with those emotions, how fair is it for someone to be prejudgemental and intimidating and to protest the woman’s choice to access a termination? Shame on those people. We have a responsibility to pass this bill. We need to provide protection and accessibility for the women who need these services.

It is not easy to cope with a termination. As a GP, I can empathise with my patients who go through this. I have been through this scenario many, many times. There are certain patients whom I will never forget in my life. I remember seeing a 17-year-old girl who did not have a job, who was a school dropout and who had serious mental health issues to the extent of self-harm. On top of that, she was homeless. During the consultation and investigation process, I, as her GP, diagnosed her to be pregnant. She was devastated. After thinking about what she would do, the girl came back and said that she wanted to access a legal medical service. She wanted to get on with her life. As a GP with certain knowledge, I gave her a referral for a suitable service. For someone to stand there and protest and intimidate this person as she walked into a legal medical service was not fair; it definitely was not fair.

I turn to religious beliefs. I have served on the Perth Hindu Temple management committee for 10 years. I have finished as president of that temple. I am a religious person, but denying a woman’s right to access legal medical services is not a religious decision. There is no pardon for intimidation by heartless people.

The minister spoke about the workforce that is required. Today, I undertake to speak to as many colleagues as possible. After being through her own personal experience and difficult times, and with her passion for women’s health, my wife has decided to provide medical termination services as a GP. Not many GPs are accredited; I accept that there is a shortage of doctors who provide that service. A doctor needs to coordinate with an accredited pharmacist to supply the medication before they can provide that service. I will talk to as many colleagues as possible to ensure that such services are easily accessible and affordable for those who really need them.

It is our duty as elected members of this chamber to pass an important bill like this to protect women when they access a most essential legal health service. I repeat: it is inhuman to intimidate, interrupt and be prejudgemental of someone who is accessing essential legal medical services. When a woman accesses contraception, that does not necessarily mean that she does not want to have a baby. There may be medical reasons to postpone being pregnant. A woman may have been given medical advice to prepare for a pregnancy. Sometimes women take medication that has side effects for an unborn child and, until they recover from their condition, they have to be on contraception. When these circumstances occur and women access essential legal medical services, it is pathetic for someone to be prejudgemental and intimidating.

For all the reasons stated above, I commend the bill to both houses, and I hope we have full support in passing this bill. Thank you for the opportunity, Mr Acting Speaker.

**MR R.H. COOK (Kwinana — Minister for Health)** [12.38 pm] — in reply: I thank all members for their contributions to the debate on the Public Health Amendment (Safe Access Zones) Bill 2021, particularly those members who acknowledged the efforts of the government to bring this bill to this place as expeditiously as possible. As the Minister for Environment observed, it was necessary for us to await the outcome of the High Court challenge



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to the Victorian legislation to be sure about the approach we needed to take. The consultation, drafting and governmental processes that subsequently followed were best practice in how we form these pieces of legislation, so we were only able to bring this bill in towards the end of the last term. It is very good to have it before us once again to make sure that we can advance this really important legislation, which enshrines really important rights.

In particular, I would like to commend those members who brought such passion and personal experience to this debate. I hope that those in the other place who will, no doubt, oppose, try to obstruct or misrepresent this debate take notice of the contributions made by some of the members here. I wish to thank the members for Vasse, Central Wheatbelt, Collie–Preston, Burns Beach, Nedlands, Fremantle, Hillarys, Bassendean, Churchlands, Bateman, Morley and Riverton for their contributions to this debate.

The Department of Health, as part of an extensive consultation process that was undertaken in 2019, received extraordinarily strong feedback from women and their family members about their experiences visiting the main abortion clinics in Western Australia. I acknowledge the comments made by the member for Morley that just two clinics provide 98 per cent of the services. We can see how the lack of different outlets, of itself, provides a limitation to access for these women. It is clear and evident that the new regulatory framework is required to deal with the unique behaviours experienced by these people outside those clinics. No other health service experiences this type of regular, organised protest. I think the member for Collie–Preston made the observation that we could imagine if it was a male accessing legal healthcare services and the outrage that would follow anyone trying to stop a male member of the community from accessing legal services. It is something we should not tolerate. Indeed, it is no longer tolerated throughout the rest of Australia. We are the last jurisdiction to consider this legislation. I remember in 2019 when we passed the voluntary assisted dying legislation in this place, I made the observation that we were the second jurisdiction in Australia to do so. I thought that was a commendable second for a state that is otherwise not known for its progressive laws. However, in this case we are last—lucky last—and it is time we got our act together.

On that note, I hope members will forgive me a segue for just a moment to acknowledge that the South Australian Parliament has today passed voluntary assisted dying legislation to become the third jurisdiction to do so. We welcome that Parliament and congratulate it on the passage of that bill.

The member for Central Wheatbelt acknowledged the contribution of National Party member of Parliament Trevor Khan, who co-sponsored alongside Penny Sharpe from the Labor Party, the passage of safe access zone legislation in New South Wales. I acknowledge the Nationals who supported the government in the voluntary assisted dying legislation as well. It demonstrates the capacity for progressive change to be achieved across party lines. I would like to quote Penny Sharpe. On 24 May 2018, in closing the second reading debate on safe access zone legislation in New South Wales, she said —

Women should be able to go to the doctor and not have to explain themselves to strangers on the street. They should not have to be photographed. Their boyfriends should not have to be jostled. They should not be filmed. They should not be assaulted. They should not be called “baby murderers”. They should not be told they are going to hell. They should not be told that they should be repenting their sins. They should just be able to go to the doctor.

I think that really sums up the sentiment of a lot of the speeches that were made here today. This is a legal medical procedure. I thank the member for Collie–Preston for acknowledging the efforts of Hon Cheryl Davenport in bringing pre-eminent legislation to this place today. This is a legal medical procedure and no-one should stand in judgement of those who wish to access it. They access it for a range of reasons, none of which would be known to those who seek to harass, shame and judge those who access it. I think the member for Riverton summed up just how complex many of the reasons are that people access these services. It is not our role here today to pass judgement on those people and it is not the role of those who seek to protest against and intimidate those who access it.

To go to two features of the legislation, the member for Central Wheatbelt asked how the size of the exclusion zone was arrived at. As a number of members observed, the bill is modelled very closely on the Victorian legislation, which defines 150 metres as the boundary for the premises at which abortions are provided. That specific zone was tested by the High Court in *Clubb v Edwards* and was considered a critical factor in the High Court upholding its constitutional validity. Also, it is a size that was strongly supported by the community and health services in Western Australia during the course of the consultation. In total, 75.3 per cent of the respondents who were in favour of safe access zones supported a minimum of 150 metres. Experience from other jurisdictions in Australia supports a minimum distance of 150 metres from the premises at which abortion services are provided. Beyond 150 metres, it would be harder for demonstrators to distinguish patients and staff from a passer-by. In light of this, the government took the view that a 150-metre zone is the appropriate size for a safe access zone. We are of the

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view that a safe access zone of less than 150 metres would not adequately protect patients and staff who access or leave premises at which abortions are provided.

The member for Central Wheatbelt also asked about the penalties and how they will be set for these laws. I am advised that the following new offences are included in the bill: it will be an offence for a person to engage in prohibited behaviour within a safe access zone; and it will be an offence for a person to publish or distribute any recording of a person in a safe access zone who is accessing or leaving, or attempting to access or leave, a premises at which abortions are provided if that recording contains information that identifies, or could likely lead to the identification of, that person without the person's consent. The penalty for these offences will be a maximum fine of \$12 000 and a maximum of 12 months' imprisonment. The proposed penalties reflect the potentially serious nature of offences such as intimidating and harassing or recording people who access abortion services, for the purposes of shaming and humiliating them. The penalties recognise the impact that such behaviour can have on women and staff who wish to access premises at which abortions are performed. The penalties are broadly consistent with safe access zone laws introduced around the country. The proposed fine is in the mid-range of penalties applicable to safe access zone offences in other jurisdictions. The imprisonment penalty is consistent with that in the majority of other jurisdictions.

It is important to note that the penalties attached to the offences prescribed in the bill are maximum penalties and that the judiciary will have discretion about which sentence to impose in each case, as is appropriate. The court will be able to take into account the objective seriousness of the offence, the offender's circumstances and the impact of the offence on the victim. Police will not be obliged to proceed with these penalties on the first instance that something occurs. They will have the ability to caution or give a move-on notice, and we are confident that guidance will be given about where people can relocate to place them outside the 150-metre safe access zone.

That is as we expect the law to be applied. The police will form a view about whether someone is undertaking a prohibited behaviour and, in the context of that, decide whether to lay charges.

I thank the member for Vasse, as the lead speaker for the other side, for her support for the legislation and acknowledge that we also received her support when this bill was first before this place. I acknowledge the member for Central Wheatbelt for her rather unique way of summing up her speech by waving around the previous speech she gave on 10 November 2020. I acknowledge her support both then and now.

I think the member for Nedlands gave an extraordinarily good summation of the sorts of experiences that people have. She raised a number of case studies and personal testimony from people who have experienced being intimidated while trying to access these sorts of services. I acknowledge the member for Riverton who spoke about his own personal experiences. I thank the member for Riverton for sharing those with us. It gave great power and forcefulness to what we are doing here today with this very important legislation. I acknowledge the contributions from the member for Hillarys and the Minister for Water. The Minister for Water drew upon the history behind some of the dimensions of this debate, in particular the privatisation of Swan District Hospital when it transitioned to Midland Health Campus.

Debate interrupted, pursuant to standing orders.

[Continued on page 2130.]