

ABORTION LEGISLATION REFORM BILL 2023

Second Reading

Resumed from 21 June.

The ACTING SPEAKER (Ms A.E. Kent): Minister for Kimberley. Sorry, the member for Kimberley. I have promoted you now!

MS D.G. D'ANNA (Kimberley — Parliamentary Secretary) [1.36 pm]: I rise today to speak on the Abortion Legislation Reform Bill 2023. I am very proud to be part of a government that is active in reforming outdated laws. Abortion laws in WA have remained unchanged for 25 years. Although these reforms are not groundbreaking and will simply bring WA in line with the rest of the country, they are quite important. I always look at proposed legislation through a regional lens. I am passionate about making sure that those people in the Kimberley, whether they live in Broome or Balgo, have the same access to quality health care as the people down here in the city. I believe that all women, regardless of their race, class or where they live, should have safe access to reproductive health, and this includes abortion.

My whole life, I have lived in the Kimberley. I have visited hospitals and clinics as a patient, friend, support person and member of Parliament. I have four children, and three of them were born in the Kimberley region. For my last baby, who is 12 years old—a big baby right now!—I had to come down to Perth to give birth. I know firsthand what it is like as an Aboriginal woman to engage with our health system in remote areas, including my experience of having to leave my community and family to come down to the city for health care. I had to leave my husband, my other three children and my home to come down here for two months to access safe health care. It was cold at the time, too—I am just putting that on the record!

The changes in this bill will have real-life impacts for people in the Kimberley. It will mean that fewer women will need to leave their communities, families and, very importantly, their support networks to access health care that is essential to women. This legislation will mean that women in the Kimberley will have access that is much more aligned and afforded to their city peers. This legislation will address the health inequity in rural and remote areas. Being over 2 000 kilometres from a tertiary hospital is fairly unique, is it not? Where else in the Western world would anyone be physically that far from a tertiary hospital?

One of the friendly faces many mothers in Broome know is Tracey Gilchrist. Tracey is the only endorsed midwife practising privately in Broome, and she provides the continuity of care that so many women seek when they fall pregnant. Tracey was involved in the consultation on this legislation. She has been active online and came to see me many times. She has focused on highlighting the obstacles that women in rural and remote areas face to access quality and safe abortion care.

If a woman in the Kimberley needs to access abortion care after 12 weeks, she needs to travel down to Perth. This means that, in reality, women have a very small window in which to access this care at home, or close to home, and with supportive friends.

I want to pause and reflect on this because as a young teenager, I supported a friend who had to go through this process. Just leaving her home to have an abortion in another town was quite daunting and unfamiliar for her as a teenager. The trauma of what she had to deal with before, during and after was not a pleasant experience. I think that the way it was done still affects her today.

At the moment, the only options for a woman seeking abortion care at that early stage are either to be seen by a GP or to go to an emergency department. Why? As people know, emergency rooms are not private, especially in small or even large towns. There have been cases when people have been divided by only a curtain. They are trying to ask for help in managing their life and their future life, while the gossipmongers are staring, peeking and asking: What is she there for? Is she going to do that? Why are they doing that? The gossipmongers will then be walking among the rest of the community. Shame is what they feel and are made to feel by having to access something so publicly. Why? Because, currently, abortion drugs have to be prescribed by medical practitioners, but the proposed provisions in the bill will mean that trained nurse practitioners and endorsed midwives will be able to prescribe medications conducive to abortion care. This will mean far greater access to abortion care for regional and remote Western Australians.

We already know that there is a national shortfall of GP services. In Broome, someone looking to see a GP could have a four-week wait. For a woman seeking abortion care at seven weeks, waiting four weeks for an initial appointment could mean the difference between getting her care at home or having to go all the way to Perth.

This change is not about diminishing the role of GPs; it is about giving women more options to access health care in a timely manner. It will ultimately end with fewer women having to be taken away from their community to access abortion services. It will mean that the women walking through Tracey's door will not have to be turned away and sent to another appointment.

Tracey said that women will have greater options in being able to approach a variety of healthcare practitioners to discuss their options and seek care. It will be private, confidential and supportive. I am hopeful that this will mean that women will feel safer and have an overall less shameful experience in accessing abortion care in the Kimberley. Tracey also said that we can do better and that women deserve better. Women should be able to access this care, and there should not be obstacles.

The National Rural Health Alliance has stated —

Rates of unintended pregnancy are higher in rural areas, access to surgical termination of pregnancy is very limited and, though available in primary health care, many areas of rural Australia do not have access to early medical abortion.

There has been extensive consultation on this bill. Through the consultation process, members of the public and health professionals have said that the current abortion laws are restrictive and do not allow for the best healthcare services for the WA community.

It was clear that another barrier to accessing abortion care for remote and regional women was the need for two practitioners to consider the abortion. This legislation will authorise one medical practitioner to perform an abortion on a patient who is not more than 23 weeks pregnant. It was clear from the community consultation that a majority of respondents were in favour of allowing access to an abortion after a woman consults with one health practitioner.

This legislation includes many other important changes, but many members in this chamber will contribute to this debate, and I will let other members share their experiences in further detail. I am focused on Kimberley women having greater access to health care and having the option to stay close to home.

I am an Aboriginal woman from the Kimberley, but I do not speak on behalf of all Aboriginal women because Aboriginal women are not homogenous. We are diverse, and we come to issues such as this with diverse experiences and diverse opinions.

It is acknowledged that access to safe reproductive health services is key to trying to break the cycle of child removal in Aboriginal communities. When a woman is denied the right to choose whether to continue a pregnancy, the chain of events from there can become a cycle—a cycle that we need to break. If more women in regional areas could choose their own reproductive journey, it would have a flow-on effect on the rate of child removal.

For a lot of Aboriginal women living in remote areas in the Kimberley, physical distance is not the only barrier to accessing health care. Cultural and language barriers also exist. There can be challenges in speaking up to health professionals or jumping through the hoops to go to different locations and speak to different people to get abortion care. Aboriginal women can face a lot of stigma and shame around abortion care. The most important thing is that Aboriginal women self-determine their pregnancies.

Ultimately, this bill will address a difficult and personal choice that women may need to make. Women have many different reasons to seek an abortion. I am not here to judge women on the circumstances that have led them to make this choice; I am here as a member of Parliament to make sure that constituents in the Kimberley have access to care, the ability to self-determine their lives and agency over their own bodies.

I would like to thank the minister for all her work throughout the process that led to this legislation and all the many tireless activists, past and present, who continue to fight for women's rights over their bodies.

Thank you. I commend this bill to the house.

MR M.J. FOLKARD (Burns Beach) [1.49 pm]: I rise to speak about the Abortion Legislation Reform Bill 2023, but before I do, I would like to recognise our traditional owners of the land on which we meet, the Whadjuk people of the Noongar nation, and recognise their elders past, present and emerging. I walk with light feet on their land, with honest intent and an open heart, with my hand held out in genuine friendship.

This bill will remove abortion from the Criminal Code. As a police officer, I never charged anyone with any of those offences; I was pressured to do so by marginal members of the public and other police but I always refused. I believe abortion is a conversation between a woman and her doctor, and I believe there is no role for the state or any other person to be a part of that conversation or decision. No-one has the right to interfere with that in any way or for any reason. My views are on the record.

During the second reading debate and consideration in detail stage of the legislation on safe distances for family planning clinics, I spoke of an incident I was involved in that occurred whilst policing a protest at a family planning clinic. I spoke of a group of people holding placards and yelling abuse at anyone who walked past or entered that family planning clinic. In amongst the group of placard-holding protesters was a very large gentleman holding a very large camera. This bloke was particularly abusive, taking camera footage and photos of employees or any other person who entered that clinic. To this day, I remember a young lady walking past the protesters and entering

the clinic. She appeared very young and distressed. I thought nothing more of the incident until about 20 minutes later when an ambulance appeared outside the front of the clinic. I ran to investigate. To this day, I am not sure how, but I ended up in the back of that ambulance with this young lady who I had seen earlier. To make a long story short, this young lady had gone to the toilets in the facility and used a pair of toenail clippers to tear apart her wrists in an attempt to take her own life because of the behaviour of the protesters outside and the circumstances she had found herself in. I remember her tears. She was crying, “My father, my family, they will find out about me.” I remember my anger at the time at the behaviour of those protesters. I do not have a memory of what happened to that young lady after leaving me, but I remember what I did next. I walked back to my patrol vehicle and called for the local divvy van to come. I was working in plain clothes that day, and on the arrival of the police van, I remember walking into the crowd, grabbing this large bully of a man, dragging him and his camera to the patrol van and effecting a particularly violent arrest. During the blue that occurred I remember trying to force this individual into the back of the van. I have a recollection of a boot glancing off the side of my face during the arrest—not bad for a bloke who claimed he was a minister of religion. I have a memory of a placard hitting me several times in the back during the scuffle. I also recall—I laugh at this—the “yellow peril”, or complaint file, that came after the arrest following the destruction of his camera kit and the exposure of his film to the light, making the images on the film useless. To his credit, my boss wrote off the file. I also recall Magistrate Con Zempilas refusing to name the young girl and issuing the offender a \$948 fine when the maximum was 1 000 bucks. I also remember—I always get a giggle out of this—that he gave the offender no time to pay, so the bugger spent a week inside, which was probably not long enough.

My brain works in a fairly strange way and it compartmentalises its memories. I think it does this to protect me. Last week, on Friday, 4 August, I recall the headline on the front page of *The West Australian* that read “Teen abortions with no consent from parents”. This brought to the surface an old memory that I had chosen to forget. As a police officer, I remember attending the suicide of a young teenage girl. She had taken her own life because she had become pregnant. During my inquiries, I found that the behaviour of the males in her home, her father and uncles, had terrified her to such an extent that she felt it would be safer to be with her god than to be with her family. This is a particularly difficult memory for me, but it is very relevant to this debate. If one child, no matter her age, finds herself in this situation and chooses family planning over taking her own life, then this is one of the finest pieces of legislation to come through this place.

Anti-abortion groups will argue that human life is sacred and should be protected from conception, making family planning irrelevant as it involves the prevention of potential lives. If I have a choice between the love and protection of my loved ones or the community and their loved ones, they will always come first. Women have the right to make decisions about their bodies, just as individuals should have control over their health and wellbeing. Women have a fundamental right to make decisions about their bodies, which encompasses choices related to reproductive health, medical procedures and bodily integrity. This autonomy recognises their capacity to determine the best way for their overall wellbeing. The argument that advocating for family planning implies a devaluation of family and parental responsibility as it can be seen as prioritising personal convenience over potential parenthood is just wrong. The individuals who believe that are corrupt. A woman has the right to choose and nothing less. Anti-abortion groups will highlight the perceived health risks associated with certain family planning methods, suggesting that such risks outweigh the benefits of preventing unintended pregnancies. Access to safe and legal abortion allows women, no matter their age, to make informed decisions about their reproductive futures, empowering them to plan their lives responsibly. Protecting abortion rights ensures that women can access medical procedures safely, reducing the risk of unsafe practices and potential health complications. Women face diverse life situations, and access to abortions enables them to make choices that align with their individual circumstances, such as financial stability, career goals and family planning. Decriminalising abortion will enable women to plan their families without fear, which can lead to more stable and nurturing environments for future children. Granting women control over their bodies acknowledges their right to make choices about conception, family planning and pregnancy. These decisions can profoundly impact their lives and future prospects, and should be made without external coercion or interference.

Unwanted pregnancies have a significant impact on women’s mental health and wellbeing, and having access to safe, legal abortion will allow them to address their concerns. If only these services had been available earlier. When women have the right to choose, they can actively participate in the workplace and contribute to our community, benefiting society as a whole. Restricting abortion does not eliminate the need, but rather drives women to seek unsafe methods, putting their lives at risk, with cases of severe fetal abnormalities or threats to the mother’s life. When women have the right to choose, they can focus on parenting when they are emotionally, physically and financially ready, ultimately benefiting the wellbeing of the child. I believe family planning is a crucial safeguard for women’s health and wellbeing. Some anti-abortion advocates assert that certain methods of family planning, such as emergency contraception, could potentially be seen as abortive in nature, conflicting with medical ethics and beliefs. I disagree with this view.

Upholding abortion rights is critical for general quality of life, ensuring that women have the same agency and control over their lives as men do. Protecting abortion rights respects the principle of separation between religion and the state, ensuring that individuals can make choices based on their own beliefs. Upholding the principle of

bodily autonomy—my body, my right—ensures that women have the right to give or withhold informed consent from medical treatments and procedures. This will ensure that individuals can fully understand the potential risks and alternatives when making a decision.

Debate interrupted, pursuant to standing orders.

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