Written submission from a member of the public (ANI0602)

1) DEVOLUTION
Devolution is never recognised to a barrier to human rights.
Devolution is not working for Northern Ireland.
Northern Irish politicians in Westminster want NI to be the same as England, except for abortion rights, equal marriage, childcare provision and domestic violence and harassment legislation.

2) DISTINCTIVE LAW AND CULTURE
Culture is not an excuse for state violence against women.
BLM Claim, "The law on abortion in Northern Ireland has been proven to save lives. Research conducted by ‘Both Lives Matter’ in 2017 found that an estimated 100,000 individuals are alive today who otherwise would not be had Northern Ireland followed England, Scotland and Wales in adopting the 1967 Abortion Act."

1 - The official UK dept of health figures have been widely regarded as underreporting the number of women accessing legal abortions in England and Wales, we know almost 1000 women a year from NI access abortion pills from Women Help Women, Women on Web and countless other providers.

2 - These figures ignore the other ways in which women from Northern Ireland have accessed abortions, some of these include travel to Spain and the Netherlands, procedures recorded in NI hospitals as D&C’s before the guidelines introduced a chill factor, anecdotal evidence of backstreet abortions with unlicensed medics, anecdotal evidence of DIY abortions in the form of a number of methods, the least harmful and most popular of which is the abortion pill.

3 - There has been an academic, peer reviewed study of one source of the abortion pills to Ireland and NI between 2010 and 2013 (Experiences and characteristics of women seeking and completing at-home medical termination of pregnancy through online telemedicine in Ireland and Northern Ireland: a population-based analysis ARA Aiken,a,b R Gomperts,c J Trusselld,e) which shows that x number of women accessed pills from them in those three years alone, 1/5-1/3 of these are estimated to be from NI. There is one other recommended supplier and many many more unregulated suppliers online from which one can purchase these pills, which are used worldwide to safely abort up to 12 weeks.

4 - The birth rate of NI, is not at a rate higher than that of Scotland to such an extent that so many people extra (10000) were born, also it is very unlikely that as a country we are statistically more likely to be more successful at contraception.

5 - Migration. Women in NI are known to leave the country at a much higher rate than men, this is often cited as being because of a number of factors such as socio-economic, education and job prospects, but also the restrictive religious culture, so in fact you could argue that the children born to the people who have left because of the religious mores were lost to NI for the opposite reason.

6 - The ASA and Both Lives Matter both made the assumption that abortion rates in religious countries are lower. We know empirically that this is not the case, also we know in NI, which religion an abortion seeker is makes no difference and in fact - the worldwide estimate that 1 in 3 women will have at least one abortion in her lifetime is as accurate for countries where it is illegal and religiously monitored as it is in countries where it is legally available. As a matter of fact, there is much evidence to support the idea that abortion rates are actually LOWER in countries where abortion is legal, as it often goes hand in hand with greater access to sexual education and access to contraception and reproductive healthcare.
7 - some women may have suffered long term illness, become infertile and even died because of a lack of safe and legal abortion, therefore there are potentially babies that were never born to people whose necessarily illegal abortion thwarted their future prospects of motherhood.

3) HUMAN RIGHTS & EQUALITY
The UN Human Rights Committee, in October 2018, released a General comment No. 36 (2018) on article 6 of the International Covenant on Civil and Political Rights, on the right to life*. Within this comment contained an assertion to the right to access abortion as part of the rights to life;

"8. Although States parties may adopt measures designed to regulate voluntary terminations of pregnancy, such measures must not result in violation of the right to life of a pregnant woman or girl, or her other rights under the Covenant. Thus, restrictions on the ability of women or girls to seek abortion must not, inter alia, jeopardize their lives, subject them to physical or mental pain or suffering which violates article 7, discriminate against them or arbitrarily interfere with their privacy. States parties must provide safe, legal and effective access to abortion where the life and health of the pregnant woman or girl is at risk, or where carrying a pregnancy to term would cause the pregnant woman or girl substantial pain or suffering, most notably where the pregnancy is the result of rape or incest or is not viable. [8] In addition, States parties may not regulate pregnancy or abortion in all other cases in a manner that runs contrary to their duty to ensure that women and girls do not have to undertake unsafe abortions, and they should revise their abortion laws accordingly. [9] For example, they should not take measures such as criminalizing pregnancies by unmarried women or apply criminal sanctions against women and girls undergoing abortion [10] or against medical service providers assisting them in doing so, since taking such measures compel women and girls to resort to unsafe abortion. States parties should not introduce new barriers and should remove existing barriers [11] that deny effective access by women and girls to safe and legal abortion [12], including barriers caused as a result of the exercise of conscientious objection by individual medical providers. [13] States parties should also effectively protect the lives of women and girls against the mental and physical health risks associated with unsafe abortions. In particular, they should ensure access for women and men, and, especially, girls and boys, [14] to quality and evidence-based information and education about sexual and reproductive health [15] and to a wide range of affordable contraceptive methods, [16] and prevent the stigmatization of women and girls seeking abortion.[17] States parties should ensure the availability of, and effective access to, quality prenatal and post-abortion health care for women and girls, [18] in all circumstances, and on a confidential basis. [19]

4) PERSONAL STORIES
I needed an abortion. I didn’t want an abortion – I needed one. I have never met a woman yet who has had an abortion and ‘wanted’ one. Yes my circumstances were complicated, but then again for a woman who chooses to have an abortion the circumstances are always complicated. If they aren’t complex before she chooses, then the stigma, shame, secrecy and process of accessing an abortion, whether in the North or South of Ireland, will certainly complicate that decision for her.

I don’t intend describing my reasons for needing an abortion. I have always been concerned about the weirdness between a ‘good’ abortion and a ‘bad’ abortion. I don’t believe that some women need abortions more than others- if it is couched in a morally, then there are good and bad women and quite simply, that isn’t choice, it is judgement.

My decision to have an abortion was taken in what I can only describe as the best of circumstances. I had a supportive partner, I was already a mother and I was well informed on the issue of choice before I became pregnant. Nonetheless it was still necessary for me to take advice and consult with both a medical practitioner and family planning about my decision. They were extremely supportive, but I do recall the doctor saying, ‘I won’t put this on your medical record – no-one does.’ I don’t think she was making a moral judgement – she was stating a fact. Society has made it possible for
doctors to expunge what should be, routine medical procedures from medical records and erase them as indiscretions of some sort. Usually they are women’s records and usually they are something to do with sex and pregnancy, because when it comes down to it, despite all the advances we have made, women can’t really do as they please with their own bodies. So there is no record of my medical abortion. The records ‘record’ that it didn’t happen.

When I sought advice on my options, the counsellor was also extremely supportive and well informed. She didn’t try to influence me in any way. She presented the facts and explained the costs. I earn, what I consider to be, an average wage and balked at what it would end up costing. It struck me how anyone on a low income or on benefit could possibly afford that amount. At least I could put mine on my credit card for now and I did.

When I left the counsellor that day, I encountered the so-named ‘pro-life protestors’ for the first time. I hadn’t engaged with them but I knew they had paid close attention when I had entered the building that day, as they do with most women who use that same building. I was around 40 years old when I chose to have an abortion something it transpired, that the protestors had taken note of. There were three of them, two women and one man. As I left, one woman blocked my path and attempted to give me leaflets. I declined, at which point she told me that a woman of ‘my age’ was more at risk of getting breast cancer if I went ahead with an abortion. She went on to point out they could help and after a brief engagement with them, I went on my way. The protesters weren’t aggressive, they didn’t strike me as fanatical and they didn’t mention God once. What struck me afterwards was their ability to manipulate. I had seen their posters and display boards previously and knew they advertised all sorts of claims by quacks and medical hacks in far-away places, warning women of which particular disease they could fall foul of if they had an abortion. I knew their claims were nonsense, but afterwards I wondered what other stories they had and did they have range of tales for different ‘types’ of women? Did they take one good look at a woman and decide ‘Ok she’s forty, we’ll use the breast cancer one’. Did they take a good look at another that day and decide ‘Ok this one is young and vulnerable, we’ll use the ‘you’ll regret this for the rest of your life one’. Did they look at the woman who was with her mother that day and say ‘This is your grandchild your daughter is killing’. Having spoken to women who have accessed abortions, I stopped wondering – that’s exactly what they do and it isn’t protesting at all. It’s clever, it’s manipulative and it is interfering with a woman and her body. It is abuse.

I travelled to Manchester for my abortion a short while later and was accompanied by my partner. I lied to my employer. I planned my abortion for the Friday so I didn’t have to take two days off work and could use the weekend to recover. I had a routine surgical abortion under general anaesthetic and the staff at the clinic were professional, caring and understanding. It was as straightforward as it could be and after a number of hours, it was done and I was out in good time to get the flight home. Throughout the day, I had noticed a woman with Northern Irish accent and another with Southern Irish accent and surmised they had made the journey in the same circumstances.

I travelled back to the airport and had to wait quite a few hours for the flight home. Not long after, I began to feel ill. The painkillers hadn’t worn off, but I suspected that I might be reacting to the anaesthetic, as it was something that had happened in the past with a routine medical procedure. I was and within a short space of time, I was vomiting profusely, had a high temperature and eventually fainted. Needless to say, my partner was also upset and the attendant at the airport insisted I received medical help. He asked if I had ‘taken something’. I told him I hadn’t and declined any offer of medical help. I knew that I would have to tell them that I had some sort of procedure and given well-trodden journey made by many women before me, they would of course guess it was an abortion. I also knew that if I was too unwell, they wouldn’t let me fly. I became so ill, that my partner had to get me a wheelchair and for the next four hours, I sat in one of the airport cafes
beside a bathroom, going between the two and trying not to draw attention to myself. One of the women I had seen earlier in the clinic came in to the café and I saw her again on the flight home. We didn’t exchange smiles or friendly glances as you might do in other circumstances, but we both knew the other had had an abortion that day and it was best forgotten.

We eventually boarded the plane, but not before we drew the attention of the attendant, who asked if I was unwell and if I needed some assistance. I panicked at the thought of not being able to get on the plane, reach home and get into my own bed. The thought of another night, spent in a hotel and not in my own surroundings filled me with dread. I told the attendant that I seemed to have had some sort of bug and if I could sit at the back of the plane, that would be enough. After an uncomfortable flight, we eventually arrived home and I was never so glad to see it.

The next day, I woke up and felt better physically, but was incredibly angry and that anger has never left me. I wasn’t angry about the abortion, I wasn’t angry about being unexpectedly ill – that’s just one of those things and whilst unlikely, it happens. I was angry about what I was forced to go through to access an abortion. An unnecessarily complex, expensive process of secrecy, judgement and humiliation, all of which was compounded by the awful journey and being forced to travel. One where, following a surgical procedure I couldn’t even go back to my own house without waiting for hours before boarding a plane, all the while trying not to mention the discomfort and pain I was in. But that’s the thing – we don’t mention it. It’s an abortion. I thought about all the women who travel on their own and are forced to stay in hotels and hostels overnight. I counted myself lucky that at least I was accompanied and that I got home eventually.

A week or two later I listened to a male relative who travelled to England for a routine operation because he couldn’t access the service here. The NHS paid for surgery, paid for his travel and three night’s accommodation in a hotel for recovery. That was right, proper and the humane thing to do. I thought of the thousands of women who have or who will travel to England and elsewhere every year to access abortion and how their experience is so very different. Most of those women don’t want to tell their story, they don’t want to get on a flight, they don’t want to stay in cheap hotels or hostels, they don’t want to lie to their employers and their families, they don’t want to complain and they don’t want to talk about their pain or discomfort. They want to be able to access abortion in Ireland without the need to travel. Why is that so much to ask?

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