

Submission to the Joint Committee on Health

Safe Access Zones



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Health Service Executive (HSE) Oct 22'

The Health Service Executive has been invited by the Joint Committee on Health to prepare a submission with regard to safe access zones. We welcome the opportunity to make a submission on same to the Committee.

On the 20th December 2018, Termination of Pregnancy (TOP) became legal in Ireland when the Health (Regulation of Termination of Pregnancy) Act 2018 was signed into law by President Higgins. The decriminalisation of abortion within the parameters set out in the legislation, including up to 12 weeks gestation (subject to a mandatory 3-day wait), required a huge mind-set shift within the medical community. The timeline to commence provision of termination of pregnancy services by January 2019 was also hugely challenging. This, coupled with the identification of legal issues were contributing factors in not legislating for safe access zones as part of the enactment of the 2018 Act, as was originally intended.

The HSE is committed to the provision of high quality, safe abortion care across acute and community settings. The HSE faced significant challenges in introducing this service; bedding it down and supporting service providers, who often found themselves unsupported by elements within their own hospitals/area and targeted by anti-abortion individuals or groups.

Over three and a half years on, the TOP service has begun to settle with many now acknowledging TOP services as a normal part of healthcare provision. That said, each year a proportion of service providers and service users are subjected to harassing and intimidating behaviour from anti-abortion individuals or groups.

Currently, 413 GPs hold a contract for the provision of Termination of Pregnancy Services. Feedback from members of the HSE's Termination of Pregnancy, Clinical Advisory Forum, infers that many more GP's are willing to provide TOP services but fearful that doing so may attract protestors or result in them or their practices being targeted.

Eleven of the nineteen maternity sites are now providing termination of pregnancy services under 12 and over 12 weeks as prescribed in the Health (Regulation of Termination of Pregnancy Act) 2018. Since the introduction of the service, there have been frequent and sustained anti-abortion protests outside of many of the maternity hospitals providing TOP.

Maternity sites in Dublin have had some form of anti-abortion protests/activity on a weekly, if not daily basis since the commencement of the service in 2019. This is a practice that we have seen replicated in other regions at various intervals. This activity includes the display of religious images and messaging, graphic images of fetuses and in some instances physical and verbal aggression. There have also been targeted protests outside GP surgeries.

The detrimental impact of this behaviour cannot be overstated. In Ireland, the termination of pregnancy service has been integrated into overall healthcare provision. Women access a range of services in maternity sites pertaining to both planned and unplanned pregnancies with a spectrum of pregnancy outcomes. These anti-abortion protests, whether passive or active have a significant psychological impact and extend to those availing of services other than abortion services, including but not limited to, instances of pregnancy loss, stillbirth and early neonatal death.

In addition to service users, staff within primary and secondary care services have reported occasions where they have felt fearful on entering or exiting their work places directly related to the proximity and intensity of some anti-abortion protests. Termination of pregnancy services are being provided and sustained thanks to the commitment of a small number of dedicated staff who provide the service across the maternity and primary care setting. It is hugely distressing for these staff and personnel, who have committed to providing a safe, high quality termination of pregnancy service to be exposed to intimidation whilst going about their work. Access to abortion care will remain vulnerable in an environment where providers are threatened, harassed or subjected to intimidating behaviours.

We welcome the general approach set out in the scheme of the Bill. We particularly welcome that curtilage is not restricted to the providing premises but the environment housing the provider(s). We do however, see some challenges in enforcing the proposed safe access zones, which will require careful consideration, including:

- A. Policing safe access zones e.g. proving that a protestor knowingly encroached on a safe access zone vs misinterpreted the perimeter of said boundary;
- B. The requirement for a Garda presence to determine an offence and occurred, how can the service provider/user be assured that Gardaí will be available in a timely fashion;
- C. Management of repeat offenders;
- D. Proving harassment has occurred. Will the onus sit with the service provider or service user to complain or report the harassment?;
- E. Should/could a potential protestor/protesting group be required to submit advance notice of their intent to protest?

Once again, we would like to thank the Joint Committee on Health for the opportunity to prepare this submission on the topic of safe access zones.

**Health Service Executive
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