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**BY EMAIL**

The Health Committee Clerk  
Room 419  
Parliament Buildings  
Ballymiscaw  
Stormont  
BELFAST  
BT4 3XX

7 May 2021

Dear Committee Clerk

**EVIDENCE SUBMISSION – SEVERE FETAL IMPAIRMENT BILL**

1. This evidence is submitted on behalf of NIPSA which is the largest trade union in Northern Ireland representing over 41,000 members employed across the whole of the public service in organisations such as the Northern Ireland Civil Service and its Agencies, Local Government, Education and Library Boards, Health and Social Care Trusts, the Northern Ireland Housing Executive as well as a host of Non-Departmental Public Bodies (NDPBs). NIPSA also represents a significant number of members in the voluntary sector.
2. We recognise the diversity of opinion on Abortion amongst our membership. Policy expressed in this document, however, has been agreed through the well-established democratic procedures for making policy at the NIPSA Annual Delegate Conference.
3. NIPSA is opposed to the Bill and any attempts to restrict abortion access. As a member of the Women's Policy Group and supporter of the Alliance for Choice campaign we fully endorse their responses to the call for evidence.
4. We believe failing to provide abortion in the case of severe foetal impairment is a breach of human rights as set out by the CEDAW 2018. Paragraphs 85 and 86 of the CEDAW 2018 report are now law as part of the Northern Ireland (Executive Formation) Act 2019.
5. Having the choice to decide to have an abortion following a diagnosis of severe or fatal fetal abnormality does not discriminate against persons with disabilities. \*
  - When women and their partners decide to have a termination for foetal anomaly they do not seek to denigrate those living with disabilities, but are making the decision for their own reasons in their individual circumstances.

**Alison Millar** *General Secretary*

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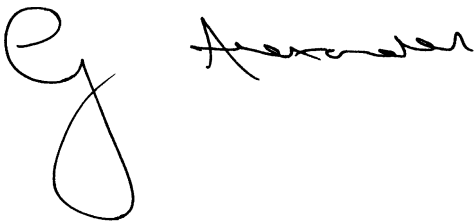
- Anti-discriminatory legislation is applicable to born persons, not the fetus in utero, with birth being the start-point of human rights.
- It does not violate the right of a person with a disability to not face discrimination and to have access to the care and resources they need.

*\*In 2016 the disabled political journalist Dr Frances Ryan stated that, “Forcing a woman to bring to term a disabled foetus against her will is not the way to support disabled people”, and that “any progress made in disability rights should never be off the back of women’s”.*

6. As highlighted by Alliance for Choice, there are many existing research reports and consultation responses on abortion law in NI, including the briefing paper for this Bill. Prior to the 2020 Regulations, the NI Assembly Department of Justice and Department of Health had commissioned a working group on Termination of Pregnancy for Fatal Foetal Abnormality. This led to the proposal of the The Abortion (Fatal Foetal Abnormality) Bill which ultimately collapsed along with the Assembly. Many of the points made by the working group, which was limited in scope to fatal foetal abnormality, can be applied to severe foetal impairment.
7. In particular, comments from healthcare professionals that ‘there are women who face risks to their physical health, mental health including acute trauma and distress and possible financial hardship, because they cannot access the health service they require in this jurisdiction’ is true for many people who need abortion care for severe foetal impairment.
8. Travel to GB for an abortion for a severe foetal impairment is unacceptable and not a solution. Healthcare professionals highlighted that where women and pregnant people travel to access abortion care in GB they had serious concerns ‘about the increased risk of harmful physical and mental health outcomes for women who travelled to other jurisdictions’. This is the experience of many people who travel to GB for abortion care that is not available locally. Currently travel includes an additional health risk of Covid-19. Where someone has to travel to GB for an abortion for a severe foetal impairment, they are less likely to be able to access support services such as bereavement care. Additionally, it is less likely that they will be able to have tests or a post mortem carried out on the foetus, unless they travel home without the remains.
9. These risks are the same for someone travelling to GB for an abortion after a Severe foetal impairment diagnosis, not only those traveling for care after a fatal foetal abnormality diagnosis.
10. Further, in the RAISE paper accompanying this Bill many of the human rights implications of the law are clearly set out, as well as a number of comments from healthcare professionals. We would urge members of the committee to consider the research produced by the Assembly which summarises not only the relevant human rights instruments relating to this Bill, but also the potential impacts of the Bill in exacerbating inequalities.

11. The paper is right to draw attention to the fact that were severe foetal impairment abortions not provided for, NI would be out of step with GB. Should someone choose to terminate a severe foetal impairment pregnancy, they would have to travel to GB for treatment, which currently would be funded by the UK Government. However, while the treatment would be funded, this would be in an unfamiliar location, away from support structures and their care team, with a limited referral pathway for aftercare. This is entirely at odds with the requirements contained in 2018 UN-CEDAW, which are now law as outlined above. The paper states 'Such a scenario would be a return to 'exporting the problem of abortions, which are unlawful in Northern Ireland, to other jurisdictions.', which is the crux of the issue.
  
12. Finally, the RAISE report highlights access to reproductive health services 'is closely linked to socioeconomic status and educational attainment – enactment of the Bill as introduced could therefore cause inequalities in these areas'. This Bill would impact not only the human rights of those who need an abortion following a severe foetal impairment diagnosis, but would also seep into other areas.

Yours sincerely



**GERALDINE ALEXANDER**  
**Assistant Secretary**

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