



Northern Ireland  
Assembly

Committee for Health

# OFFICIAL REPORT (Hansard)

Severe Fetal Impairment Abortion  
(Amendment) Bill: Committee on the  
Elimination of Discrimination against Women

8 July 2021

# NORTHERN IRELAND ASSEMBLY

## Committee for Health

### Severe Fetal Impairment Abortion (Amendment) Bill: Committee on the Elimination of Discrimination against Women

8 July 2021

**Members present for all or part of the proceedings:**

Mr Colm Gildernew (Chairperson)  
Mrs Pam Cameron (Deputy Chairperson)  
Ms Paula Bradshaw  
Mr Jonathan Buckley  
Mr Gerry Carroll  
Mr Alan Chambers  
Ms Órlaithí Flynn  
Ms Cara Hunter  
Ms Carál Ní Chuilín

**Witnesses:**

Ms Louiza Chalal	Committee on the Elimination of Discrimination against Women
Ms Cindy Mehala	FLEX Language Services

**The Chairperson (Mr Gildernew):** I welcome Ms Louiza Chalal, a member of the Committee on the Elimination of Discrimination against Women (CEDAW). She joins us from Algiers. Good morning, Ms Chalal [*Pause.*] We are not hearing you yet, Louiza. I can see you, but I cannot hear you.

**Ms Louiza Chalal (Committee on the Elimination of Discrimination against Women):** Good morning, Mr President. Can you hear me now?

**The Chairperson (Mr Gildernew):** I can indeed. Tá fáilte romhat. You are very welcome.

We are also joined for the meeting by an interpreter, Cindy Mehala, from FLEX Language Services. Can you hear us, Cindy?

**Ms Cindy Mehala (FLEX Language Services):** Yes, I can. Good morning, everyone.

**The Chairperson (Mr Gildernew):** Good morning, Cindy. I can hear you, but I cannot see you as yet. We will carry on. As long as we have the audio, that is the main thing.

I welcome Louiza and Cindy to the Committee. Louiza, will you give the Committee a short presentation and then take some questions?

**Ms Chalal:** Good morning, all. Can I speak in French, please?

**The Chairperson (Mr Gildernew):** Oui. Très bien.

**Ms Chalal:** Je peux commencer, Monsieur le Président?

Can I start, Mr President?

**The Chairperson (Mr Gildernew):** Oui. Yes, do.

**Ms Chalal:** Voilà, alors, je vais être brève parce que vous avez déjà reçu mon commentaire par écrit.

I will be brief, because you have already received my comments in writing.

**The Chairperson (Mr Gildernew):** Can I ask Cindy to increase the volume? It is a little difficult to hear. I can also hear typing.

**Ms Mehala:** Is that better now?

**The Chairperson (Mr Gildernew):** Yes.

**Ms Chalal:** May I continue?

**The Chairperson (Mr Gildernew):** Yes.

**Ms Chalal:** Je vais me focaliser sur l'avortement dans le cas de malformation foetal grave. Alors, le comité recommande systématiquement aux États parties de légaliser l'avortement en cas de malformation foetal grave et de le décriminaliser dans tous les autres cas. Le comité précise qu'il s'aligne sur le comité des personnes handicapées pour condamner les avortements sélectifs en fonction du sexe et du handicap. Le comité recommande aussi dans ces dialogues constructifs la reconnaissance par les États parties de l'autonomie reproductive des femmes. Le fait de refuser un avortement constitue une violation des obligations des États parties envers la CEDAW.

I will focus on abortion in cases of severe fetal impairment. The committee systematically recommends legalising abortion in cases of severe fetal impairment and decriminalising it in all others. It aligns with the Committee on the Rights of Persons with Disabilities (CRPD) in condemning selective abortion on the grounds of sex, gender or handicap. In its dialogue, the committee also recommends respecting freedom of choice for women concerning maternity. Refusing an abortion in the cases recommended by our committee constitutes a violation of the obligations of state parties under CEDAW.

**The Committee Clerk:** Sorry, it seems that we have lost the interpreter from the call. We will try to get her back on.

**The Chairperson (Mr Gildernew):** OK, we will pause for a moment, Louiza. We will not suspend the meeting; we will await getting the interpreter back on the line.

**Ms Chalal:** OK. Thank you.

**The Chairperson (Mr Gildernew):** I think we have Cindy back on the line. Louiza, will you repeat your previous sentence?

**Ms Chalal:** Je disais que le fait de refuser un avortement et dans le cas d'altération foetal grave, dans le cas de malformation foetal, constitue une violation des obligations de l'État partie envers la CEDAW. Le fait de refuser un avortement porte atteinte à l'autonomie reproductive des femmes. Mais violent les droits à la vie privée et à l'égalité, ainsi que les droits à la vie, à la santé et à la protection contre la torture ou les mauvais traitements. Alors, il incombe uniquement à la femme enceinte la décision de poursuivre sa grossesse, même en cas de malformation foetal. La convention relative aux droits des personnes handicapées est très claire sur le fait que l'avortement devrait être disponible dans les cas de déficience foetal.

The fact of refusing an abortion in the case of a severe fetal impairment constitutes a violation or a breach by a state party of CEDAW. It breaches private life and equality, the right to life and health and

protection against torture and ill treatment. It is a decision that only the woman can make to pursue her pregnancy in the case of severe fetal impairment. The Convention on the Rights of Persons with Disabilities is clear on the fact is that abortion should be available or be an option in the case of severe fetal impairment.

Je ne vais pas vous relire la déclaration conjointe du CEDAW et du comité des personnes handicapées, mais si vous le désirez je peux le faire.

I will not read again the declaration of CEDAW and the Committee on the Rights of Persons with Disabilities, but I will if you wish. I mentioned it in the comments that I submitted to you.

**The Chairperson (Mr Gildernew):** Oui. That is fine. We have your papers in front of us, so we can see those comments. We do not need to go over them all today.

**Ms Chalal:** OK. Bien. Alors, lorsque je me réfère aux conclusions de l'enquête menée en 2018 en Irlande du Nord sur l'accès à l'avortement, nous constatons aujourd'hui, que l'accès à l'avortement en Irlande du Nord reste problématique, surtout dans les cas de malformation foetal grave. Les structures obstétricales en Irlande du Nord ainsi que le dépistage prénatal sont peu nombreux et ne disposent pas de moyens adéquats.

I refer to the conclusion of the inquiry conducted in Northern Ireland in 2018 on access to abortion. We realise that access to abortion in Northern Ireland is an issue today, especially in cases of severe fetal impairment. The obstetric structure or services for abortion and screening for pre-birth diagnosis in Northern Ireland is insufficient. There are no adequate ways to do it.

Les commentaires que je vous ai envoyés sont basés sur deux arguments. Dans l'esprit du droit international des droits de l'homme, l'accent est mis sur la mère en tant qu'individu ayant des droits plutôt que sur son rôle social d'appareil reproducteur. J'ai également indiqué que supprimer l'accès à l'avortement en cas de malformation foetal grave constitue une violation des obligations du Royaume Uni au titre de la convention CEDAW.

Mr President, the comments that I sent to you are based on two arguments. In the spirit of human rights, the emphasis is on the mother as an individual having rights rather than on her social, reproductive role. I have also said that the suppression of access to abortion in cases of severe fetal impairment constitutes a violation of CEDAW by the United Kingdom. That is why I propose reducing the scope and examining, case by case, abortion in cases of severe fetal impairment.

I am sorry about my English. It is not my mother tongue, but I am trying.

**The Chairperson (Mr Gildernew):** Mais oui.

**Ms Chalal:** May I go on?

**The Chairperson (Mr Gildernew):** Oui.

**Ms Chalal:** I believe in the option of having case-by-case consideration and that severe fetal impairment and serious handicap should be defined. The obligation for pre-birth screening is also an issue.

There is no need for me to read over the information, because I have already provided it.

Cette approche est réconfortée par la réalité qu'il est décrit le document Research and Information Service Bill Paper du 5 mars 2021, mais peut-être je peux ne pas vous le lire. Je vous ai donné les chiffres qu'il y avait dans ce papier. Je peux ne pas relire

**The Chairperson (Mr Gildernew):** Given that we have the papers in front of us, it may be a good idea to move as soon as we can to members' questions.

**Ms Chalal:** Oui mais s'il vous plaît, je n'ai pas fini mais bon puisqu'ils ont mon papier. Pour les questions, si ne peux pas répondre maintenant, est ce que je peux les envoyer par écrit.

I am not finished, but I know that you have my comments in the submission. If I cannot answer your questions straight away, may I send the answers by email?

**The Chairperson (Mr Gildernew):** Yes, that is fine.

**Ms Chalal:** Mais je voudrais mettre l'accent sur mes interrogations à la fin de ma soumission.

I would like to emphasise the questions at the end of my submission, because I have some issues to raise on them.

**The Chairperson (Mr Gildernew):** Go ahead, Louiza.

**Ms Chalal:** Je voulais savoir si le ministère de la santé avait élaboré des orientations pour l'Irlande du Nord en collaboration avec les organismes de réglementation et les organismes professionnels pour clarifier ce que l'on entend par déficience fœtal grave et de sérieux handicaps. Je crois savoir, je ne suis pas obstétricienne, que le diagnostic —. Je voudrais savoir si un diagnostic d'anomalie fœtal est souvent posé aux alentours de la vingtième semaine de grossesse, est-ce que le dépistage est-il aujourd'hui suffisant en Irlande du Nord? Est-ce que l'Irlande du Nord prend en charge les personnes atteintes du syndrome de Down et autres handicaps? Si le projet de loi est adopté quel impact aura-t-il sur les femmes?

I would like to know whether the Health Ministry has given instructions to clarify what we mean by "severe fetal impairment" and "handicap". I am not an obstetrician, but I believe that a diagnosis of fetal impairment should be possible around the twentieth week of pregnancy if screening in Northern Ireland is sufficient. Does Northern Ireland help people with Down's syndrome and other handicaps? What will the impact be on pregnant women if the Bill passes?

Bon je vais m'arrêter la parce que j'attends les questions.

I will stop there. I am ready for questions.

**The Chairperson (Mr Gildernew):** Merci, Louiza and Cindy. On your final point, what supports will be required?

**Ms Chalal:** For the amendment?

**The Chairperson (Mr Gildernew):** No. You outlined that supports should be provided to women in those circumstances. Will you illuminate or elaborate on that?

**Ms Chalal:** Oui, non, mais parce que vous savez, du fait que l'avortement en cas de malformation fœtal grave est très difficile à diagnostiquer. Très souvent — il y a des statistiques — les femmes sont obligées de mener à terme leur grossesse et à la naissance l'enfant ou présente un handicap très grave ou meurt. Donc il faudrait d'abord disposer de services d'avortement très efficaces, très bien équipés et bien implantés sur tout le territoire de l'Irlande du Nord. L'accès soit légal, et les femmes puissent disposer de conseils et d'informations. Dans le cas où elles désirent poursuivre leur grossesse, même en cas de malformation fœtal grave, il me semble que l'Irlande du Nord doit également soutenir les décisions éclairées prises par les femmes et leurs cliniciens.

In cases of severe fetal impairment, the diagnosis is really difficult. Often, the woman has to take the pregnancy to term, and it is at birth that they realise that there is an impairment or handicap. Free, efficient and well-equipped abortion services should be put in place in all the territory of Northern Ireland. It should be legal to access those services, and women should have access to advice and information. In cases where they wish to continue the pregnancy, even in cases of severe fetal impairment, I believe that Northern Ireland should support the decisions that women and their doctors make in sound mind.

**The Chairperson (Mr Gildernew):** I want to get to members' questions.

**Ms Bradshaw:** Good morning. My question relates to the narrative on the rights of the mother and the rights of the unborn child where there are disabilities. Will you speak to how you looked at the human rights aspects around women and people living with disabilities?

**Ms Chalal:** Oui, mais vous savez le comité du droit des personnes en situation de handicap a développé toute une panoplie de mesures visant à protéger la femme enceinte handicapée et son enfant. Et même le comité des droits des personnes handicapées reconnaît la nécessité de rendre accessible l'avortement.

As the committee recognises the legal access to abortion, Northern Ireland should support people with disabilities throughout the pregnancy and guarantee that pregnant women have access to advice and support to help them to carry their pregnancies to term.

Regarding the child to be born, if the impairment or disability is not too severe and if Northern Ireland has the structures and places to welcome them and is ready to take on the mother and the child with disabilities *[Inaudible.]*

**The Chairperson (Mr Gildernew):** OK. Cindy, we need to keep it moving along, please.

**Ms Bradshaw:** Thank you.

**The Chairperson (Mr Gildernew):** Two more members have indicated that they want to ask a question. I will go to Carál Ní Chuilín first. Can we have a brief question and an answer that is as brief as possible, please?

**Ms Ní Chuilín:** Louiza, in your opinion the Bill that is in front of the Assembly contravenes disability rights and the rights of women. If the Bill were to pass, would it mean that the rights of women and access to healthcare would be denied?

**Ms Mehala:** Je n'ai pas compris, vous voulez bien m'expliquer?

Can you repeat the question, please?

**Ms Ní Chuilín:** If the Bill were to pass, would it contradict rights for the disabled and for women to access healthcare at the point of need?

**Ms Chalal:** Je m'excuse mais je vais vous répondre très franchement. Nous insistons sur la liberté des femmes, l'autonomie des femmes à disposer de leurs corps et de leur choix. Nous au comité on insiste pour que l'accès légal soit, l'accès légal à l'avortement, soit autorisé dans tous les cas et qu'il soit même décriminalisé. C'est la jurisprudence du comité.

I am sorry, but I will answer really frankly. We insist on the autonomy of women to dispose of their will and freedom. The jurisprudence of the committee is to give legal access to abortion in all cases and to decriminalise it in all cases. That means that the amendment would be seen by the CEDAW committee as a violation of Northern Ireland's obligations.

**The Chairperson (Mr Gildernew):** If members feel that their question has been misunderstood or they have additional questions or if we do not get to some members' questions, we can email those after the meeting and ask CEDAW to respond in that form.

**Mrs Cameron:** Good morning, Louiza. Thank you very much for being at our Committee meeting today. I am sure that you will be aware that my party, the DUP, has differing views on what is a sensitive issue, particularly in Northern Ireland.

**Ms Chalal:** Yes.

**Mrs Cameron:** We are absolutely clear in our belief that life starts before birth and that an unborn child of any ability has a right to life that is worthy of protection. I will ask you just one question, because it is quite difficult this morning.

**Ms Chalal:** Oui, effectivement.

Yes, indeed.

**Mrs Cameron:** CEDAW talks about approaching fetal impairment abortion on a case-by-base basis. Do you accept that that is impossible, given that "substantial risk" and "impairment" are terms that the medical profession has not clearly defined?

**Ms Chalal:** Merci, Madame Cameron. Je n'ai pas très bien compris la question parce qu'il y a des coupures de son. S'il vous plait, une question un peu plus courte pour que je puisse vous répondre directement.

Thank you, Mrs Cameron. I am so sorry: I did not really understand the question well because the sound is breaking up. Can you please ask a shorter question so that I can answer you directly?

**Mrs Cameron:** OK. I will try again. Do you accept, given that the terms "substantial risk" and "impairment" are not clearly defined by the medical profession, that dealing with fetal impairment abortion on a case-by-case basis may be impossible?

**Ms Chalal:** Oui, j'espère avoir bien compris. Je vous remercie de votre question. Il me paraît indispensable de définir ces deux concepts pour pouvoir étudier l'avortement sur une base au cas par cas. Dans le cas contraire ce serait impossible. Je sais que c'est difficile parce qu'en dépit des progrès scientifiques, il n'y a toujours pas de définition. Le corps médical ne sait toujours pas entendu sur une définition. C'est pourquoi il me paraît impossible.

Thank you for that question. It is essential to define the two concepts. I know that it is difficult. In spite of the scientific progress, there is still no definition from the medics. That is why it seems to be impossible.

Mais ce n'est pas la seule condition, parce que je parlais aussi du dépistage anténatal. C'est impossible d'accepter d'adopter cet amendement dans ce cas-là. D'autant plus que c'est un mauvais signal, un recul du droit des femmes. C'est tout ce que j'ai à dire. Voilà merci.

It is not the only thing. I also mentioned the pre-birth screening. It is not possible to accept the amendment in this case. It is not a good signal. It is a step back with regard to women's rights. That is all I have to say. Thank you.

**Mr Buckley:** Thank you, Louiza. As Pam said, my view differs substantially from that of CEDAW. I will keep it brief. Does CEDAW accept that its position in the 2018 report, suggesting that the state can tackle negative stereotypes despite women retaining autonomy to abort a severely disabled baby, is conflicting?

**Ms Mehala:** Sorry, Jonathan. Can you repeat the question, in just one sentence, if that is OK?

**Mr Buckley:** OK. I will speak briefly.

**Ms Mehala:** Thank you so much, Jonathan.

**Mr Buckley:** Does CEDAW not accept that its position in the 2018 report, suggesting that the state can tackle negative stereotypes despite women retaining autonomy to abort a severely disabled baby, is conflicting?

**Ms Chalal:** Oui, mais je n'ai pas compris la question. Quelle est sa question ? S'il vous plait, la question?

I do not understand the question. What is your question, please?

**Mr Buckley:** Maybe it is *[Inaudible owing to poor sound quality]* translation, Chair. I can send it.

**The Chairperson (Mr Gildernew):** Maybe put that one via email, Jonathan.

**Ms Chalal:** Parce qu'on a un problème de son — il est hachuré.

Yes. We have an issue with the sound. You are breaking up.

**Mr Buckley:** I will have to submit it via email. That line is not working.

**Ms Chalal:** OK Thank you very much.

**The Chairperson (Mr Gildernew):** We will try to get a final question from Gerry Carroll to see whether that works. If it does not, we will ask Gerry to put his question in an email also. I will go to Gerry to see whether we can get a question from him.

**Mr Carroll:** Bonjour. Merci encore. Can you speak to the need for women with disabilities to get access to abortion and to have barriers removed so that they can get access to abortion?

**Ms Mehala:** Can you repeat the question, please?

**Mr Carroll:** No problem. Can Louisa speak to and address the point about women with disabilities needing access to abortion services?

**Ms Chalal:** Oui bien sûr, mais on demande leur consentement éclairé. On les informe avant. Je peux lui lire la déclaration conjointe CEDAW et Comité des droits des personnes handicapés. Regardez ce qu'il dit. L'accès à un avortement, sur et légal, ainsi qu'aux services et informations connexes est un aspect essentiel de la sante génésique des femmes, y compris des femmes handicapées. Avant toute chose, les femmes handicapées doivent avoir accès à l'information, les services conseils et doivent donner leur consentement éclairé, libre et éclairé

Yes, of course. We are asking for their consent, knowing that they have been informed in advance. I can read to you the declaration of CEDAW for people with disabilities *[Inaudible]* access to an abortion is sure and legal and informative connections. It is an essential aspect of the health of women and women with disabilities. Above all, women with disabilities should have access to information and advice services and must give their full and informed consent.

**The Chairperson (Mr Gildernew):** Merci. Thank you, Louiza, very much for your appearance. Cindy, thank you for your interpretation. The Committee will continue its deliberations on this. We thank you for agreeing to take further questions from members.

**Ms Chalal:** Merci.

**The Chairperson (Mr Gildernew):** Merci pour votre contribution aujourd'hui. Prenez soin de vous et au revoir.

**Ms Chalal:** Mr President, thank you very much for your kind words. I am at your disposal if you have any further questions. Please do not hesitate to ask. Thank you and have a good journey.

**The Chairperson (Mr Gildernew):** Très bien. Merci et au revoir.