

**PUBLIC HEALTH AMENDMENT (SAFE ACCESS ZONES) BILL 2020**

*Second Reading*

Resumed from 14 October.

**MR Z.R.F. KIRKUP (Dawesville)** [7.01 pm]: I rise to talk about the Public Health Amendment (Safe Access Zones) Bill 2020. At the outset, I indicate that the Liberal Party has resolved that its members will deal with this bill as a matter of conscience. As such, although I am the lead speaker for the party, there is obviously no resolved position for me to take the lead on. With that in mind, I rise to support the bill. This legislation will go some distance to make sure that we address the concerns raised in the consultation process with the Department of Health by people who have gone through a significant and lengthy campaign to implement safe access zones across Australia.

Safe access zones were not necessarily something that I was familiar with when they were initially floated by the Minister for Health when he first spoke about this issue on 23 February 2018. Since then, I have read a significant number of reports, including those produced by the Department of Health. Marie Stopes Australia, the University of Queensland and the Australian Women Against Violence Alliance report titled “Safe Access Zones in Australia: Legislative Considerations” provided a comprehensive outline of the Australian context for safe access zones, exclusion zones or bubbles as they are sometimes called in different states and territories, and a good level of understanding of what that looks like in each respective state’s context.

There are a couple of interesting variations in this legislation that we will get to this evening. I indicate that although the minister is not here, we intend to go into consideration in detail on this bill, which I think will happen tomorrow or the day after.

At the outset, I would like to thank the minister’s advisers for the briefings that were offered to the parliamentary Liberal Party. I would also like to thank those people whose work brought this legislation to the house, albeit in the context of COVID-19.

I am going to sneeze—I apologise in advance because it is coming and I can feel it.

**Ms A. Sanderson:** Into the elbow!

**Mr Z.R.F. KIRKUP:** I am definitely going to sneeze into my elbow. I am worried that it is going to interrupt my train of thought. I apologise. Excuse me.

**Ms M.J. Davies:** Look at the light.

**Mr Z.R.F. KIRKUP:** Look at the light?

**Ms M.J. Davies:** Yes; apparently it triggers something.

**Mr Z.R.F. KIRKUP:** Okay. Thank you very much, member for Central Wheatbelt.

**The DEPUTY SPEAKER:** Do you need something?

**Mr Z.R.F. KIRKUP:** I should be okay. Sorry. I will continue.

**The DEPUTY SPEAKER:** Tissues are coming your way, member.

**Mr Z.R.F. KIRKUP:** Thank you. It is a well-run machine. Excuse me for just a moment.

**The DEPUTY SPEAKER:** I do not know whether Hansard got that; you might need to repeat it!

**Mr Z.R.F. KIRKUP:** I apologise, Hansard. I will use hand sanitiser at the end of my speech. All right; we are back!

In the early stages of 2019—between April and May—the Department of Health undertook a process to commission the report that effectively became the basis for the proposal for reform that the state has taken up. I recognise that this is not an area with which I am particularly familiar. This is not my lived experience. I cannot talk to the feelings or trauma that people feel when they are beset upon or harassed when they access abortion services. As a male, I feel inherently nervous discussing this issue because, of course, this is not something that I can adequately cover; it is not an area on which I can speak with any volume of experience. I greatly respect and understand the wishes of those who feel confronted and concerned when they find themselves having to wade through a protest or something like that as part of the extensive process involved in seeking a termination or an abortion. Having to face that would be an immensely emotional experience at the very least, and not something done easily. Anything that makes someone feel ill at ease or confronted is something that the house should turn its mind to, and I think that is what this legislation does.

The report put together by WA Health, “Safe Access Zones—A Proposal for Reform in Western Australia”, speaks to a lot of the concerns. For what it is worth, it is fairly comprehensive, and I commend the department for its work in that respect. The report covers in a very simple manner, in terms of it being very easy to understand and to read, a lot of the concerns that were raised in what was one of the most significant undertakings in terms of community consultation. I note, in the department’s own words, that there has never been more community interest in or

Mr Zak Kirkup; Ms Mia Davies; Dr Tony Buti; Amber-Jade Sanderson; Ms Janine Freeman; Ms Cassandra Rowe; Mr Terry Healy

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more community consultation for a reform proposal than there was for this one, and I think that also obviously speaks to the concerns that are felt in the community and why there is a demonstrable need for legislation like this to be introduced.

I raised some concerns during the briefing, which I will also speak to here, that do not go to the intent of the legislation and what it is trying to achieve, but is about the signage or demarcation—I think that was the word used during the briefing—of a safe access zone. I realise that that will be raised during the implementation phase, but I would also like to raise it during this debate. The bill provides for a 150-metre exclusion zone and prescribes that any prohibited behaviours that occur within that zone will be illegal and, therefore, an offence. I will use Sayer Street in Midland as an example, as I am more familiar with that community, given that I grew up there. A 150-metre exclusion zone might not be easily understood by somebody who is entering or exiting that zone. The zone will change the type of offences that could occur in that geographical location. I raised some examples in the briefing that I have a particular concern about. One does not relate to what the legislation is trying to achieve, but concerns the idea that someone entering such an area might not be aware of it. I am not seeking that clinics be advertised or for their identification to be particularly pronounced, but I think that there could perhaps be a regulatory sign that states that a safe access zone applies to an area. The sign does not have to say what it applies to or that it applies to a clinic, but when a person enters a street in, say, Midland, they might not know when they have passed over the threshold. Particularly for a community like Midland—I am using that as an example—which might have a vexatious relationship with the law from time to time, or things might not be so clear or people might not be so familiar with all their legal obligations, I think it is really important that people clearly understand when they enter a zone like that.

I appreciate it is something that we flagged with the advisers who indicated it would be looked at in the implementation phase, but there is some merit in the application of signage or something like that. I will draw a good example that would otherwise be relatively innocuous. Understandably, one element of prohibited behaviour is the recording and streaming or recording and sharing of people entering the clinic. I completely understand the merits of that provision and why it is required. For example, particularly younger people are often on their phones—more often than not they are using TikTok or streaming something like that—and the moment they enter that area, their videorecording will be an offence for which they could become the subject of police attention. Although the police have to prove that there was intent, the very act of recording could bring them into a frame that when they were 150 metres away from the clinic, it was not a problem or an area that the law paid any attention to, assuming that they were otherwise acting lawfully. I think there is a need there. I do not know whether it needs to be prescribed in the legislation. I do not think that is the case, but we need an area that people understand is a special zone. That is what we are trying to achieve with this legislation.

The legislation also provides protection for people who are being harassed as they go to a clinic. If someone is still harassing them once they go past a certain point, it is an illegal activity, and they can say, “You have entered an area where you should not be doing that.” The individual who is being set upon, harassed or impeded in any way by a someone would know that they had entered an area that has different legal ramifications for the person doing that to them. They could talk to the police about what that looks like or something thereabouts. I appreciate it is a very simple aspect of the bill. It is a minor part of a bill that seeks to provide some protections as otherwise prescribed. To give an idea of what those protections might look like, it might be prudent to define an area on the ground physically.

I will continue to use the Marie Stopes clinic on Sayer Street as an example, because I am not particularly familiar with the Nanyara Clinic in Rivervale. Across the road from the Sayer Street clinic is a centre for, I think, autistic children. Understandably, provisions in bill provide that a safe zone can be 150 metres across the road. That makes a lot of sense to me. I understand that they can also exist on private property. There are a number of implications here. Although there has to be intent—I think that is understandable—people through no fault of their own could engage in other activities that would attract the attention of police. I think that can go sideways very quickly in a place like Midland where people sometimes have a vexatious relationship with the law. To make it easier, there needs to be clarification in terms of signage or something so that people do not come to the attention of police or something like that. I note that in other jurisdictions that exists in some way, shape or form. I also note that permits for protests and the like can be provided already through the Western Australia Police Force. I appreciate that particularly during COVID, as I understand it, the number of people at protests has thinned out. In terms of proximity to the clinic, a greater distance has been applied to protests during the COVID state of emergency. The government is seeking a more enduring legislative mechanism tailored to this particular instance.

**Ms A. Sanderson** interjected.

**Mr Z.R.F. KIRKUP:** I appreciate that. I did not know that. Member for Morley, I think the enduring legislative mechanism that the government seeks to bring about will deal with those inconsistencies on how the permits are sought, gained or not gained at all.

Concerns are raised in the article by Marie Stopes Australia, the University of Queensland and the Australian Women Against Violence Alliance about the strengths and weaknesses of particular states’ contexts. The article states —

The legislation in Queensland goes a step further by providing the additional power, at the Minister's discretion, to prescribe an area smaller or larger than the default 150 metres. This provides for flexibility to reduce the size, for example where a termination service premises is located close to an accepted place of demonstration, such as Parliament; or to increase the size of a safe access zone where, for example, the nearest bus stop is a 200 metre walk away, the zone could be extended to 200 metres from the termination service premises. This model was recommended by the Queensland Law Reform Commission ...

I note that currently there is no capability in this case for the minister to provide that. That is probably because at the moment 88 per cent of abortions are provided at two very fixed clinics that seem to attract the majority, if not all, the protests that we seek to make a prohibited behaviour. The legislation deals with it in only those two geographic contexts. If we were to see a clinic established somewhere else, I do not know whether there is much flexibility in this legislation. For example, a clinic might be put in the city centre or a busy environment where there might already be an established practice of protest. The Queensland Law Reform Commission thought it was a good idea to make sure that the minister has flexibility to scale up or to scale down to allow for future clinic locations, if any, and what that might look like if they were located in the vicinity of an area of accepted public demonstration, or, as the report goes on to say, if there was usual access to public transport, the zone could be extended to cover a bus stop. I do not know what that would look like in this instance, but the idea of providing the minister with some flexibility is not necessarily a bad thing. Once the house agrees that these zones should be established, what will that look like if things change—if it is not only the clinic on Sayer Street and the clinic in Rivervale.

With respect to the Western Australian-specific consideration, I found it interesting that the view expressed in not only the Marie Stopes report, but also the Department of Health's contribution to the proposal is that very clearly there is an overwhelming sense that the design of the Marie Stopes facility provides for the car park out the front so that people accessing the service have a maximum stand-off distance already. But that does not necessarily provide inherent protections. The distance from the car park to the front of the building seems like a very practical solution, but as was demonstrated in the contributions made to this debate, that is not always the case, and people continue to be confronted and the like. We have read records of people walking to the clinic or having their cars damaged and things like that. It makes sense to expand the exclusion zone to 150 metres.

I note that this bill is largely modelled on the Victorian legislation, which has since been upheld in the High Court. As long as we can see that the legislation has been validated by the High Court, which has said it is lawful for Victoria to implement its legislation, it makes sense for us to do that here.

The other concern I raise is that this legislation has come at a time when we know it will not pass this house at all. It is not priority legislation for the government in the Legislative Council. In recent weeks in this place, time has been spent on the government's other legislative priorities. I appreciate that there has been a COVID overlay and we have had a lot to deal with. Thirteen or 14 bills have been dealt with as COVID priority legislation. This bill was flagged by the minister in February 2018 as something the government would look at. It was about a year, not until 2019, before the Department of Health started its consultation process. It was a relatively expeditious consultation process between April and May. Then we had the proposal for reform and the government decided to take it up. I understand all that. Then COVID-19 intervened. I suspect we were also waiting for the High Court challenge, because that was happening at the same time.

**Mr R.H. Cook:** That's right. We were sitting on our hands while that happened.

**Mr Z.R.F. KIRKUP:** I appreciate that. Those are the contexts that governments have to face when they come up with a legislative process. This bill might pass through our place but it will not pass through the Legislative Council during this term.

**Mr R.H. Cook:** Surely you have sway there.

**Mr Z.R.F. KIRKUP:** Minister, the government is seeking to get through 16 pieces of legislation in the Legislative Council. I am aware that this legislation will survive through to the forty-first parliamentary session. I do not know where that puts it in terms of it becoming law; maybe it will become law in the middle of the year if the government has competing legislative priorities. Other bills have taken precedence ahead of this legislation and we might not deal with it until the middle of next year. I do not know what that means. Although it is an important exercise to talk about the legislation, ultimately it is not good that it will not pass through this Parliament. That is not a good measure. Perhaps the government should have introduced the bill, proceeded through to the second reading contributions and then waited for the High Court decision. Alternatively, the government could have rolled the dice, as it has done with legislation in the past, and waited to see whether it would be the subject of a legal challenge. That could have been done. We are not dealing with that; we are dealing with the legislation that is before us and, as I said, I support it. Liberal Party members will be allowed a conscience vote on this bill. I do not want to take up

any more of the house's time. I look forward to hearing other members' contributions. With that, I commend the bill to the house.

**MS M.J. DAVIES (Central Wheatbelt — Leader of the Nationals WA)** [7.21 pm]: I rise on behalf of the Nationals WA to contribute to the debate on the Public Health Amendment (Safe Access Zones) Bill 2020. I clarify that Nationals members are allowed a conscience vote on every piece of legislation that comes to this place but on this occasion, our party is supportive of the legislation. One of the things that differentiates our organisation from others is that members are able to represent their electorate first ahead of the party line and in matters of conscience, and that gives our members of Parliament the opportunity to always act in the best interests of their constituencies and the values that they bring to this place. Given that we are a relatively similar group of people on the majority of occasions, we end up voting in a similar way. On this occasion, the party has discussed the bill and it is supportive of it as it has been brought forward.

I note that the report that was produced was easy to read and distilled in a way that encapsulated the key issues raised by stakeholders. With 70 per cent of the 4 000 responses indicating that they support the mechanisms that have been introduced in the bill, there is resounding support for the legislation. It was quite harrowing to read some of the commentary distilled from those 4 000 responses and how those who have accessed these clinics have felt about their interactions and experiences with demonstrators outside the clinics. When I read words such as “traumatic”, “stressful”, “overwhelming”, “awful”, “horrible”, “hard”, “scary” and “hurtful” and overlay them with what is already an extraordinarily difficult decision and action—once making the decision, it then becomes something that the woman has to do—I imagine that women would be deeply traumatised. For them then to be faced with people who are potentially being very vocal and physical towards them as they try to carry that out would be extraordinarily difficult.

My understanding from the second reading speech and some of the material that supported the bill is that the Western Australia Police Force issues around 40 permits a year for the express purpose of prayer vigils or protests outside these clinics. What surprised me most was that although the conditions are applied by the WA Police when they produce and issue the permits, there is no offence for breaching those conditions. Rather, it is up to the police how they deal with what they are faced with if they are called by a clinic or an individual, and they use an enormous amount of discretion. The driver for where this has occurred in other parts of Australia and around the world is the need for a message to say that we do not support harassment in any form and where there is a particular concentration of that, we need to give the police additional resources. It also sends a signal that such behaviour is unacceptable. We must remember that when women visit these clinics, they are already in a vulnerable and heightened emotional state; that is one trauma that we are trying to avoid. We also have to think about the staff who work at those clinics whose morals, values and actions are constantly questioned because that would become very demoralising and debilitating from a workplace health and safety perspective. I am quite sure that every person who works in those clinics goes to work thinking that they are providing an important health and community service that is much needed, and to have that thrown in their face every day would be extraordinarily difficult. We need to remember that it is not only the individual who deals with very challenging circumstances, but also the staff of the clinics.

The solution that is being offered is to add new provisions to the Public Health Act 2016. As I understand it, the bill is modelled on similar provisions in Victorian legislation, which have withstood a High Court challenge. It was probably inevitable that something like that would happen, given that people see it as an imposition on their freedom to protest. Are we not lucky that we live in a nation that allows us to express our views? This is a sensible solution for the protection of and safe access to places such as GP clinics, clinics that expressly provide fertility and family management and family planning, public and private hospitals and outpatient services. I do not know whether the minister anticipates any others. I do not know what the experience has been in other jurisdictions, but it seems sensible that those places are covered under the legislation.

I understand that the government had to pick a number, but the 150-metre boundary will have some application issues in some cases. Hopefully, some commonsense will be applied. The moment that we set a rule, someone sets about trying to discover how to get around it. That is why the tax legislation is, for the benefit of *Hansard*, this big. Every time a law is created, people are of a mind to see whether there are loopholes or ways to get around it. In the spirit of what the government is trying to do, the 150-metre boundary is a sensible suggestion. From a legislative point of view, it will create the prohibitive behaviours and we do not have any issues with that.

I also echo the comments of the member for Dawesville. I am sure that the minister will put on record why it has taken this long for the legislation to reach this house. Ultimately, it will not pass through both houses; it might go through our house, but it will not go through the Legislative Council. It is slightly challenging to understand why that is the case when we have been dealing with issues such as wheel clamping and puppy farming. I would have thought that given that this legislation was flagged very early on in the piece—wheel clamping was not an election commitment—the government would have pursued this bill and seen it go through so that it could legitimately stand and say, “We have pursued this and we’ve delivered it because we promised it and it is also a good public

health outcome.” Given that people are broadly supportive of it, I am not sure that there would have been too much opposition from this side of the house.

I have looked at other jurisdictions that have introduced similar laws. The High Court decision has validated the laws that were introduced in New South Wales. Incidentally, those laws were co-sponsored by the Labor Party and the National Party in New South Wales—that was Labor MP Penny Sharpe and Nationals MP Trevor Khan. There is sometimes a view that the National Party is predominantly a socially and very conservative organisation but my experience is that it is a far broader organisation than people give its members credit for. We have been involved in some very progressive debates and have supported legislative change to support better community outcomes and to create a more tolerant and inclusive community. I am very proud of that, particularly from a Western Australian point of view. I see that also in my colleagues in other states and amongst some of our MPs at a federal level. I just wanted to put on the record that the process in New South Wales was driven and brought to bear by a Labor Party MP and a National Party MP. Sometimes people need to take a second look at what the Nationals stand for because the assumptions are often incorrect. Most often, my members of Parliament are here to make sure we get a more tolerant and inclusive community and are always willing to consider legislation that will help put that into effect.

The offences and penalties in this bill are not insignificant—imprisonment for one year and a maximum fine of \$12 000. I am assuming that imprisonment for one year is also a maximum penalty. That is consistent with the penalties in the Criminal Investigation Act 2006, which is the same as the penalty for breaching a move-on order. The report published by the Department of Health as part of its review noted that this penalty falls somewhere within the mid-range when compared with other jurisdictions. Perhaps the minister can talk a little bit about how the government arrived at that penalty. We are not the highest but we are not the lowest; that usually stands the government in a fairly defensible position, but maybe the minister can provide some explanation for how that was arrived at.

I will finish by saying that the decision to have an abortion is a deeply personal one. The reasons that women require that service are many and varied. Only a woman who is pregnant and the people whom she trusts intimately are entitled to make that decision. There are many reasons why women make that decision. The Department of Health report outlined some of them, including health comorbidities, genetic reasons, congenital abnormalities, and cases of sexual abuse. It also may be that the mother simply does not want a child or does not want to be pregnant. These are very difficult and confronting decisions for those who believe abortion should be illegal, but it is not, and that is absolutely not what the debate here is about—it has not been since 1998. It has been legal in WA since 1998, so we must be able to make the process of women accessing those services as safe as possible.

I cannot imagine, having gone through the process of making the decision, taking up the gauntlet to access a legal health service. I have read media articles about people who have provided evidence in other jurisdictions of being called a murderer. People do not need to be yelled at or harassed to feel traumatised. I read one example about a young woman who explained how scared she already was before she faced a group of people outside the clinic that she was visiting. They were not yelling, but she said she got out of the car and saw one man she will always remember: “He looked at me as I got out of the car and just stared at me and then put his head down. I felt like a completely unacceptable human being. It added a lot of pain to something that was already very painful.” Obviously, it was deeply traumatic at an already deeply traumatic time.

From our perspective, if this legislation provides a safer space for women and the people who are supporting them to pursue that health service without that trauma, I think that is a good thing for this Parliament to have discussed and supported. We support legislation that not only sends a message that we do not tolerate that kind of behaviour, but that it also sets some boundaries in understanding that we respect people’s right to protest—that is a right of every Australian—but it needs to be done in a way that does not unnecessarily impact on people’s lives at an already very traumatic time. It will bring us into line with other states. I concur with the Leader of the Opposition in that the report has helped us understand why this bill is necessary. The minister has our support for this bill. If any other challenges or issues have arisen in other jurisdictions, we would like the minister to tell us how they have been remedied. It does not need to have been a legislative remedy—we are not proposing any changes on that front—but I am sure that experiences in other jurisdictions would be of interest to the chamber, as they have been in place for longer. If this bill gets to the Legislative Council, those things will already have been canvassed.

Could the minister also provide an understanding of how it might be rolled out with efficiency? With that, I offer the National Party’s support and look forward to the minister’s response.

**DR A.D. BUTI (Armadale)** [7.36 pm]: I also rise to contribute to the debate on the Public Health Amendment (Safe Access Zones) Bill 2020. I want to start by quoting from the minister. These quotes are from AAP General News Wire. The first one is dated 10 February 2020. I quote —

Mr Cook said women who make the difficult decision to end their pregnancy had their anguish compounded when harassed by protesters who regularly picket outside the clinics.

“Abortion is a legal process, it’s a very private process and it’s one that people should be able to undertake without the fear of being harassed,” he said.

An article of 12 March 2019 states —

“I can only imagine the distress a patient will experience when they arrive at a clinic to undergo a legal medical procedure and are confronted with a group of protesters,” he said. “I am in favour of safe access zones and look forward to West Australians having their say on the discussion paper when it is released in the coming months.”

In many respects, those statements by the minister go to the heart of the bill before us.

A very good article by Tania Penovic and Ronli Sifris was published in the *Cambridge International Law Journal*, volume 7, No 2 on pages 241 to 267. The article states, in part —

Abortion has emerged as one of the most contentious issues in international political debates around population and women’s rights. Efforts by women’s groups to advance consensus around safe access to abortion have been contested by countervailing voices within international civil society consisting of conservative religious groups sometimes described as transnational religious society or the Christian Right ... mobilisation at the international level to obstruct the recognition of women’s rights and direct action at the local level to impede their realisation ...

With regard to the religious right or the Christian conservative group, the minister would have received a submission from a group that is heavily involved in my area. I have a lot of time for the author of that submission. He is a very calm and measured individual; I just disagree with his submission. We always have a frank and honest conversation. He knows my view on that. People should be able to protest but it does not need to be done at or near an abortion clinic. It is a legal process. If people want the law changed, they can have an annual vigil outside Parliament House, advocate to the minister, write submissions to their local member or come and see their local member. These are legitimate political activities that I would not deny, because it is a very contentious issue, but it is a legal process. The trauma that women might be subjected to by a protest near an abortion clinic is something that we should try to prohibit, and that is what this bill seeks to do.

On the issue of abortion, I recall when I was starting out as a lawyer and I was still an articled clerk—maybe it was just after my articled clerkship—a young female who worked in the law firm spoke to me the day after she had an abortion, which at the time was illegal. The pain and trauma she experienced is something that will remain with me. I do not understand what is sought to be achieved by protesting outside an abortion clinic. It will not change the law. All it will do is traumatise the women who have gone to the abortion clinic. As the Leader of the Nationals WA mentioned, there are many different reasons why people will have an abortion, but probably 99 per cent of the time it is a very traumatic, difficult decision to make. It is a legal process. People should be able to go to a clinic and they should not be subjected to activities that might only traumatise them even more and make them question the decision. It would be highly unlikely that they would change their decision to have an abortion because of a protest, but the protest could have a severely traumatising effect on them. I do not understand the objective that these protesters seek to achieve. I do not agree with seeking to make abortion illegal; I think it should be a legal process. People can have their reasons for being against abortion, which are often based on religious principles. They can hold, advocate for, articulate and protest those views, but they should do it on the steps of Parliament House or by writing to or seeing their local member of Parliament or writing to the minister. That is what should be done. I do not understand the purpose they seek to achieve, as it will not be achieved. All it will do is traumatise females who go to an abortion clinic.

The first female justice of the United States Supreme Court was Sandra Day O’Connor. In one of the judgements she made—this was after *Roe v Wade*—she talked about how abortion is a woman’s choice, and that there should be no need for consent of the biological father because there may be reasons that the woman does not want to seek out or tell the biological father. There could be domestic violence issues and other issues at stake. I cannot remember the decision, but I remember reading Sandra Day O’Connor’s judgement. She was a conservative who was appointed by Reagan; she was not a bleeding-heart liberal as such. But that raises a point about the abortion debate in the US that I hope never happens here. I remember that when the minister first raised the possibility of doing this—we may have been in opposition; I cannot remember—I was a bit hesitant, because I am always concerned about politicising anything about abortion as I hope we never go down the same path as the US. About seven years ago I spoke to a Catholic priest who had spent eight years in the US. He was appalled by the way the anti-abortion movement operated in the US, whereby that was all that mattered for them. The classic example is Donald Trump. He can do anything. Once upon a time he was pro-choice, but he became very strongly anti-abortion for obvious political reasons. Because he is anti-abortion, he can get away with anything. About two weeks ago, a letter was published in *The West Australian* from one of my constituents, who wrote about all her criticisms of Donald Trump, but she signed off that, in any case, she was happy with Donald Trump because he is pro-life. I just hope that we never ever go down the route that America has gone down whereby it is such a divisive and political issue. That is why I was

a bit hesitant when the minister first raised this issue, but I think it is an incredibly important issue that we have to move forward with. I think it is fantastic that this bill is before the house.

As I said, abortion is legal. What are protesters seeking to achieve? People who protest want abortion to be made illegal or they are trying to make women who want to have an abortion rethink their decision, even though that is highly unlikely. What will generally happen is that the female who is going through a very difficult process will be traumatised by the protest.

As I think was mentioned by some of the other speakers, in some respects we are catching up. Tasmania was the first jurisdiction to introduce safe access zones, in 2013. The Australian Capital Territory followed in 2015, and in November 2015, Victoria passed its legislation, which our bill is modelled on. That is very important, and I will get to that shortly. The New South Wales legislation was passed in 2018. I do not think the New South Wales legislation has been part of the High Court —

**Mr R.H. Cook:** No, it was just Victoria.

**Dr A.D. BUTI:** It was Victoria and Tasmania.

Ours is near enough identical to the Victorian legislation. In another article, “Anti-abortion Protest and the Effectiveness of Victoria’s Safe Access Zones: An Analysis” from the *Monash University Law Review*, the authors Sifris and Penovic talk about protesters’ actions. It states —

Anti-abortion protesters have described themselves as sidewalk counsellors seeking to render assistance to women. This characterisation differs markedly from what we heard from interviewees. They spoke of the protesters’ unwelcome intrusions into the personal space of patients, staff and passers-by who were assumed to be patients or staff. Protesters would approach, follow or walk alongside people approaching clinic premises, dispensing brochures or plastic foetal dolls. Equating foetuses with babies, they would implore patients not to kill their baby or castigate them as murderers. Patients and staff would be chased, photographed, heckled, threatened and verbally abused. Some protesters would position themselves so as to prevent patients from exiting cars, and impede entry to clinics (or clinic carparks) and access along footpaths outside clinics. These tactics would provoke an aggressive response from some patients, but more often from protective friends or relatives who accompanied patients to clinics. Physical altercations involving protesters would sometimes require police intervention.

It also states that protesters come from all age groups, but they were generally from the older age group and generally men. It must be incredibly confronting for someone to have to endure a protest when they go to an abortion clinic. Obviously, we know what has happened in the US. I do not think anything similar to that degree has happened in Australia, but we have to do whatever we can to ensure any level of violence or threat is removed from the vicinity of abortion clinics. We have to hope that any debate about abortion—no matter where it is—does not result in violence. The impact of the protests also featured in the article. It states —

While women respond in various ways to being confronted by anti-abortion protests, it is clear that anti-abortion protests frequently have a negative impact on staff and patients entering and leaving clinics which provide abortion services. Such protests not only invade the privacy of women who are already in a vulnerable situation, but they also undermine the health and wellbeing ... of such women. One of the ways in which anti-abortion protests may undermine women’s health and wellbeing is by stigmatising abortion and the women seeking to terminate a pregnancy. Given that abortion is the only aspect of health care that is the subject of overt and explicit public protest aimed at preventing individuals from obtaining care, it is difficult to avoid the conclusion that such protests have a stigmatising effect.

I go back to the fact that abortions are legal. Women are being traumatised for engaging in an activity that is legal and protected by law. As I said, some people have very strong views about abortion. They can protest, but not in a situation that is only going to traumatise others. That will not have the effect of the purpose of their protest.

As was mentioned, the Victorian and Tasmanian legislation went to the High Court in the case of *Kathleen Clubb v Alyce Edwards*. It was held to be constitutionally valid. The issue is about whether having geographical restrictions is a breach of the implied freedom of political speech in the Constitution. We do not have an express clause in the Constitution about freedom of political speech, but it is implied. We could debate whether it should be implied, but I will leave that for another day. As I said, the Victorian and Tasmanian legislation was upheld as being valid.

Regarding the Victorian legislation in the High Court, the majority—Chief Justice Kiefel and Justices Bell, Keane and Nettle, who has just retired—upheld the constitutional validity of the communication prohibition, because it is a prohibition against communicating. Justices Gageler, Gordon and Edelman, who is Western Australian, declined to determine the validity question because they said that it did not involve political communication. Because Mrs Clubb did not establish that she was engaged in political communication, they did not have to go through the threshold question. The majority in that case held that three questions had to be answered. Firstly, does the law effectively

burden the implied freedom in its terms, operation or effect? Secondly, if yes to question 1, is the purpose of the law legitimate? In other words, does the law impose a burden as a consequence of pursuing some other purpose rather than having an illegitimate purpose of imposing the burden? Thirdly, if yes to question 2, is the law reasonably appropriate and adapted to advance that legitimate objective?

[Member's time extended.]

**Dr A.D. BUTI:** They found that although the implied freedom is burdened by the communication prohibition—the 150-metre geographical prohibition is a burden on the implied freedom of speech—the burden is slight because it is geographically limited, non-discriminatory and limited to the topic of abortions. In finding that the law served a legitimate purpose, they noted that the protection of privacy and dignity is consistent with the political sovereignty of the people of the commonwealth, which underpins the implied freedom. They agreed that it is a prohibition and it violates the implied freedom of political speech, but that is not absolute; the implied freedom of political speech is not absolute. As long as it passes the threefold question, it can be held to be constitutionally valid, which they did. That is important.

The High Court decision acknowledges that women seeking an abortion and those involved in assisting or supporting them are entitled to do so safely, privately and with dignity, without being harangued. That is very important in creating a safe environment for women to act on private decisions regarding their medical care. The court found that the purpose of ensuring women have access to abortion services in an atmosphere of privacy and dignity is a compelling purpose, which justifies a geographically limited burden on the implied freedom. In the Tasmanian case, which was found to be a substantial burden by Justices Gageler and Edelman, the court also reminded us that the implied freedom does not include a right to a captive audience—in this case, the patients seeking the health care that they need.

The issue of silent prayer has not been addressed. Could someone engaging in silent prayer still be prohibited within the 150-metre limit? Although that has not been decided, Justice Edelman's judgement would imply that it would also be justifiable to prohibit that within the 150 metres. That is understandable. One might ask how silent prayer could be considered something that can traumatised a person seeking an abortion. It can obviously be a factor. For a female who is going to an abortion clinic, if someone is outside in silent prayer, that sends a message. One message is that they are hoping that someone will save her. If they are praying for her, why are they praying for her? There is an implication that she is doing something wrong. In those people's eyes, she is doing something wrong. They are able to have that view, but the only purpose it serves is to traumatised that person who is going into the clinic. It is not going to change the law. Lawmakers will not change the law on abortion because someone is protesting outside a clinic.

It is interesting that during campaigns and elections, people from the so-called religious right automatically vote for generally conservative members of Parliament rather than Labor members because they think they are anti-abortion, but that is not true. John Howard was pro-choice. Probably more people on the conservative side of politics than on the Labor side of politics would be anti-abortion, but many conservative politicians are pro-choice. Many people on the other side of the isle here, including the lead spokesperson for health, the member for Dawesville, support this legislation. In many respects, we are thankfully not in the situation that America is in. In Australia, it is generally accepted that it is a settled law. People are trying to chip away at that, and this is one way to do it. People hold strong views on this and they need to be considered, but, ultimately, this is a legal healthcare procedure and people should not be traumatised as a result.

The foreword of the comprehensive Marie Stopes Australia document "Safe Access Zones in Australia: Legislative Considerations", which has been put out through the University of Queensland, was written by Professor Heather Douglas, who has done some fantastic work on family and domestic violence. I know I have read this already, but I want to repeat what that document says about the High Court case. It states —

It was held that safe access zones burden the implied freedom because communication about abortion, some of which will be political, is prohibited. This is evident from the relevant statutes. The legislation had a legitimate purpose to maintain the safety and well-being, and preserve the privacy and dignity, of persons entering and leaving abortion premises. The majority held that ensuring the protection of persons is 'in the interests of an ordered society' and is readily compatible to the system of representative and responsible government.

Then it sets out how the law has to be proportional. It continues —

A proportionate law will have a rational connection with its purpose and provide the means to realise the law's purpose. Achieving safe access to abortion services is clearly realised through the prohibition of certain conduct. A proportionate law must also be necessary. There is a history of ongoing activities by people who are opposed to terminations harassing or communicating near abortion premises which is likely



to continue in the future. It is, however, important that a law not be overexpansive, particularly where there are less burdensome alternatives.

It then refers, very interestingly, to the case. It states —

Kiefel CJ, Bell J and Keane J commented that the ‘anxiety and distress associated with accessing [abortion] services is not lessened during election campaigns. If anything the contrary is likely to be the case’.

The implementation of any safe access zone legislation must strike careful balance between considerations of freedom of political communication on the one hand and the need to protect women from harassment, surveillance and obstruction when accessing abortion services. Sensible and proportionate safe access zones have been effective in curtailing harassing and intimidating conduct in other jurisdictions.

That is what we have in this bill. It is a proportional prohibition that is not overexpansive and it is dealing with a legal activity. As I said, people will have different views and they can, of course, protest about that, but based on basic logic and sensibilities, in a civil society, of course, someone should have the right to protest. But those people have to look at what they are protesting against and where they are protesting. Supporters of the anti-abortion movement hold strong views, but they also realise the trauma that women experience when making this decision. Often anti-abortionists say that women make this decision because they are traumatised and they are making the wrong decision, but that trauma is elevated and exacerbated by people protesting outside abortion clinics. I understand that my friends in the movement opposed to abortion have very strongly held views on this. I do not agree with their views, but they are able to hold those views. I will never, ever agree that those people—a party or movement—should be protesting outside abortion clinics because that will not achieve the purpose that they seek to achieve. All it does is re-traumatise women who are seeking abortion.

Under international law, such protests are considered to be violence against women. Women have babies so it is a gender-specific crime. It comes under international laws related to the prohibition of violence against women. Protesting outside abortion clinics will not serve the purpose that they are seeking to serve, unless their purpose is to exacerbate the trauma those women go through. But I will think of the good angels and that that is not what they are trying to do. They are trying to change people’s minds, which is not going to happen. They are better off trying to change politicians’ minds, which I do not think is going to happen either, but at least that is a legitimate pursuit. On the back of everything I have said, I will not forget the 17-year-old girl who came to speak to me at work the day after she had an abortion.

**MS A. SANDERSON (Morley — Parliamentary Secretary)** [8.05 pm]: I also rise to speak on this very important Public Health Amendment (Safe Access Zones) Bill 2020, following the excellent speech by the member for Armadale. He is always thoughtful and his arguments are always very well put together. He has been more generous about the protesters outside abortion clinics than I will be. Many members have been quite gentle and generous about the people who traumatise women accessing a legal health medical service.

This bill essentially puts in place what is in place around the country—that is, a 150-metre exclusion zone, 24 hours a day, seven days a week, around a premises that provides pregnancy terminations. This legislation is modelled on the Victorian law, which has withstood a High Court challenge. I am not going to go into a lot of detail because it has been well covered by previous speakers. However, the real questions that people should quite legitimately be asking are: Why do we need this? We do not need this in Western Australia, do we? This does not happen in Western Australia! When I raise this matter, people say to me, “This doesn’t happen in WA.” When I tell them that that is exactly what happens in WA on a weekly basis, they are genuinely and deeply shocked. That is why a strong percentage of the people who responded to the Department of Health survey on safe access zones support them. Once we have learnt about what goes on every single week in Western Australia outside, certainly, the two main abortion clinics in WA, we could not continue to let it go on without taking some action. As the minister outlined, essentially, protesters are provided with permits around 40 times a year—that is every week. The clinics generally operate only one day a week. The protesters know exactly which day that is so that has meant that they are there every single week, every single time that clinic is open. They are particularly pestilent during Lent, when they spend 40 days camping outside the clinic, harassing women as they walk into the clinic.

A relatively new term, which I find deeply offensive, has been coined by the pro-life movement; that is, “kerbside counsellors”. That is what they call themselves. I have heard members in the other place call them that too. It is mind-boggling when I think of the mental gymnastics that they had to do to come up with that phrase. “Kerbside counsellors” implies that, firstly, these people are qualified as counsellors in any way to provide advice to women who clearly know what decision they are making; and, secondly, the fundamental principle of counselling is that it is voluntary—people seek it out. These women are not seeking out this information or their prayers. They are not seeking out any input whatsoever from these people. They have sought the input and the information that they require to make a very personal decision. I rail against that term. I find it deeply offensive.

The Public Health Amendment (Safe Access Zones) Bill 2020 does not limit people's right to protest. It is an absolute right to protest, and as someone who comes from the union movement and enjoys a good protest, I certainly did not support the extreme anti-protest laws that the Barnett government tried to introduce. The member for Armadale outlined it beautifully: they are not protesting in the correct place. They are not directing that protest in any functional way. They are harassing and traumatising women. Under this bill they will not be allowed to harass women. We know that they do not just sit there and pray, because we have had evidence from women to show that that is clearly not the case. The Western Australia Police Force frankly has better things to do than deal with these individuals who are making a nuisance of themselves and traumatising vulnerable women as they enter clinics.

Conditions apply to their permits, but there is no recourse for police to bring these people to account when they breach those conditions, and that happens regularly. They have banners; they often take pictures of women entering the clinics. They show disturbing imagery, they shout at people, they tap on car windows and shove brochures in people's faces and provide them with bags containing baby items and rosary beads—all in a futile attempt to deter women from making a decision that, frankly, has already been made.

In the minister's second reading speech he outlined some examples of women who had met with protesters, and I will run through that in a bit more detail, but some of the words used by those women are "traumatic", "stressful", "overwhelming", "horrible", "scary" and "hurtful". That is what we are seeking to stop through this legislation.

A woman's decision to terminate a pregnancy will be made for many and varied reasons. For many women it will be a very, very difficult decision; for some women it is not, and that is okay. It is their decision. There are a range of reasons that it happens, whether it is very early in pregnancy or a late-term abortion. There are legal mechanisms to abort in this country, with a process that is very clearly outlined by an ethics committee around the dangers to women and the viability of fetuses.

An organisation called Labor for Choice was formed a couple of years ago to promote a strong reproductive choice platform within the Labor Party. It is a national organisation, comprising mostly young women, which has done some really, really good and comprehensive work—work that had not been done in WA for a very long time. It had certainly not been done until this government came to power and the Department of Health began consulting on this bill. Labor for Choice surveyed Western Australian women on their abortion experiences. Most people are surprised to realise that there are only two abortion clinics in Western Australia, with a very small number of abortions carried out in hospitals under certain circumstances.

The process for accessing this legal medical procedure is actually incredibly arduous—much more arduous than accessing other medical procedures. By the time a woman has got to the clinic, she has already been through quite a process and seen many, many people and forked out an awful lot of money, by which stage she is quite a few weeks further on in her pregnancy than she had intended to be by the time she got to that point. For women to then meet these people at the clinic is an absolute insult to women who have made this choice.

There were around 440 responses to the survey, and they reveal a bit about the abortion journey for women. I will not go through all the questions, but essentially 64 per cent had contacted a general practitioner as an initial point of contact to seek advice on termination, and 22 per cent reported that their GP had refused to provide a referral. Seventy per cent of respondents had not been informed that the GP did not refer to abortion services before their appointment, and 43 per cent still had to pay for the appointment, just to add to the insult. Of the women who went to GPs, 26 per cent did not feel supported, and 88 per cent of women who followed through with the termination reported a significant strain on their finances to access the procedure. A very, very high number of women—91 per cent—agreed that Medicare should cover some of the costs. Unsurprisingly, 100 per cent of the women who responded supported some kind of safe access zone, because many of them had encountered protesters.

The survey also asked women to relate their experiences with the protesters, and I will read some examples. The first one states —

“On a day where I was already feeling highly emotional being called a baby killer really made me feel worse.”

Another states —

“It was awful. A friend who came along to support and drive me told me to ignore them. After I worried about the situation if I ran into these people in public, and if so, would they publicly shame me.”

Another answer states —

“A woman from a religious group approached me at the front of nanyara and tried to talk me out of the procedure, she gave me pamphlets and tried to convince my partner to take me home and to this day, that experience with her still gives me a lingering feeling of guilt although I had already made my decision final before I arrived. It should be illegal for people to do that to others in an already vulnerable, difficult state of mind and body.”

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Shorter responses included —

“It made me more upset”

And —

“It made me angry”

Women said it was very traumatising. I think this demonstrates a real need for this law to stop the re-traumatisation of women accessing a legal medical service here in Western Australia.

Abortion has now been legal in Western Australia for more than 20 years, and we have actually seen a decline in the overall abortion rate over the last few years, particularly in the younger cohorts. Sadly, that is not because of improved access to medical abortion, which I will talk about a bit later; it will be interesting to understand why the figures are declining. The fact is that the scaremongering of the pro-life lobby, which says that women will be out having abortions left, right and centre, is an insult to women and completely ridiculous. The reality is that the evidence shows that the majority of abortions are for women aged 25 and over, and the pregnancy has been the result of contraceptive failure. These are well thought out decisions, made by women who have in front of them two very difficult pathways. To assert, as is often asserted, that women make such decisions lightly, that it is just something that they do, is a deep insult to women, and really tells us a lot about what the pro-life lobby thinks about women.

I will talk a little about RU-486. A very small number of women access RU-486, and we all remember the kerfuffle caused by Tony Abbott’s intervention in providing a medical abortion in the very early weeks of pregnancy. The medical community and medical schools have a responsibility to better train doctors in this area. They do not understand the referral pathways; many of them would not know where the clinics are. They do not understand that there is a pathway, in some circumstances, to refer to public hospitals; they simply do not, whether they do not want to, or just do not know. There is very poor education around that. There are many reports of women who have gone to a number of GPs who have refused to provide a referral, and they have then ended up 17 or 18 weeks pregnant because they have not been able to find GP to refer them earlier in the piece, when it is a much simpler procedure.

We never like to put dollar terms on these things, but if we are talking about barriers to women, we are talking about a cost differential between \$800 or \$900 and \$4 500. That is crippling for women and there is a lot of evidence of women, certainly over the last few years, from Western Australia travelling into South Australia to seek that service because it is and has been so poorly provided for here, and that is a disgrace. That was one of the great shames of the previous government. The great disservice that the previous government did to women in this state was privatising Midland Health Campus and giving it to St John of God. That created a great big mess for this government to deal with and clean up and it created an unevenness in policy and access for women for their health care. The previous government knew full well that this Catholic organisation would not provide terminations or even family planning. It is my understanding that the organisation does not do advanced foetal screening. It will not do tubal ligations. It does not do vasectomies. It does not do basic procedures that are now well established and accepted in the community. The previous government said that it could fix that by letting people go to another clinic down the road. The previous government said that those young, vulnerable women who came in after a sexual assault, who could quite easily be managed within the hospital, could not access any of those services and women in other circumstances could just go to see a GP. The organisation does not even refer women on; it just cuts them loose into the community. That is exactly what it has done.

Due to a lot of agitation from the Labor Party, which has always had a strong position on women’s reproductive rights, the previous government thought that this issue was such a headache that it decided to give Marie Stopes Australia, down the road, \$1.2 million. The previous government thought it would beef up the clinics so that they could do not only the terminations, but also the tubal ligations, vasectomies and all the family planning stuff, and made it available for free if people lived within a certain set of postcodes. The previous government decided to provide it as a state government health provision as long as people lived in this list of postcodes.

[Member’s time extended.]

**Ms A. SANDERSON:** Essentially, that meant that a woman living in one street could access all those services, but if a woman lives in the next street, outside of that postcode, she will pay nearly \$1 000 because of the last government’s privatisation of the Midland Health Campus. That is locked in for 20 years! That put a massive target on Marie Stopes. It is no surprise that it has become worse over the last few years because the previous government pointed big arrows at this clinic. The irony of the protests is that they are protesting people who are going in for family planning! The protesters do not know what services people are going in for. That clinic provides a range of services.

Access to this legal medical procedure absolutely went backwards under the previous government. When we came into government in 2017, it was clear that a lot of the information provided to patients seeking a termination was completely outdated. A flyer produced under the previous Liberal government recommended religious-based organisations as genuine counselling options for women experiencing unplanned pregnancy. This included the

Pregnancy Problem House and Pregnancy Assistance, neither of which are qualified counsellors or healthcare providers but they were on state government material advising women on healthcare options. Pregnancy Problem House is registered as a charity under the banner of Living Alternatives, which is a Texas-based pro-life organisation.

**Ms J.M. Freeman:** Ugh!

**Ms A. SANDERSON:** Yes. I hope Hansard picked that up. I do not know how to spell that interjection from the member for Mirrabooka.

That has been rectified under this government and access to these services is being rectified under this government. People ask: Why is politics important? Why does it matter? It matters so much and one of the reasons that I am here in this place is to keep those reproductive rights alive for women because legislation is not needed to unwind government policy; many policy mechanisms are available to governments to narrow people's access, to put a foot on the neck of healthcare access for women in this state and that is what the previous government did. That is because we know who is running the Liberal Party in WA. I say this not purely from a party political point of view, but one of my greatest fears is the next Liberal government because things change. As much as I want to stay in government and do amazing things for the community, we know that politics is cyclical. I am terrified of the day that Nick Goiran is sitting around that cabinet table and actually has influence and control over women's reproductive rights. That day terrifies me and it should terrify every woman in Western Australia, quite frankly. He has what I would consider an unhealthy obsession with what women do with their bodies and an unhealthy interest in late-term abortions. When I have heard him speak about those circumstances, he lacks so much empathy for the women and the families who go through those awful and traumatic experiences. I hold genuine fears for the reproductive rights of women in this state, just as I do for maintaining a strong system of assisted dying, beyond any term of government that we might hold. That is why there will be women in this place, way beyond when we have finished in this place, still fighting for those rights.

I have a short anecdote. In the 2008 wave of the previous Liberal government there were a lot of members from church-based organisations. At the time, I said to Eric Ripper, "There's a lot of religious conservatives. We have to watch a whole bunch of things, including reproductive rights." He said, "Oh, we did that 20 years ago. That's done!" It is never done, and for these people it is never done. For people in the other place, it is never done. For the people in that place who are selecting their future candidates for the Liberal Party, it is never done. Therefore, we will never stop fighting for these rights and we will never stop fighting for the women who have to access these services in sometimes the most terrible circumstances.

The member for Dawesville asked the questions: why is it taking so long and why are we passing this now at the end of the parliamentary term when it is unlikely to pass the upper house? The Liberal Party has control of the upper house and it could quite easily smooth it through, as the minister said. But we have had an exhaustive legislative agenda in this government. It has been reforming. It has been bold. It has changed numerous aspects of our community and no-one can say that we have not passed large and significant amounts of legislation in this state. Now, I have waited 24 years to give this speech and I will gladly wait until the next term of Parliament, if we are successful, to give it again if that is what I have to do.

**MS J.M. FREEMAN (Mirrabooka)** [8.29 pm]: I rise to speak on the very important Public Health Amendment (Safe Access Zones) Bill 2020 and thank the previous speakers for their contributions. I concur with the member for Morley that, as progressive legislators, we need to ensure that we always maintain that legislation continues to be progressive, continues to respond to our community and continues to be fought for. That is certainly the case with women's access to safe and affordable abortions and their right to make those choices.

As members will know, two years ago I had the pleasure of interviewing Hon Cheryl Davenport and Diana Warnock—members can see a video of it on my website—on the twentieth anniversary of the passing of legislation that decriminalised abortion in Western Australia. At this stage, it gladdens me to be in this house and see the Leader of the House, the opposition and Nationals WA members stand to support this legislation, which will simply ensure that women have safe and appropriate access without hindrance and intimidation through safe access zones to services that are the reproductive and health rights debated in this house 20 years ago. I agree with the member for Morley that people say, "That's done now. It's finished." Yes, it is, and we are pleased with that. We appreciate it when all sides of Parliament agree with that, but I recognise that powers in and outside this house believe that some people should not have the right to choose and dictate to them about their reproductive rights. That is not on and it will never be accepted. We will always fight to ensure that all women have a choice around how, when and if they choose to have children.

The bill emphasises that right by stating it is a right that exists. That is resolved at this point. It is about ensuring that when women access that right, they have the capacity to do that without intimidation, harassment or having people vilify them effectively for the choice they are making. If those people want to have a political debate, they need to come into the political arena. They do not need to go into someone's personal life and attack their personal

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choices. If people want to protest, they should not protest against individuals who are making deeply personal and difficult choices; they need to make that protest through the appropriate avenues. Frankly, like the member for Morley, I say, “If that’s what you want to do, bring it on!” We are here and we want to debate it, but we will protect those rights for women because we believe that this is a health issue, not a legal issue. This is about ensuring people in our community are healthy.

This bill comes before us following extensive consideration through a public consultation process by the Department of Health. I thank it for that. I am sure that many felt quite enlightened by the process and to realise that there is huge support—70 per cent of people in the community—for safe access zones. Indeed, one of the things that Cheryl Davenport said in the interview—if members want to watch it, it is on my website—about changing the laws in Western Australia was that 22 years ago people were surprised, astounded and frankly bemused that it was not legal to have an abortion in Western Australia. The reaction was, “Get on with it. It’s fine. People have choices. I’m not going to judge other people’s choices. This is about people’s health, not my judgement of them.” She said it was really interesting that although the debate in this chamber was heightened depending on who was in the public gallery or outside Parliament House, the general community consensus was that it is a woman’s choice and it is between her and her doctor and her family. Interestingly, when one thinks about safe access zones, again, it comes down to the fact that if it is a woman’s choice and it is between her and her doctor, it is commonsense that she should be able to do that unhindered. It is practical that she should be able to exercise her choice without harassment. There is large community support and also support from the Australian Medical Association, the Public Health Association and the Royal Australian and New Zealand College of Obstetricians and Gynaecologists. There was also High Court scrutiny of the Tasmanian and Victorian cases. This bill comes before us with a whole body of work that says it is just the right thing to do.

Since the decriminalisation of abortion in Western Australia—although parts are still in the Criminal Code and perhaps we should think about that at some stage in the future—and women have had the right to choose, there have been demonstrations against that law in inappropriate places, such as outside clinics. I, like the member for Dawesville, went to see the Marie Stopes Australia clinic. I had not been there before. I had been to the clinic in Rivervale, which is on a suburban street in the community. Marie Stopes is a much bigger clinic, and because of the situation with the Midland Public Hospital, it does a variety of reproductive health procedures, including vasectomies, counselling and family planning. A whole bunch of people turn up at the clinic other than those accessing terminations. I was astounded to see that the protesters—the picketers trying to block people’s access—were just outside the gate of a very small car park. Frankly, that would be intimidating. A person making a difficult choice about their future and going to the clinic to have an abortion would feel harassed. I agree with the member for Morley that these are self-declared sidewalk counsellors. If a person goes to see a counsellor, they have chosen to see a counsellor. They have made themselves available and they seek their advice about how they are going to go forward. These people cannot aggrandise what they do. I know that in their heart of hearts they feel like they are doing something right. They are not. If people want to protest, there are places to protest. I am an ex-union official.

**Ms A. Sanderson:** It’s in the heart.

**Ms J.M. FREEMAN:** Yes, it is in the heart. I am like the member for Morley; I like a good yell and a protest, but I know that those protests have to be in a manner that is respectful of other people. We do not live in a country where we are not respectful of other people. For the last four years, we have watched a process in which people have lost respect for each other in terms of protest. I always maintain that one of the key reasons that I stand in this place is to uphold the capacity for people to express their points of view. I try to have an understanding of that. I believe that we should be compassionate in the way that we look at all views. Politics does not take me to the point of saying to someone, “You can display your heartfelt convictions by belittling, intimidating and persecuting someone else for their choices.” That is not compassion; that is judgement, and that judgement is wrong because that person is doing something that is their legal right. If people truly feel that protesting is their Christian duty, they should take that protest somewhere appropriate. Protesting outside clinics and behaving in a manner that is intimidating and threatening, waving brochures and trying to enter clinics with inaccurate and offensive material is not appropriate. I am not sure whether protesters have taken photos of people outside clinics in WA. The member for Morley is indicating that that has happened. That is just horrible. Can members imagine, especially in this day of social media, that something that is so personal and private —

**Ms C.M. Rowe:** It has been videoed as well.

**Ms J.M. FREEMAN:** That must be terrible for people. The point of difference between me and my dearly departed father, who died about this time last year, was that he was anti-choice. He was extraordinarily proud of me. I would say to him, “You know that one of the biggest issues that brought me to this place was being pro-choice?” He would say, “Well, we’ll just have to disagree about that, won’t we?” I cannot imagine what it would be like to have a family relationship like that where you agree to disagree about something that is pretty fundamental to suddenly be confronted with being videoed. It could undermine a family relationship even though the woman is doing something

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perfectly legal. I find that offensive, as is the name calling and all of that sort of stuff. It is just not the appropriate place. It is not about respect and compassion. It is judgemental and harsh and, frankly, people do not win their argument in those ways in any event.

The Department of Health report stated that in 2018, the Marie Stopes clinic in Midland was subject to a large number of picketers during the 40-day vigil of Lent. Clients and their supporters said that protesters used emotive language such as “You’re killing babies” and “Jesus hates sinners” and were rude and harassing. That is really hard. Many of the people who go to that clinic would be religious. They would have made a difficult choice and suddenly that sort of judgement is being made against them. We know about the emotive debate around this issue. We need to stay level-headed and be very practical. The current laws are inadequate; they do not provide safety and there are little or no repercussions for breaching the conditions of a permit. Effectively, what is in place is inadequate and that has an impact on both workers and patients. The legislation before us will ensure that there are relevant and up-to-date laws that prevent distressing conduct. The crux of the legislation is to protect workers’ health and safety and their capacity to do their job without being hindered and to protect patients’ capacity for privacy. Any patient who goes into a public hospital has a right to a certain amount of privacy around their procedure. A person who has a procedure in a public hospital would not run after another person and say, “I’m in here because I have a big ingrown hair in my buttocks and I need it out.” I have never had a big ingrown hair in my buttocks—just saying! I do not know where that came from.

**Ms A. Sanderson:** A pilonidal sinus!

**Ms J.M. FREEMAN:** There you go! Anyone who knows what a pilonidal sinus is knows that it can be very painful and it is not in the most attractive part of the body.

**Ms A. Sanderson:** Refocus.

**Ms J.M. FREEMAN:** I am refocusing. The refocus of that is that when a person goes to hospital for something like that, they are not about to tell someone about it because it is private. They are exercising their right to the public health system and it is about privacy. It is exactly the same for a woman who goes to get a termination. It is about their privacy. If they choose to tell people about it, that is their choice. People might have a view that a person should not have a procedure to deal with a pilonidal sinus and put that view out in places. It is terrible.

The High Court has made it clear that safe access zones have an important role to play in protecting women’s rights to access health care safely and that is what we are talking about here. It is about access to health care in a safe manner. The bill will simply stop women from having to navigate abuse from strangers who judge their choice. The bill will bring Western Australian legislation into line with legislation across Australia. I understand that similar legislation has gone through the South Australian Legislative Assembly.

[Member’s time extended.]

**Ms J.M. FREEMAN:** As we have said, the bill will simply extend the right to safe access to health care, which is already a legal right.

One of the really important points for me is that the bill improves the safety and security for health workers as well as women seeking health care. Those workers are committed and professional workers who just want the best and appropriate care and the best reproductive health and medical procedures for their patients. They should be able to go to their place of employment and provide that care without being harassed, photographed, intimidated and judged. I find it hard to not be harshly judgmental of people who do that to such workers, who are doing the best that they can for their patients. Frankly, it is unbelievable that the people who vilify them at their workplace because of their beliefs consider themselves to be people of faith. The people of faith who I know are compassionate and openhearted. They do not judge others. They demonstrate their love for God through their acts of kindness, compassion and warmth and by embracing their community. I find it difficult. There are many people of various faiths in the community that I represent. There are many deeply committed Christians and they work strongly in the community to see it grow and prosper. The people that I know well would not judge with bitterness and they would not want to punish people. I find that really hard to comprehend.

Women who seek health care are often vulnerable. It is a stressful time and they may be confronted by pictures that are accusatory and judgemental. This legislation will ensure that they can access that health care in a manner that ensures their privacy and control over their reproductive rights. It is basically settling what should already be the case. My belief is that it is an extension of something that is well established in law.

This bill is balanced. It protects the ability of citizens to protest. No-one is saying that people cannot protest against these laws; they are just saying it cannot be done at clinics at which people are making individual health choices. This law is balanced by saying, “Yes, you can continue to protest, just not in a manner that focuses on individuals.” If a person chooses to protest: focus on the issue, not on the individual. Citizens have rights to seek medical treatment that is free from interference. This bill will deliver that balance.

The High Court did not find that the law was invalid because it was impermissibly burdened. It found that the freedom of communication about matters of government and politics is implied in the Constitution. The member for Armadale did a sterling job in taking us through that. My understanding is that the High Court found that the restriction was minimal, slight or insubstantial. It also found there was not a restriction, because it did not see this as a political issue. The justices looked at it in a number of different ways, but they mostly found that the restriction was minimal, slight or insubstantial because the conduct—that is the protests—could be undertaken at other places. Let us be really clear: this bill will not stop protests, which is also what the High Court said. It does not curtail this implied right in the Constitution because it does not actually stop it. It says this is not the place for it. The High Court affirmed the importance of the laws. It found that the laws were important for access to health care. All the justices agreed that the purpose of the law, to protect women's rights to health, safety, privacy and dignity when accessing abortion services, was compatible with the Constitution. Chief Justice Kiefel and Justices Bell and Keane noted in their judgement that the aim of safe access zones was to protect the rights of women to access abortion clinics rather than to punish those who interfere with women seeking abortions. I think that is a really important fact. This is not about punishing people; this is about protecting people who are accessing their legal rights. This is not about us judging those people; it is about protecting women and other people who access those services, and workers' rights to safely go about their business.

This bill demonstrates this WA Labor government's commitment to women's health and equality. It demonstrates WA Labor's long commitment to this issue. I again take my hat off to Hon Cheryl Davenport, and Diana Warnock from this place, and the many other people who were involved in that historic moment 22 years ago when they changed the laws in Western Australia to reflect what was actually happening. They changed the laws to make sure that women had the right to make decisions about their own reproductive health and whether or not they wanted a termination. I agree with the member for Morley that this bill also puts fairly and squarely into the arena that we will continue to ensure that women's health, and access to women's health, is always a primary concern for WA Labor and a WA Labor government into the future.

**MS C.M. ROWE (Belmont)** [8.53 pm]: I, too, rise this evening to make a contribution to the Public Health Amendment (Safe Access Zones) Bill 2020. Even though he is not currently in the chamber, I would like to take this opportunity to thank and congratulate the Minister for Health for bringing this important legislation to this house for us to discuss and debate. Like the member for Morley, I have been waiting a long time to make a contribution on this type of topic. As someone who fiercely believes in a woman's right to choose, I will try to follow the member for Mirrabooka and approach it with a level head.

This bill is a really balanced piece of legislation, which is wonderful. Safe access zones are already legislated in the ACT, New South Wales, Northern Territory, Queensland, Tasmania and Victoria. Essentially, that means abortion clinics are safer areas for women to go. Women are protected and shielded from some of those behaviours that other members have already talked about. I would also like to reiterate that when I talk to friends and family and constituents about this topic, quite frankly they are horrified that women still have to endure this type of thing in a modern, supposedly sophisticated Western Australian society. One thing that was particularly disturbing to me was when I learnt that women were being filmed as they were going into these abortion clinics. As previously mentioned, one of two major clinics exclusively for abortion services is based in Rivervale in my electorate. I know it well. I have gone there with the Minister for Health and met with the staff. It sounds as though this has been deeply distressing for a long time, not just for patients but for the staff as well. They absolutely welcome this legislation.

The legislation is in response to what I see as fanatical pro-life religious protesters who engage in verbally abusive behaviour that threatens staff and patients and impedes both staff and patients' entry into the clinics. Protesters often display really graphic images. They have even been known to spit at people trying to come into the premises. They provide pamphlets and they loudly pray for patients—all of which is deeply disturbing to anyone seeking out the services at an abortion clinic. Quite honestly, I think it is deliberately designed to traumatise women. The claim that they are serving the community because they are providing counselling is absolutely abhorrent.

Women are already offered these types of counselling services prior to having the abortion procedure. It is insulting to assume that a woman has not thought through all of the complexities and difficulties around making that decision. I firmly believe that it is nobody else's business what a woman wants to do with her body. It is pathetic for somebody to shriek, shout and protest, under the guise of providing counselling, as a woman enters a clinic. These are difficult and deeply personal decisions to make. It may be for financial or religious reasons. It may be that the baby has some sort of terminal issue that it will not survive. All of these factors are nobody else's business and something that I imagine a woman has wrestled with internally for a long time before taking the steps to the clinic. For a woman to be accosted by these fanatics is really quite ridiculous.

As we have heard, safe access zones will really act like a bubble. Certain behaviours within this bubble will be prohibited. That will protect the rights of the patients and the healthcare providers in those facilities. The zone will

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be within a 150-metre radius outside the boundary of the premises at which abortions are provided. That will be for 24 hours a day, seven days a week. That is simply to say that someone can have their say anywhere they want, just not within that 150-metre zone. As other members have already discussed, we are not trying to stop people from having their opinions and we are certainly not trying to prohibit people from their right to protest; we are just saying to not do it within a 150-metre radius of these clinics. This bill ensures that protesters will not be able to harass, intimidate or interfere with in any way, or hinder or obstruct a person accessing, attempting to access or leaving premises at which abortions are provided. Further prohibited behaviours include interfering with or impeding a footpath, road or vehicle without a reasonable excuse in relation to abortion, and publishing, distributing or making certain recordings without reasonable excuse of a person accessing, attempting to access or leaving premises at which abortions are provided.

I am incredibly proud that our Labor government is bringing in this legislation and that the Minister for Health is signalling to women right across WA that he takes women's reproductive rights in this state seriously. I would like to congratulate him again for that. It is our responsibility as a government to provide protection for women. We want to make sure that we are giving women an environment that is free from intimidation, harassment and trauma, especially when they are making decisions that they have probably wrestled with over some time. Let us not forget that the services that they are accessing are legal. It is our responsibility as a government to safeguard a patient's equality and freedom from the cruel and distressing treatment they have had to endure as they walk through protesters to get to these facilities. We need to show compassion and we need to respect women's privacy. It is absolutely outrageous that they should be photographed or even indeed filmed while seeking out such a medical procedure. I think that is something that will absolutely be welcomed by women right across this state.

As I mentioned, two clinics exclusively deal with abortion in the metro area: one in Midland and one in my electorate. I know the one in my electorate particularly well. As others have talked about, during the period of Lent protesters get very vocal and they become increasingly aggressive. That will certainly have a major impact on women and the staff as well. If members read any report around women's experiences, they will see that they all say very similar things. The constant stream of protest and demonstrators outside these clinics is distressing and traumatic, and it exacerbates the trauma they are already going through in having to go through the process of having an abortion.

I would like to read a quote from *The Guardian*. It is from a registered nurse at the Midland Marie Stopes' clinic and it is titled "Protect us from anti-abortion protesters, say women's clinics in WA". This really says it all. It states —

"I genuinely fear for my safety ... when I take the bins out of the clinic each day they scream profanities at me.

"I never know how rabid they will be."

A 2018 report commissioned by Marie Stopes Australia outlines the distressing impact, personal stories and experiences of patients who have been accosted by these demonstrators while attempting to access medical services at their clinics. One woman wrote —

**"Disgusting the way they speak to people. As a patient was confronting and unnecessary. Should not be able to make females feel like that in a hard time."**

In preparation for the publication of a 2020 report on safe access zones, the WA Department of Health collected submissions from staff who worked at these clinics, and patients who detailed their experiences. According to my notes, one patient said —

During a difficult time emotionally for me, I don't need to be judged by people who don't understand my circumstances. Other patients said they were frightened, afraid or leaving their car and intimidated by the protesters.

The right of a patient to privacy, dignity and respect echoed throughout every submission, with many sharing sentiments, such as one of the patients who said, according to my notes —

I deserve privacy and the right to seek medical assistance without being questioned or judged.

I could not agree more. The published 2020 report included a summary of all these submissions and outlined how some patients were forcefully provided bags containing baby items or rosary beads, approached and followed by protesters, subject to having their car obstructed, told they were going to hell, screamed at, and called murderers and so forth. The report highlighted reoccurring adjectives used by patients in their submissions to describe their experience with demonstrators outside the clinics. Some of them frequently used descriptions such as traumatic, stressful, overwhelming, awful, horrible, painful, hard, scary, hurtful, confronting, upsetting and frightening. No-one should have to go through that. These are not the words that patients who are making deeply personal decisions, and patients who deserve respect, empathy and dignity, should be using to describe their lawful right to access medical and healthcare services. These are not the words that we as a state government can ignore.



I would now like to acknowledge that one of my constituents is in the Speaker's gallery, Ms Jessica Williams. It is great to have her here this evening. She is a terrific advocate who wants to see safe access zones in WA. I acknowledge her work in that space. We recently met and Jess shared her story with me about her experience of seeking an abortion in WA. She described the demonstrations as having a very deep and profound impact upon her, even after she had departed from the clinic. She said that irrespective of the protest style, whether it was verbal or they had placards, the impact was intense and long-lasting, and compounded her feelings of grief and loss after the procedure. She was called a murderer and whore and said that that experience was traumatic—understandably.

In an article for the ABC, "Abortion clinic safe zones months away in WA as Government criticised for lagging behind", one of the private clinics in WA shared a horrific story that detailed how a protester had discovered where a patient had worked. The protester engaged the patient, who was going in to have an abortion, in a conversation. She found out where she worked and the protester called this woman's employer to tell them what the patient had been doing. That is not in any way, shape or form designed to do anything other than simply humiliate or attempt to shame that woman for having a perfectly legal health procedure that she has every right to privacy around. I think that behaviour is absolutely despicable. The same article details how in one incident a protester went into the facility and pretended to be a patient wanting to have an abortion. All these things are completely unacceptable to do. In the same article, one of the nurses at the clinic described how she had holy water thrown on her car and constant profanities screamed at her. This is not a safe environment for people to go to work in. It is absolutely unacceptable for the staff and it is absolutely unacceptable for women who are seeking out these procedures.

I have to reiterate that I think one of the key issues is the need for privacy. It is nobody's business what health procedures anybody has. It is up to themselves and nobody else. They should certainly not be threatened and they should certainly not have a stranger phone up their employer to somehow try to shame them for what they have done.

It is clear that we cannot stand by and ignore this behaviour, pretending that it is not happening, although the majority of the population would be completely unaware that this is going on in our suburbs.

[Member's time extended.]

**Ms C.M. ROWE:** It is the responsibility of government members to step up and be leaders in our communities and say it is not acceptable in this day and age to treat women this way. They should be provided with privacy, dignity and respect.

I acknowledge that some members of our community are concerned about how this legislation will impact upon the implied freedom of political communication and religious beliefs. I want to touch on that briefly. Although I acknowledge their concerns, I believe it is of the utmost importance to note the validity of the safe access zones. As we have already heard from other members, the system was challenged in the High Court. The system we are introducing in Western Australia is based on the Victorian model, which withstood a challenge from the High Court. I quote —

The High Court unanimously decided that safe access zones do not impermissibly infringe the implied freedom of political communication.

That says it all. Lee Carnie, a senior lawyer at the Human Rights Law Centre writes —

While there is an absolute right to hold a religious belief, and people should be able to express their religious beliefs, the law currently intervenes where it is reasonable and necessary to protect people from harm and discrimination ...

Safe access zones will protect patients from harassment, surveillance and obstruction when accessing these services.

It is critically important to note that this will have no impact on people's ability to hold their religious beliefs and talk about them, they just cannot do it within a safe access zone. I want to touch on that because there is a church in very close proximity to the abortion facility in Rivervale in my community. This legislation will not have any impact on the congregation's ability to talk about these issues inside their church, they just cannot do it outside the church where it may be seen as harassing those people who want to seek out the services at the abortion clinic. People still have the right to hold these views, but they just need to be mindful of the safe access zones.

It is my belief that both rights—the rights of those with religious beliefs and the rights of people to access health care—can coexist. We do not need to be concerned that one is going to detract from the other. It is important to note that, in preparation for this bill and for the Department of Health's "Safe access zones—A proposal for reform in Western Australia: Report 2020", the department undertook extensive consultation around this issue. More than 4 100 people responded to the consultation in the form of written submissions or an online survey. A whole range of people responded including individuals, women, obviously a lot of religious organisations and the Australian Medical Association did one. A whole lot of people contributed to the consultation, but, importantly, more than two-thirds of all respondents were in favour of introducing safe access zones and legislation to provide safety around premises for staff and the women accessing the services in Western Australia. Of all respondents, 70 per cent said safe access zones were something that they wanted to see.

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Ultimately, I believe all women deserve access to dignified, private and safe health care. They deserve respect, compassion and empathy and do not deserve judgement, harassment or intimidation. This legislation will ensure that and I am very proud to commend this bill to the house.

**MR T.J. HEALY (Southern River)** [9.14 pm]: I also rise to speak to the Public Health Amendment (Safe Access Zones) Bill 2020. I am very proud to speak on this bill. I speak as a father, a citizen, a Christian and a community representative and I support safe access zones and a woman's right to choose. A woman is the best person to make decisions about her own body. This is not about the termination of pregnancies; that is legal. This is about compassion. It is about respect, privacy and protection from harassment. A safe access zone of 150 metres, 24 hours a day, seven days a week is appropriate under this bill but this bill exists because every week, intimidation and hate unfortunately take place in Perth.

I will not speak for long. Enough men have spoken in this chamber about women's bodies and women's rights. I do not need to add too much. However, I need to comment and stand up for my community members. I have seen these disgusting acts at the clinics in Midland and Belmont. These are health services that all our communities access and have a right to access. I will read from a couple of media articles. An article on WAtoday from 21 February 2018 is titled "‘We’re not religious nutters’: Pro-lifers defend Perth abortion clinic vigils". I apologise for some of the distressing nature of these things. The article states —

It's not unusual for Leigh Clifton to get called a "murderer" on her way to work each morning.

It's actually a pretty common occurrence according to the manager at one of Perth's abortion clinics.

An occupational hazard, Ms Clifton and her colleagues are used to running the gauntlet of ... picketers as they make their way to a non-descript suburban building every day.

But it never gets easier.

...

They're there every Friday of the year, but their efforts to "save the lives of unborn babies" step up during Lent with their '40 days of life' campaign, when pro-lifers set up shop from 7am to 5pm for 40 days straight.

One of the kerbside counsellors says —

"We're here in love," ...

"We hand [women] these little blessing bags. It's a little goodie bag.

"We like to get it into their hands so they can read it.

"Our problem is getting them to stop—we sort of beckon them over. They don't always stop."

Inside the "blessing bags" is an assortment of items from baby socks, toothbrushes, chewing gum and sachets of tea.

Every bag contains rosary beads and pamphlets on the development of a fetus.

The staff at the centre said that there have been times when police have had to attend the property up to three times a day. An article on PerthNow from 8 February 2019 is titled "Midland abortion clinic staff want 'safe zones'". I quote —

An abortion clinic in Midland has been forced to install CCTV equipment and give staff body cameras because of safety concerns over anti-abortion protests.

...

Staff have complained of being spat on and called murderers, and having holy water thrown at their cars.

It states that patients have their privacy compromised and often the protesters shout out. The staff say, I quote —

"Sometimes we tell women to wait in their cars and one of our nurses will come out and more or less shelter them as they walk in."

That is outrageous. I apologise to all the health workers and individuals in our community who have to face this. I have one of the police permits that are issued. One of the reasons that we need this legislation is that the police permits are not being followed. The police permit from 2019—recently—states, and I quote —

APPROVAL IS FOR NO MORE THAN A TOTAL OF THIRTY (30) PARTICIPANTS ...

...

**Extract from Hansard**

[ASSEMBLY — Tuesday, 10 November 2020]

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Mr Zak Kirkup; Ms Mia Davies; Dr Tony Buti; Amber-Jade Sanderson; Ms Janine Freeman; Ms Cassandra Rowe; Mr Terry Healy

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PARTICIPANTS ARE NOT TO DISPLAY ANY GRAPHIC PHOTOGRAPHS, POSTERS, IMAGES OR SLOGANS LIKELY TO BE CONSIDERED DISTRESSING TO OR OFFENSIVE BY A REASONABLE PERSON, IN VIEW OF THE PUBLIC OR ANY PERSON.

Members, we know that that has not been followed.

As the member for Morley and many members said, we should not need this legislation, but we do. Some people pretend to speak for love and compassion, but they do not. Some say they act in a Christian way, but they do not. They spread fear and hate, and try to pretend to do it as Christians—some. Members, I know, as a Christian, that harassment and intimidation is never Christian. This material is pushed not only at these clinics. I segue. In March this year, horrible anti-termination flyers were placed in letterboxes in my community. I got one at my home. As far as I know, thousands of homes in Gosnells, Canning Vale, Southern River and Huntingdale were letterboxed with a very offensive anti-abortion flyer. Many horrified families got one. I thank everyone for their bravery in standing up to the bullying. When a loving and connection approach was needed in March this year, as we were going into the COVID-19 pandemic, people who were pretending to be part of a Christian lobby were placing hateful things in letterboxes in my local area. I put up a post about it on Facebook, which received 322 comments. I will read the Facebook post I addressed to my community in March this year. It states —

Thank you to the many residents who contacted me today regarding some offensive and (sometimes) rude people putting the flyers in letterboxes.

These flyers have been walked out across Canning Vale, Southern River and Huntingdale today.

I know so many who have lost babies through no fault of their own and no matter your personal view on these health services, no one in our area needs to be shamed.

A post on a local Canning Vale page reported that person who walked in their flyer claimed to be a lawyer and had a right to put material in their letterbox. The post also alleged that the letter boxer also threatened to call the police when the resident asked politely not to receive the flyer.

I personally met the person who put this flyer in my letterbox. I know this; I was there —

I politely said no thank you—but she said —

The person who put it in my letterbox —

“Peter Abetz said it wasn’t junk mail” and that he told her she can put it in any letterbox that she wants.

A penalty of one-year imprisonment or a \$12 000 fine will apply to those who intimidate our health workers and people in our community—that is appropriate. For those who seek to protest outside centres and intimidate people, and who say that they carry out these practices for love and for children, please know that a life does not end at birth. In my community there are toddlers and children who are living in poverty and who are homeless, and there are children who cannot read and whose families cannot afford breakfast. Their families need our help. We are all doing the best that we can to assist and change that. Action in that space is actually the Christian thing to do—to help kids read and help lift people out of poverty. Just because they are six years old does not change their rights.

I have often said that Jesus was a progressive. He wanted to help, love and care. He wanted to make tomorrow better than it is today. I reach out a hand of love to those who, as a result of this legislation, will no longer be able to spend hours at clinics in Midland and Belmont. Please come and help me in Gosnells, Huntingdale, Canning Vale and Southern River by reading for one hour a week to my local students. That is the Christian way to help a child. They could invest their time at Huntingdale Primary School or Canning Vale College. I am sure the board chair at Ashburton Drive Primary School, Peter Abetz, knows how important reading and literacy is in lifting all children out of poverty and disadvantage. Members, imagine if we could actually transition all those kerbside counsellors into library and literacy leaders. Would that not be fantastic!

I congratulate the Minister for Health, Roger Cook, his team and his department—very well done. This legislation makes me proud to be a member of Parliament. It makes me proud to be part of the McGowan WA Labor government. This is the sort of stuff that Labor governments do. It is about protection. It is about standing up to bullies. We will always stand up for those who are being intimidated. We will always stand up to bullies. I think that this is a very clear example of why Western Australia has a clear choice at this coming election. To my community: give your voice to this issue at the next election. Speak against the extremist fringe elements of the Liberal Party and those who have infiltrated the true Liberal Party. Your vote against these infiltrators in 2021 will help the Liberal Party to stand up to its own bullies. You should make your voices heard.

In closing, this bill is about compassion, respect, privacy and protection. It is also about bravery. I again thank all those who have been fighting for many years. I thank all those who have been brave on behalf of all of us in our community. I commend the bill to the house.

**Extract from *Hansard***

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p7668b-7686a

Mr Zak Kirkup; Ms Mia Davies; Dr Tony Buti; Amber-Jade Sanderson; Ms Janine Freeman; Ms Cassandra Rowe; Mr Terry Healy

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Debate adjourned, on motion by **Mr D.A. Templeman (Leader of the House)**.

*House adjourned at 9.26 pm*

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