

ABORTION

Making it a right for all women in the EU



Report from the hearing in Brussels, 18th of October 2005. Hosted by:
Austria: Karin Resetarits (ALDE/ADL) Belgium: Anne Van Lancker (PSE) France: Claire Gibault (ALDE/ADLE), Alain Lipietz, (Verts/ALE), Jean-Luc Bennahmias (Verts/ALE), Germany: Lissy Groener (PSE), Hungary: Katalin Lévai (PSE), Lithuania: Rolandas Pavilionis (UEN), Netherlands: Sophia in 't Veld (ALDE/ADLE), Poland: Józef Pinior (PSE), Portugal: Ilda Figueiredo (GUE/NGL), Ana Maria Gomes (PSE), Jamila Madeira (PSE), Spain: María Elena Valenciano Martinez-Orozco (PSE), Sweden: Anna Hedh, (PSE) Lena Ek (ALDE/ADLE), Eva-Britt Svensson (GUENGL), UK: Baroness Sarah Ludford (ALDE/ADLE).

CONTENTS

I. BACKGROUND

Anna Hedh (MEP) and RFSU take on a pioneering event	4
Why focus on abortion as a right within the EU?	4
The core of equality	5
Official interpretation – abortion is up to each Member State	5
An EU law is not on the agenda	5
Does the EU have a mandate to deal with abortion?	6
The Lévai declaration – what happens now?	7

2. THE HEARING – brief summary

Short summary of the hearing	8
Lena Ek/Katalin Lévai: Why abortion is an important issue for the EU	9
Wanda Nowicka: Introduction to the situation in Poland	10
Emmanuel D. Bezzina: In the cold, the situation in Malta	11
Esmeralda Kuliesyte: Lithuania – Where is the public support?	12
Rosie Toner: Ireland – Not a single word	12
Olga Pietruchova: Slovakia – Turning women away	13
Ana Maria Gomes: Portugal – Turning women into criminals	14
Final debate: Towards an EU with no discrimination	15

3. MEDIA

Background to media strategy	18
Countries in alphabetical order	18

4. SPEECHES AND TESTIMONIES – LONGER VERSIONS

Katalin Lévai: Why abortion is an important issue for the EU	25
Written Declaration	27
Emmanuel D. Bezzina: In the cold, the situation in Malta	28
Esmeralda Kuliesyte: Lithuania – Where is the public support?	30
Rosie Toner: Ireland – Not a single word	31
Olga Pietruchova: Slovakia – Turning women away	34
The women's testimonies	
Poland: Anna, Alicja Tysiac	36
Portugal. Ruth, Cinda & Maria	41
Acknowledgements	44

About the report

The hearing on abortion was the first of its kind to take place in the European Parliament, where women testified about not being able to access abortion due to restrictive law.

This report explains how the hearing came about and what happened at the hearing. It includes a short summary as well as speeches in full length. The media section contains list of all participating countries and how the hearing was mentioned in national media, and some background to the media work. Hopefully the report can be used as reference when planning similar event, to learn from and to get new ideas.

Thank you all!

The support and commitment from the following persons and organizations made the hearing possible and successful:

MEP Anne Van Lancker (PSE), her assistant, Wiske Jult, and administrator, Francis Bordon. MEP Lena Ek, (ALDE/ADLE) and assistant, Ingrid Hedenvind-Brask. MEP Anna Hedh (PSE) and her assistant, Alexandra Sannerstedt.

Wanda Nowicka, Executive Director for the Polish Federation for Women and Family Planning, Duarte Vilar, Executive Director Associação Para o Planeamento da Família (APF) (the Family Planning Associations of Portugal). His colleague Maria José Magalhães. Olga Pietruchova, Executive Directors of Slovakia's Family Planning Association, Slovenská spoločnosť pre plánované rodičovstvo a výchovu k rodičovstvu (SSPRVR).

Vicky Claeys, the Regional Director of the International Planned Parenthood Federation European Network (IPPFEN), her colleagues Irene Donadio, Advocacy Officer, and Victoria Rugg, Communications Officer, Paul Bell, Communications Officer, International Planned Parenthood Federation (IPPF). Elfriede Harth, European Representative, Catholics for a Free Choice. Christina Zampas, legal advisor the Center for Reproductive Rights. Esmeralda Kuliesyte Executive Director of Lithuania's FPA Seimos Planavimo ir Seksualines Sveikatos Asociacija (FPSHA), Niall Behan, Chief Executive of the Irish Family Planning Association (IFPA), his colleague Rosie Toner, Director of Counselling Services IFPA. Women on Waves and their network. The MDM (Movimento Democrático de Mulheres) from Portugal. Dr. Emmy Bezzina, Maltese lawyer and Director of the Malta Divorce Movement and Alpha Liberal Democratic Reformist Party. Sophie Peresson, European Advocacy Manager, Marie Stopes International.

Regina Marques and Natacha Amaro from MDM ñ Movimento Democrático de Mulheres (Women's Democratic Movement), from Portugal. MEP Ilda Figueiredo and the GUE/NGL Group of the EP.

I. BACKGROUND

Anna Hedh (MEP) and RFSU take on a pioneering event

On November the 2nd, 2004, RFSU held a seminar on abortion for Swedish participants. Initially, the Swedish Member of the European Parliament, Lena Ek, from the liberal group (ALDE/ADLE), talked about the right to abortion as a constant struggle, and stressed that the EU had an important role to play. Lena Ek is a former lawyer and member of the Swedish Parliament (the Centre Party). One of the ideas that came up during a discussion was to organise a hearing in the EU Parliament. Anna Hedh, a Swedish MEP, from the socialist group (PSE), immediately expressed her willingness to host a hearing where women could testify about not being able to access abortion within the EU, and the negative impact this can have on a woman's life. Anna Hedh asked for RFSU's assistance in setting up the meeting, and Lena Ek (MEP) also expressed her desire to participate. The Center for Reproductive Rights (CRR), the International Planned Parenthood Federation in Europe (IPPFEN), and Catholics for a Free Choice (CFFC) in Europe were willing to support the hearing, both financially and workwise. The original assumption was that the interest in a hearing on abortion would be rather small. The plan was to find one or two women who could testify, and a few co-hosts from countries other than Sweden. The hearing, however, aroused huge interest and became a much larger event than first planned.

Why focus on abortion as a right within the EU?

Anna Hedh's intention from the very beginning was to keep focus on abortion as a right for women. It proved to be a successful strategy.

Almost immediately, several MEPs responded and wanted to be co-hosts; one of them was Anne Van Lancker (PSE) whose experience in this field was crucial. New MEPs kept joining up until the very last minute. In the end, 18 MEPs from different countries in the EU, and different party groups, joined together as co-host. The MEPs came from four out of a total seven political groups in the European parliament: PSE – Socialist Group in the European Parliament, ALDE/ADLE – Group of Alliance of Liberals and Democrats for Europe, Verts/ALE – Group of Greens/European Free Alliance, GUE-NGL – Confederal Group of the European United Left–Nordic Green Left. All the co-hosts were invited to comment upon the strategy for the hearing. No-one criticised the focus on abortion as a right for women within the EU.

To the contrary, the right to abortion was highlighted at the hearing by several of the attending MEPs as well as co-hosts.

It is obvious that there are quite a few politicians in the EU who want to put abortion on the political agenda, and that even more MEPs would have been willing to support the hearing had there been more resources and time.

The core of equality

The fact that Malta, Ireland and Poland have a special clause in their EU treaty agreements that allows them to keep their restrictive laws on abortion is something many MEPs are critical of.

Many co-hosts regard abortion as a right that should be part of the equality agenda of the EU. Others view abortion as a public health issue. They believe abortion is better approached as such, and that politicians are more willing to confront lack of access to abortion as a violation of public health.

Others argue that restrictive access and laws discriminate against women as a group. The right to health should be a reality for all EU citizens, women and men, in all the Member States.

Anna Hedh, Lena Ek and Katalin Lévai were some of the MEPs who also focused on women's lack of access to abortion as a violation of human rights, which means their rights to life, health, bodily integrity, equality and freedom from gender discrimination.

The woman's right to choose is regarded as the core of equality.

A majority of the co-hosts also signed an article stating that abortion is an issue for the EU on all the above-mentioned grounds – as well as it being a matter of human rights – since the EU is built upon respect for human rights.

Foto by: Polish Federation



Official interpretation – abortion is up to each Member State

In recent years abortion has become more in focus in the EU. The criminalisation of women and health personnel in Portugal outrages many, and several heated discussions have taken place in the EU Parliament. However, abortion is interpreted as a health matter, and it is therefore left to each Member State to regulate, according to the subsidiarity principle.

An EU law is not on the agenda

Most MEPs hosting the hearing are against EU legislation on abortion. They are determined to put abortion higher on the political agenda and to push the issue in terms of equality, discrimination, health and human rights. But they do not see community

legislation on abortion as a possible way forward. However, discussion of an EU law sometimes muddles the vision of what politicians and civil society are able to do within the EU.

Does the EU have a mandate to deal with abortion?

The EU is a very complicated system. Language is important and sometimes words are used that are not interpreted in the same way by all. Such words are mandate and competence, often used when talking of the EU.

The EU has a mandate to address equality issues, which many interpret to include the right and access to abortion. This does not automatically mean that the EU has the right to create a law on abortion. Instead, it means that equality is an issue that the EU has a political obligation to address.

There are no issues that are forbidden for the EU. Of course, new political issues emerge all the time and become part of the political agenda, whether or not they are later solved nationally by each Member State or by the EU.

Alvaro Garcia-Ormaechea (LLM), a legal expert on International Human Rights Law at the Raoul Wallenberg Institute (Lund, Sweden) explains that, according to the Treaty of the European Community (TEC), “competence” is the legal basis that allows the EU to legislate on a particular issue.

Every time the EU Commission proposes a new piece of legislation (a new Directive) it does so provided it has a “mandate” based on a competence flowing from the TEC.

Photo by: UMAR/ Portugal



However, the mere fact that a particular issue falls within an EU competence does not mean that the issue has to be regulated by community legislation, since some EU competences are complementary or shared with the Member States. Only if an issue falls within EU “exclusive competences” can it be said that nothing but EU law can regulate it. This is the case for monetary policy, fisheries and part of the common commercial policy; Member States cannot legislate in those areas without permission of the EU.

Thus, the EU has a system of delimitation of competences. Article 5 of the TEC states that the Community must act within the limits of the powers conferred on it by the Treaty, and Article 7 TEC requires each EU institution to act within the limits of the powers conferred upon it by the Treaty. This means that every action of the EU must be aimed at achieving the purposes of the Treaty (Article 2 TEC).

There are four categories of competences:

- Exclusive EU competences (only the EU can create a law – not the Member States).
- Shared/concurrent competences (Member States can act for so long as the EU has not yet acted).
- Complementary competences (EU and domestic laws complement each other, but the former always prevail over the latter).
- Excluded competences (the EU is excluded, and only Member States can legislate in these areas).

The Lévai declaration – what happens now?

At the hearing on the right to abortion Katarin Lévai presented a declaration, which calls on the European Union and its member states to ensure access to safe and legal abortion in the European Union. The idea was to gather enough signatures to bring the matter into the European parliament. The declaration was again presented at the Hearing on Sexual and Reproductive Health and Rights (SRHR) in Europe, organised by Astra (Central and Eastern European Women's Network for Sexual and Reproductive Health and Rights) and the Polish Delegation in the Socialist Group of the European Parliament on the 9th of February, 2006.

The declaration managed to gather in a total of 85 signatures.

The growing interest for SRHR, including abortion as an issue for the EU, by the MEP, has clearly been noted by the opposition and on the 8th of March a meeting called "Aid for Women's Health. Which agenda is best?" was organised in the European Parliament by Mr. Konrad Szymanski (MEP, EPP).

Earlier in November The League of Polish Families/ Liga Polskich Rodzin (LPR), a nationalist ultra right wing populist party, organised a photo exhibition in the European Parliament in Strasbourg. A poster on display compared abortion to the Holocaust, to mention just one incident.

On a more positive note, the European Commission adopted, 10th of February, the 2006 Work Plan for the programme of Community action in the field of public health (2003-2008). New Priorities for 2006 include health information on gender specific health and a focus on HIV/AIDS as a health determinant. Therefore, the Public Health Programme will give special attention to preparing reports on gender specific health problems as well as on sexual and reproductive health.

2. THE HEARING

Short summary

“Name and shame the countries that don’t”

Abortion is not regarded as an issue to be included within the responsibilities of the EU. It is perceived as a matter of health under the principle of subsidiarity. It is therefore up to each Member State to deal with.

However controversial, the hearing on abortion in Brussels was well attended. The room held 180, and around 120 attended. Many co-hosts and participants argued that abortion certainly is an issue for the EU – since the EU has a responsibility, and mandate, to work for increased equality and against discrimination.

The Swedish MEPs, **Anna Hedh** (PSE) and (ALDE/ADLE), were behind the initiative to the hearing.

Several speakers stated that abortion is a human right going back to the right to bodily integrity, and the rights to life, health, equality and freedom from gender discrimination. The EU is built on respect for these human rights

Katalin Lévai, former Minister of Equality from Hungary, MEP (PSE), talked of how opposition to abortion and sexual and reproductive rights are on the rise, and stated that reproductive rights need to be included on the political agenda.

Other speakers pointed to the fact that several “new” issues have been included on the equality agenda of the EU, such as violence against women.

Lack of access to safe abortion was also described as a major public health issue. However, no-one thought EU legislation would solve the problem. To the contrary, such law would jeopardise many well-functioning laws in other EU countries.

Katarina Lindahl, Secretary General of RFSU, the Swedish Association for Sexuality Education, wanted to see more leadership. She suggested that heads of states openly should include abortion on their agenda:

“Today, the only high profile leader speaking about abortion is US President Bush,” she said.

President Bush is well-known for his position against abortion.

“We also need women that can break the silence,” said **Vicky Clayes**, Regional Director of the International Planned Parenthood Federation European Network (IPPFEM).

Anne Van Lancker, MEP (PSE) from Belgium, has a firm reputation for working with abortion as well as sexual and reproductive health and rights (SRHR) within the EU. She suggested the Member States should be held accountable for how to ensure women’s rights. “We need to name and shame the countries that don’t,” she said.

Women from Poland and Portugal testified about the severe consequences of not having access to safe abortion for their lives. No women came from Malta, Ireland or Slovakia, and experts had to speak in their places. In Lithuania and Slovakia, the opposition to abortion and SRHR is growing. Doctors refuse to perform abortions – and accessibility is decreasing.

In Malta abortion is almost unmentionable. “That is why I am here. It would be political suicide for any parliamentarian to participate in this hearing,” said **Dr. Emmy Bezzina**, from Malta.

Voices against abortion were also raised, although everything was said in a polite

Brussels manner. The Chair of the Committee on Women's Rights and Gender Equality in the EU Parliament, **Anna Zaborska**, MEP (PPE-DE), said that she preferred to work with abortion as a health issue, which should include the health ministers. She then pointed out that she is personally against abortion and prefers to focus on prevention. At the end Katalin Lévai presented a declaration that she hoped would bring the matter of abortion into the EU Parliament.

Declaration in full in Chapter 4.

SHORT NOTES

Speeches and Testimonies

October 18, 2005, 9:00 – 13:00, European Parliament, Eastman Building, Room 300, Brussels, Belgium

Abortion – making it a right for all women in the European Union

Why should women's reproductive health be excluded from the equality and non-discrimination agenda of the European Union?

Welcome

Anna Hedh, MEP (PSE), Sweden

Anna Hedh described her pleasure at attending the meeting, and her enthusiasm for an interesting discussion on women's right to abortion. She commented that it is important for women to be in charge of their own bodies, across the EU.

Introduction to the hearing

Katarina Lindahl, Director General (RFSU)

Katarina Lindahl explained that the meeting was a hearing, meaning that it was a place to hear and to listen respectfully, akin to other meetings in the parliament. She stated that it was not a place where a definite course of action would be decided upon, but it was the start of an extremely important discussion. She thanked the MEPs for taking time to be part of the meeting, as well as participants.

Why abortion is an important issue for the EU?

Lena Ek (MEP, ALDE, Sweden)

Lena Ek is a former human rights professor. She stressed the importance and the relevance of the human rights approach. This approach covers the right to physical integrity and the right of free movement within the EU (remember the "Women on Waves" incident in Portuguese waters). It is crucial for governments to get involved in abortion issues, in particular because of the economic and social consequences of women having many births. Involuntary births place too large a burden on women's bodies, violate their health, and restrain them from taking part on the job market. Moreover,

they limit women's valuable contribution to the economy. To give women the right to choose abortion as an alternative solution is not the same thing as promoting it.

If we are serious about creating a society and a world based on equality between men and women, women should also have the right to choose what is best for them and their own bodies.

She added that the toughest discussion on human rights issues concerns abortion and whether women have control over their fertility. She commented that it seems that everyone has the right to decide over what happens to their own individual body, but when it comes to a woman, the decision lies with the Government or the Church. In that sense, a woman's body has become politicised. What would be the reaction if the state declared the right to decide over men's bodies in the same way?

Professor Ek stressed that human rights are represented in basic core documents, but they do not focus on women. If the EU has signed human rights declarations, it is also responsible to assure its citizens these rights. Despite the fact that human rights do not always take women's special situations and needs into consideration, she pointed out that this hearing was a good start to discussing abortion as a human right. Women should be given rights over their own bodies.

Katalin Lévai, (MEP, PSE, Hungary)

Katalin Lévai is the former Hungarian Minister of Equality. She remarked that reproductive health and rights have to be on the political agenda, and that parliamentarians need to work together more in order to raise the profile of abortion in the EU. She commented that the influence of anti-choice movements in Europe was a worry and could impede attempts at putting abortion in the spotlight in a good way. She noted that some women are labelled as "killers" in plenary sessions of the European Parliament when they talk about abortion.

She also discussed the fact that, in some countries such as the UK, the pregnancy rate is increasing, but in countries like the Netherlands pregnancy and abortion rates are very low. She attributed this to good-quality sexuality education being an integral part of the school system.

She also asked MEPs to sign her written declaration. She wanted 50% of all MEPs to sign the declaration so that the Parliament has a mandate to act on the issue (signatures must be collected within 3 months).

Read the whole speech and declaration in Chapter 3.

Introduction to the situation in Poland

Wanda Nowicka, Executive Director of the Polish Federation for Women and Family Planning

Ms Nowicka gave an overview of the abortion situation in Poland. She stated that before 1993, when Poland made the transition from a totalitarian into a democratic and independent state, abortion had been legal since 1956. However, since 1989 abortion has become a contentiously discussed issue. The religious majority took a firm foothold in society, and consequently in 1993 abortion legislation became very restrictive. She commented that abortion was even stricter in practice than it was on paper, and she mentioned the great reluctance of healthcare professionals to perform

abortions. However, she stated that this did not stop the number of abortions; they are now performed illegally, which has resulted in more complications and risks to women's health. She commented that there are some cases of women dying from unsafe abortion even now. According to the estimates, there might be up to approximately 200,000 illegal abortions every year in Poland. This compares with below 200 registered (legal) abortions, only performed in cases such as risk to the life of the woman, foetal malformation or rape. In 2004 there were 193 legal abortions for 10 million women of reproductive age in a country of 38 million. She also discussed the fact that young people were not receiving good-quality sexuality education in schools; it was often prejudiced in favour of the Catholic Church. She added that Poland was currently going through elections. She feared the situation surrounding abortion would not change, because it was likely that right-wing decision-makers will get into power.

Witness 1 (Poland): For 500 Euros (a large sum of money in Poland), she was able to obtain good medical care and a safe abortion. This is only possible in Poland if you are lucky, you have money, the right connections, and support from partner/family. She also denounced the hypocrisy of doctors who, on the one hand, reject abortions on moral grounds but then take money to perform them illegally.

Witness 2 (Poland): She was forced to go through with a third pregnancy, even though she had been diagnosed with a severe eye condition. Her eye sight was likely to deteriorate if she went through another pregnancy. She was denied an abortion, although even under the restrictive Polish law she should have been entitled to one. Although she has been able to prove that her current health problems are linked to the third pregnancy that she wanted to terminate, there has been no investigation into the wrong-doing and she has not received any compensation. Her case is pending in the European Court for Human Rights, and is due to be considered in February 2006.

The full testimonies are available in Chapter 3.

In the cold: the situation in Malta

Dr Emmanuel D Bezzina, practising lawyer, Doctor of Law, Broadcaster, Chairman Family Rights Association (FRA) the Malta Divorce Movement, and Alpha Liberal Democratic Reformist Party

Dr Bezzina stressed that Malta was the smallest EU state, and was constitutionally a Catholic country. He argued that citizens of Malta could not exercise their fundamental rights. He commented that the power of the Catholic Church was very great: abortion was banned; even divorce was banned, and discussion around abortion was taboo. It was not possible to get a woman from Malta to come to the hearing, since all women felt too scared to talk about it in public in case it made them victims of attacks at home. If politicians speak of abortion in Malta it is tantamount to political suicide.

He said that less than three years ago abortion was a word that could not even be used in discussing legislation; one had to include it in the term "miscarriage". He added that the law in Malta stated that anyone who was willing to participate in the performance of an abortion was subject to imprisonment for 18 months up to four years. This includes

the woman who sought a “miscarriage”: “If miscarriage causes the death of the woman, the person responsible will be liable for a conviction of wilful homicide”. When Malta signed the treaty to be an EU member it asked for a clause so that the EU could never interfere with legislation on abortion in Malta. This means that Maltese politicians can maintain their control over abortion in Malta. Since there is a loophole in the protocol, Dr. Bezzina brought a challenge before the Court of Human Rights.

He argued that abortion was a fundamental human right that was ignored in Malta. He said that the voice of the woman was ignored or even silenced. In order to get an abortion, Maltese women had to travel abroad, mostly to Sicily or the UK. Since this costs up to 10,000 Euros, they have to go on an “illegal shopping spree”. The Maltese Government knows this happens but would rather let the woman suffer than infringe the power of the Catholic Church in Malta.

A longer version of Mr Bezzina’s speech is available in Chapter 3.

The new Member States – Lithuania: Where is the public support?

Esmeralda Kuliesyte, Executive Director of Family Planning and Sexual Health Association, Lithuania (Seimos Planavimo ir Seksualines Sveikatos Asociacija, FPSHA)

Ms Kuliesyte gave an overview of the situation in Lithuania. She discussed the fact that when Lithuania got its independence in 1991, abortion legislation became very restrictive. She said that, due to the fact that abortions cost approximately 40 dollars, many poor, often rural women, cannot afford to have an abortion, and resort to abandoning the child or even infanticide. She stated that the Lithuanian media often turned doctors who refuse to perform abortions into “heroes”, and that medical abortion was described as “genocide”. Even young girls are encouraged to go through a pregnancy, and then put the child up for adoption. She said there was a feeling of taboo around the topic of abortion in Lithuania. The Lithuania FPA advocated in favour of medical abortion, but is now being portrayed as an enemy of the state. It has been impossible to discuss abortion openly in Lithuania. However, the FPSHA performed a survey of attitudes to abortion in Lithuania, and found that 72% were for the woman’s right to abortion. Ms Kuliesyte said that Lithuanian women face unfair restrictions when it came to access to abortion. Every woman in the EU should have the same right to abortion.

Ireland: Not a single word

Rosie Toner, Director of Counselling Services, Irish Family Planning Association (IFPA)

Ms Toner stated that the atmosphere of fear and stigmatisation surrounding abortion was so great in Ireland that the IFPA could not get a witness to come and testify at the hearing. She explained that Ireland has one of the most extreme situations of abortion in Europe. The IFPA counsels approximately 2,000 women each year who are in “crisis pregnancy” situations. However, she pointed out that the IFPA was only allowed to give specific advice and information face-to-face about where to obtain an abortion, i.e. no information can be given over the phone or via e-mail. She commented that there were many “rogue” agencies claiming to help women with abortion, but in fact they try and intimidate a woman into keeping the baby, by showing photos of dead fetuses, etc.

She explained that women in Ireland find it very difficult to know where to get advice on abortion. She also said that the logistics of having an abortion were not straightforward. On average, 6,000 women travel from Ireland each year for an abortion, usually to the UK. Our migrant women need to get a visa from the British Embassy to travel to the UK to get an abortion, and then also a re-entry visa for Ireland. This means that it is often very time-consuming for these women, and the time lapse only means that the further the pregnancy develops, the greater is the chance of the woman having a late-term abortion.

Ms Toner concluded that women in Ireland face severe inequalities when it comes to access to information and services on abortion. The IFPA urged the EU to monitor the forced movement of women for abortion between Member States. The EU should observe and comment on best practices in abortion in Member States.

The full-length speech can be found in Chapter 4

Slovakia: Turning women away

Olga Pietruchova, Executive Director of Pro-choice Slovakia, Slovenská spoločnosť pre plánované rodičovstvo av chovuk rodičovstvu (SSPRVR)

Ms Pietruchova described the abortion situation in Slovakia, stating that the issue of abortion was very controversial in the country. She said that Slovakia seemed to be importing an “abortion strategy” from the Bush administration. She explained that medical abortion was illegal, and that – while abortion legislation was not too restrictive on paper – interpretation of the law was getting increasingly more so. She explained that more and more hospitals were refusing to perform abortions, citing conscientious objection. Ms Pietruchova said that sexuality education existed, but that it was very prejudiced in favour of Catholic teaching – i.e. against contraception. She also added that no family planning method was covered by health insurance, and that an abortion cost on average half a month’s salary for Slovakian people.

She argued that everyone should have the right to decide what happens to their own body. If doctors refused to give abortions because of their conscience, they should not refuse to refer a client to a doctor that would perform one. She said the fact that doctors do not have to obey the law on abortion purely because of their beliefs was wrong. She remarked that it was as if Catholics had more rights in Slovakia than non-Catholics. She concluded that women should have the freedom to choose whether to have an abortion and to be in control of their own destiny.

The full-length speech can be found in Chapter 4.

Portugal: turning women into criminals

Ana Maria Gomes, MEP (PSE) Portugal

Ms Gomes explained that Portugal was an example of where the situation of abortion was in a bad way. She argued that this had to change; the human rights of women were at stake. As part of the framework for human rights, the right to personal integrity should include the right over one's own body. She explained that the law in Portugal on abortion was not that restrictive; it was similar legislation to Spain, but the interpretation of it could often be very restrictive. The flourishing business of underground abortions is also another factor that prevents a more balanced interpretation of the law. Illegal abortion is widespread in Portugal. However, it was possible that the situation could be changed, due to the fact that a new Minister of Health has been elected, who has stated that there will be a referendum on abortion. Ms Gomes believed that the result of this would be in favour of abortion, which would then hopefully make interpretation of the law less restrictive in future.

Witness 1 (Portugal): A young woman who got pregnant at the age of 14 (dropped out of school, not working, not taking the pill regularly, living alone with her father because her mother lives elsewhere). A female relative helps her find a drug to terminate the pregnancy – but unfortunately she had a severe reaction to the drug and was therefore taken to hospital, where the procedure did not go well. Afterwards, she was diagnosed with an infection, which would have prevented the pregnancy from being viable. Because of this, her case was regarded as a miscarriage and she did not have any problems with the police.

Witness 2 (Portugal): When she was young, newly married, poor, with a small baby, she found out she was pregnant again. She and her partner had no means to support another child and saw an abortion as the only option. They found a midwife who helped, but it turned out badly, and she had to go to hospital for several days to recover.

Witness 3 (Portugal): No woman has an abortion because she wants to; it is the best solution that presents itself at the time. The woman has been prosecuted/persecuted for the past 6 years for having had an abortion. The trauma was not the abortion itself – but the aftermath with police and persecution. At the end of this ordeal, she feels resentful and humiliated; she is against a system that promotes illegal and expensive abortions.

Longer versions of the women's testimonies are available in Chapter 4.

Final Debate: Towards an EU with no discrimination

Interviewer: Ylva Bergman, editor, RFSU

The panel consisted of:

- Vicky Claeys, Regional Director International Planned Parenthood Federation European Network (IPPFEN),
- Elfriede Harth, European Representative of Catholics for a Free Choice (CFFC)
- Anne Van Lancker, MEP (PSE) Belgium
- Katarina Lindahl, Director General, RFSU
- Wanda Nowicka, Executive Director of the Polish Federation for Women and Family Planning
- Karin Resetarits, MEP, Hungary
- Christina Zampas, European legal advisor for the Center for Reproductive Rights

Anne Van Lancker: The European Parliament is supportive of SRHR. For example, the 2002 resolution strategy. That abortion, however, should be accessible for all – not all MEPs agree with this. The time is ripe for tackling this issue in the EU, and for keeping it on top of the political agenda. We need to find out what has happened since the 2002 strategy.

Elfriede Harth: The EU should have more power in influencing national Member States to give rights to women.

Anne Van Lancker: Should we legislate on abortion? There is no legal basis for this, but that does not mean we should not discuss this issue in situations like this one, having a hearing, which is vitally important, not only in Brussels but also in countries such as Portugal to really put the topic into the spotlight. The situation is further complicated by the fact that there is no legal basis for EU legislation on abortion. (She prefers to have a framework (e.g. EPWG) to exchange best practice and to work towards getting indicators on abortion, SRHR, etc. She also thinks that countries should be named and shamed.)

Christina Zampas: Women bear the burden of carrying an unwanted child. A ban on abortion is against services that only women need, and this is gender inequality. The UN states that it is discriminatory for countries to ban services that only women need. Gender equality can only truly be achieved through women's access to SRHR.

Is abortion a woman's right?

C Zampas: Abortion falls under human rights if we look at it in terms of the right to bodily integrity, the right to life (for example, a woman's life being threatened by being pregnant).

Karin Resetarits: Abortion is a human right and I am against abortion tourism.

How much pressure should the EU put on Member States about abortion?

Ilda Figueiredo, MEP (GUE/NGL): There is a difficulty in Portugal with the law and also the culture. We need solidarity on the abortion issue across Europe; abortion is an issue for every woman.

Anne Van Lancker: Are the risks bigger than the gains if abortion is part of EU legislation? We should name and shame those countries in the EU that are very restrictive on abortion.

Wanda Nowicka: If the EU is serious about the principles of women's rights it should have responsibility over abortion. Even though this is not simple or quick, the EU needs greater power. Consequently, we need to keep up the pressure on national governments as well as in the EU by having hearings such as this.

How can we get a unified position on women's right to abortion in Europe?

Katarina Lindahl (RFSU, Sweden): We can't find one single strategy. Europe is very diverse. A common theme though is that women feel that they should have the right over their own body, and this isn't an issue for Church or Government. We need a network of people engaged in this topic across Europe, and we also need to involve more men in the discussion. It is just as much a man's responsibility when a couple have sex and a woman becomes pregnant. Ultimately, though, it should be a woman's final decision over what happens to the foetus.

Elfriede Harth: Abortion should be put on the agenda and the EU should make Member States accountable for how they uphold women's rights.

What can NGOs and civil society do?

Vicky Claeys (IPPFEN): We need to work with parliamentarians more. Legislation on abortion is needed, but it is not the only thing. We need more women speaking up about their abortion experiences, and being motivated to make a stand for the right of women to choose. We should work more with women's organisations and try and change the feelings of taboo and guilt surrounding abortion. We need to mobilise people at national level. It is very hard to fight for abortion from a rights-based perspective. We need to remind governments that when they signed the ICPD it also applied to their own countries, not just developing ones.

Questions from the floor ...

Should abortion be a health issue rather than a rights issue?

Olga Pietruchova: Abortion is a health issue when women are forced to undergo illegal, unsafe abortions at potentially great risk to their health.

Anna Zaborska, Chair of Committee on Women's Rights and Gender Equality, MEP (PPE-DE): I disagree with the figures on Slovakia that were quoted in a study distributed at the hearing, but support the EWL's position as regards reproductive health. It is important to involve our health ministries in order to push the issue forward. However, I am adamant that the other EU Member States should not have to follow Sweden's example, due to cultural and other reasons. I am against abortion because, as a physician, I prefer preventive measures.

How can we include men in advocating for abortion?

Proinsias De Rossa, MEP (PSE) Ireland: I am one of the only Irish MEPs speaking out in favour of women's right to choose. We have serious problems in Ireland. Getting the EU to produce a law on abortion is just not a serious option. Getting men involved is just a logistical thing – get them to sign things, include them in debate.

What else can be done?

Wanda: We should send the witness testimonies to other MEPs, and strengthen EU monitoring policies on abortion if possible.

Katarina Lindahl offered thanks to all participants and organisers.

End of session

3. MEDIA

The media strategy around the hearing was simple and offered as a service.

RFSU provided all the co-hosts and supporting partners with an article written for the Swedish media. The article was translated into English and French.

The participants were asked if they would agree to sign it if placed in the Swedish media. All the co-hosts signed it, except for the French MEPs who went for a slightly altered version.

An opinion piece to place in national media

The article was written as an opinion piece to place in pages for debate/opinion or as a comment in the cultural section of a daily national newspaper. All participants were asked to try to circulate it in their own national media – adapting it to fit their political standpoint as well as the tone and style of their media.

Several collaborating partners found the article useful. Some gathered signatures to establish political support in their national parliament. Others sent it out as a press release, and some published the entire article as it was written. A majority of all the co-hosts signed the article.

Lessons learned

The hearing was mentioned in most of the countries where MEPs or national FPAs collaborated. In some countries the hearing got broad coverage, but it was narrower in others. It was also mentioned in other EU/European countries not directly involved in the hearing.

Since MEPs and their assistants are overwhelmed with work, in many cases the collaborating FPA took charge of the media. IPPFEN/IPPF also assisted in the media work. In the countries where MEPs and FPAs worked together on advocacy and media, the outcome was especially good.

In particular, Belgium, Poland and Sweden obtained broad media coverage.

In Ireland the hearing was the main theme of a TV-debate on prime-time.

It is also obvious that more media work could have been done, to place the MEPs on radio shows, TV, etc. It was important to get media attention in the big, influential Member States – such as the UK, Germany, Spain and France – to put abortion on the political agenda. However, in countries where abortion is not a problem, nor on the political agenda, it is difficult to get media attention. With more resources for media work it could have been taken even further. The hearing was a pioneering event in the European Parliament and as such it must be seen as a success regarding both media and attendance.

Opposition media

The hearing was quickly passed around on various anti-abortion circulation lists. For instance, there was an article circulated via opposition media called Friday Fax, Volume 8, Number 46, with the headline: “Conference Says World is a Cruel Place Because of Catholic Church”. Another article was circulated through eurofam.org, saying “Conspiracy at European Parliament to create an abortion right in the EU”.

Political groups of the EU Parliament

The Members of the European Parliament sit in **political groups**; they are not organised by nationality, but by political affiliation. There are currently seven **political groups** in the European Parliament:

PPE-DE: Group of the European People's Party (Christian Democrats) and European Democrats

PSE: Socialist Group in the European Parliament

ELDR: Group of the European Liberal, Democrat and Reform Party

ALDE: Group of the Alliance of Liberals and Democrats for Europe

Verts/ALE: Group of the Greens/European Free Alliance

GUE/NGL: Confederal Group of the European United Left/Nordic Green Left

EDD: Group for a Europe of Democracies and Diversities

ID: Group Indépendance/Démocratie

UEN: Union for a Europe of Nations Group

NI: Non-attached members:

Media – getting the word out in Europe

ALBANIA

Articles:

“Aborti, një e Drejtë për të gjitha gratë në Komitetin Europian?,” Panorama, 18-10-2005.

AUSTRIA

Articles:

EU-Aktion “Abortion”, Woman, 14-10-2005

BELGIUM – good coverage in the printed media

The opinion piece by Anne Van Lancker on abortion in the EU has appeared in at least two Flemish newspapers. Both De Morgen and De Standaard published it.



Other media picked up on the hearing to focus on abortion in other and additional ways.

- Baas in eigen buik, ook in Europa, De Tijd, 21-10-2005
- Baas in eigen buik overal in Europa, De Morgen, 18-10-2005
- Baas in eigen buik, en wel nu, De Standaard, 18-10-2005
- L'avortement reste un cas d'urgence, Le Soir, 18-10-2005

CYPRUS



The press release concerning “Abortion: A right for all women in the European Union” was translated into Greek and sent to all local Greek and English newspapers in Cyprus. An article was placed in the newspaper “Politis”, which has a daily circulation of around 18,000.

FRANCE

French media were not interested in abortion in the autumn of 2005. According to Elfriede Harth, the French media is rather provincial. In order to raise interest, all involved could have targeted the media to achieve better results.

GERMANY

Articles:

- Ulla Jelpke: Selbstbestimmt leben, kominform.at, 2005-10-28
- Schwangerschaftsabbruch: Ein Recht für alle Frauen in der Europäischen Union? gesche.online, 2005-10-20

HUNGARY

Nothing in the Hungarian media.

IRELAND – debate prime-time on the biggest TV-show.

The hearing acted as an impetus for the issue of abortion to be raised on The Late Late Show on the Friday previous. The Late Late is Ireland's most popular and prestigious television show and is the longest running chat show in the world. The item was later billed on its website (<http://www.rte.ie/tv/latelate/20051014.html>) as follows:

“ABORTION DEBATE

Next week, a group of Swedish MEPs are facilitating women from the six European countries, including Ireland, where abortion is forbidden or restricted, to tell their stories before the European Parliament. Frances Kissling, Ivana Bacik (chief spokesperson of the IFPA Safe and Legal Campaign), Dr. Berry Kiely and Rosemary Swords debated the rights and wrongs of abortion and what if anything the Irish government should do. The IFPA's Director of Counselling, who spoke at the hearing, was questioned by the audience. In a poll, 74% voted in favour of the motion that in some circumstances abortion should be legal in Ireland.”

LITHUANIA – gathered support from national MPs

No coverage all all.

However, the RFSU article was used to gather signatories in the national parliament.

MALTA

Several articles were published the week after the hearing on abortion.

TV show:

Smash-TV, 10 November 2005, Katarina Lindahl, Director General of RFSU participated in a TV debate via telephone, with a picture of her on the TV screen.

THE NETHERLANDS

Hearing mentioned in the printed media (clipping missing).

POLAND – big media interest

- Opowie tez za inne. Aborcja, Sprawa Alicja Tysiac, Trybuna, 5.10.2005 (Trybuna is a left-wing daily; she will tell her story also on behalf of other women).



Abortion – the case of Alicja Tysiac).

- Nie milczec, UE – konferencja o prawie do aborcji, Trybuna, 17.10.2005 (Do not remain silent. EU – conference on the right to abortion).
- Mówmy glosno, UE – konferencja o prawie do aborcji, Trybuna 19.10.2005 (Let's speak loudly, UE – the conference on the right to abortion).

- Aborcja w Strasburgu, Polityka, 22.10.2005
(Polityka is one of the most popular weeklies; despite the mistake in the title, the article concerns the conference in Brussels; Abortion in Strasbourg)
- Po sprawiedliwosc do Brukseli, Trybuna, 22-23.10.2005
(Seeking justice in Brussels).
- Aborcja przed Trybunatem, Fakty i Mity, 28.10-3.11.2005, Fakty i Mity – weekly
(Abortion before the Tribunal).



PORTUGAL – coverage in influential media

Articles about the hearing in two of the most influential and biggest newspapers.
Portuguesas descrevem em Bruxelas experiênciade aborto, PUBLICO, 18-10-2005

Portuguesas descrevem em Bruxelas experiênciade aborto

Portuguesas descrevem em Bruxelas experiênciade aborto, PUBLICO, 18-10-2005



Portuguesas vão ser ouvidas em Bruxelas, DN, 17-10-2005



SLOVAKIA – TV and printed media reported

Print media:

The Slovak press agency, TASR, published a message about the hearing, 19.10.2005.

- The weekly, Slovo, published an article about the hearing in the week from 19.10.2005.
- The internet newspaper, Changenet published, on 18.10, an article about the hearing
- Translation of the article from RFSU.

(<http://www.changenet.sk/index.stm?section=forum&x=119421>)

TV:

News TV TA3 – life discussion with Olga Pietruchova about the hearing, 20.10.2005 ay 13.00, broadcasted the whole day.



SPAIN

Nothing in the Spanish media.

SWEDEN – large coverage in all media



Articles:

The opinion piece signed by a majority of the MEPS:

- Dags för EU att ta i abortfrågan, Dagens Nyheter, 2005-10-18
(Time for the EU to address abortion; Dagens Nyheter is the most influential newspaper in Sweden).
- EU-parlamentariker vill värna aborträtten, Sydsvenskan, 2005-10-01
(MEPs want to safeguard the right to abortion; Sydsvenskan is a large daily paper in the South of Sweden).
- Rätt till abort delar Europa, Oskarshamnstidningen, 2005-10-20
(The right to abortion divides Europe, Oskarshamntidningen, South-East Sweden).
- Svagt intresse för aborthearing, 2005-10-24
(Small interest for the abortion hearing – The World Today – conservative Christian newspaper).
- Fri abort delar Europa, Barometern, 2005-10-19
(Free abortion divides Europe, Barometer – daily newspaper in the South-East region).
- Krav på fri abort inom hela EU, Världen idag, 2005-10-17
(Demanding the right to abortion throughout the EU – The World Today, conservative Christian newspaper).
- Långt kvar till laglig abort i EU, Flamman, 2005-10-27
(A long way left to the right to abortion in the EU, Flamman, radical left-wing newspaper).
- RFSU kräver fri abort i hela EU, Trons Värld, 2005-10-20
(RFSU demands the right to abortion in the EU, Faith Today, Christian newspaper).
- Skakande berättelser om abort gjorde intryck i EU-parlamentet, Kommunalarbetaren, nr 19/2005
(Emotional stories about abortion made an impression at the EU, Swedish union paper for hospital staff, social workers etc. employed in local government).

Opinions:

- Abort – en rättighet som borde gälla för alla, Smålands-Tidningen, 2005-11-04
(Abortion – a right that should include all).

- Gör abort till en EU-rättighet, Svenska Dagbladet, 2005-10-17
(Make abortion a right for the EU – Svenska Dagbladet, influential conservative newspaper).

Editorials:

- EU måste kämpa för fri abort, Aftonbladet, 2005-10-18
(EU must take the fight for the right to abortion – Aftonbladet, Scandinavia's biggest newspaper).
- Abort är inte en rättighet i hela EU, Kristianstadsbladet, 2005-10-21
(Abortion is not a right in the whole of EU, Kristiansstadsbladet, local newspaper in South/West).

Radio/TV:

- Documentary from Ireland, Studio ett, Sveriges Radio, 2005-10-17
(Swedish radio's most influential program on current affairs).
- Kristina Gemzell, Gynaecologist, SVT Nyheter, 2005-10-17
(The evening news on the most influential TV channel, state-owned).
- Katarina Lindahl, Director General Director RFSU, Anna Hedh, MEP, p1 morgon, 2005-10-18
(Debate in the morning show on current affairs, on the most influential mornings/news programme).
- Lena Ek, MEP, SVT morgon, 2005-10-18.
(Debate in the most influential morning show, on state-owned television).



UNITED KINGDOM

The IPPF issues a press release.

4. SPEECHES AND TESTIMONIES

Longer versions

Katalin Lévai, MEP (PSE), former Hungarian Minister of Equality

Why abortion is an important issue for the EU

In the EU there are several types of legal frameworks concerning the issue of abortion

Whereas the sexual and reproductive rights of European women are guaranteed in a satisfactory way in the eyes of the rest of the world, an in-depth study reveals that ongoing difficulties and disparities exist between different European regions and countries. The sexual and reproductive rights that should be enjoyed without obstacles by European women in their country include legal and safe abortion, open access to reliable, safe, affordable contraception, access to healthcare, sexuality education, and information in relation to sexual and reproductive health, free choice and consent.

In reality, the application of these rights is limited and is subject to certain conditions. In the European Union today, women's sexual and reproductive health must be considered a major public-health issue. In fact, the accession of the countries of Central and Eastern Europe to the European Union has highlighted in particular the disparity in this area between the practices and policies of the different Member States.



Situation in the EU

Some countries in the Union are still very strict in relation to abortion – not only Ireland, Malta, Poland and Slovakia, but also Portugal and Spain. The influences of anti-abortion movements and religious movements, as well as cases of conscientious objection among medical staff (notably in Spain and Italy), play a very important role. The risk associated with this kind of restrictive legislation is that the number of illegal abortions will increase, will take place overseas or in dangerous conditions, and will not figure in the statistics.

I was in the Netherlands and I visited “Women on Waves”, which is a really important initiative. After my visit, here in the Parliament, we held a conference, and the participants asked me what the Parliament should do on this issue.

- **None of the women would choose abortion with “pleasure”.**

It is a forced situation and degrading process. Women usually sustain discrimination, and they lay the blame on themselves (even young girls).

- **EU legislation is built upon respect for human rights**

Every woman should have the right to free choice.

Women's right to choose is the core of equality.

Gender equality cannot be achieved without guaranteeing women sexual and reproductive health and rights.

What should we do?

The importance of sexuality education/information

The sexual and reproductive health of adolescents is dependent on the knowledge they have of their own sexuality, of their bodies, and of relations between women and men.

In the EU, a majority of countries provide sexuality education within the school curriculum, and some governments undertake specific prevention campaigns targeting adolescents. A society that is open to and tolerant of the questions of young boys and girls is more able to help them to take responsibility for their sexuality. However, sexuality education and information targeting teenagers is still insufficient in the countries of the EU.

The differences are notable between the obligations of the school curriculum and the practices actually taking place on the ground (raising awareness amongst and training teaching staff, for example). Moreover, theoretical and biological information is prioritised to a large extent, which is to the detriment of an approach to sexuality that is more concrete, highlighting freedom of choice and respect of the partner.

A lack of sexuality education often leads to violence against women. By teaching boys and girls that sexuality includes respect of the woman's body, violence against women – and a lot of unwanted pregnancies due to such violence – could be avoided.

Prevention of early/unwanted pregnancies

The early pregnancy rate is increasing in Europe. Disparities between countries are considerable; countries like the UK (32 per 1,000 between 15 and 19 years-old), Greece (24) and Portugal (25) still have a high number of pregnancies among teenagers or very young women.

Since the vast majority of these pregnancies are unplanned and unwanted, it is important once again to promote information and prevention. This will also reduce the incidence of STIs amongst young girls, who are even more at risk of an unsafe abortion.

Some countries are good examples

In the Netherlands, there is a low rate of abortion, and a teenage pregnancy rate that is among the lowest in Europe. Most teenagers use some form of contraception during their first sexual relationship. This situation is largely due to the fact that sexuality education has high quality in the Netherlands, and has become part of the system both inside and outside school.

In Poland, for instance, sexuality education is no longer a mandatory component of the school curriculum. And, when included, it is often influenced by the Catholic authorities and social stereotypes. In Slovakia, the practice of sexuality education may decline due to the influence of the Catholic Church.

Support my declaration

Katalin Lévai introduced a written declaration on abortion that she asked all the MEPs present to support.

2004



2009

13.09.2005 /2005

WRITTEN DECLARATION

pursuant to Rule 116 of the Rules of Procedure

by Katalin Lévai and ...

on women's right to self-determination and adequate sexuality education and family planning in the European Union

Lapse date:

2005

Written declaration on women's right to self determination and adequate sexual education and family planning in the European Union

The European Parliament,

- having regard to Rule 116 of its Rules of Procedure,
- having regard to the reports of the Committee on Women's Rights and Gender Equality (A6-0250/2005) and (A5-0223/2002)
- having regard to the "European Strategy for the Promotion of Sexual and Reproductive Health and Rights", (RES 1399(2004)),
- having regard to Article 152 of the EC Treaty that foresees that a "high level of human health protection shall be ensured in the definition and implementation of all Community policies and actions",
- having regard to the 2005 declaration of EU Ministers of Gender Equality recognising the human rights and gender equality aspects of sexual and reproductive health,

Calls on the Commission and the Member States

1. To give a legal framework for guaranteeing the following values and issues:
 - women must have access throughout the EU to accurate information, comprehensive sexuality education and family planning to prevent unwanted pregnancy, and must not be forced to carry an unwanted pregnancy to term;
 - women must have access to high-quality women-centred care and services on reproductive health including safe abortion.
2. To consider the practice of unsafe abortions in some Member States as a public-health priority and encourage Member States to delete the restrictive clauses and/or the reservations made in relation to the UN conventions and their Accession Treaty to the EU
4. To instruct its President to forward this declaration, together with the names of the signatories, to the Council and Commission, and the Member States.

Dr Emmanuel D Bezzina, practising lawyer, Doctor of Law, Broadcaster, Chairman Family Rights Association (FRA), the Malta Divorce Movement, and Alpha Liberal Democratic Reformist Party

In the cold: the situation in Malta

Malta was the smallest of the 25 EU Member States as of April 1, 2004. In accordance with the Constitution of the Republic of Malta, Article 2, sub-article 1, states that the religion of Malta is Roman Catholic Apostolic. Constitutionally, Malta has to be referred to as a Catholic country. But, the actual way of life of a substantial number of its inhabitants does not really reflect a Catholic way of behaviour. Adultery is rampant, as well as infidelity in a high percentage of marriages. Divorce is not permissible in Malta, though we recognise Foreign Divorce Judgements or Decrees (our depiction of Social Hypocrisy thanks to our Members of Parliament and the manner these are influenced by the Maltese Catholic Curia when it comes to voting at General Elections).



Women go on “illegal shopping sprees” to Italy and the UK

Abortion is illegal in all ways, though it is an open fact that a number of Maltese women of child-bearing age leave Maltese shores every year to undergo an abortion, especially and particularly in either nearby Catania on Sicily, or somewhere in England; Italian and English are fluently spoken and understood in the Maltese Islands.

Cohabitation is common, single parents are on the increase, and because of the social welfare system, adoption is rather difficult.

In this context, Chapter IV of the Malta Constitution outlines a number of Fundamental Rights and Freedoms of the individual, such as respect for private and family life, protection from inhuman treatment, protection of freedom of conscience and worship, protection from discrimination, and others. In our legislation, we have also incorporated the European Convention for the Protection of Human Rights and Fundamental Freedoms (since 1987). It is obvious that, in Malta, these fundamental individual rights are violated by the powers that be, should these run counter to the ingrained, vested interests, that the Catholic Church has in my country. Thus again, citizens of Malta cannot exercise their fundamental rights.

18 months to 3 years in prison for causing miscarriage

I would like to emphasise the manipulative and influential power of the Catholic Church – it is immense. For safeguarding their own interests and their stronghold in Malta, the Catholic Curia will do just about anything – even kill, as history has shown. Modern-day strategies incorporate character assassination, for instance. The word “abortion” does not feature in the Maltese legal text, but a subheading was incorporated into Malta’s criminal code in 2002. This sub-title relates to abortion, and our criminal law briefly states that whosoever (meaning anyone), by any food, drink, medicine, or by violence, or by any other means whatsoever, shall cause the miscarriage of any woman with child (observe: the word abortion is not directly referred to, but a wider context is implicated), whether the woman be consenting or not (complete downgrading of a woman’s wishes is hereby manifested) shall, on conviction, be liable to imprisonment for a term from eighteen months to three years.

The same punishment shall be awarded against any woman who shall procure her own miscarriage. Or, who has consented to the use of the means by which the

miscarriage is procured. (You will hereby note that, despite our legislative fundamental rights, women in this respect have no rights at all.)

Doctors risk losing their licence forever

That is where the IPPF should investigate and promote worldwide the situations prevailing in countries like mine where – though this situation is attributed to some religious imposition, such as Catholic Church teachings on the subject – the realities are very different. Without gullible people, no religion would survive, for instance.

Our criminal code continues by stating that if the means used shall cause the death of the woman, or shall cause a serious injury to her person, whether the miscarriage has taken place or not, the offender shall, on conviction, be liable to the punishment applicable to homicide or bodily harm. The culture, therefore, in my country, promoted by the Catholic Church (what other churches say in Malta has by and large little significance – the majority of the 400,000 inhabitants are overruled and overawed by the influence of the Catholic Church ... regrettably!), is that messing about with the delivery of a child in the womb might almost amount to murder. Indeed, the law goes on: any physician, surgeon, obstetrician, or apothecary, who shall have knowingly prescribed or administered the means whereby the miscarriage is procured, shall, on conviction, be liable to imprisonment for a term from eighteen months to four years, and to perpetual interdiction from the exercise of his/her profession. Hence, as you can witness, the deterrents are forceful – most forceful – and they are no doubt very effective deterrents. For instance, a prominent Member of Parliament, a popular Minister for many years, openly known to assist in abortion cases, was tricked by an undercover media person, on behalf of a Catholic Church radio station, to help give contacts to a supposedly pregnant woman who wanted to abort. The result was his resigning from being a Member of Parliament, so as not to embarrass his party, which could mean loss of votes. So great is the fear!

Political suicide to speak out

To the best of my knowledge, no woman was ever sent to prison for an abortion-related offence, though one man was, but only for a few months. In Malta we live with a cloak and dagger attitude; that is, though it is a well-known fact that a number of pregnant women annually go abroad to have an abortion, and it costs them a lot of money, even thousands of Maltese liri [Lm1 = approx. 2 1/4 Euro], to undergo the experience, still – until recently – it was taboo to attempt to speak about the reality of the situation. Currently, the preferred attitude is as if one did not hear anything.

It was not possible to get a woman from Malta to come to the hearing. Women felt too scared to talk about it in public in case it made them victims of attacks in Malta. If politicians speak of abortion in Malta, it is tantamount to political suicide.

When Malta signed the treaty to be an EU member it asked for a clause so that the EU could never interfere with legislation in Malta on abortion. This means that Maltese politicians can hold onto their power over abortion in Malta. Since there is a loophole in the protocol, I have brought a challenge before the Court of Human Rights. The voice of the woman is ignored, even silenced. In order to get an abortion, Maltese women have to travel abroad – which can cost up to 10,000 Euros. The Maltese Government knows this happens, but would rather let the woman suffer than infringe the power of the Catholic Church in Malta.

Esmeralda Kuliesyte, Executive Director of Family Planning and Sexual Health Association, Lithuania (Seimos Planavimo ir Seksualines Sveikatos Asociacija, FPSHA)

The New Member States – Lithuania: Where is the public support?

Access to abortion in Lithuania: Reproductive rights of women and youth

Abortion has been legal in Lithuania since 1957, and can be performed up to 12 weeks of pregnancy. Who can afford an abortion? Only women who have a high income, are employed, and live in big towns.

Financial difficulties make abortion inaccessible for rural women, especially if they have low income, and for very young women and adolescents.

For adolescents, abortion is not easily accessible due to the necessity of parental consent under the age of 16 and the price of surgical intervention.

The growing number of cases of infanticide in rural areas proves the seriousness of the situation.

In 2000-2003, 15 dead infants were found, and 18 in 2004 alone.

Youth under pressure

Adolescents indicate that doctors exhort them to give birth when they ask for abortion. In one case, a doctor showed interest in helping a young woman to leave a baby for adoption to foreigners.

In addition, fewer and fewer clinics provide the service in Lithuania, and doctors more often refuse to make an operation. A moralistic attitude to abortion is usual; doctors who refuse to perform an abortion are even portrayed as heroes in the media – as an example to follow.

Medical abortion for the termination of early pregnancy is not used as a method, because it is not legal, and mifepristone is not registered in Lithuania. There is strong opposition to medical abortion, even among specialists in respected institutions. Anti-choice people provide wrong information about medical abortion, even among those who support and promote it, such as WHO and the Family Planning and Sexual Health Association, Open Society Foundation of Lithuania. Anti-choice people say that medical abortion is genocide, and that our organisation is an enemy of the nation. In 2004, we decided to investigate public opinion on abortion, and organised a poll of Lithuanian inhabitants. It showed that 63% of respondents believed that women should have access to medical abortion. 72% indicated that women have the right to have an abortion in general. 85% of women who were in a clinic for abortion supported medical abortion, and wanted it to be legal.

Colleagues keep silent in public

Nevertheless, the woman's right to choose abortion is getting even more risky. In March of 2005, the Draft Law for Ban of Abortion has been registered. According to this law, any doctor who performs an abortion will be punished by two years of imprisonment. Currently, signatures for a ban on abortion are collected in churches by anti-choice people.

The FPA is a main actor in the area of reproductive health and rights. But, it gets mainly theoretical support. I have been working in the association since 1996. I am a

gynaecologist, and my colleagues usually support me when we have informal meetings. Nevertheless, nobody says anything officially, since abortion and reproductive issues are becoming taboo.

Abortion is not yet a human rights issue in Lithuania. Perhaps this is a reason why the FPA is alone in this important but hard work.

But there are positive things. Now we have a hope that the situation can be changed to the better. 30 Lithuanian parliamentarians put their signatures behind the declaration **of this hearing**. We think that, together with them and other European parliamentarians, it is possible – in all EU countries – for women to have and realise the right to choose abortion. We appreciate this support, and are ready to work further.

In our country, we need national policy and law on reproductive health. We need moral and financial support for our organisation. We ask our government to implement its international commitments on SRHR and rights.

*Rosie Toner, Director of Counselling Services,
Irish Family Planning Association (IFPA).*

Ireland: Not a single word

Address to the European Parliament on the Effect of Ireland's Restrictive Abortion Laws on Irish Women.

Thank you for inviting me to address this important meeting.

In the absence of a witness from Ireland, I am here as a service provider to relate the effect of our restrictive abortion laws on women. The stigma levied at women from the anti-choice groups, religious groups, the media and others prevents Irish women from speaking out for themselves.

In the time available to speak it would be impossible to discuss the complexities of the Irish situation. It is my hope, however, that I can give you some insight into the current difficulties experienced by Irish women and women resident in Ireland.

Ireland's ban on abortion is one of the most extreme in Europe. A ban so extreme, it would lead you to believe that abortion could not and does not exist in Ireland. But we do have abortion in Ireland, albeit the procedure is carried out in other jurisdictions. Irish women have travelled to England to secure abortion services ever since the legalisation of abortion in the UK in 1967. In 2004, over 6,000 (6,217) Irish women were forced to travel to the UK for an abortion. This figure does not include those Irish women so terrified to give an Irish address that they assumed a false identity. Nor does it include women who travelled to the Netherlands, Spain, France, or other destinations. Lower airfares and access to the internet has enabled Irish women to avail of other options outside the UK. Principally, Irish women in crisis and desperation, most often in isolation, will travel to other countries, to seek a safe and legal abortion procedure denied to them at home.

False “counselling-agencies” intimidate women

Women in Ireland do have access to information on abortion. However, to get that information they are forced to attend a counselling session where they must discuss the options of parenting, adoption and abortion. It is only in this “face-to-face” contact that service providers can give women information on abortion. As a counsellor, I am prevented by law from giving women information over the telephone or directing them to appropriate websites.

In the IFPA we see on average 2,000 women a year presenting with a crisis pregnancy. Their journey begins when they first try to work out what agency to contact for help. You see, in Ireland, that we have a number of agencies willing to be involved or help in a woman's private decision-making process. Agencies like the IFPA will provide women with information on parenting, adoption and abortion. It is the law; we must cover all options supposedly available to women. Other agencies, mainly religious in ethos, are unregulated by law and will provide women information on parenting and adoption only. They refuse to give women information on abortion, or even refer them to agencies like the IFPA who will. And then we have unregulated "rogue" or "bogus" agencies. These are extreme groups whose sole mission is to intimidate women into forced parenthood. They employ tactics such as delaying appointments; they force women to watch abortion propaganda videos, handle foetal dolls and view pictures of aborted fetuses. They regularly breach confidentiality and go to the extremes of contacting a client's family or next of kin.

We have a new language in Ireland to describe the different agencies to help women with a crisis pregnancy. There are those known as "3-option agencies", those known as "2-option agencies", and those referred to as "bogus" or "rogue" agencies. As meaningless as this language is to you as you listen to me, this language is equally as meaningless to the women in Ireland who try to find support in their crisis situation. As a result, women who unknowingly come into contact with some of these agencies have suffered mental-health complications and severe distress.

All of this is before you find the appropriate service to meet your needs. Resilient women will continue until they get the services and information they require. Unknown numbers of women are forced into parenthood. Additionally, Irish research shows that Irish women present later for abortions than their UK counterparts. This is one reason why.

Hard to finance abortion abroad

In Ireland, certain groups of women have particular difficulties.

Women on low income: Women on low income in Ireland have their medical costs covered through a national welfare programme. However, to avail of abortion services abroad they have to find the 1,000 Euros necessary to cover all their costs. These women are forced to turn to "money lenders" for financial support, and consequently have to pay extortionate interest charges and suffer intimidating and often violent tactics if they are unable to meet the repayment demands.

Refugee and asylum-seeking women: This group of women has to overcome a burdensome, bureaucratic process to secure a visa from the British Embassy to permit entry into the UK and a visa from the Irish Department of Justice to re-enter Ireland. This is a costly and time-consuming process for women who live on a maintenance grant of 19.50 Euros per week.

Citizens of other European communities now resident in Ireland: This group of women, living in Ireland, are denied access to services available in their country of origin.

Women with a pre-natal diagnosis of a lethal foetal condition: Women with a lethal diagnosis of their much wanted pregnancy have to travel to the UK for abortion services. They are most often unable to access vital genetic analysis of foetal remains to determine implications for any future pregnancies. In desperation and distress, some women have

attempted to bring foetal remains back to Ireland for genetic testing or burial.¹

Women pregnant as a result of rape: Similarly, this group of women is often prevented from working with law enforcement to preserve foetal tissue for use in prosecuting an accused rapist.²

Backstreet abortion amongst the poorest

Young women and migrant women without work permits also have particular difficulties. Additionally, pregnant women diagnosed with breast cancer, cervical cancer, and other conditions that may determine the outcome of their pregnancies struggle to come to terms with the lack of care they receive in Ireland. The list goes on! Women resort to street drugs sold as the “abortion pill”, and there is evidence of “backstreet abortion” among our immigrant population – not seen in Ireland since the 1950s.³

The Irish ban on abortion also denies Irish women access to advances in abortion care. Early medical abortion is a procedure effectively denied to Irish women. Medical criteria, time away from home, and the constraints of travel dictate that Irish women must undergo surgical procedures when less invasive procedures are available.

The confusion surrounding Ireland’s abortion law also has implications for women regarding post-abortion care. If a woman has a bad experience in seeking information prior to travelling, she will without doubt forego the medical care she requires on returning to Ireland.

For these reasons and a plethora of others, evidenced by over 6,000 women who travel every year for abortions, the IFPA continues to challenge Ireland’s abortion laws. We do so in order to protect and vindicate women’s human rights, and their right to the provision of sexual and reproductive healthcare that is safe, legal and non-discriminatory by nature.

All women should have safe and legal abortion

Women living in Ireland are experiencing serious inequalities in relation to access to reproductive healthcare services, particularly abortion services. The Irish laws on abortion are indefensible, and place women’s lives and health at risk.

All European women should be guaranteed access to safe and legal abortion services. The IFPA therefore requests the EU to:

- Monitor access to reproductive health and abortion services in Member States.
- Monitor the forced movement of women between Member States in order to access abortion services.
- Observe and comment on best practices in Member States in relation to reproductive health and abortion services.

¹ The IFPA has filed written comments in a case pending before the European Court of Human Rights, *D. v. Ireland*, Application No. 26499/02, in which the applicant travelled abroad for the abortion of a foetus with severe anomalies incompatible with life.

² Such was the scenario that led to the Irish Supreme Court’s decision in *Attorney General v. X*, [1992] 1 I.R. 1, a case which started when the family of a 14-year-old rape victim contacted the local police to inquire about preserving foetal tissue to prosecute the rapist after the girl planned an abortion in England. The Attorney General obtained an injunction prohibiting the girl or her family from travelling for nine months. The injunction was ultimately overturned on appeal to the Supreme Court, which held that the girl could obtain an abortion in Ireland because her life was at risk due to the fact that she had become suicidal.

³ Conor, L. (2004). *The Irish Times*.

In August this year, we – the IFPA – launched our campaign for “Safe and Legal Abortion in Ireland”. In preparation for today, we have already achieved a television debate on abortion. As a result, a woman contacted the television studio and volunteered to be a witness from Ireland at today’s hearing. Logistics prevented us from getting her here on time. I am, however, hopeful that we can now move forward, and – at our next meeting – it will not be me addressing a meeting such as this, but instead a witness from Ireland.

Thank-you,
Rosie Toner

Olga Pietruchova, Executive Director of Pro-choice Slovakia, Slovenská spoločnosť pre plánované rodičovstvo a výchovu k rodičovstvu (SSPRVR)

Slovakia: Turning women away

In Slovakia, the legal situation is different. Since 1986, we have had a liberal abortion law, which allows abortion upon request up to 12 weeks of pregnancy. In fact, the situation seems to be very positive. Over the last 15 years, the number of abortions declined by 70% because of use of modern contraceptives, which is one of the most positive developments in Europe.

Nonetheless, the issue of abortion became, in the last two election periods, politically controversial. It became a field of ideological battle. Conservative forces, supported by the hierarchy of the Catholic Church, tried everything possible to limit women’s access to abortion via legislative change – through challenging the Constitutional Court, or proposing a treaty with the Holy See on the Right to Exercise the Objection of Conscience. In fact, it seems that Slovakia is importing common practice from the US, where abortion is legal but in many states not accessible anymore. In several events, anti-choice representatives from the US have supported their colleagues in Slovakia.

Hospitals refuse abortion-claiming conscientious objection

Abortion is only available in Slovakia in hospitals; medical abortion is not yet allowed. As a result of political pressure, more and more hospitals in Slovakia refuse to perform abortion or assisted reproduction. They refer to the right of conscientious objection. The doctors who used to swear to be an atheist communist in the former regime have now turned into brave Catholics.

However, conscientious objection is the right of an individual. An institution has no conscience. The common situation is that, when the director or chief gynaecologist is a conservative and does not agree with abortion, he then prohibits abortion in the whole clinic. In some cities, no hospital provides abortion services anymore. The women have to find out by themselves where to travel. The doctors do not recommend another colleague, as is common practice in many countries (Belgium, UK, etc.)

Women have no other chance but to rely on their gynaecologist’s opinion. However, they often do not know that the information is not objective according to the standards of medicine – but distorted by private opinion according to the doctor’s beliefs. The same goes for children who listen to teachers telling them that condoms do not protect

against HIV/AIDS, that contraception is sin, and abortion is murder. No regulation was adopted by the Ministry of Health concerning how to ensure the legal right of women to access safe abortion and reproductive health services. No family planning method is covered by health insurance. The cost of an abortion is approximately half of average monthly income. For so long as family planning requires the financial responsibility of the state, it is a “private matter”. As soon as it serves in ideological political battle, it becomes a “public interest”.

Catholic doctor portrayed as a victim

Let me mention one case. In a hospital in eastern Slovakia, a pregnant woman was given the diagnosis that a foetus had hydrocephalus, which means that the brain does not develop, and instead of brain, has water in the cranium. The gynaecologist, who was on duty, refused to abort the damaged foetus because of objection of conscience. His colleague did and everything went OK; the woman already has another healthy baby. However, the gynaecologist made a couple of mistakes; he bungled another delivery, and the woman will never be able to have any more children. Altogether, 8 patients complained about him, and the hospital decided to fire him. What happened? He went to the media and complained that he was fired because of his beliefs. The former Minister of Justice and Chairman of the Christian Democratic Party took the case as advocate, and brought it to a lawsuit as an example of how Catholics are discriminated against in Slovakia because of their beliefs. This should be an example of why we need the treaty with the Holy See on the Right to Exercise the Objection of Conscience. Such a treaty would have the status of an international human rights treaty and be subordinated to Slovak legislation. It is not open to any negotiation, and would bind future generations for ages. It is imbued with power arrogance, slandering those who oppose it as the propagators of the “culture of death”. The “pro-life” movement in Slovakia is collecting signatures in Catholic churches to adopt it as soon as possible. The pro-choice movement was, by the press spokesperson of the Bishop’s Conference, publicly labelled as consisting of those who are defending the right of women to kill babies; they have no right to speak about conscience, because they don’t have any at all.

Fine to refuse – but consider another job

I want to stress that we fully accept and support the right of each individual to the freedom to express religion and beliefs, and act according to conscience. However, everybody should act already by choosing their profession. If the person has problems with abortion, contraception or assisted reproduction, he or she should consider another job. The same goes for teachers who refuse to teach sexuality education or Darwin’s evolution theory, or judges who don’t accept the right to divorce.

This statement is supported by a decision of the ECHR in the case of French pharmaceuticals (Pichon and Sajous v. France). Further, the hospitals should ensure that at least one gynaecologist is willing to perform abortions, and provide all reproductive health services.

Such a situation, created by the right of believers to refuse to respect the legislation because of conscientious objection, undermines the rule of law, which is a basic principle of democracy. It creates a differentiated legal status of citizens – between those who have to obey the law and those who don’t, because of their beliefs. It is discriminatory, because it gives more rights to Catholics than to other citizens. No legislation was proposed on how to ensure the rights of those affected by lack of services.

Women's right to choose – the core of the women's movement

The overwhelming majority of reproductive healthcare services are sought by women. Women are being discriminated against in their access to healthcare, and the right to family planning is jeopardised. Such action is in breach of Slovakia's own Constitution, in breach of the Charter of Fundamental Rights of the European Union, and in breach of international human rights treaties, including the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW) and the ICDP Action Plan. The right to choose was one of the core issues for the women's movement. We shall not and must not lose it again.

As I already said, we respect the freedom to express the religion of each individual. However, we also believe that human rights are universal and must be accessible regardless of private opinion or beliefs with regard to service providers. Without the right and freedom of women to decide about their destiny and have the possibility to do so, there can't be gender equality.

THE WOMEN'S TESTIMONIES



POLAND

Anna is 30 and a doctorate in Natural Science:

It was the winter of 1997. I was getting ready to leave for Australia for studying. My boyfriend at the time and I decided to split up since we did not see a future for us together. We had “good-bye” sex, and we parted on friendly terms.

Two weeks later, I found out that I was pregnant. When I told my ex-boyfriend, we both agreed that we did not want to have a baby together, and we needed to find a way for me to have an abortion. I did not think that I had to come up with 20 million arguments why I did not want the child. I thought it was my and my ex-boyfriend's business. I thought that it should be enough that I wanted an abortion and that I was sure about it. It was nobody else's responsibility, and I am sure that if I had given birth, no-one would take that responsibility.

So, first, I went to a gynaecologist, whom I had never seen before, because I was too ashamed to go to my regular one. The gynaecologist I went to started talking about going through pregnancy and bringing up the child. I totally panicked, but was too scared to actually say that I did not want to have this baby. I knew then that it would be too much to go from one doctor to another and hope that one would help me. So, I decided to go to my regular doctor. The doctor confirmed my pregnancy, and I completely broke down and said that it was not my intention to have a baby and that was a mistake. I was lucky. The gynaecologist was very friendly and understanding, and gave me a contact to a very good doctor who performed illegal abortions. I contacted this doctor immediately and was told that it would be no problem provided that I could pay 2000 PLN (the equivalent of 500 Euros). It is important to realise that for most Polish families it was more money than they had for at least two months of living. I was lucky to have that money.

Considered taking my life

The abortion was performed in the doctor's private clinic, located at the back of the house, late in the evening after working hours. It did not go so well, as I lost a lot more blood than expected. Luckily, both the doctor and the anaesthesiologist were very professional and they succeeded. I went for a check-up a few more times, and at the end was told that it would not affect my ability to bear children in future. I got very good care, illegally and for a large sum of money. I am not going to pretend that it was easy, but I have to say that apart from sadness I felt extreme relief. Importantly, I have never regretted that decision. Later on, when I thought about the whole situation, I realised that the only time I felt panic and fear was when I found out that I was pregnant and that I had no idea how to get rid of my unwanted pregnancy. I felt that giving birth would ruin my life, and I seriously considered taking my life in case I would not be able to get an abortion.

The hypocrisy of Polish doctors

As I said before, I was lucky. I met the right people, I had the money, and support – both from my ex-boyfriend and from my parents. But what bothered me the most, and still bothers me today, is that I could not approach the doctor whom I visited first and say openly: “I do not want this baby and I want to have an abortion”. It makes me so angry that I felt like a criminal, that I felt ashamed, and that I have been scarred by my situation and decision. It also makes me furious that the first doctor I saw did not even bother to ask me how I felt about my pregnancy, but just went on about how great it is to have a baby, assuming this was what I dreamed of.

I wanted then and I want now for myself and for all other women the right to decide about our lives, since we are the only ones who bear the full consequences, either if we give birth to an unwanted child or if we get an abortion.

I am furious when I realise that so many people worry about the potential embryos in our wombs, but not many of them really care about the unwanted children that are born in Poland. That other people make decisions for so many women and they do not find it unnatural, whereas they would if we tried to decide about their lives.

I also feel upset about the hypocrisy of the doctors, who do not fight for the right of choice for women, often due to “moral” reasons, but – on the other hand – many of them do not mind getting money for illegal abortions, money that of course is not taxed.

A lucky woman with connections

So I was lucky, a woman from a big city with connections and money. Still, I felt terrible about the way it had happened. What about all the Polish women who do not have what I had? Why can't we all decide freely and responsibly about our lives? Why aren't we trusted with our own lives? Does somebody in Poland think we are too stupid to make our own decisions? Well, who is it then?

Making a decision about having an abortion is not easy. But it should be a decision of the person who is going to have an abortion, not a decision of the whole country. It is my right as a human being to decide about myself. And, at the end of the day, I am the one who has to deal with it. So, just let me decide!

More so, for future generations, they should be clearly taught how to avoid having to make such decisions, how to protect themselves from getting pregnant before it is too late. Sexuality education is an essential part of upbringing in a normal society in the 21st

century. Access to contraceptives and freedom of choice are also a part of what I would call basic human rights.

Giving women the right of choice is as natural as giving us life.

Fundamentally, it is ours!



Alicja Tysiac: 31, almost blind with three children. Today she is dependent on assistance from the state:

When I became pregnant for the third time in February 2000, I was in shock. Since childhood, I have suffered from very serious vision impairment and degeneration of the retina. My general health has been also far from perfect. I have been anaemic, had very low blood pressure (90/30), suffered from unexplained neurological disorders, and had fainting spells. I did not feel I had the strength to give birth to a child, and I did not want to. This feeling was strengthened by the fact that my four-person family's living conditions were appalling, a one-room flat without central heating; my husband and I were both unemployed. When I decided to take advantage of my right to legal abortion for health reasons, both my ophthalmologists refused to provide me with the needed certificate, stating that they could not say with certainty that my pregnancy would lead to blindness. Finally, a general practitioner, who pointed out additional dangers associated with the fact that this would be my third caesarean, was brave enough to provide me with a certificate. When I presented this certificate at the gynaecology and obstetrics clinic, Doctor D. – without examining me or consulting other doctors – placed a few stamps on the back of it and wrote a note saying there were no contraindications for continuing the pregnancy. By doing this, he destroyed my certificate, and I could not use it anymore. Through this, he forced me to give birth to a child.

Doctor's decision against the law

Since then, my health has deteriorated significantly. I have noticed significant deterioration of vision in my right eye. I have had very limited vision in my left eye for over 10 years now. Approximately two months after the labour, I was taken to the emergency room because of the condition of my eyes. The doctor who saw me yelled at me, "Who allowed you to be pregnant?" Ironically, it was in the same hospital where I was declined my right to abortion. During the examination, the doctor diagnosed resorbing haemorrhaging in the right eye, and, in the left eye, degeneration of the retina. When wearing glasses, I can see up to a meter and a half. Before the labour, my condition was classified as a second-degree disability. The documentation justifying this classification stated that my health condition prevented me from working, but that I did not need to be cared for by another person. After the labour, I was classified as a person with a first-degree disability. The justification documents state that now I "require constant care and assistance of another person in relation to social roles and everyday existence". In Poland there are three "levels" of disability, with Level One representing the most severe disability.

I am very upset about the behaviour of the doctors: the ophthalmologists who treated the problem I had with my eyes so lightly; and, the gynaecologist – Doctor D. – who prevented me from accessing my right to abortion, which I was entitled to even in the context of the inhumane Polish anti-abortion law.

Denied justice everywhere

Since I continued to suffer the consequences of Doctor D.'s decision, in April 2001, I filed a complaint at the prosecutor's office. I accused the doctor of preventing me from undergoing the legal termination of pregnancy, which had an adverse effect on my health in the form of almost total loss of sight. The prosecutor who interviewed me indicated straight away that I had no chance of winning. In fact, on 31 December 2001, the investigation was discontinued. Earlier, the prosecution had decided to consult experts, and sent me for an eye examination at the Medical Academy in Bialystok.

In their opinion document, the experts stated that, "the deterioration of sight ...is related to the character of the condition, which is of progressive nature, and is not related to pregnancy and labour." The document was signed by three experts – an ob/gyn, an ophthalmologist and a forensic medicine expert. At least two of them came to their conclusions without seeing me, as only one doctor, an ophthalmologist, examined me. Furthermore, I am not even sure he was one of the experts, because at the end of seeing me, he said something to the effect: "I have examined you but what will the experts say..." The examination lasted 10 minutes, and no specialist equipment was used during it. In contrast, the experts dedicated 47 hours to the analysis of my court file and medical documentation; hence, the cost associated with the decision came up to 2,305 PLN (575 Euro).

The experts' final conclusions were: "with so serious a defect, the risk of separation of the retina was present since the beginning of the condition and continues to be present; the pregnancy and labour did not increase this risk." They were additionally sure that the haemorrhaging in my eye in the beginning of January "was not caused by the pregnancy or labour." According to the experts, the fact that two previous pregnancies did not result in deterioration of my sight proved this fact. Therefore, they decided that no deterioration took place after the third pregnancy.

Testimonies ignored

The prosecution did not take into consideration testimonies of the witnesses, suggesting that the tests I underwent after my last pregnancy and labour indicated degeneration related to earlier haemorrhaging. The witnesses did not specify the time of those bleedings, but they also did not rule out that they could take place during pregnancy, or during the labour – before the caesarean or directly after it. What I have the most difficulty in understanding is that the prosecutors did not interview at all the doctor who destroyed my certificate and refused to grant me access to abortion, even though other doctors were called to provide testimonies. I am very critical of the prosecution's approach. The condition of my file was appalling, and the lead prosecutor behaved toward me in an offensive manner. The reports containing testimonies of the witnesses were handwritten and illegible. When I pointed this out to the prosecutor and asked him to help me understand the writing, he was outraged and said: "I am not going to read the file to you". This, despite his knowing that I have serious vision impairment.

For me – a person on disability benefit and suffering acute vision impairment – a serious barrier to fighting for my rights was the fact that each time I wanted to access my file I had to write an application and pay administrative fees.

Ignored and humiliated by court and personnel

After the case was discontinued, the prosecutor said to me: “And who was right?” I had a feeling that he was implying that it is pointless to make complaints against doctors. I wrote a complaint to the regional prosecutor, who also failed to find any fault in the doctor’s actions, and referred the complaint to the District Court. The District Court, too, found no wrong-doing on the part of the doctor. The drastic deterioration of my health was not taken into consideration. The court’s statement noted simply that haemorrhages are a natural element in my health condition. After reading the verdict, the judge said that she was very sorry and that she understood me. In relation to the prosecutor’s file, she said that if I made a complaint she would penalise him, because she herself could not read the file. Of course, this understanding was not reflected in the justification of the verdict. After this court’s decision, I had no other avenues for appeal. During the time when the prosecution was deliberating my case, I filed a complaint with the Regional Medical Chamber and later with the National Medical Chamber. I was never informed about the progress of the case. I had to telephone the Chamber to get any information, and I was not allowed to photocopy any of the documents – only to copy them by hand. In the files, only the address of the doctor was covered up; my address was there for everyone to see. Therefore, the doctor could see my address, while I could not see his. I found out that, although the doctor was ordered to provide my medical file to the Chamber, he did not because my file did not exist! The women working in the Medical Chamber were very rude to me, and seemed very annoyed that I was calling and asking about my case’s progress. After a long period of waiting for any kind of reply, I asked to see the professional conduct ombudsperson. I wanted to know why the doctor addressed me by my first name. The ombudsperson explained that this was probably because he thought I was very young, and additionally in Western countries such behaviour is normal. I pointed out that in my presence a female doctor had whispered something into the doctor’s ear, after which the doctor stamped the certificate I presented to him and wrote a negative comment on it. The ombudsperson said she would ask the doctor about it, but that I should not worry because the discussion between the doctors was most likely not related to me. When I was leaving her office, she said: “You know, they should have terminated this pregnancy, but they have their own laws.”

I became the accused

I wanted to fight for justice in the Polish courts and prove that the doctors were wrong, that my rights were violated. During the whole time, however, I did not feel like the victim but like the accused. I cannot accept the way the doctors treated me. In my complaint to the Medical Practitioners Board, I accused the doctor of not fulfilling his obligations to ensure privacy; to treat patients with respect and kindness; to ensure due diligence, including dedicating sufficient time to patients; to refer patients to other medical assistance; and, to provide patients with full information. But, both the District and National Medical Practitioner’s Boards found no failures on the part of the doctor. The investigation was closed. Since I had used all avenues available to me within the Polish legal system, I decided to file a complaint at the European Court of Human Rights in Strasbourg. In February 2005, the Court communicated the case to the Polish government and requested that a number of specific questions be replied to. I hope the European Court will find the Polish system unfair. Currently, I am no longer a person

with a second-degree disability, but one with a disability of the first degree, which is a permanent classification. I need assistance from another person to exist. After five years of battling diverse difficulties and health problems, I am now suffering from anxiety neurosis, which manifests itself in serious breathing problems. I take large quantities of tranquillisers. My general health has deteriorated recently, and now I am seeing a psychiatrist. As far as my living conditions are concerned, we are in a really difficult situation. We cannot afford the payments for our flat, sometimes we cannot even feed the children. We survive on family and disability benefits. Our flat is 30 square meters. There is not enough room for our youngest daughter's bed. All we can do is hope that one day life will be better.”

Text from "Contemporary Women's Hell: Polish Women's Stories", published by the Polish Federation for Women and Family Planning, Warsaw 2005.



Portugal

Ruth, 19 years-old, still suffers from the infection



At the time, I was 14 years-old. I had dropped out of school and I didn't work. I got pregnant without wanting to. I took the contraceptive pill but sometimes I forgot. I went out at night and I met my boyfriend. When I didn't expect it, I got pregnant. I was afraid that my father knew about my pregnancy. But my mother couldn't help me because, at that time, she was not with us. I spoke with my boyfriend and he said I should do what I thought was best. I didn't want – and I couldn't have a baby. We had no conditions for it.

As I had nobody to ask for help, I let time pass. I had no courage to tell anyone.

One day, my father became suspicious. I gathered my courage and I spoke to one of my aunts and asked her to help me find an abortion, and she gave me support. She arranged for me to take Cytotec pills (Cytotec is used in medical abortion but can also be found as medication for ulcers, Editorial Comment).

I inserted 6 pills into the vagina, and took 2. But, it just went bad. I had fever, and I felt much pain. On the next day, I felt so bad that I had to go to the hospital.

In the hospital, as I was a minor, they wanted my father's permission to stay. I had to say that I didn't live with my parents, and I lived with my brothers. My oldest brother came and agreed to sign the permit, so my father would not find out.

I was in the hospital on Tuesday and Wednesday morning. I had much pain. I was alone, and I didn't call for anyone because I was afraid. The foetus came out. The placenta blew up. It went very badly.

They wanted to do an autopsy, but I didn't let them. I spoke with my boyfriend, and he didn't let them.

I stayed for 10 days in the hospital. I was in very bad shape. They gave me so many injections, after sometime, it hurt so much that they had to prick me in the blood vessels.

In the blood analysis, they saw I had an infection that can provoke abortion, and – if I went on with the pregnancy – the child could come with a handicap. So, I hadn't problems with the police.

Then, I came home. I still have the infection.



Cinda, 40, had an illegal abortion that went bad

I have three children, I'm married and work in a hospital. When my oldest son was 6 months-old I got pregnant. At that time, I couldn't have another child. I was not married then. I lived with the man who is now my husband, and we hadn't money enough for living, and I had already a child. I and my companion decided abortion was the better solution for our family at this time.

I went to a very famous abortion doctor in Oporto, a very expensive one, but at that time the doctor said I had to go to a clinic in Coimbra, where the abortion could be performed.

But we had no money to go to Coimbra, because of the distance and also because we would have had to stay there for one night. So, I decided to go to a midwife instead. After the abortion, I came home and continued with my day-by-day activities. One week later, more or less, I felt very bad and had to go to the hospital; the abortion had not been completed, and only the foetus has been expelled.

I was very ill in the hospital. I was there for three days under treatment for post-abortion care.

Then, I came home and I had no more problems.

I think we took the correct decision for our family. If the abortion was legal I would not had so many risks. I could have died.



Maria, 25, was put on trial and called a criminal

No woman would ever, willingly, have an abortion for the pleasure of it. It happens because, at the moment, it presents itself as the best solution, independently of the personal reasons of each and every woman who chooses to take it forward. We have the right to choose, we have freedom of choice.

There is a lot of talk about trauma, fear and the collateral damage caused by abortion, in my personal experience, of course. I felt fear, even panic, my privacy being violated, my life changed. And, do you know the cause? No, it was not the abortion itself; it was the massive persecution of Portuguese Justice that mistreats the women who choose to abort.

I have lived six years of persecution, and what a shame! One year after the abortion, I received a restraining order, and wasn't allowed to leave the country unauthorised. At this stage, this came as a problem as – being a professional dancer – I had work propositions abroad, which I obviously had to refuse.

Are we back to witch-hunting?

When I thought everything was over, seeing there wasn't enough evidence in the preliminary trial, the Portuguese Public Ministry still found a way of having me sit in the bench of the accused, as it often does to women, which it insists on humiliating.

I was on trial for one year, for various and long sessions, accused of being a criminal, for a choice that concerns only me. After all is it not me who should know what is the best for my life? Could it be that I cannot choose? What kind of law is this? Sadistic, ridiculous and inhumane. Is it that we have gone back in time and back to witch-hunting?

What principles are these that violate one's privacy? This is what made me feel resentful and humiliated – not the abortion itself, which was my option, totally conscious and the best solution.

I do think it would be much better and dignified if there were authorised clinics, instead of feeding an illegal circuit that is not safe and is indeed favourable to profitable business. Decriminalisation is a matter of urgency!

The hearing was made possible through the cooperation and financial support of:

The International Planned Parenthood Federation (IPPF)

The IPPF is the strongest global voice safeguarding sexual and reproductive health and rights for people everywhere. Today, as important choices and freedoms are seriously threatened, we are needed more than ever.



The IPPF European Network is one of IPPF's six regions. With 40 member associations in as many countries, the IPPF European Network increases support for and access to sexual and reproductive health services and rights throughout Europe and Central Asia. Our mission is to advance the basic human right of all people to make free and informed choices in their sexual and reproductive lives; to fight for accessibility to high-quality information, education and health services regarding sexuality and sexual identities, conception, contraception, safe abortion, and sexually transmitted infections, including HIV/AIDS.

IPPF EUROPEAN NETWORK

Rue Royale 146
1000 Brussels
Belgium
Tel. +32 (2) 2500950
Fax +32 (2) 2500969
E-mail: info@ippfen.org

The Center for Reproductive Rights

The Center for Reproductive Rights engages in international, regional, and national-level advocacy, policy analysis, legal research, public education, and international litigation with the goal of advancing women's equality throughout the world and ensuring that all women have access to a full range of freely chosen reproductive health services.



In particular, we seek to ensure that national-, regional-, and international-level discussions of women's reproductive rights occur within a human rights framework. Moreover, we aim to contribute to the development of robust legal and policy foundations for reproductive rights worldwide.

The Center for Reproductive Rights

120 Wall St.
New York, NY 10005
Tel. +1 (917) 637-3600
Fax +1 (917) 637-3666
www.reproductiverights.org

Catholics for a Free Choice

Catholics for a Free Choice (CFFC) is a non-governmental organisation with special consultative status on the Economic and Social Council (ECOSOC) of the United Nations. CFFC is accredited as an NGO with the European Parliament. CFFC is part of the Catholic international church reform movement, – We Are Church, and the European Network, Church on the Move. CFFC shapes and advances sexual and reproductive ethics that are based on justice, reflect a commitment to women's well-being and respect and affirm the moral capacity of women and men to make sound decisions about their lives. Through discourse, education and advocacy, CFFC works in the United States and internationally to infuse these values into public policy, community life, feminist analysis and Catholicism.



Catholics for a Free Choice

1436 U Street NW, Suite 301
Washington, DC 20009-3997 USA
To contact us via phone, please call:
Office: +1 (202) 986-6093
Fax: +1 (202) 332-7995
www.catholicsforchoice.org

RFSU

The Swedish Association for Sexuality Education (RFSU) is a politically and religiously independent non-governmental organisation, promoting an unprejudiced, tolerant and open approach to sexuality and personal relationships. We are striving for an open, equal society, where people are not sexually exploited or discriminated against, but instead where sexuality is a source of pleasure and joy. RFSU comprises experts, individual members, local associations and member organisations. It also runs a clinic focusing on sexual medicine, sexual counselling/psychotherapy and supervision. RFSU is a member of the International Planned Parenthood Federation (IPPF).



RFSU Box 12128 SE-102 24 Stockholm, Sweden
Phone: + 46 8 692 07 00 Fax: + 46 8 653 08 23
www.rfsu.se, www.rfsu.org

MDM

Women's Democratic Movement was created in 1968 during the fascist regime and it is the eldest feminist organization in Portugal. MDM is a national movement of intervention in the women's emancipating struggle and for the great causes that contribute to the construction of equality, peace and development. A movement that dreams of a society with no disparity, nor social injustice, where women have the right to choose, in matters such as maternity and sexual and reproductive health. Where women have the right of participation and decision in social, economic and political life. It is affiliated in the Women's International Democratic Federation, is a member of the Advisory Council of the Commission for Citizenship and Equality of Gender and a member of the Economic and Social Council, and takes part in the Portuguese Social Forum's works.



MDM n Movimento Democr*tico de Mulheres
Av. Almirante Reis, 90 n 7fA 1150-022 Lisboa, Portugal
Tel. +351 218160980 Fax. +351 218160989
info.mdm@netcabo.pt www.mdmulheres.com

This report was compiled by RFSU.
Editor: Ylva Bergman
Notes from the hearing taken by Victoria Rugg, Communications Officer, IPPFEN,
and Sophie Persson, European Advocacy Manager, Marie Stopes International
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