

ITEM-12 LMM 28/06/2022 - DEFEND ABORTION RIGHTS RALLY

MOTION:

That City of Newcastle:

1. Condemns the recent decision of the United States Supreme Court in *Dobbs v Jackson Women's Health Organization* (19-1392) overruling previously held decisions that the United States Constitution confers a right to an abortion.
2. Expresses its concern for the potential implications of this decision on the health and wellbeing of women across the United States and the denial of reproductive rights to women elsewhere in the world.
3. Supports the planned Defend Abortion Rights Rally due to take place this coming Thursday, 30th June 2022 from 5.30pm at Newcastle Museum and concluding at Nobby's Beach Reserve.

BACKGROUND:

IN HISTORIC RULING, US SUPREME COURT OVERTURNS RIGHT TO ABORTION

Matthew Cranston *United States correspondent*

June 25, 2022

Washington | The US Supreme Court has overturned the 1973 Roe v. Wade decision on abortion rights that will lead to imminent restrictions across 26 states.

The court's conservative majority, upheld a Republican-backed Mississippi law that bans abortion after 15 weeks in a 6-3 vote. The court also voted 5-4 to overturn Roe v Wade.

The justices in the majority held that the Roe v. Wade decision - the 50-year-old legal precedent which stripped the US states of their powers to outlaw abortion - was wrongly decided because the US Constitution makes no specific mention of abortion rights.

The court also overruled the Planned Parenthood of Southeastern Pennsylvania v. Casey ruling that reaffirmed abortion rights and prohibited laws imposing an "undue burden" on abortion access.

"The Constitution does not confer a right to abortion; Roe and Casey are overruled; and the authority to regulate abortion is returned to the people and their elected representatives," the court's ruling said on Friday (Saturday AEST).

Justice Samuel Alito said Roe "usurped the power to address a question of profound moral and social importance that the Constitution unequivocally leaves for the people."

Justices Clarence Thomas, Neil Gorsuch, Brett Kavanaugh and Amy Coney Barrett joined Alito in the majority.

The court's three Democratic appointees – Justices Stephen Breyer, Sonia Sotomayor and Elena Kagan dissented.

Democrats are seeking to make abortion rights a major issue in congressional races in November, given that polls have consistently showed most voters didn't want Roe overturned. It could help Democrats blunt the impact of high inflation and President Joe Biden's low approval ratings.

"Today the Supreme Court of the United States expressly took away the constitutional right from the American people that it had already recognised," Mr Biden said on Friday (Saturday AEST).

"It's a sad day for the court and for the country," he said, adding that he was "stunned", and stood with women who were "frustrated and disillusioned".

"The health and life of women are at risk," he said.

"This decision must not be the final word. My administration will use all of its appropriate lawful powers. But Congress must act and with your vote, you can act. You can have the final word. This is not over."

However, he insisted that any protests be kept "peaceful" with "no intimidation."

"We must stand against violence," Mr Biden said.

House Speaker Nancy Pelosi said on Friday that the decision meant American women now had less freedom than their mothers.

"Republicans are plotting a nationwide abortion ban," and they cannot be allowed to have majority in Congress, she said.

Senate Republican Leader Mitch McConnell said the Supreme Court's decision was "courageous and correct."

"This is an historic victory for the Constitution and for the most vulnerable in our society. For 50 years, states have been unable to enact even modest protections for unborn children. More than 90 per cent of Europe restricts abortion on demand after 15 weeks."

In the latest poll commissioned by Politico's Morning Consult poll 78 per cent of about 2000 registered voters believe Roe v Wade should not be overturned, but a smaller majority of 56 per cent think abortion should be legalised. Polling also shows that support falls with length of pregnancy.

The impact promises to be transformational. Twenty-six states either will or are likely to ban almost all abortions, according to the Guttmacher Institute.

Thirteen have so-called trigger laws designed to automatically outlaw abortion if Roe is overturned.

The ruling fulfils a decades-old dream for legal and religious conservatives, capping a half-century fight to overrule one of the most controversial opinions in US history which even the late progressive Supreme Court Justice Ruth Bader Ginsburg thought was flawed.

The decision is likely to unleash battles on multiple new fronts, including efforts to block patients from travelling to clinics across state lines and from receiving abortion-inducing pills by mail.

Lawmakers in anti-abortion states will have to decide whether to make exceptions for cases of rape or incest and whether to impose criminal penalties on people who get abortions.

WORLD HEALTH ORGANISATION

[HTTPS://WWW.WHO.INT/NEWS-ROOM/FACT-SHEETS/DETAIL/ABORTION](https://www.who.int/news-room/fact-sheets/detail/abortion)

ABORTION

25 November 2021

KEY FACTS

- Abortion is a common health intervention. It is safe when carried out using a method recommended by WHO, appropriate to the pregnancy duration and by someone with the necessary skills.
- Six out of 10 of all unintended pregnancies end in an induced abortion.
- Around 45% of all abortions are unsafe, of which 97% take place in developing countries.
- Unsafe abortion is a leading – but preventable – cause of maternal deaths and morbidities. It can lead to physical and mental health complications and social and financial burdens for women, communities and health systems.
- Lack of access to safe, timely, affordable and respectful abortion care is a critical public health and human rights issue.

OVERVIEW

Around 73 million induced abortions take place worldwide each year. Six out of 10 (61%) of all unintended pregnancies, and 3 out of 10 (29%) of all pregnancies, end in induced abortion (1).

Comprehensive abortion care is included in the list of essential health care services published by WHO in 2020. Abortion is a simple health care intervention that can be effectively managed by a wide range of health workers using medication or a surgical procedure. In the first 12 weeks of pregnancy, a medical abortion can also be safely

self-managed by the pregnant person outside of a health care facility (e.g., at home), in whole or in part. This requires that the woman has access to accurate information, quality medicines and support from a trained health worker (if she needs or wants it during the process).

Comprehensive abortion care includes the provision of information, abortion management and post-abortion care. It encompasses care related to miscarriage (spontaneous abortion and missed abortion), induced abortion (the deliberate interruption of an ongoing pregnancy by medical or surgical means), incomplete abortion as well as fetal death (intrauterine fetal demise). The information in this fact sheet focuses on care related to induced abortion.

SCOPE OF THE PROBLEM

When carried out using a method recommended by WHO appropriate to the pregnancy duration, and by someone with the necessary skills, abortion is a safe health care intervention.

However, when people with unintended pregnancies face barriers to attaining safe, timely, affordable, geographically reachable, respectful and non-discriminatory abortion, they often resort to unsafe abortion. Global estimates from 2010–2014 demonstrate that 45% of all induced abortions are unsafe. Of all unsafe abortions, one third were performed under the least safe conditions, i.e., by untrained persons using dangerous and invasive methods.

Developing countries bear the burden of 97% of all unsafe abortions. More than half of all unsafe abortions occur in Asia, most of them in south and central Asia. In Latin America and Africa, the majority (approximately 3 out of 4) of all abortions are unsafe. In Africa, nearly half of all abortions occur under the least safe circumstances (2).

CONSEQUENCES OF INACCESSIBLE QUALITY ABORTION CARE

Lack of access to safe, affordable, timely and respectful abortion care, and the stigma associated with abortion, pose risks to women's physical and mental well-being throughout the life-course.

Inaccessibility of quality abortion care risks violating a range of human rights of women and girls, including the right to life; the right to the highest attainable standard of physical and mental health; the right to benefit from scientific progress and its realization; the right to decide freely and responsibly on the number, spacing and timing of children; and the right to be free from torture, cruel, inhuman and degrading treatment and punishment.

Each year, 4.7–13.2% of maternal deaths can be attributed to unsafe abortion (3). In developed regions, it is estimated that 30 women die for every 100 000 unsafe abortions. In developing regions, that number rises to 220 deaths per 100 000 unsafe abortions (2). Estimates from 2012 indicate that in developing countries alone, 7 million women per year were treated in hospital facilities for complications of unsafe abortion (4).

Physical health risks associated with unsafe abortion include:

- incomplete abortion (failure to remove or expel all pregnancy tissue from the uterus);
- haemorrhage (heavy bleeding);
- infection;
- uterine perforation (caused when the uterus is pierced by a sharp object); and
- damage to the genital tract and internal organs as a consequence of inserting dangerous objects into the vagina or anus.

Restrictive abortion regulation can cause distress and stigma, and risk constituting a violation of human rights of women and girls, including the right to privacy and the right to non-discrimination and equality, while also imposing financial burdens on women and girls. Regulations that force women to travel to attain legal care, or require mandatory counselling or waiting periods, lead to loss of income and other financial costs, and can make abortion inaccessible to women with low resources (5, 6).

Estimates from 2006 show that complications of unsafe abortions cost health systems in developing countries US\$ 553 million per year for post-abortion treatments. In addition, households experienced US\$ 922 million in loss of income due to long-term disability related to unsafe abortion (8). Countries and health systems could make substantial monetary savings by providing greater access to modern contraception and quality induced abortion (6, 7).

A set of scoping reviews from 2021 indicate that abortion regulations – by being linked to fertility – affect women's education, participation on the labour market and positive contribution to GDP growth. The legal status of abortion can also affect children's educational outcomes, and their earnings on the labour market later in life. For example,

legalization of abortion – by reducing the number of unwanted pregnancies and thus increasing the likelihood that children are born wanted – can be linked to greater parental investments in children, including in girls’ schooling (7).

EXPANDING QUALITY ABORTION CARE

Evidence shows that restricting access to abortions does not reduce the number of abortions (1); however, it does affect whether the abortions that women and girls attain are safe and dignified. The proportion of unsafe abortions are significantly higher in countries with highly restrictive abortion laws than in countries with less restrictive laws (2).

Barriers to accessing safe and respectful abortion include high costs, stigma for those seeking abortions and health care workers, and the refusal of health workers to provide an abortion based on personal conscience or religious belief. Access is further impeded by restrictive laws and requirements that are not medically justified, including criminalization of abortion, mandatory waiting periods, provision of biased information or counselling, third-party authorization and restrictions regarding the type of health care providers or facilities that can provide abortion services.

Multiple actions are needed at the legal, health system and community levels so that everyone who needs abortion care has access to it. The three cornerstones of an enabling environment for quality comprehensive abortion care are:

- respect for human rights, including a supportive framework of law and policy;
- the availability and accessibility of information; and
- a supportive, universally accessible, affordable and well functioning health system.

A well functioning health system implies many factors, including:

- evidence-based policies;
- universal health coverage;
- the reliable supply of quality, affordable medical products and equipment;
- that an adequate number of health workers, of different types, provide abortion care at a reachable distance to patients;
- the delivery of abortion care through a variety of approaches, e.g., care in health facilities, digital interventions and self-care approaches, allowing for choices depending on the values and preferences of the pregnant person, available resources, and the national and local context;
- that health workers are trained to provide safe and respectful abortion care, to support informed decision-making and to interpret laws and policies regulating abortion;
- that health workers are supported and protected from stigma; and
- provision of contraception to prevent unintended pregnancies.

Availability and accessibility of information implies:

- provision of evidence-based comprehensive sexuality education; and
- accurate, non-biased and evidence-based information on abortion and contraceptive methods.