



Maeve O'Rourke

Please help: Government intending to break its promise to Magdalene survivors

Maeve O'Rourke

2 February 2015 at 12:59

To: Anne Ferris

Claire McGettrick

Katherine O'Donnell

Dear Anne,

Many thanks for your email.

Many thanks too for your contribution to the debate on the Terms of Reference for the Commission of Investigation. All in JFMR (Claire and Katherine cc'd) agree entirely that the limited scope of the Commission is deeply wrong. We intend, with the permission of those involved, to provide the Commission with the testimony and archival materials we submitted to the McAleese Committee - and which were disregarded by that Committee.

Regarding the Redress Bill, I know that you will be considering the Bill this week at Committee Stage.

We would be extremely grateful if the Bill's wording could be clarified. While we of course welcome the Minister's stated commitment to implementing Judge Quirke's recommendations, the wording of the Bill gave us cause for concern and still does.

We are also extremely concerned about the lack of provision for women who are institutionalised and lacking capacity, and we would welcome discussion of the pensions issue.

Please could you clarify the following issues at Committee Stage?

HAA card equivalent

1. Why does the Bill limit the GP, dental, ophthalmic and aural services to those "specified in... the Act of 1970"? This limitation is not part of the Health (Amendment) Act 1996 and was not part of Judge Quirke's suggested wording (see the appendix to his Report, where he provided draft legislation). It suggests that the GP, dental, ophthalmic and aural services will be the same as those provided under the regular medical card, rather than the vastly enhanced HAA card versions.

2. Why does the Bill limit the drugs, medicines and appliances to the Reimbursement List? Again, this limitation is not part of the Health (Amendment) Act 1996 and was not part of Judge Quirke's suggested wording.

3. Will immediate family members be able to avail of counselling and psychotherapy, as under the HAA card?

4. Will the HAA card complementary therapies of acupuncture, massage-based therapy, manipulation-based therapy and reflexology (once provided by a registered medical practitioner) be available to the women?

5. Will liaison officers be appointed to assist the women in obtaining their enhanced benefits under this card?

Suggested amendment to section 2

We have attached a suggested amendment to section 2, which would delete the current section and instead amend the Health (Amendment) Act 1996 to include the Magdalene women within the existing HAA card framework.

Guide to health and community services and commencement of services

Regardless of how the Bill is eventually worded, and bearing in mind the Minister's statement about the HSE having final say over the format of the card and services for the women, we would like to see a comprehensive prospective guide to the health card produced by the HSE by the time the Bill comes around to its second reading in the Dail. It is of course now 19 months since the government accepted all of Judge Quirke's recommendations and the women should really know more than that they will receive a list of substantive services. They should know how they will receive them, and the extent of them. And, crucially, the HSE should be ready to implement them immediately upon the legislation coming into force.

Representation of women lacking capacity

We are aware that the government wishes to let the forthcoming Assisted Decision-Making Bill take care of this issue. However, the ADM legislation has been hugely delayed already and we are not confident of it coming into force in the first half of this year.

We have attached a suggested amendment to the Bill, to provide for the appointment of decision-making representatives. This wording is taken directly from the Department of Justice's Heads of Bill, which provided for the appointment of representatives (until, presumably, it was decided that the women could wait for the enactment of the ADM legislation).

Personal advocates for women who are institutionalised

We are firmly of the view that all women who are institutionalised currently should automatically receive personal advocacy services. This is especially important if this legislation fails to provide for the appointment of representatives for women lacking capacity - it would at least be some sort of stop-gap measure.

We are extremely concerned for the welfare of some of the women living in institutional care. We regularly receive reports of elder abuse of women in these settings, and in one particularly serious case, we made a formal complaint to the HSE and to the Minister for Disability, Older People, Equality and Mental Health. Neither the Minister nor the HSE acknowledged our complaint.

We have attached a suggested amendment which would require the HSE to automatically provide a personal

advocacy service to every woman who is institutionalised. We believe this could perhaps be done through the National Advocacy Service or Sage, which is HSE-funded.

Pensions

Finally, we have raised concerns about the fact that the women's State Contributory pensions have been backdated to August 2013 only, rather than their retirement age. Judge Quirke recommended that the women should be put in the position they would have occupied had they paid sufficient stamps for a contributory state pension. To us, it is clear that this requires backdating to retirement age.

We have attached a draft amendment on this issue.

Many thanks for your constant support for the women and for our work.

Please don't hesitate to contact any one of us, should you wish to discuss any of the above further.

Best wishes,

Maeve

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 **Draft amendments to Redress Bill.doc**
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