

Submission  
No 8

**INQUIRY INTO MODERN SLAVERY RISKS FACED BY  
TEMPORARY MIGRANT WORKERS IN RURAL AND  
REGIONAL NEW SOUTH WALES**

**Organisation:** Catholic Women's League Australia - New South Wales Inc.

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Catholic Women's League Australia – New South Wales Incorporated (CWLA-NSW) is pleased to provide a submission to the Modern Slavery Committee regarding the Inquiry into Modern slavery risks faced by temporary migrant workers in rural and regional New South Wales

**About the Catholic Women's League in New South Wales:**

1. CWLA-NSW has been present in New South Wales (NSW) for more than a century, beginning in 1913 with the Catholic Women's Association. We have approximately 1600 active members in the seven (7) Catholic dioceses in New South Wales. Our organisation fosters the spiritual, cultural, intellectual and social development of women and promotes the role of lay women in the mission of the Church.
2. This submission is made on behalf of CWLA-NSW, a member organisation of the Catholic Women's League Australia Incorporated (CWLA), the national peak body representing the League's six member organisations located throughout Australia. In addition to its long-standing presence in Australia, CWLA has a consultative status with the Economic and Social Council of the United Nations and is also a member of the World Union of Catholic Women's Organisations, which represents one million women in 60 countries.

They come in great numbers. They are young and optimistic. Carrying precious paperwork and the hopes of families and loved ones, they board a plane. Often for the first time. Struggling with the language and about to struggle with the cost of living and the ways of strangers, they stow their suitcase of belongings and begin to work. Cheerful yet nervous and isolated they set about to sustain our primary industries.

While some arrive alone, others arrive as a married couple. Industrious and appreciative, they pick our blueberries and apples, labour over our cotton and other crops, and stick it out in our abattoirs. Long hours and low pay bring them here. They aim to improve their lives and families through endurance and hard work. Covid lockdown uncovered the dependency of our rural and regional industries on their commitment, on their dream of a future not buried in poverty. ABC interviews showed farmers concerned their produce would rot on the vine without migrant workers. The work our own citizenry eschews, our unemployed avoid and youth disdain is their grateful contribution to the Australian economy and food chain. But how grateful are we? Among the papers and promises made to them there are no words for pregnancy care. Australia's planned Universal Access to Reproductive Healthcare slams the door on pregnant migrant worker visa-holders. To add to their collection of documents, workers falling pregnant have received letters and proposed invoices ranging from \$12,000 to \$25,000 for normal pregnancy care and delivery, with the proviso that use of special care nursery or of caesarean section facilities will require many more thousands of

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dollars that they do not have. This missive can be a form letter. Ready to go. It has been handed to the new mother soon after confirmation of their pregnancy. Sometimes by GPs. Sometimes by hospitals. They plan to keep working and plan to honour contracts, but the letter in their hand that they take back into their often-shared lodgings and show their partner is frightening. The timing of the message speaks abortion.

Coming from cultures and beliefs that rejoice in pregnancy and abhor abortion the letter is a devastation. Some who would never consider abortion feel compelled to have one. Scared of recriminations of unpayable debt in a strange country they often proceed without antenatal care and - heaven forbid – delivery, without midwifery or medical support. This is a standard we would not accept for our own. It is certainly not a standard presented to our 2022 Senate Inquiry into Universal Access to Reproductive Healthcare, nor a product of its report. A submission drawing attention to this problem was ignored.

But the locals of the mid-north-coast NSW could not ignore it. Through the generosity of many, some named, some anonymous, a clinic grew up that is just entering its tenth year for 'pregnancies under pressure'. In the centre of Coffs Harbour, with time gifted by three Dip ObsGPs (ACRRM and FRACGP), RNs, Midwives and receptionists, in a freestanding house donated by a Church ('Lifehouse Church') these and other pregnancies have been given safe passage in 'Lilyrose'. The Medicare intake from mothers with Medicare access subsidizes the care of those without Medicare access. Combined with Church and other donations, Lilyrose finances their chemist bills, ultrasounds, pathology, and specialist consultations. With the rising cost of living, other families seek, and use, the Lilyrose services they need. The formula works.

Then comes confinement. The big bill. Our local MP is accustomed to our advocacy visits if the completed 'hardship form' doesn't work, or we can't prove it's a medical emergency, or if Coffs Hospital becomes tone deaf. Recently, in December 2024, a mother in advanced pregnancy with a history of cardiac failure in a past pregnancy was told by Coffs Harbour Hospital staff that she would need to pay \$170 before consulting the hospital antenatal clinic doctor to have her caesarean section arranged. This was despite the hospital antenatal service being informed that Lilyrose would cover her antenatal expenses and invoices. The social work referral lodged to the hospital in early pregnancy had not resulted in the provision of a 'Hardship Form', nor in a clear management plan communicated to Lilyrose. We were advised we could not refer to the social worker as a shared care provider. Some months later, we received an email from the Coffs Harbour Hospital antenatal social work department asking Lilyrose to ask the mother to ask the hospital Pregnancy Care Service to refer her to the hospital Social Worker.

This lack of clear procedure, inconsistent policy, and attempt to present Obstetric care to the mother as contingent upon financial payment in advance, is distressing to mothers in this situation. It is also disruptive to the provision of Shared Antenatal Care, especially to these higher risk pregnancies appropriately referred to Coffs Harbour Health Campus.

Catholic teaching, well established in *Laborem Exercens* (1981), states:

*‘.The most important thing is that the person working away from his native land, whether as a permanent emigrant or as a seasonal worker, should not be placed at a disadvantage in comparison with the other workers in that society in the matter of working rights. Emigration in search of work must in no way become an opportunity for financial or social exploitation. As regards the work relationship, the same criteria*  
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*should be applied to immigrant workers as to all other workers in the society concerned. The value of work should be measured by the same standard and not according to the difference in nationality, religion or race'*

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