

**Submission to Australian Standing Committee on Finance and Public Administration Legislation re: Inquiry into Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013**

**Dr Carole Ford**

**9 Gavin Hamilton Close**

**Redlynch Qld 4870**

**07 40392720**

I am disappointed that Senator Madigan has proposed this legislation and believe his motives are extremely problematic. He purports to have introduced this Bill to address issues of Medicare funding for gender selection abortions. However, he provides no evidence to support his claim that such procedures are occurring in Australia.

One of the most reliable indicators of sex selection practices is a gender imbalance in population data, as in countries like China and India, where there are many 'missing' females. The Australian Bureau of Statistics<sup>1</sup> data indicates that females actually outnumber males in the Australian population.

Before preparing this submission I personally approached a number of professionals with many years experience in providing terminations, to ascertain any trends for gender selective procedures: they had a total of one request between them. As the collation of data regarding abortions is not standardised in Australia, proof of the prevalence of any systemic gender-trend is unsustainable.

As it exists, the Medicare funding item which relates to voluntary termination also applies to miscarriages and foetal death. In the absence of any other measures, the application of the legislation Senator Madigan proposes would most likely jeopardise the broader reproductive autonomy and well-being of Australian women.

In the absence of any evidence whatsoever, it is pertinent to consider why Senator Madigan has taken a course of action which appropriates valuable human and financial resources.

Consistently over at least the past twenty years, a plethora of surveys and opinion polls have indicated a strong public support<sup>2</sup> for the decriminalisation of abortion

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<sup>1</sup> Australian Bureau of Statistics, *Population by Age and Sex, Regions of Australia*, 2011

services where they persist as part of the criminal code, and for a woman's right to seek abortion as part of comprehensive health provision.

The question of community support for Medicare funded gender selection abortions is hypothetical. So why would the question be asked? And I believe this is where Senator Madigan's proposal lacks transparency and integrity. As a member of the Democratic Labour Party (DLP) he is committed to medical practices denying any woman the right to terminate a pregnancy under any circumstances.

His actions could be seen as mirroring the tactic now being employed in the USA where anti-choice zealots are attempting to dismantle women's reproductive rights by stealth, under the guise of concern about the survival of female fetuses. Introducing unsubstantiated claims about the use of abortion for sex selection appears clearly aimed at creating community anxiety and fear about abortions for 'some ethnic groups' and all women in general.

Further, our Government should not reintroduce punitive measures through AusAid funding to control abortion services in developing countries. Rather we should support initiatives which strive to raise the status of women in developing countries to reduce the demand for sex selection abortion.<sup>3</sup>

Certainly in Australia, women's rights are not a political 'football' to be debated over, and changed by, the prevailing social values of whichever political group happens to gain power. Until women have consistency and certainty about their rights - which includes access to effective, funded, safe abortion services - they will continue to be second-class citizens.

Yours sincerely

Carole Ford

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<sup>2</sup> Positive support for abortion to be a health issue between a woman and her doctor is usually measured at about 75-80%

<sup>3</sup> Nicholas Kristoff & Sheryl Wudunn, *Half the Sky: How to Change the World*, 2010

