The Senate

Finance and Public Administration Legislation Committee

Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013

June 2013

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ISBN 978-1-74229-845-0

Senate Finance and Public Administration Committee Secretariat:

Ms Christine McDonald (Secretary)

Dr Jon Bell (Principal Research Officer)

Ms Margaret Cahill (Research Officer)

Ms Marina Katic (Administrative Officer)

The Senate
Parliament House
Canberra ACT 2600

Phone:	02 6277 3439
Fax:	02 6277 5809
E-mail:	fpa.sen@aph.gov.au
Internet:	www.aph.gov.au/senate_fpa

This document was produced by the Senate Finance and Public Administration Committee Secretariat and printed by the Senate Printing Unit, Parliament House, Canberra.

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43rd Parliament

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TABLE OF CONTENTS

MEMBERSHIP OF THE COMMITTEE iii

Chapter 1 1

Introduction 1

Conduct of the inquiry 1

Overview and provisions of the Bill 2

Background provided in the Explanatory Memorandum 2

Chapter 2 5

Evidence in support of the Bill 5

Introduction 5

The unacceptability to Australians of the use of Medicare funding for gender selection abortions 5

The prevalence of gender selective abortion 7

The use of Medicare funded gender selection abortions for the purpose of family balancing 10

Support for United Nations Campaigns 14

Concern from medical associations 15

Chapter 3 17

Evidence not supportive of the Bill 17

Introduction 17

The ineffectiveness of the Bill 17

The unacceptability to Australians of the use of Medicare funding for gender selection abortions 20

The prevalence of gender selection by abortion 21

The use of Medicare funded gender selection abortions for the purpose of family balancing 23

Support for United Nations campaigns 24

Concern from medical associations 27

Additional Comments by the Australian Greens 29

Additional Comments by Senator John Madigan 31

APPENDIX 1 37

Submissions and Form Letters received by the Committee 37

Chapter 1

Introduction

1.1 On 21 March 2013, on the recommendation of the Senate Selection of Bills Committee, the Senate referred the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013 (the Bill) to the Senate Finance and Public Administration Legislation Committee for inquiry and report by 25 June 2013.[1] The reasons for referral were for the committee to consider:

- The unacceptability to Australians of the use of Medicare funding for the purpose of gender selection abortions;
- The prevalence of gender selection – with preference for a male child – amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children;
- The use of Medicare funded gender selection abortions for the purpose of 'family-balancing';
- Support for campaigns by United Nations agencies to end the discriminatory practice of gender selection through implementing disincentives for gender-selection abortions'; and
- Concern from medical associations in first world countries about the practice of gender-selection abortion, viz. Canada, USA, UK.[2]

Conduct of the inquiry

1.2 The committee acknowledges that there is a wider debate within the Australian community about abortion. Notwithstanding this debate, the committee has confined its deliberations to the evidence provided about the Bill. In addition, the committee has not made a recommendation in relation to the Bill; the committee has undertaken its inquiry into the Bill in order to provide information for senators on the arguments received about the proposed amendment to Medicare funding.

1.3 The committee invited submissions from interested organisations and individuals, and government bodies. The inquiry was also advertised on the committee's website and in the *Australian* newspaper.

1.4 The committee received 919 submissions and 239 form letters. A list of individuals and organisations which made public submissions to the inquiry is at Appendix 1. Submissions may be accessed through the committee's website at www.aph.gov.au/senate_fpa. The committee thanks those organisations and the large number of individuals who made submissions.

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1 *Journals of the Senate*, No. 143, 21 March 2013, pp 3864–3865.

2 *Senate Selection of Bills Committee, Report No. 4 of 2013*, Appendix 8, 21 March 2013.

Overview and provisions of the Bill

1.5 The Bill is a private Senator's bill that seeks to remove Medicare funding for abortions procured on the basis of gender.[3]

1.6 Schedule 1 of the Bill proposes to amend the *Health Insurance Act 1973* by inserting proposed new section 17A. Proposed new subsection 17A(1) provides that a Medicare benefit is not payable if:

- a medical practitioner performs a medically induced termination on a pregnant woman, or provides a service that relates to or is connected with performing such a medically induced termination (proposed new paragraph 17A(1)(a)); and
- the termination is carried out solely because of the gender of the foetus (proposed new paragraph 17A(1)(b)).[4]

1.7 The Explanatory Memorandum (EM) suggests that the Bill would have limited financial impacts. The EM also states that the Bill is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.[5]

Background provided in the Explanatory Memorandum

1.8 The United Nations (UN) has drawn attention to the practice of gender selective abortion. It is noted in the EM that the 1994 Cairo Population Conference identified that gender selective abortions occur in countries such as China, India, Afghanistan, Pakistan, Taiwan, South Korea, Bangladesh, Azerbaijan, and Armenia. At the Cairo Conference a range of commitments were made to 'take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children'. The EM also notes that the UN Population Fund (UNFPA) has urged governments to fulfil the commitments made.[6]

1.9 In 2011, an interagency statement entitled 'Preventing gender-biased sex selection' was issued by UN agencies and the World Health Organisation (WHO). The statement:

> …reaffirms the commitment of United Nations agencies to encourage and support efforts by States, international and national organizations, civil society and communities to uphold the rights of girls and women and to address the multiple manifestations of gender discrimination including the problem of imbalanced sex ratios caused by sex selection. It thus seeks to highlight the public health and human rights dimensions and implications of

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3 *Explanatory Memorandum*, p. 1.

4 *Explanatory Memorandum*, p. 6.

5 *Explanatory Memorandum*, p. 3.

6 *Explanatory Memorandum*, p. 1.

> the problem and to provide recommendations on how best to take effective action.[7]

1.10 The EM notes that determining the sex of a foetus may be necessary in the pre-natal diagnosing of certain gender specific disorders. If such a disorder is diagnosed, a decision may be taken to terminate the pregnancy rather than continue the pregnancy which may result in a child with a debilitating disorder. The EM goes on to state that:

> The policy intent of this Bill is to provide that a termination of a pregnancy on the grounds of a gender specific disorder, and not solely for reasons of sex selection, would not fall within the ambit of this Bill.[8]

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7 The Office of the United Nations High Commissioner for Human Rights (OHCHR); the UNFPA; the United Nations Children's Fund (UNICEF); the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women); and the WHO, *Preventing gender-biased sex selection,* 2011, p. vi.

8 *Explanatory Memorandum*, p. 1.

Chapter 2

Evidence in support of the Bill

Introduction

2.1 This chapter covers evidence supporting the Bill and is structured to address each of the terms of reference. Submitters supported the Bill on the grounds of the lack of support for gender selective abortion, the associated discrimination by gender, the infringement of human rights of unborn children, particularly female children, and problems arising from imbalanced sex ratios caused by gender selective abortion.[1]

2.2 Submitters argued that the occurrence of gender selective abortion in other countries, and in immigrant communities in other western countries, means there is a reasonable likelihood that it also occurs in Australia. Mrs Rita Joseph submitted that the lack of data from the Medicare funding is central to the gender selective abortion debate in Australia. Mrs Joseph explained that this lack of data prevents the determination of the prevalence of gender selective abortion in Australia:

> …Medicare funding is provided indiscriminately, without any legal restrictions or requirements for medical establishments to ascertain and record those terminations that are being carried out on the grounds of gender 'preference'. ('Gender preference' of course is a euphemism for lethal discrimination against an unborn child on the grounds that it has been prenatally determined that the child is of the 'wrong gender'.)[2]

The unacceptability to Australians of the use of Medicare funding for gender selection abortions

2.3 Submitters supporting the Bill argued that studies and surveys conducted in Australia had identified the unacceptability of gender selective abortion.

Surveys and studies

2.4 The results of one survey cited[3] in submissions suggested that although there was a high percentage of respondents strongly in favour of abortion generally, that group considered that gender selective abortion was morally unacceptable (85 per cent) and should be illegal (82 per cent). The research also showed that of the group that was 'somewhat pro-abortion', the majority were opposed to sex selection abortions being legal, holding the view that the practice is morally unacceptable.[4]

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1 Ms Jane Munro, *Submission 178,* p. 1; Australia Christian Lobby, *Submission 186,* p. 1; Dr Maged Peter Mansour, Mrs Lily Mansour, Mr John Mansour, *Submission 174,* pp 2–3.

2 Rita Joseph, *Submission 69,* p. 10.

3 This survey was undertaken for the Southern Cross Bioethics Institute by the Adelaide Sexton Marketing Group.

4 Australian Family Association, *Submission 195,* p. 2; Salt Shakers, *Submission 161,* p. 3.

2.5 A February 2013 Galaxy poll of 300 Tasmanians cited by submitters showed that 92 per cent of respondents disapproved of gender selective abortion.[5] A further study noted in evidence was the December 2010 study released as part of the Australian Survey of Social Attitudes. This showed that 80 per cent of respondents disapprove of gender selective abortion.[6] Information from other surveys and studies also showed that gender selective abortions are not considered acceptable to Australians:

- a survey by the Sexton Marketing Group in 2007, found that only seven per cent of Australians approved of abortion as a way to choose a child's sex;[7]
- the Australian Federation of Right to Life Association's survey found that 82 per cent of respondents did not support late term (after 20 weeks) abortions for non-medical reasons;[8] and
- an Adelaide Now media survey also found that 82 per cent of Australians felt that parents should not be given the right to choose the gender of their baby.[9]

2.6 Submitters concluded that the above study and survey findings indicate that gender selective abortions are unacceptable to most Australians. Submitters therefore argued that, Medicare funding of gender selective abortions would also be unacceptable to most Australians.[10]

Providing a clear signal regarding gender selective abortion

2.7 Submitters supporting the Bill considered that for as long as Medicare funding is available for gender selective abortion, it gives the practice 'legitimacy'.[11] It was argued that gender selective abortion is discriminatory in essence and hence should not be allowed:

> Medicare funding of gender-selective abortion is an inappropriate way of spending the money of taxpayers. The Medicare system is set aside specially for health reasons. Funding of sex-selective abortions can reinforce a value judgement based on antiquated prejudices, which devalue

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5 Australian Federation for the Family, *Submission 151,* p. 1; NSW Right to Life, *Submission 185,* p. 1; Reformed Resources, *Submission 173,* p. 2; Australian Christian Lobby, *Submission 186,* p. 1; Catholic Women's League Australia Inc. *Submission 853,* p. 2.

6 Australian Family Association, *Submission 195,* p. 2; The Life, Marriage and Family Office, Catholic Archdiocese of Melbourne, *Submission 168,* p. 2; Australian Catholic Bishops Conference, *Submission 187,* p. 3; Catholic Women's League Australia Inc. *Submission 853,* p. 2.

7 Real Talk Australia, *Submission 165,* pp 1–2.

8 Introfish Inc., *Submission 136,* p. 2.

9 Life Network Australia, *Submission 246,* p. 1.

10 Australian Family Association, *Submission 195,* p. 2; Salt Shakers *Submission 161,* p. 3.

11 Doctors for the Family, *Submission 133,* p. 2.

> the life of female babies based on inheritance and property ownership laws and the ability to work and support the family.[12]

2.8 Submitters contended that it was important for the Bill to be passed, in order to send a clear signal that gender selective abortions were not acceptable and should be discouraged.[13]

2.9 There were mixed views on whether banning Medicare funding would be effective in substantially deterring gender selective abortion.[14] It was argued however that even if the Bill did not have a direct practical effect on the number of gender selective abortions, it was important to provide a clear signal that the practice is unacceptable.[15]

2.10 Submitters argued that the Bill's symbolic importance will shape community attitudes, and serve notice on anyone who seeks to pressure a woman toward a gender selective abortion.[16] It was also noted that the ban set out in the Bill should be part of a broader package of measures to address gender selective abortion.[17]

The prevalence of gender selective abortion

2.11 This section addresses evidence from submitters supporting the Bill on the second term of reference for the inquiry–the prevalence of gender selection, with preference for a male child, amongst some ethnic groups present in Australia and the recourse to Medicare funded abortions to terminate female children.

Prevalence in other countries

2.12 Many submitters drew attention to large numbers of girls and women (up to 200 million) that are 'missing' from the world population due to gender selective abortion.[18] For example, it was noted that in China, the sex ratio is estimated to be 1.06.[19] Although this is within the 'normal' range there are still over 30 million more men than women in China. In India, the sex ratio is 112.[20] Despite being illegal in

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12 Dr Maged Peter Mansour, Mrs Lily Mansour, Mr John Mansour, *Submission 174,* p. 2.

13 The Office for Justice and Peace, Catholic Archdiocese of Melbourne, *Submission 173,* pp 1, 2; Doctors for the Family, *Submission, 133,* p. 2; Australian Catholic Bishops Conference, *Submission 187,* p. 4.

14 Knights of the Southern Cross (NSW) Inc, *Submission 194*, p. 1; Australian Catholic Bishops Conference, *Submission 187,* p. 4.

15 Australian Catholic Bishops Conference, *Submission 187,* p. 4.

16 Social Issues Executive, Anglican Diocese of Sydney, *Submission 170,* p. 1.

17 Australian Catholic Bishops Conference, *Submission 187,* p. 3.

18 National Alliance of Christian Leaders, *Submission 14,* p. 1; See also Catholic Women's League of Victoria and Wagga Wagga Inc., *Submission 134,* p. 1; Women's Forum Australia, *Submission 169,* p. 2; Wilberforce Foundation, *Submission 177,* p. 1; Dad 4 Kids, *Submission 180,* p. 1; Ms Melinda Tankard Reist, *Submission 181,* p. 1.

19 Australia Christian Lobby, *Submission 186,* p. 2.

20 Jane Munro, *Submission 178,* p. 1; Endeavour Forum Inc., *Submission 135,* p. 3.

both India and China, the sex ratios at birth in these countries suggest the occurrence of gender selection.[21] Other places where gender selection appears to be affecting the sex ration at birth include Vietnam, Pakistan, Taiwan and Southeast Europe.[22]

Occurrence in western countries

2.13 Submitters also pointed to evidence for gender selective abortion in western countries.[23] Research in England and Wales shows that among India-born women, the sex ratio at birth for all third children was 114.4 boys per 100 girls for births between 2000 and 2005.[24] A 2008 US National Academy of Science report found that sons outnumbered daughters by 50 per cent for third children if there was no previous son in US-born children of Chinese, Korean and Asian Indian parents.[25] FamilyVoice Australia submitted information from studies of Canadian and United States' birth rates that indicated some evidence of gender selective abortion occurring in some communities including immigrate communities from India, China, Korea and Vietnam.[26]

2.14 The Catholic Women's League Australia Inc. provided information collated by the UK in response to the request from the Council of Europe to collect data on the sex ratios at birth:

> While the overall United Kingdom birth ratio is within normal limits, analysis of birth data for the calendar years from 2007 to 2011 has found the gender ratios at birth vary by mothers' country of birth.
>
> For the majority of groups, this variation is the result of small numbers of births and does not persist between years. However, for a very small number of countries of birth there are indications that birth ratios may differ from the UK as a whole and potentially fall outside of the range considered possible without intervention.[27]

Prevalence in Australia

2.15 Submitters argued that the evidence that gender selective abortion is occurring in immigrant communities in western countries indicates that it is therefore likely to also be occurring in Australia.[28] Cherish Life Queensland went further and argued that the ideas about gender selective abortion may be picked up by the wider community.[29]

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21 Ms Jane Munro, *Submission 178,* p. 1.

22 The Life, Marriage and Family Office, Catholic Archdiocese of Melbourne, *Submission 168,* p. 4.

23 Coalition for the Defence of Human Life, *Submission 75,* p. 4.

24 Coalition for the Defence of Human Life, *Submission 75,* p. 4.

25 Salt Shakers, *Submission 161,* p. 4.

26 Family Voice Australia, *Submission 73,* pp 2–3.

27 Catholic Women's League Australia Inc., *Submission 853*, pp 3–4.

28 Women's Forum Australia, *Submission 169,* p. 3.

29 Cherish Life Queensland Inc. *Submission 189,* p. 2.

2.16 The Office for Justice and Peace of the Catholic Archdiocese of Melbourne commented that the number of gender selective abortions is not the key issue, rather, any occurrence of gender selective abortion is an attack on human rights:

> …it is difficult to determine the extent to which any of the estimated 80,000 abortions which occur annually in Australia are carried out for the purpose of gender selection.
>
> Notwithstanding, it is clear and undisputed that this abhorrent practice is being carried out in Australia and that under the current legislative framework, the procedure is funded by Medicare.
>
> It must be emphasised that all current human rights instruments make no distinction between human rights abuses of the few and human rights abuses of the many. Any denial of human rights is an attack on the Common Good.
>
> The attack on the human rights of unborn females amongst certain ethnic groups within Australia is an attack on the human rights of all Australians.[30]

2.17 Submitters also commented that there is some evidence from doctors that gender selective abortions are occurring, noting a case that has been referred by a Victorian doctor to the Medical Board of Australia. It was submitted that the same doctor had been approached twice for gender selective abortion. In both instances the preference was for a male child.[31]

2.18 It was acknowledged that as Australia does not collect data which identifies and records the reasons for Medicare funded abortions, the actual prevalence of gender selective abortions in Australia cannot be quantified. In addition, there is limited regulatory scrutiny of abortions as statistics are generally not collected or collated by states and territories, although South Australia and Western Australia maintain some data.[32]

2.19 Submitters suggested that relevant data should be collected on the reasons for abortion, so that the frequency of gender selective abortion can be determined.[33] The Catholic Archdiocese of Sydney also argued for the collection of such data and noted that past federal inquiries had recommended that this data be collected.[34]

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30 The Office for Justice and Peace, Catholic Archdiocese of Melbourne, *Submission 173,* p. 3.

31 Australian Family Association, *Submission 195,* pp 2–3.

32 Australian Family Association, *Submission 195,* p. 2. See also, Catholic Archdiocese of Sydney, *Submission 155,* p. 2; The Office for Justice and Peace, Catholic Archdiocese of Melbourne, *Submission 173,* p. 3; Social Issues Executive, Anglican Diocese of Sydney, *Submission 170,* p. 1.

33 Social Issues Executive, Anglican Diocese of Sydney, *Submission 170,* p. 1. See also, The Life, Marriage and Family Office, Catholic Archdiocese of Melbourne, *Submission 168,* p. 2.

34 Catholic Archdiocese of Sydney, *Submission 155*, p. 2.

2.20 Mrs Joseph submitted that:

> Objections to this Bill that rely on the facile claim that that gender prenatal selective terminations do not occur here in Australia have no substance in fact. For many years now those in the abortion industry who are involved in gender selection have successfully stymied the introduction of even the most minimal requirements to enable the gathering of statistics on this appalling practice. Such resistance to transparency on this human rights issue should no longer be acceptable, especially in the light of the promises made by our Australian Government to introduce protective legislation against this inhumane practice.
>
> Australian domestic law provides no human rights protection for children at risk of termination for such discriminatory reasons as the unborn child's gender and this results in the terrible and fundamental injustice of arbitrary deprivation of human life. Such violations should no longer be permitted to remain hidden behind doctor-patient confidentiality.[35]

The use of Medicare funded gender selection abortions for the purpose of family balancing

2.21 In addressing this term of reference, submitters supporting the Bill strongly disapproved of abortions for family balancing and pointed to restrictions on the use of technology for family balancing and state and territory laws relating to abortion.

Abortions for family balancing

2.22 Submitters argued strongly against the use of Medicare funded gender selective abortions to achieve family balancing. For example, Dads 4 Kids submitted that:

> Every child, whether male or female, should have the chance to live. Gender Selective Abortion or 'family balancing' is known to take place in Australia, as disclosed informally by doctors, but is a detestable practice. It should not be supported by taxpayer funding. Terminating unborn boys or girls depletes our society of potential fathers and mothers, leaders, doctors, teachers, parliamentarians, trades people and the list goes on. No child should be discriminated against because of its sex and no government should condone or support terminations on the basis of gender.[36]

2.23 The use of Medicare funding for such services was considered by submitters to be improper and abhorrent as it did not constitute a health service and violated the child's human rights.[37] FamilyVoice Australia submitted that:

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35 Mrs Rita Joseph, *Submission 69,* p. 11.

36 Dads 4 Kids, *Submission 180,* p. 1. See also, Presbyterian Church of Tasmania, *Submission 10,* p. 1.

37 FamilyVoice Australia, *Submission 73,* p. 1. See also, Rabbinical Council of Victoria, *Submission 116,* p. 1; Catholic Women's League of Victoria and Wagga Wagga, *Submission 134,* p. 1.

> Given the availability of ultrasound technology for determining the gender of an unborn child, the ready availability of abortion on demand in several Australian states and the known existence of a social phenomenon of Australian couples desperate to have children only of a certain sex either for 'family balancing' or, in some sense, to 'replace' a deceased child of that sex it would be naïve to assume that sex selection abortions for these reasons were not occurring in Australia.[38]

Evidence for family balancing by gender selective abortion in Australia

2.24 The evidence for the use of gender selective abortions for family balancing was thought to be largely anecdotal.[39] Submitters asserted that abortions undertaken for gender selection to achieve family balancing are not appropriate and should be banned.[40]

2.25 One case was cited by submitters as purporting to show that gender selective abortion for family balancing may be occurring in Australia. Submitters claimed that twin boys were aborted because the parents already had three sons and wished for a girl.[41] However, no evidence was submitted to the committee that substantiated the claim that the abortion had been undertaken on the basis of gender selection.

2.26 The Rabbinical Council of Victoria took the view that abortion as a method of family balancing is abhorrent and should not be subsidised by the government under any circumstance. The Council submitted that:

> Even in such case where there is a clear medical indications for gender selection, such as X-linked recessive disorders, we would submit that offering pre-implantation genetic diagnosis (PGD) would offset the demand for so drastic a step as abortion.[42]

Restrictions on gender selection

2.27 The Australian Family Association submitted that the twins case cited above highlights the anomaly with the Assisted Reproductive Technology Guidelines of the National Health and Medical Research Council (NHMRC) of Australia. The guidelines restrict the use of gender selection through pre-implantation genetic diagnosis while there is no scrutiny of Medicare funding.[43] The NHMRC guidelines

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38 FamilyVoice Australia, *Submission 73,* p. 4.

39 Coalition for the Defence of Human Life, *Submission 75,* p. 5; see also, Salt Shakers, *Submission 161,* p. 5.

40 FamilyVoice Australia, *Submission 73,* p. 3. See also, Salt Shakers, *Submission 161,* p. 3.

41 Coalition for the Defence of Human Life, *Submission 75,* p. 5; see also, Endeavour Forum Inc., *Submission 135,* p. 1; Catholic Archdiocese of Sydney, *Submission 155,* p. 3; Salt Shakers, *Submission 161,* p. 5; Real Talk Australia, *Submission 165,* p. 1; Women's Forum Australia, *Submission 169,* p. 3; Australian Family Association, *Submission 195,* p. 3.

42 Rabbinical Council of Victoria, *Submission 116,* p. 1.

43 Australian Family Association, *Submission 195,* p. 3.

state that 'sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition'.[44]

2.28 Submitters noted that the NHMRC guidelines also state that:

> Sex selection is an ethically controversial issue. The Australian Health Ethics Committee believes that admission to life should not be conditional upon a child being a particular sex.
>
> Therefore…sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition.[45]

2.29 However, while these restrictions are in place for invitro fertisation (IVF), there is no legal scrutiny of taxpayer funding, via Medicare, of gender selective abortion of naturally conceived children.[46]

2.30 In addition, the committee heard of cases where Australians have travelled overseas to access Prenatal Gender Diagnosis (PGD) for gender selection.[47] The Coalition for the Defence of Human Life submitted that:

> In order to circumvent this ban couples are travelling to places such as Thailand that provide preimplantation genetic diagnosis (PGD) of gender allowing gender selection of embryos for ART [Assisted Reproductive Technology] procedures. In 2011 some 72 couples travelled to Thailand to have PGD and ART at Thai Superior ART in Bangkok 2012. In 2012 this increased 30% to 106 couples.[48]

State and territory abortion laws

2.31 The Commonwealth has responsibility for Medicare funding. The Australian Catholic Bishops Conference noted that 'there is a variety of laws and restrictions on abortion in Australia, depending on state or territory'.[49] Knights of the Southern Cross (NSW) submitted that:

> Abortion is the subject of criminal law in all Australian States and Territories, except the ACT. Abortion is legal in the ACT up to full term if it is provided by a medical doctor.
>
> Victoria, South Australia, Western Australia, Tasmania and the Northern Territory have legislation in place that provides a statutory explanation of when an abortion is not unlawful.

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44 FamilyVoice Australia, *Submission 73,* p. 3; see also, Salt Shakers, *Submission 161,* p. 2; ACT Right to Life Association, *Submission 244,* p. 1.

45 Australian Catholic Bishops Conference, *Submission 187,* p. 2.

46 Australian Family Association, *Submission 195,* p. 3.

47 The Life, Marriage and Family Office, Catholic Archdiocese of Melbourne, *Submission 168,* p. 3. See also, FamilyVoice Australia, *Submission 73,* p. 4.

48 Coalition for the Defence of Human Life, *Submission 75,* p. 5.

49 Australian Catholic Bishops Conference, *Submission 187,* p. 4; see also, FamilyVoice Australia, *Submission 73,* p. 4; Introfish Inc., *Submission 136,* p. 3.

> In NSW and Queensland, lawful abortion is available under common law interpretations of the Crimes Act or Criminal Code. An abortion is legal when the doctor believes a woman's physical and/or mental health is in serious danger.[50]

2.32 The Australian Catholic Bishops Conference questioned the effectiveness of the state and territory laws stating its opinion that there is 'little inclination from the states and territories to enforce what laws there are'.[51] The Catholic Archdiocese of Melbourne submitted that:

> In most Australian jurisdictions, access to abortion is now available without the need for supporting medical oversight up until at least 26 weeks of gestation. The position adopted by most State legislatures is that abortion is afforded the status of most other medical procedures. Despite this position, the collection of data on this one particular medical procedure, (including the reason or reasons occasioning the termination) is almost non-existent. As such, it is difficult to determine the extent to which any of the estimated 80,000 abortions which occur annually in Australia are carried out for the purpose of gender selection.[52]

Withholding gender information

2.33 One of the suggestions put to the committee was that where gender-linked genetic disorders were not found, information on the gender of a child could be withheld until 20 or 30 weeks gestation when it was less likely that gender selective abortions would occur.[53]

2.34 The Catholic Archdiocese of Sydney noted that the Canadian Medical Association has published evidence that gender selection is taking place in Canada and called for gender information to be withheld until 30 weeks of pregnancy. However, the Catholic Archdiocese of Sydney noted that such a restriction was problematic:

> Although we recognise the good intentions behind such a proposal, withholding legitimate information from parents is problematic and such a response does not address the underlying issue. The principal problem is not the sharing of the knowledge of the baby's gender, but the ready acceptability of abortion as a 'response' to that knowledge. Discouragement of abortion, community education and the changing of parents' hearts and minds are the keys to encouraging a more welcoming attitude towards life and baby girls.[54]

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50 Knights of the Southern Cross (NSW) Inc, *Submission 194,* p. 2.

51 Australian Catholic Bishops Conference, *Submission 187,* p. 4.

52 The Office for Justice and Peace, Catholic Archdiocese of Melbourne, *Submission 173,* pp 2–3.

53 Salt Shakers, *Submission 161,* pp 1, 7–8. See also, The Life, Marriage and Family Office, Catholic Archdiocese of Melbourne, *Submission 168,* p. 3; Australian Catholic Bishops Conference, *Submission 187,* p. 3.

54 Catholic Archdiocese of Sydney, *Submission 155,* p. 3.

2.35 While the National Association of Specialist Obstetricians and Gynaecologists did not support or oppose the Bill in their submission, they echoed suggestions that it may be worth considering withholding gender information until after 20 weeks if there are no gender linked genetic disorders.[55]

Support for United Nations Campaigns

2.36 This section addresses evidence from submitters supporting the Bill on the fourth term of reference for the inquiry: 'support for campaigns by United Nations agencies to end the discriminatory practice of gender-selection through implementing disincentives for gender selective abortions'.

2.37 The campaigns against gender selective abortion by UN agencies were supported by many submitters.[56] Gender selective abortion was seen as a very significant human rights issue and was described as abhorrent, a crime against humanity, cruel and inhumane, morally unacceptable, and evil.[57]

2.38 Several submitters indicated that by implementing the policy proposed by the Bill, Australia would be supporting the UN campaigns.[58] Introfish Inc, for example, noted that both the WHO and the UNPFA are working toward eliminating gender selective abortion and stated:

> Both of these Organisations call for legislation, amongst other measures, to be enacted to eliminate the discriminatory practice. Australia must eliminate deadly discriminatory gender selection abortion by enacting legislation, including the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013.[59]

2.39 Similarly, The Australian Family Association stated:

> The present bill if passed would certainly implement a disincentive for sex selection abortion and would protect girls from the violence of prenatal selection, thus honouring Australia's obligation to do so.[60]

2.40 The Coalition for the Defence of Human Life noted that Australia had shown some support for UN campaigns, by banning gender selection through other

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55 National Association of Specialist Obstetricians and Gynaecologists, *Submission 1,* p. 1.

56 See for example, Australian Christian Values Institute, *Submission 151,* p. 1; Catholic Archdiocese of Sydney, *Submission 155,* p. 3;

57 See, Rabbinical Council of Victoria, *Submission 116,* p. 1; Doctors for the Family, *Submission 133,* p. 1; Endeavour Forum Inc, *Submission 135,* p. 2, Salt Shakers, *Submission 161,* p. 3; The Life, Marriage and Family Office, Catholic Archdiocese of Melbourne, *Submission 168,* p. 4.

58 Presbyterian Church of Tasmania, *Submission 10,* p. 1. See also, Rita Joseph, *Submission 69,* pp 1–2; Catholic Women's League of Victoria and Wagga Wagga, *Submission 134,* p. 1; The Office for Justice and Peace, Catholic Archdiocese of Melbourne, *Submission 173,* p. 4.

59 Introfish Inc., *Submission 136,* p. 5.

60 Australian Family Association, *Submission 195,* p. 4.

reproductive technologies such as prenatal genetic diagnosis and assisted reproductive technology.[61]

2.41 Real Talk Australia submitted its view on finding an appropriate balance between the rights of the child and the rights of parents, stating that:

> All human beings are the 'subject' of rights not the 'object' of rights. Parents do not have the right to choose what child they get, or terminate pregnancy based on desires for a 'type' of person. If this becomes a widespread practice parents will become more like owners of children not caregivers. On the issue of gender selection, our focus can be shifted ever so slightly from the rights of a child, to upholding the wishes of a parent. In doing that the rights and the welfare of children get relegated to second place.
>
> Society expresses respect for the dignity of each person, by recognising him or her as a person and not as an object.[62]

Concern from medical associations

2.42 The last term of reference for the inquiry sought consideration of the concern from medical associations about gender selective abortion in developed countries such as Canada, the United States and the United Kingdom. Submitters noted that the Society of Obstetricians and Gynaecologists of Canada, the American College of Obstetricians and Gynaecologists, the Chief Medical Officer of the UK, Professor Dame Sally C. Davies, and the British Medical Association generally opposed gender selective abortion except for preventing serious sex-linked genetic diseases.[63]

61 Coalition for the Defence of Human Life, *Submission 75,* p. 6.

62 Real Talk Australia, *Submission 165,* p. 2.

63 Australian Family Association, *Submission 195*, pp 4–6; National Association of Specialist Obstetricians & Gynaecologists, *Submission 1*, p. 1.

Chapter 3

Evidence not supportive of the Bill

Introduction

3.1 This chapter canvasses evidence from submitters who did not support the Bill. The committee notes that most submitters who opposed the Bill made it clear that they were also opposed to gender selective abortion.[1]

The ineffectiveness of the Bill

3.2 Many submitters questioned whether the Bill would be effective in removing Medicare funding for gender selective abortion. It was also argued that there may be undesirable consequences if the Bill were to be passed. Issues that were identified included that:

- the arrangements to implement the Bill would be easily circumvented as Medicare items cover more than one service;
- the approach taken by the Bill has been shown to be ineffective in other countries;
- if heavily enforced, the Bill would risk causing discrimination; and
- the Bill does not address the root causes of gender selective abortion.

Medicare items cover multiple services

3.3 Submitters argued that a restriction on Medicare funding of gender selective abortion would not be effective as the Medicare item numbers for abortion do not distinguish between the reasons for that procedure being undertaken.[2] There are many reasons why these item numbers are used including fetal death, miscarriage and unintended pregnancy endings.[3] In addition, it was noted that the Bill does not provide for a mechanism to separate gender selective abortion from other types of abortion. The Women's Abortion Action Campaign commented:

> [The Medicare] rebate is payable for a group of services, including induced termination of pregnancy. There is no mechanism within the Medicare system to determine the reasons for induced terminations of pregnancy. Therefore, any 'estimate' of the prevalence of gender selective abortions (or other reasons for termination of pregnancy) can only be based on anecdotal data.

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1 Children by Choice, *Submission 160,* p. 2; Women's Health Victoria, *Submission 2,* p. 1; Women's Centre for Health Matters, *Submission 157,* p. 2; Professor Diane Bell, *Submission 175,* p. 1; Australian Women Against Violence Alliance, *Submission 191,* p. 1; Women's Legal; Services NSW, *Submission 192,* p. 1.

2 Women's Centre for Health Matters, *Submission 157,* p. 3.

3 Women's Centre for Health Matters, *Submission 157,* p. 3; Children by Choice, *Submission 160,* p. 3.

> Neither the proposed Bill nor the Explanatory Memorandum make clear the mechanism by which sex selective abortions would be separated from other types of termination of pregnancy, or indeed other medical procedures covered by Medicare Benefits Schedule items 16525 and 35643.[4]

3.4 Women's Health Victoria indicated that there would be substantial practical difficulties in implementing the Bill, submitting that:

> Restrictions of this nature would be untenable because of the practical difficulties they impose on both health professionals and women. For example:
>
> - How would health professionals ascertain whether the abortion being sought was based on the sex of the foetus?
> - How would this be done without discriminating against and stigmatising certain groups of women, thereby jeopardising the health services that they receive?[5]

Ineffectiveness of similar restrictions in other countries

3.5 The type of approach set out in the Bill to address gender selective abortion has been tried in other countries but submitters commented that it has not been effective.[6] Women's Health Victoria, for example, pointed to a study of practices in China and India and found that restrictions were not successful as:

> …enforcement is extremely difficult, affordable ultrasound services are widely available and fetal sex information can be relayed to potential parents without even saying a word. Moreover, an ultrasound may be performed in one location and an abortion obtained in another, where a woman can provide alternative reasons for the procedure.[7]

3.6 The Young Women's Christian Association (YWCA) Australia also noted that the UN agencies and WHO interagency statement indicated that such restrictions had been ineffective:

> Governments in affected countries have undertaken a number of measures in an attempt to halt increasing sex-ratio imbalances. Some have passed laws to restrict the use of technology for sex-selection purposes and in some cases for sex-selective abortion. These laws have largely had little effect in

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4 Women's Abortion Action Campaign, *Submission 182*, pp 1–2.

5 Women's Health Victoria, *Submission 2,* p. 3; see also Public Health Association of Australia, *Submission 72,* pp 7–8;

6 Women's Health Victoria, *Submission 2,* p. 1; Women's Health West, *Submission 71,* p. 2; Public Health Association of Australia, *Submission 72,* p. 4; Women's Centre for Health Matters, *Submission 157,* p. 5; Professor Diane Bell, *Submission 175,* p. 3; Australian Women Against Violence Alliance, *Submission 191,* p. 4.

7 Women's Health Victoria, *Submission 2,* p. 3; see also Women's Health West, *Submission 71,* p. 2; Australian Women Against Violence Alliance, *Submission 191,* p. 3.

> isolation from broader measures to address underlying social and gender inequalities.[8]

3.7 Liberty Victoria stated that legislation to restrict abortions based on sex selection had been unsuccessful in the United States and Canada. In the United Kingdom some members of parliament had suggested that legislation was needed to monitor abortions by gender to protect girls. Liberty Victoria went on to note that the Health Minister, Lord Howe, in rejecting government monitoring of abortions stated that 'introducing testing to determine the sex of the foetus would require new laboratory tests, which would have a cost implication and require consent' and would cause women distress 'during what is already a difficult time'.[9]

Failure to address root causes

3.8 A further reason that restrictions on gender selective abortions were not viewed as being effective in other countries is because they do not address the reasons why they are being sought, such as poverty, social attitudes, entrenched gender inequality and discrimination.[10] Professor Diane Bell pointed to the UN interagency which states:

> The rise in sex ratio imbalances and normalization of the use of sex selection is caused by deeply embedded discrimination against women within institutions such as marriage systems, family formation and property inheritance laws…
>
> Although the relatively recent availability of technologies that can be used for sex selection has compounded the problem, it has not caused it.[11]

Undesirable consequences of the Bill

3.9 Submitters argued that there is potential for discrimination, stereotyping and stigmatisation of certain groups of women if the Bill is passed.[12] YWCA Australia suggested that the Bill may encourage discrimination against women from some South Asian, East Asian and Central Asian communities when they are seeking access to reproductive health services.[13]

3.10 In addition, Children by Choice submitted that the aims of the Bill:

> …would contravene Australia's domestic and international obligations to uphold women's human rights.

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8 YWCA Australia, *Submission 167,* pp 1–2; see also Women's Health Victoria, *Submission 2,* p. 4; Women's Health West, *Submission 71,* p. 2.

9 Liberty Victoria, *Submission 164,* pp 5–6.

10 Women's Health Victoria, *Submission 2,* p. 3; Women's Health West, *Submission 71,* pp 3–4; Liberty Victoria, *Submission 164,*pp 3–4; Australian Women Against Violence Alliance, *Submission 191,* p. 4.

11 Professor Diane Bell, *Submission 175,* p. 5.

12 Women's Health Victoria, *Submission 2,* pp 1, 3; Women's Health West, *Submission 71,* pp 2, 4; Public Health Association of Australia, *Submission 72,* p. 4.

13 YWCA Australia, *Submission 167,* p. 2.

> Such scrutiny by government and health authorities of women's decision making as may be required by the Bill would constitute unnecessary intrusion and surveillance into a woman's personal life and health care decision-making. Surveys of Australian community attitudes have shown that a large majority support legal abortion and believe that it should be private matter between a woman and her doctor.[14]

3.11 Professor Bell argued that, if the Bill was passed, it may limit the information sought and provided in the doctor/patient relationship and therefore may be a restriction of women's rights. Such a restriction would not align with the empowerment envisioned by the interagency statement and the Convention on the Elimination of All Forms of Discrimination Against Women.[15] Women's Legal Services NSW had similar concerns, submitting that:

> The Bill purports to limit gender selective discrimination and enhance human rights. However, the Bill fails to identify and address the potential for erosion of human rights, for example, the risk of such legislation obstructing access to safe, affordable, legal reproductive health options, including abortion.[16]

3.12 Submitters also noted that restrictions on Medicare funding for gender selective abortion would potentially compromise access to abortion more generally, thereby limiting a vital health service for women in Australia and an important reproductive health right.[17]

The unacceptability to Australians of the use of Medicare funding for gender selection abortions

3.13 As noted earlier, most submitters who opposed the Bill, made it very clear that they were also opposed to gender selective abortion.[18] However, submitters noted that there was no comprehensive or reliable evidence to suggest that gender selective abortion was unacceptable to Australians. Thus, submitters stated that they were unable to accept the proposition concerning the unacceptability to Australians of the use of Medicare funding for gender selective abortions at face value.[19] For example, the National Foundation for Australia Women (NFAW) stated that:

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14 Children by Choice, *Submission 160,* p. 3.

15 Professor Diane Bell, *Submission 175,* p. 7.

16 Women's Legal Services NSW, *Submission 192,* pp 1–2.

17 Woman's Health Victoria, *Submission 2,* p. 1; see also Women's Health West, *Submission 71,* p. 2.

18 Children by Choice, *Submission 160,* p. 2; Women's Health Victoria, *Submission 2,* p. 1; Women's Centre for Health Matters, *Submission 157,* p. 2; Professor Diane Bell, *Submission 175,* p. 1; Australian Women Against Violence Alliance, *Submission 191,* p. 1; Women's Legal; Services NSW, *Submission 192,* p. 1.

19 Women's Health Victoria, *Submission 2,* p. 2; Women's Health West*, Submission 71,* p. 2; Public Health Association of Australia, *Submission 72,* p. 5; Women's Centre for Health Matters, *Submission 157,* p. 3.

> NFAW is unable to accept at face value or agree entirely with the proposition inherent in the first Term of Reference, while deploring terminations of pregnancies solely for cultural reasons.[20]

3.14 Several submitters provided information from the Australian Survey of Social Attitudes which provides evidence on attitudes of Australians towards abortion generally. Women's Health Victoria stated:

> According to the Australian Survey of Social Attitudes in 2003, 81% of Australians agree that women should have the right to choose an abortion. This was independent of their gender or religious affiliation. Only 9% of the 5000 adults questioned disagreed with a woman's right to choose, and the remaining 10% were undecided.[21]

The prevalence of gender selection by abortion

3.15 It was acknowledged that gender selective abortion is prevalent in other countries.[22] The NFAW commented it 'is aware of the existence in some countries of such practices, and finds such practices abhorrent'.[23]

3.16 However, it was argued that there is no evidence that gender selective abortion is being undertaken in Australia or that the use of Medicare funding for gender selection abortion was prevalent.[24] Liberty Victoria stated:

> We believe that changing access to Medicare for abortions in Australia because of cultural biases and practices occurring in other countries is inexcusably bad public policy.[25]

3.17 Reproductive Choice stated that evidence that gender selective abortion 'cannot be disguised' and pointed to the skewed gender ratios in China and India.[26] However, it was submitted that there is no such evidence of a skewed gender ratio in

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20 National Foundation for Australia Women, *Submission 74,* p. 2.

21 Women's Health Victoria, *Submission 2,* p. 2; see also Women's Health West, *Submission 71,* p. 3; Public Health Association of Australia, *Submission 72,* p. 5; Women's Centre for Health Matters, *Submission 157,* p. 3.

22 Liberty Victoria, *Submission 164*, p. 2; National Foundation for Australian Women, *Supplementary Submission 74*, p. 2; Family Planning NSW, *Submission 171*, p. 4; Professor Diane Bell, *Submission 175*, p. 3; Australian Women Against Violence Alliance, *Submission 191,* p. 2.

23 National Foundation for Australian Women, *Supplementary Submission 74*, p. 2.

24 Women's Centre for Health Matters, *Submission 157,* p. 2; Children by Choice, *Submission 160,* p. 2; Liberty Victoria, *Submission 164,* p. 2; YWCA Australia, *Submission 167,* p. 1; Family Planning NSW, *Submission 171,* p. 4; Professor Diane Bell, *Submission 175,* p. 1; Health Consumers Alliance of SA Inc, *Submission 176,* p. 1; Women's Abortion Action Campaign, *Submission 182,* p. 1; Women's Legal Service Australia, *Submission 190,* p. 1; Australian Women Against Violence Alliance, *Submission 191,* p. 2; Women's Legal Service NSW, *Submission 192,* p. 1.

25 Liberty Victoria, *Submission 164*, p. 4.

26 Reproductive Choice, *Submission 3*, p. 2.

Australia. Several submitters point out that Australia's sex ratio at birth is 105.7 male births per 100 female births and therefore within the normal range of 102 and 106.[27] Family Planning NSW also argued that the sex ratio in Australia has remained stable and provided data on the sex ratio for each state and territory for children aged zero to six which showed that all states were in the range 1.04 to 1.08.[28]

3.18 The Australian Women Against Violence Alliance concluded that, in its view, 'Australia continues to exhibit one of the healthiest sex ratios in the world and lowest maternal mortality rates, both strong indicators of gender health and well-being'.[29]

3.19 Submitters provided further evidence which indicated that gender selective abortion is not occurring in Australia. Family Planning NSW, for example, stated that:

> Last financial year we had around 28,000 client visits and in the 85 years we have been operating we have no evidence to suggest that pregnancy terminations occur solely on the basis of gender selection.[30]

3.20 Several submitters also pointed to a 2008 Melbourne study of 578 patients having pre-natal diagnosis, which found that none of the patients had a pregnancy termination for gender selection.[31]

3.21 In addition, submitters noted that in Australia most abortions occur before the gender is known at around 18–19 weeks gestation.[32] Children by Choice submitted information from the Australian Health and Welfare Institute indicating that almost 95 per cent of pregnancy terminations occur in early pregnancy, that is, before 14 weeks gestation, 4.7 per cent between 13 and 20 weeks, and 0.7 per cent after 20 weeks.[33]

3.22 Submitters also commented on the argument that, because gender selective abortion is occurring in some countries overseas, communities from those countries are seeking gender selective abortions in Australia.[34] Submitters argued that there are no studies or evidence-base to show that this occurs. The Australian Women Against Violence Alliance pointed a study undertaken in Australia in 2000 which 'provided evidence to show that immigrants adapt to the fertility patterns and behaviours of the Australian population'. A similar study in Canada found that the fertility of immigrant

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27 Women's Centre for Health Matters, *Submission 157*, p. 3; Women's Health Victoria, *Submission 2,* p. 2.

28 Family Planning NSW, *Submission 171*, p. 4.

29 Australian Women Against Violence Alliance, *Submission 191*, p. 2.

30 Family Planning NSW, *Submission 171,* p. 4.

31 National Foundation for Australia Women, *Submission 74,* p. 2; Children by Choice, *Submission 160,* p. 2; Reproductive Choice Australia, *Submission 3,* p. 1.

32 National Foundation for Australian Women, *Submission 74,* p. 4; Children by Choice, *Submission 160,* p. 3.

33 Children by Choice, *Submission 160,* p. 3.

34 National Foundation for Australian Women, *Submission 74*, p. 2; Women's Abortion Action Campaign, *Submission 182*, p. 3.

women tended to increasingly resemble and converge with that of Canadian-born women, the longer they resided in Canada.[35]

3.23 The NFAW stated that from its analysis of population statistics by ancestry and religious affiliation it can be concluded that 'there is no widespread practice of abortions leading to skewing of the sex ratio'.[36] In addition, Liberty Victoria noted:

> Even amongst migrant groups where the country of origin has a son-preference and sex-selection problem, the same social pressures do not exist in Australia. Indeed, all academic research as well as UN and [non-government organisations] research indicates that it is confined to only a few regions of the world, namely East and South Asia, Korea, China and parts of India.[37]

3.24 It was also noted that Australia has a very different society and approach to gender equality than some other countries. Children by Choice drew attention to existing initiatives in Australia aimed at gender discrimination and submitted that:

> …in Australia today, women and girls have more social, cultural and economic equality with their male counterparts compared to many other nations. While gender discrimination still exists in our society and must be addressed, there is robust government legislation, regulations and many other programs and education campaigns that aim to advance, monitor and promote the status of women and girls living in our community. Some examples of these include anti-discrimination legislation, a national Sex Discrimination Commissioner, initiatives to promote girls' education and participation in non-traditional areas, and campaigns to educate and discourage practices such as Female Genital Mutilation.[38]

3.25 The Women's Legal Services NSW also argued that should the Bill be passed, 'there could be disproportionate scrutiny of women and girls from particular ethnic, race, cultural and religious backgrounds when they access sexual and reproductive health services'.[39]

The use of Medicare funded gender selection abortions for the purpose of family balancing

3.26 Submitters noted that there are legal barriers to the use of gender selection technologies, anonymous egg donation, with or without payment, and commercial surrogacy and that gender selection technology is only allowed for reducing the risk of transmission of sex-linked disorders.[40] For example, in Victoria the *Assisted*

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35 Australian Women Against Violence Alliance, *Submission 191,* pp 2–3.

36 National Foundation for Australian Women, *Supplementary Submission 74*, p. 2.

37 Liberty Victoria, *Submission 164*, p. 2.

38 Children by Choice, *Submission 160*, p. 4.

39 Women's Legal Services NSW, *Submission 192*, p. 3.

40 National Foundation for Australian Women, *Submission 74*, p. 1; see also Women's Health Victoria, *Submission 2*, p. 3; Women's Health West, *Submission 71,* p. 4; Public Health Association of Australia, *Submission 72,* p. 6.

Reproduction Treatment Act 2008 bans gender selection except to avoid the transmission of a genetic abnormality or a genetic disease to the child or it is approved by the Patient Review Panel.[41]

3.27 Submitters also noted that gender selective abortion for non-medical purposes is constrained by the National Health and Medical Research Council's Ethical Guidelines on the use of Assisted Reproductive Technology in Clinical Practice.[42] The Victorian Council for Civil Liberties quoted the guidelines as follows:

> Sex selection is an ethically controversial issue. The Australian Health Ethics Committee believes that admission to life should not be conditional upon a child being a particular sex. Therefore, pending further community discussion, sex selection (by whatever means) must not be undertaken except to reduce the risk of transmission of a serious genetic condition.[43]

3.28 The NFAW argued that 'it is unlikely that an Australian medical practitioner (eligible to raise a charge on the Medical Benefits Schedule) would act in breach of this prohibition'.[44]

3.29 Where abortions are undertaken, the reasons for doing so are varied and complex but gender selection is not a reason given.[45] Submitters cited a study by the University of Melbourne's Key Centre for Women's Health in Society which reported that the reasons for an abortion usually relate to the woman herself, the potential child, existing children, the woman's partner and other significant relationships, and what it means to a woman to be a good mother.[46] Other issues relating to violence, completed family size, educational aspiration, age and medical issues were also identified.[47]

Support for United Nations campaigns

3.30 Submitters opposing the Bill were critical of the term of reference relating to UN campaigns as they did not consider that the UN agencies and WHO supported the approach envisaged in the Bill. The Bill's statement on human rights was also criticised as not accurately representing relevant human rights documents.

3.31 Liberty Victoria submitted that:

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41 Liberty Victoria, *Submission 164*, pp 4–5.

42 Women's Health Victoria, *Submission 2*, p. 3; Woman's Health West, *Submission 71*, p. 7; National Foundation for Australian Women, *Submission 74*, p. 3.

43 Victorian Council for Civil Liberties, *Submission 164*, p. 5.

44 National Foundation for Australian Women, *Submission 74,* p. 3.

45 Women's Health Victoria, *Submission 2,* pp 3–4; Women's Health West, *Submission 71,* p. 4; Public Health Association of Australia, *Submission 72,* p. 5; National Foundation for Australian Women, *Submission 74,* p. 2; Women's Abortion Action Campaign, *Submission 182,* p. 4; Australian Women Against Violence Alliance, *Submission 191,* p. 3.

46 Women's Health Victoria, *Submission 2*, pp 3–4; Women's Health West, *Submission 71*, p. 4; Children by Choice, *Submission 160*, p. 3; Women's Centre for Health Matters, *Submission 157*, p. 4.

47 Children by Choice, *Submission 160*, p. 5.

> The phrasing of this 'Term' misleadingly implies that UN agencies are advocating limiting abortion as a means of solving the problem of sex-selection. This is untrue. Indeed, although states have an obligation to address the issue of gender biased sex selection, the UN interagency statement makes clear, that it must be addressed:
>
> > without exposing women to the risk of death or serious injury by denying them access to needed services such as safe abortion … Such an outcome would represent a further violation of their rights to life and health as guaranteed in international human rights treaties, and committed to in international development.[48]

3.32 Submitters supported campaigns by UN agencies to implement disincentives for gender selection by abortion. However, they argued that the WHO was not advocating the type of restrictions proposed in the Bill, as such measures have not been found to be effective.[49] The Public Health Association of Australia submitted that it:

> …is strongly supportive of the role of the United Nations and its agencies in promoting changes in social values, and of the role of the Australian Overseas Aid Agency in promoting and financing sexual and reproductive health programs in developing nations. Access to safe abortion services is a necessary part of any comprehensive system of reproductive health services. To deny these services is to breach a woman's right to health.[50]

The Bill's statement on human rights

3.33 Concerns were raised about the human rights statement in the Bill and whether it adequately addressed the human rights of both mother and child. The Women's Abortion Action Campaign stated that the reports cited in the Bill's human rights statement:

> …have been used in a way which does not acknowledge their full context, and obscures the fact that the United Nations' World Health Organisation recognises access to safe abortion as an important marker for women's health and publishes a technical and policy guide for (national) health systems to assist in this.[51]

3.34 Submitters also stated that a number of UN human rights instruments were omitted from the Bill's statement including the Beijing Declaration, which stemmed from the Fourth UN Conference on Women.[52] The declaration unequivocally affirms that 'the right of all women to control all aspects of their health, including their own

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48 Liberty Victoria, *Submission 164*, p. 3.

49 Women's Health Victoria, *Submission 2*, p. 4; Women's Health West *Submission 71*, pp 4–5; YWCA Australia, *Submission 164*, p. 2.

50 Public Health Association of Australia, *Submission 72*, p. 7.

51 Women's Abortion Action Campaign, *Submission 182*, p. 2.

52 Women's Centre for Health Matters, *Submission 157*, p. 6; see also Women's Health Victoria, *Submission 2*, p. 5; Women's Health West, *Submission 71*, p. 5.

fertility, is basic to their empowerment'. In addition it was noted that the UN Factsheet on the Right to Health asserts that:

> States should enable women to have control over and decide freely and responsibly on matters related to their sexuality, including their sexual and reproductive health, free from coercion, lack of information, discrimination and violence.[53]

3.35 It was also noted that Australia has an obligation to implement the principles of the Convention on the Elimination of All Forms of Discrimination Against Women, which includes access to health services, including those related to family planning. In addition, sexual and reproductive health rights and freedoms are enshrined in the International Covenant on Economic, Social and Cultural Rights.[54]

3.36 Professor Bell concluded that the amendment contained in the Bill is a restriction of women's rights and not the empowerment envisaged by the interagency statement or the Convention on the Elimination of All Forms of Discrimination Against Women.[55]

3.37 The Parliamentary Joint Committee on Human Rights (Joint Committee) has examined the Bill. The Joint Committee noted that restrictions on Medicare benefits proposed in the Bill potentially restrict rights to health and rights to social security. Those rights are provided for under articles twelve and nine of the International Covenant on Economic, Social and Cultural Rights. In its concluding remarks, the Joint Committee indicated that:

> Before forming a conclusion on the human rights compatibility of the bill, the committee intends to write to Senator Madigan to seek further information about the prevalence of gender selective abortions in Australia and whether the limitations on the right to health and the right to social security seek to address a legitimate objective (being one that addresses an area of public or social concern that is pressing and substantial enough to warrant limitations on these rights).[56]

3.38 At the time of tabling of this report, no response had been published by the Joint Committee.

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53 Woman's Health Victoria, *Submission 2*, p. 5.

54 Women's Legal Services NSW, *Submission 192*, p. 3.

55 Professor Diane Bell, *Submission 175*, pp 6–7; see also Health Consumers Association of SA, *Submission 176*, p. 1; Women's Legal Services NSW, *Submission 192*, p. 1.

56 Parliamentary Joint Committee on Human Rights, *Examination of legislation in accordance with the Human Rights (Parliamentary Scrutiny) Act 2011, Bills introduced 18–21 March 2013, Legislative Instruments registered with the Federal Register of Legislative Instruments 16 February – 19 April 2013,* Sixth Report of 2013, 15 May 2013, p. 39.

Alternatives to the Bill

3.39 Reproductive Choice Australia submitted that 'if Parliament is inclined to utilise resources to better understand and positively respond to issues surrounding pregnancy terminations to best support the rights of Australian women', the following approaches could be considered:

- a national curriculum for comprehensive, evidence-based sexual and reproductive health in Australia schools;
- the inclusion of referral obligations for conscientious objection into the registration of health professionals and subsequent enforcement mechanisms;
- a requirement that university undergraduate medical training includes pregnancy termination related procedures;
- provision of the full range of reproductive health services, including abortion and emergency contraception for assault victims, in all federally funded hospitals regardless of faith-based affiliations; and
- lowered cost of contraception for low-income women via the Pharmaceutical Benefits Scheme.[57]

Concern from medical associations

3.40 Submitters opposing the Bill indicated that in their view, abortion was regarded as an important health service for women by medical associations including The Royal Australian College of Obstetricians and Gynaecologists; The Royal College of Obstetricians and Gynaecologists; and The American College of Obstetrics and Gynaecologists.[58]

3.41 Several submissions supported statements by medical associations that they support gender selective abortions for gender-linked genetic diseases, but not for personal or cultural reasons.[59] The Australia Medical Association (AMA) did not support the Bill, submitting that in its view the Medicare benefits arrangements should not be used to address social issues. The AMA went on to note that the interagency statement offers a range of recommendations for addressing the issues and does not recommend denying financial assistance for legal medical procedures.[60]

Senator Helen Polley
Chair

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57 Reproductive Choice Australia, *Submission 3*, p. 3.

58 Women's Health Victoria, *Submission 2*, p. 4; Women's Health West, *Submission 71*, p. 5; Public Health Association of Australia, *Submission 72*, p. 8.

59 Public Health Association of Australia, *Submission 72*, p. 8; Women's Health West, *Submission 71*, p. 5; Women's Health Victoria, *Submission 2*, p. 4; National Federation for Australian Women, *Submission 74*, p. 5; Women's Centre for Health Matters, *Submission 157*, pp 5–6.

60 Australian Medical Association, *Submission 130*, p. 1.

Additional Comments by the Australian Greens

Overview

1.1 The Australian Greens do not support sex selective abortion as it is indicative of entrenched gender inequality. However, we assert that restricting health services for women and restricting women's reproductive rights through this bill is not an appropriate or useful way to address that inequality. A woman's right to be treated equally and with dignity and respect must not be infringed by placing restrictions on abortion services.

Comments

1.2 The Australian Greens are extremely disappointed that the majority of the Committee did not put forward any recommendations on this bill. Analysing submissions and putting forward recommendations is a key purpose of the Senate Committee process.

1.3 Submissions from Reproductive Choice Australia and other organisations repeatedly emphasised that there is no evidence that this practice occurs in Australia or that Medicare is being used to fund such procedures. This is supported by looking at Australia's population figures.

1.4 Senator Madigan himself admits he has no evidence to suggest that sex selective abortions are systematically occurring in Australia. In countries where this does occur, such as China and India, there is clear gender-skewing in population numbers.

1.5 International human rights agreements support a women's right to control their own fertility. The Beijing Declaration affirms that 'the right of all women to control all aspects of their health, including their own fertility, is basic to their empowerment.' Further, the Convention on the Elimination of All Forms of Discrimination Against Women - Article 12 requires that measures be taken to ensure 'on a basis of equality of men and women, access to health care services, including those related to family planning.' Women's Health Victoria state in their submission that 'Restrictions on abortions restrict this access' and that restrictions on abortion jeopardise a women's right to choose if, when and how many children she will have.

1.6 Submissions which indicate they do not support the passage of the bill include: Women's Health Victoria, Public Health Association Australia, Australian Medical Association, Women's Centre for Health Matters, NSW Council for Civil Liberties, Children by Choice, Liberty Victoria, Women's Abortion Action Campaign, Women's Legal Services NSW, Women's Legal Services Australia, and Reproductive Choice Australia.

1.7 In the 2008 paper, "From Sorting Sperm to Sorting Society" Edgar Dahl noted that a follow-up study of 578 patients having prenatal diagnosis at one Melbourne clinic found that 'none of the women had a termination for foetal sex' and that in countries where social, religious or economic conditions do not support a preference

for male or female children, including USA, Britain and Australian, there is no evidence that such a preference exists.

1.8 There is also the practical question of how such a law would ever be enforced without risking the broader reproductive rights of Australian women.

1.9 Without any evidence for the practice, this bill is a waste of government time and is a red herring to allow Senator Madigan to promote his anti-abortion agenda. Senator Madigan and Democratic Labor Party are opposed to safe and legal abortion. This bill addresses a non-existent problem.

1.10 The large number of submissions from individuals in support of this bill, may do significant damage in raising fear and stigmatising women having an abortion without a basis in fact.

1.11 The Reproductive Choice Australia submission notes: 'The tactic of chipping away at women's reproductive rights by those who oppose safe abortion for any woman for any reason – under the guise of a feminist concern about the survival of female foetuses – is an anti-choice approach borrowed from the United States. In America, the accumulation of small "victories" from such unconscionable tactics has placed the reproductive autonomy of women in many US states under sustained and serious threat'.

1.12 The Australian Greens do not support sex selective abortion, as it is representative of entrenched gender inequality but there is no evidence that this practice is occurring in Australia.

Recommendation

1.13 That the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013 not be passed.

Senator Lee Rhiannon

Australian Greens spokesperson for Women

Senator for New South Wales

Senator Richard Di Natale

Senator for Victoria

Additional Comments by Senator John Madigan

1.1 In response to the Report from the Committee on Finance and Public Administration Legislation Committee on the Health Insurance Amendment (Medicare Funding for Certain Types of Abortion) Bill 2013, I wish to comment on a number of issues.

These include:

- The lack of consultation through the common practice of public hearings;
- The absence of any recommendations based on common ground evident in submissions both for and against the Bill in the areas of data collection and opposition to gender-selection procedures; and
- Selective interpretation of UN Convention commitments.

Absence of broad consultation through Public Hearings

1.2 Public hearings are a normal feature of Senate Committee inquiries yet, despite the broad community interest as evidenced in the receipt of 919 submissions and 239 form letters, the Finance and Public Administration Legislation Committee did not allow for public hearings. The absence of such hearings are a departure from regular process and the selective application could be interpreted as a bias against particular issues and a departure from democratic procedure especially when significant amounts of time are given to public hearings for issues which attract far less community comment.

Public hearings would have allowed for clarification of a number of issues raised by the submissions received.

1.3 **Public hearings would have obtained more information and clarification from key organisations.** Submissions were received by two peak medical specialist bodies: The Royal Australian and New Zealand College of Obstetricians and Gynaecologists (RANZCOG), and the National Association Specialist Obstetricians and Gynaecologists.[1] The RANZCOG, in a brief one-page submission, stated: 'The College does not support termination of pregnancy for the reason of family balancing or gender preference'. They indicated: 'The college would be pleased to participate further in this inquiry as deemed appropriate by the Committee.'[2] Clearly, they would have contributed further insights had the possibility of a public hearing been available. Similarly, would have been possible to ask the National Association of Obstetricians and Gynaecologists as to the reasons for their recommendation for withholding information relating to the gender of the fetus until 20 weeks.[3] As this was the first submission received, it appears the Association was clear on their policy but the

1 National Association of Specialist Obstetricians and Gynaecologists, *Submission 1*; see also, The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Submission 137*.

2 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists, *Submission 137*.

3 National Association of Specialist Obstetricians and Gynaecologists, *Submission 1*.

submission was brief and the Committee may have gained some understanding of that policy if an opportunity for public hearings had been made available.

1.4 **Public hearings would have provided the opportunity for *in camera* evidence** for participants who felt vulnerable in giving their identity as in the following example: Media reports of evidence of sonographer's experience in revealing the gender of the fetus emerged during the period of enquiry.[4] 'I gave her a death sentence,' she told the journalist. The sonographer in question was not prepared to reveal her identity for fear of jeopardizing her employment, but claimed that revealing the gender of the fetus was becoming a source of unease amongst her colleagues.

1.5 Public hearings would have demonstrated fairness in the Committee's dealings with this contentious issue.

Common Ground: opposition to Gender-selection abortion

1.6 According to the Committee's Report, many submissions both for and against the Bill (2.3-10; 3.13) were clearly opposed to gender selection abortions and in a number of submissions studies and surveys were quoted which demonstrated the unacceptability of gender-selection abortion to Australians.[5] One submission which argued against the Bill used the term 'abhorrent' to describe gender-selection abortion.[6] Other submissions opposed to the Bill also opposed gender-selection abortion in principle.[7] If gender-selection abortions are 'abhorrent' and objectionable, then surely it warrants some sanctions.

Common Ground: data collection

1.7 The Committee's Report notes in both Chapter 2 and Chapter 3 that there is insufficient data collection in the Medicare process to accurately determine the number of abortions executed for gender selection. (2.2; 3.3) It is not disputed that this is the case. Abortion is legal in some Australian jurisdictions regardless of the reasons for abortion. There is a practice in the provision of abortion of: 'Don't ask; don't tell'. If women are not asked for the reasons they seek abortion then there is no reason to tell.

1.8 Family Planning NSW outlines the 'glaring inadequacies' in the data available on pregnancy terminations and details some of these gaps as follows:

- There is no mandatory reporting of pregnancy terminations in some states and territories;

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4 http://www.heraldsun.com.au/news/opinion/gender-bias-cannot-start-in-the-womb/story-e6frfhqf-1226635210990

5 Australian Federation for the Family, *Submission 151,* p. 1; see also, Reformed Resources, *Submission 173,* p. 2; Australian Christian Lobby, *Submission 186,* p. 1; Catholic Women's League Australia Inc. *Submission 853,* p. 2.

6 National Foundation for Australian Women, *Supplementary Submission 74,* p. 2.

7 Women's Health Victoria, *Submission 2,* p. 1; see also, Public Health Association of Australia, *Submission 72,* p. 4.

- Only South Australia, Northern Territory and Western Australia have routine notifications and published reports;
- Australian Institute of Health and Welfare (AIHW) pregnancy termination estimates date back to 2003 and 2004;
- Changes have been made to abortion legislation in some states, yet there is no way of measuring the impact of those changes. The recent TGA listing of Mifepristone is an example;
- There is no single Medicare item number for abortion related services;
- Medicare items apply to procedures which are not specifically pregnancy terminations, but include procedures such as those undertaken as a result of miscarriage or foetal death. It is therefore impossible to gain a precise figure for the number of abortions performed; and
- This data does not report on important associated variables describing the geographic, social and economic situation of the women who present for a pregnancy termination.[8]

This submission urges the Committee 'to address the gaps that exist in data and research around pregnancy terminations to support future evidence based legislation and policy.'

The glaring inadequacies of data collection in terms of pregnancy terminations requires redress. The absence of such significant data must have consequences for the quality of health services offered to women.

Commitment to United Nation Conventions

1.9 Australia is a signatory to the International Conference on Population and Development, Cairo 1994 (ICPD) which means Australia agreed to take all necessary action to achieve its objectives. These include action 4.23:

> Governments are urged to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and use of girls in prostitution and pornography.[9]

The Committee Report identifies many submissions that referred to Australia's international obligations (2.36–2.41 and 3.30–3.32). Yet many of these submissions failed to take the obligation to prevent sex selection seriously. Mrs. Rita Joseph's submission almost exclusively addressed Australia's obligation as a signatory to UN Conventions.[10] Her submission is quoted twice by the Committee Report but only in relation to the collection of data (2.2) and again in reference to 'prevalence in Australia' (2.20) but never in relation to Australia's international obligation that is her substantive concern.

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8 Family Planning NSW, *Submission 171,* p. 5.

9 http://web.unfpa.org/icpd/icpd-programme.cfm#ch4b retrieved 22 June 2013

10 Rita Joseph, *Submission 69.*

Australia unequivocally voted in favour of action to eradicate pre-natal sex selection at both Cairo (1994) and Beijing (1996).[11]

An Interesting Parallel

1.10 Many of the arguments against the Bill suggested that the Bill was ill conceived because:

- it is difficult to determine that gender selection abortion takes place (evidence of one concrete case was provided to the Committee);
- that there was no evidence that certain cultural groupings where such a practice is common were engaging in the gender-selection abortion in Australia (evidence of one case provided); and
- that a restriction on gender selection abortion might restrict women's access to abortion (the Bill is clear that it is only aimed at Medicare funded gender selection abortions).

An interesting parallel may be drawn between gender selection abortion and Female Genital Mutilation (FGM) where similarities and differences may be noted in legislative and educational approaches:

- it is difficult to determine the prevalence of FGM;[12]
- prosecutions are rare;[13] and
- it is practiced among certain cultural groups.

1.11 In the case of FGM a number of educative and legal initiatives have been put into place through the Government's National Compact on Female Genital Mutilation. There is no ambiguity in the Compact regarding FGM. It states clearly that FGM is unacceptable. The Compact also declares Australia's commitment to stand by its obligations to the UN, which include taking action to end the practice of FGM for women and girls living in Australia, settling in Australia and throughout the world, who are or may be in the future affected by FGM.[14]

The commitment is to:

- take action to end the practice of FGM for women and girls;
- living in Australia;
- settling in Australia; and

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11 Beijing Platform for Action Chapter VI L. The Girl Child, http://web.unfpa.org/icpd/icpd-programme.cfm#ch4b retrieved 22 June 2013

12 http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr13-tp-tp027.htm retrieved 22 June 2013

13 http://www.helenkroger.com.au/Parliament/SenateSpeeches/tabid/92/articleType/ArticleView/articleId/18/Female-Genital-Mutilation.aspx retrieved 22 June 2013

14 http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr13-tp-tp027.htm retrieved 22 June 2013

- throughout the world who are or may be in the future affected by FGM.[15]

The National Compact on FGM is unswerving in its commitment: 'We will not excuse or ignore the practice of FGM.'[16] It aims to educate migrants and refugees where such practices are culturally acceptable that such a practice is not acceptable in Australia. FGM is illegal in all states and territories, despite the fact that it is difficult to detect.

1.12 In their 11 December 2012 press release entitled 'Gillard Government to act on Female Genital Mutilation in Australia'[17] Prime Minister Gillard and Health Minister Plibersek referred to the practice of FGM as 'barbaric' and 'horrific'. The joint statement continues: 'We do not know how widespread this practice is in Australia but we know there have been instances, and anecdotal evidence suggests these are not isolated.'[18]

1.13 The Prime Minister and Health Minister state that although there was only limited apparently anecdotal evidence that this practice has been occurring in Australia, 'One such procedure in this country is one too many'.[19]

1.14 The joint statement announced that the government would, on the strength of worldwide condemnation of this practice and 'anecdotal evidence' that it was occurring in Australia, immediately implement the following measures:

- Provide $500,000 in grants to fund organisations to run education and awareness activities and support change within communities, as we know public education and awareness is key to change.
- New research and data collection on female genital mutilation will be undertaken as a priority. This will help us build the evidence needed to support women and girls affected by female genital mutilation.
- Minister Plibersek will hold a national summit on this subject early next year, bringing together community, health, legal and policing experts to discuss how we can increase awareness and support and reduce incidence in Australia.
- The Attorney-General will review the current legal framework in Australia, and provide advice on whether any changes are required to ensure full protection against female genital mutilation, at home or abroad.[20]

1.15 It is evident that both FGM and gender selection abortions are abhorrent practices; that both are condemned by the UN and other international bodies; that Australia has made a commitment to oppose both practices.

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15 ibid.

16 ibid.

17 http://www.pm.gov.au/press-office/gillard-government-act-female-genital-mutilation-australia retrieved 24 June 2013

18 ibid.

19 ibid.

20 ibid.

1.16 Furthermore, it is evident that both FGM and gender selection abortions are practiced among certain cultural groups and that there is anecdotal and other evidence of both being practiced in Australia.

1.17 Yet, despite the direct similarities between the two practices one is utterly condemned and the other conveniently ignored.

1.18 I note that the committee has chosen not to make a recommendation on this Bill. Despite this I feel there are a couple of recommendations I would like to make.

Recommendation 1

1.19 That this Bill be passed without amendment or delay.

Recommendation 2

1.20 That in passing this Bill the Senate would call for the Prime Minister and Health Minister to throw their support behind a program of measures to oppose Gender Selection Abortion that would mirror the program they have implemented to oppose Female Genital Mutilation.

Senator John Madigan

Senator for Victoria

APPENDIX 1

Submissions and Form Letters received by the Committee

1	National Association of Specialist Obstetricians and Gynaecologists
2	Women's Health Victoria
3	Reproductive Choice Australia
4	Name Withheld
5	Name Withheld
6	Mrs Mary Rofe
7	Mr Andrew Jackson
8	Mrs Sabina Prinzen-Wood
9	Mrs Roslyn Heywood
10	Presbyterian Church of Tasmania
11	Dr Timothy Coyle
12	Name Withheld
13	Name Withheld
14	National Alliance of Christian Leaders
15	Name Withheld
16	Mr and Mrs Victor and Crystal Soo
17	Name Withheld
18	Mrs Joan Apthorp
19	Ms Clara Curtis
20	Mr Gavan Duffy
21	Mrs Erica Grace
22	Mrs Ruth Allison
23	Name Withheld
24	Mr Bruce Nickel
25	Ms Adriana Vanderven
26	Mr Ian Kilminster
27	Mrs Judith Lumsdaine
28	Ms Angela Phillips
29	Mr Christopher Stokes
30	Dr Michael Pearcy
31	Mrs Bernadette Duffy
32	Mr Steven Patrick
33	Mrs Suellen Milham
34	Mr Phillip Heyne
35	Mr Michael McAuliff
36	Mr Stephen Stavrinou
37	Mrs Lynette Miller
38	Mr Timothy Bartlett
39	Mrs Samantha Bryan
40	Mr Hudson Watts

41 Name Withheld
42 Name Withheld
43 Name Withheld
44 Name Withheld
45 Name Withheld
46 Name Withheld
47 Name Withheld
48 Name Withheld
49 Mr Gerard Madden
50 Ms Jasmine Yow
51 Ms Jennifer Madden
52 Mr Lance and Ms Fiona Drum
53 Mr Michael and Ms Leanne Casanova
54 Mr John Kennedy
55 Mr Robert Hayward
56 Ms Kayla Roatch
57 Mr Dave McCarthy
58 Mr Callan Leach
59 Ms Hazel Cooper
60 Mr John Calleja
61 Mr and Mrs Terry and Cheryl Young
62 Mr and Mrs Peter and Diane Newland
63 Ms Beth Burns
64 Ms Marion Isham
65 Confidential
66 Name Withheld
67 Confidential
68 Confidential
69 Ms Rita Joseph
70 Name Withheld
71 Women's Health West
72 Public Health Association of Australia
73 FamilyVoice Australia
74 National Foundation for Australian Women
75 Coalition for the Defence of Human Life
76 Confidential
77 Confidential
78 Confidential
79 Confidential
80 Name Withheld
81 Name Withheld
82 Name Withheld
83 Name Withheld
84 Name Withheld
85 Name Withheld

86 Name Withheld
87 Name Withheld
88 Name Withheld
89 Name Withheld
90 Name Withheld
91 Name Withheld
92 Name Withheld
93 Name Withheld
94 Mr Kelvin Goodhew
95 Mrs Cherith Nelson-Milnes
96 Mr Peter Dolan
97 Mr Peter Opie
98 Mrs Glennis Mullavey
99 Mrs Caitlin Taylor
100 Mr Matthew Owen
101 Mr Gregory Fraser
102 Ms Alice Palmer
103 Mr Alan Lewis
104 Mr Andrew van Burgel
105 Ms Gail Harrison
106 Dr David Hopkins
107 Mrs Jacqui Paulson
108 Mr John O'Regan
109 Mrs Helen McKenna
110 Mrs Anita Toner
111 Name Withheld
112 Name Withheld
113 Confidential
114 Confidential
115 Name Withheld
116 Rabbinical Council of Victoria
117 Name Withheld
118 Mr Dirk Jackson
119 Pastor Barrie Ryan
120 Ms Helen Gordon
121 Mr Edward and Ms Kathleen Pitt
122 Mr Matthew Williams
123 Mrs Makala Williams
124 Mr Rod Manning
125 Mr Jeremy and Ms Rachel Hopwood
126 Mr Giulio di Somma
127 Mrs Suzanne Strates
128 Mr Fred Bramich
129 Dr and Mrs Christopher and Katharina Hopwood
130 Australian Medical Association

131 Dr Louis Rutman, Dr Kathy Lewis, Dr Greg Levin and Dr Susie Allanson
132 Natural Surrender Unity-Advocacy-Action (NSUAA)
133 Doctors for the Family
134 Catholic Women's League of Victoria and Wagga Wagga Inc
135 Endeavour Forum Inc
136 Introfish Inc
137 The Royal Australian and New Zealand College of Obstetricians and Gynaecologists
138 Social Questions Committee on behalf of the Catholic Women's League of Victoria and Wagga Wagga Inc
139 Dr Jereth Kok
140 Clinical Associate Professor John York
141 Mr Michael Sichel
142 Pastor Melanie Lynam
143 Dr Nick and Dr Natalie Blismas
144 Helen Green
145 Dr Mansel Rogerson
146 Rev Warwick Davidson
147 Dr Natalie Bennett
148 Dr Susan Reibel Moore
149 Dr John Moody
150 Dr Marie Tarabay
151 Australian Christian Values Institute
152 Australian Federation for the Family
153 Mrs Nicole Fisher
154 Human Rights for the Unborn, Tasmania
155 Catholic Archdiocese of Sydney
156 Institute for Judaism and Civilization Inc
157 Women's Centre for Health Matters
158 Hellenic Orthodox Community of Parramatta and Districts
159 New South Wales Council for Civil Liberties
160 Children by Choice
161 Salt Shakers
162 Catholic Women's League State of Queensland Inc
163 Name Withheld
164 Liberty Victoria
165 Real Talk Australia
166 Evangelicals for Life
167 YWCA Australia
168 Catholic Archdiocese of Melbourne (The Life, Marriage and Family Office)
169 Women's Forum Australia
170 Social Issues Executive, Anglican Diocese of Sydney
171 Family Planning New South Wales
172 Reformed Resources
173 Catholic Archdiocese of Melbourne (The Office for Justice and Peace)

174 Dr Maged Peter Mansour, Mrs Lily Mansour and Mr John Mansour
175 Professor Diane Bell
176 Health Consumers Alliance of South Australia Inc
177 Wilberforce Foundation
178 Ms Jane Munro
179 Family Council of Queensland, Inc
180 Dads 4 Kids
181 Ms Melinda Tankard Reist
182 Women's Abortion Action Campaign
183 Ms Josie Nancarrow
184 Rev. Fr Jean Mawal
185 Right to Life (NSW)
186 Australian Christian Lobby
187 Australian Catholic Bishops Conference
188 Right to Life Australia Inc
189 Cherish Life Queensland Inc
190 Women's Legal Service Australia
191 Australian Women Against Violence Alliance
192 Women's Legal Services NSW
193 Catholic Women's League Australia (NSW) Inc, Diocese of Parramatta
194 Knights of the Southern Cross (NSW) Inc
195 Australian Family Association
196 Mr and Mrs Lawrence and Gill Rutherfurd
197 Mr David Forster
198 Mr Joel van der Horst
199 Mrs Anne O'Dwyer
200 Mr Keith Tiller
201 Mr Alan Alford
202 Mr Hendrik and Ms Belinda Terpstra
203 Mr Charles Morton
204 Mrs Linasari Lean
205 Mr John Wright
206 Ms Lesley Parker
207 Mr Jeff Ball
208 Ms Elizabeth McNaughton
209 Mr John Shaw
210 Ms Sheila Shannon
211 Ms Elizabeth Oaten
212 Mr Craig and Ms Jade Marshall
213 Ms Anne Love
214 Ms Kathryn Edwards
215 Ms Hannah Tuton
216 Mrs Robin Madill
217 Ms Rosa Pasquale
218 Mrs Lynelle Robb

219 Mrs Lyn Saunders
220 Ms Rebekah Chandler
221 Mr Frank Reale
222 Mrs Lisa Wieske
223 Ms Ruth Rismanto
224 Mr Brian Hogan
225 Mrs Marian Watson
226 Mr Nathan Murphy
227 Mrs Trish Inderbitzin
228 Ms Dorothy Bradley
229 Mr Dan King
230 Mr Paul Worthington
231 Ms Carlene Strauss
232 Ms Lorna Robinson
233 Leigh Austin
234 Joan Lewis
235 Dr James Athanasou
236 Ms Merlene O'Malley
237 Name Withheld
238 Name Withheld
239 Ms Karen Webb
240 Ms Stephanie Mitchell
241 Mrs Carol Phillips
242 Mr Steve McNeilly
243 Mr Michael Treacy
244 Right to Life Association (ACT)
245 Name Withheld
246 Life Network Australia
247 Mr Andrew Calder
248 Name Withheld
249 Ms Alexandra Harrison
250 Mrs Sharan Hall
251 Name Withheld
252 Mr Dennis Morrissey
253 Ms Amanda Williamson
254 Mr David Rowsome
255 Name Withheld
256 Ms Nicole King
257 Ms Sophia Cassimatis
258 Confidential
259 Mr Michael Charles
260 Mr Peter MacGinley
261 Mr Matthew Prince
262 Ms Jacqui Halpin
263 Ms Ann Walker

264 Nives Zerafa
265 Name Withheld
266 Ms Jennifer Wake
267 Esther Dourado
268 Mr Matthew Grinter
269 Mrs Heather Robinson
270 Mr Steve Cruickshank
271 Ms Narelle Christie
272 Mr Peter Watson
273 Maudy Tiemens
274 Ms Margaret and Mr Dunstan Hartley
275 Mrs Rowan Shann
276 Olwyn Shay
277 Mrs Helen Drew
278 Mrs Loraine Twentyman
279 Mr Henk Knol
280 Mr Nick Crowther
281 Mr Melvin Swee Kee Ang
282 Ms Susan McGuire
283 Mrs Victoria Smith
284 Ms Amanda Leaw
285 Ms Fiona Witcomb
286 Ms Kristy Johnston
287 Mr Paul Barnes
288 Ms Carolyn Heyward
289 Ms Anna Cook
290 Ms Kim Furst
291 Mr Joseph Curtis
292 Name Withheld
293 Name Withheld
294 Mr Daniel Secomb
295 Mr David and Ms Taryn Price
296 Mr Leighton and Ms Diana Thew
297 Warnar Spyker
298 Ms Tina Vartis
299 Name Withheld
300 Name Withheld
301 Mr Bradley Taylor
302 Name Withheld
303 Mr Keith Harcus
304 Yvonne and Geraldine Murray
305 Mrs Catharine Seymour
306 Mr Stephen Hatton
307 Name Withheld
308 Mr John Hibble

309 Mrs Ruth Whale
310 Name Withheld
311 Ms Emma Thompson
312 Mrs Pauline Hatch
313 Name Withheld
314 Mrs Mary and Mr Fred Mauloni
315 Name Withheld
316 Name Withheld
317 Name Withheld
318 Mr Peter Kotsiris
319 Mrs Sarah Backholer
320 Name Withheld
321 Name Withheld
322 Confidential
323 Mr Marcus Anderson
324 Rev Ian Clarkson
325 Name Withheld
326 Mrs Susanna Dunne
327 Mrs Tricia Harding
328 Name Withheld
329 Mrs Kylie Anderson
330 Name Withheld
331 Mr Lyndon Vincent
332 Karin Åkerrén
333 Fr George Liangas
334 Name Withheld
335 Ms Elinora Fragoso
336 Name Withheld
337 Name Withheld
338 Mr James Drougas
339 Name Withheld
340 Dr Noel Weeks
341 Name Withheld
342 Mr Paul McCormack
343 Name Withheld
344 Name Withheld
345 Ms Abigail Valenzuela
346 Ms Carol Jack
347 Ms Ruth Ferguson
348 Ms Carol O'Leary
349 Mr Jason Pelling
350 Mr Dennis Hewitt
351 Mr Earle Mason
352 Ms Helen Curtis
353 Kay Newnham

354 Ms Michelle Mazzantini
355 Ms Dorothy Long
356 Mr Ross McPhee
357 Mrs Leigh Marvin
358 Mr Jim Hanrahan
359 Ms Gail Vine
360 Mr Peter Evans
361 Mr Nickolai Porublev
362 Mr Levi and Ms Katie Marsh
363 Mr Peter and Ms Margaret Barritt
364 Ms Carol Powell
365 Ms Pia Horan
366 Ms Christine Spicer
367 Miss Marie Bottiell
368 Ms Joan McArthur
369 Ms Audrey Chan
370 Mrs Sheila Harrison
371 Leigh Greatorex
372 Ms Ronda Roy
373 Mr Klaus Clapinski
374 Mr Robin Johnson
375 Liang Seow
376 Ms Mary Paine
377 Mr Euan McDonald
378 Cecily Wilson
379 Mrs Pamela Stead
380 Leslie Clarke
381 Ms Fiona Reeves
382 Ms Pamela van Oploo
383 Ms Andrea Lane
384 Ms Penelope Renner
385 Sr Margaret Duncan
386 Ms Rita Short
387 Ms Jacqueline Ramsey
388 L.M. Morrison
389 Ms Kathryn Sheridan
390 Confidential
391 Mrs Margaret Bonsor
392 Name Withheld
393 Ms Margaret Martin
394 Mr Haydn McCormick
395 Mr Michael and Ms Diane Zerafa
396 Name Withheld
397 Ms Linda Gelding
398 Ms Sue Miller

399 Name Withheld
400 Name Withheld
401 Name Withheld
402 Ms Sally Keller
403 Name Withheld
404 Name Withheld
405 Name Withheld
406 Dr George Mangan
407 Name Withheld
408 Mrs Tamarin Marchant
409 Name Withheld
410 Name Withheld
411 Name Withheld
412 Mr Tyson King
413 Ms Jenny Smith
414 Mr Mark Rabich
415 Name Withheld
416 Name Withheld
417 Mr Marinos Christofi
418 Name Withheld
419 Mrs Ali Lavis
420 Mr Grant Chandler
421 Name Withheld
422 Confidential
423 Mrs Irene Skinner
424 Dr Terrence Kent
425 Mr Socrates Dokos
426 Confidential
427 Mr Kane Shaw
428 Mr John Tsourdalakis
429 Ms Flora Varitimos
430 Name Withheld
431 Name Withheld
432 Mr Gregory Tall
433 Mr Peter Feltoe
434 Miss Therese Schaefer
435 Mr Brendan Moon
436 Name Withheld
437 Name Withheld
438 Name Withheld
439 Name Withheld
440 Mr Peter Fanous
441 Confidential
442 Name Withheld
443 Mrs Elizabeth Eckhardt

444 Name Withheld
445 Name Withheld
446 Mrs Maureen Lisbon
447 Mr Miguel Ribeiro
448 Name Withheld
449 Name Withheld
450 Name Withheld
451 Ms Clare Bonner
452 Dr Carole Ford
453 Mr Colin Johnston
454 Name Withheld
455 Name Withheld
456 Mr Simon Taylor
457 Name Withheld
458 Name Withheld
459 Dr Andrew and Mrs Cynthia Lothian
460 Dr Philippa Martyr
461 Mr and Mrs Shann and Jennifer Kellaway
462 Confidential
463 Name Withheld
464 Name Withheld
465 Confidential
466 Mrs Jeanette West
467 Les Ross
468 Mr Rod Vladich
469 Confidential
470 Mr Graham Rose
471 Ms Helen Smith
472 Mr John Casanova
473 Mrs Doreen Gestier
474 Miss Diana Fox
475 Mr James and Ms Patricia Grieshaber
476 Confidential
477 Mr Paul Ritchie
478 Ms Anne O'Brien
479 Ms Bette Lyra
480 Mr Harold Hume
481 Ms Joan Neuendorf
482 Ms Juliette Francis
483 Ms Theresa Coleman
484 Ms Fran McHughes
485 Mr Ben McGinnity
486 Confidential
487 Mr Andrew Campbell
488 Mr Reuben Campbell

489 Mr Eric Frater
490 Mrs Graham Sofatzis
491 Ms Helena Knox
492 Mrs Fiona Campbell
493 Mr Joshua Anderson
494 Miss Tavia Seymour
495 Name Withheld
496 Dr Eliana Freydel Miller
497 Name Withheld
498 Name Withheld
499 Name Withheld
500 Name Withheld
501 Name Withheld
502 Confidential
503 Confidential
504 Mr Shane and Ms Jane Foreman
505 Mr John Wigg
506 Name Withheld
507 Confidential
508 Confidential
509 Confidential
510 Name Withheld
511 Confidential
512 Confidential
513 Confidential
514 Name Withheld
515 Confidential
516 Confidential
517 Confidential
518 Name Withheld
519 Name Withheld
520 Confidential
521 Confidential
522 Ms Joanne Dilorenzo
523 Confidential
524 Mr Shane Marsh
525 Mrs Carmen Zammit
526 Ms April Schoenmaker
527 Ms Mary Baldwin
528 Mr David Jackson
529 Mr Peter Curtis
530 Robin Sharry
531 Mr Dennis and Ms Ann Outred
532 Ms Jessica Lambert
533 Mr Dominic and Ms Carmel Sorbara

534 Mr David Perrin
535 Ms Sophia Karatsinidis
536 Ms Victoria Kasapidis
537 Pastor Peter Pellicaan
538 Dr David Squirrell
539 Dr David Roberts
540 Mr David Miller
541 Mr Evangelos Callipolitis
542 Mr Mark Spencer
543 Sister Mary Ruth Bayard
544 Ms Kristy Phanartzis
545 Ms Debbie Pluck
546 Ms Mary Collier
547 Mr John Angelico
548 Ms Sylvia Huxham
549 Mr Brian and Ms Judith Magree
550 Ms Darlene Cox
551 Confidential
552 Mr Trevor Harvey
553 Ms Sandra Caddy
554 Mr Tim Macdonald
555 Ms Barbara Hockley
556 Mr Shawn McLindon
557 Mr John and Ms Maggie O'Keeffe
558 Ms Simone Frankel
559 Mrs Christina Rookes
560 Mr Dwayne Ballast
561 Mr John Morrissey
562 Ms Angela McAllister
563 Ms Evie Parol
564 Mr Kent Hodgson
565 Ms Jacqueline Nair
566 Confidential
567 Confidential
568 Confidential
569 Confidential
570 Confidential
571 Confidential
572 Ms Lacey Shelton
573 Mr Basil Worner
574 Ms Catherine Gordon and Ms Janet Van Haeften
575 Mr Des and Ms Josephine Kenneally
576 Mr Keith Kowald
577 Mr Kevin Begaud
578 Ms Kathleen O'Connell

579 Ms Christine Taouk
580 Ms June Johnston
581 Ms Noelene Hunt
582 Ms Gwenda Waddington
583 Mr Patrick Koo
584 Ms Philippa deHaan
585 Ms Margaret Jude
586 Robyn Gooden
587 Ms Kara Moseley
588 Mr Garry Davies
589 Ms Elizabeth Ridley
590 Ms Julie James
591 Mr Anthony Bozicevic
592 Mrs Anna Greener
593 Ms Laurian Whyte
594 Ms Louise Zinkel
595 Ronelle Melvill
596 Mr Brian Curtis
597 Ms Anne Marie Smith
598 Mr Patrick Murphy
599 Confidential
600 Ash Belsar
601 Mrs Brenda Harvey
602 Ms Anne Buchan
603 Mr Lynton Taylor
604 Ms Gretchen Wittenmyer
605 Ms Jennifer Avery
606 Confidential
607 Mr Ray and Ms Daisy Peters
608 Ms Mary Pritchett
609 Mr Bruce Lanagford
610 Ms Kathryn Funnell
611 Rev Stefan Slucki
612 Dr Damon Richardson
613 Ms Stella Collins
614 Mrs Julie Roberts
615 Ms Elisa Bentley
616 Ms Patricia Taylor
617 Ms Margaret Guy
618 Ms Janny Dijkman
619 Ms Catherine Carolan
620 Father Blasco Fonseca
621 Ms Janice Burdinat
622 Mr Brendan Powell
623 Ms Madeleine Goiran

624 Mr Ross Walker
625 Name Withheld
626 Mrs Rose Harrington
627 Mr Patrick Pekin
628 Ms Rebecca Albury
629 Ms Nicole Stockings
630 Dr Robert Pollnitz
631 Rev Les Percy
632 Ms Margaret Farley
633 Mr Mark Buscumb
634 Mr Greg Brien
635 Mr John Woodard
636 Mr Alexander Witham
637 Ms Deb Acason
638 Ms Helen Long
639 Mr and Mrs Nevil and Gloria Knell
640 Mr Ron Powell
641 Mr Jim Lyons
642 Mr Steven Candy
643 Mr Gary Baxter
644 Ms Rhonda Blunt
645 Miss Ivey Panicker
646 Mrs Maureen van der Linden
647 M.J. and G.M. Gonzalez
648 Ms Maryse Usher
649 Mr Wayne Williams
650 Ms Josephine Ansell
651 Mr Gary Morgan
652 Ms Roslyn Marshall
653 Frances Azzopardi
654 Mr Paul de la Garde
655 Spero Katos
656 Denis Colbourn
657 Mrs Jane West
658 Mr Patrick Long
659 Ms Carolyn Campbell
660 Mr David Rees
661 Mr Arnold Joppich
662 Jia Yek
663 Mr Zachary Bavas
664 Mr Ray El Fakhry
665 Mr Chris Peers
666 Terry Harding
667 Mr Lance Jangala
668 Mrs Ruth Cummings

669 Mrs Ruth Bosveld
670 Mr William Burrell
671 Ms Kate Murphy
672 Mr Christopher Blackburn
673 Mr Peter John Magee
674 Lee Zeakis
675 Mr Brendan Clarke
676 Mr Marcaus Muller
677 Mr Joseph Rillera
678 Mr Roger Valmadre
679 Mr Peter Horton
680 Eong Sow
681 Mr James Wong
682 Mr Luke McCormack
683 Ms Thelma Tantalos
684 Mrs Judith Bond
685 Ms Jeanne Robertson
686 Mr John Kelly
687 Ms Jenny Stephens
688 Mr Sebastian James
689 Ms Janice Hodgson
690 Mr Lou Di Lorenzo
691 Ms Maria O'Connell
692 Mr Richard Jardine
693 Ms Nektaria Agoroudis
694 Ms Litsa Kirkis
695 Mr Steven and Ms Fotini Kalfas
696 Mr Andrew Koureas
697 Mr Con Kefalianos
698 Mrs Alison Stanley
699 Mr Bartley and Ms Betty Phillips
700 Ms Mary Collins
701 Ms Joy Boyiazis
702 Ms Paula Qwek
703 Spiro Georgiou
704 Mr Bill Kirkis
705 Ms Theresa Ford
706 Ms Catriona McKeown
707 Ms Isobel Gifford
708 Mr Keith Savvas
709 Ms Andrea Day
710 Fr Jeremy Krieg
711 Stame George
712 Eleni Samios
713 Lea Sieders

714 Mr Bill Gioutlou
715 Mr Evan Peters
716 Mr Damian Trebilco
717 Ms Elizabeth Golingi
718 Mr Paul Sheeran
719 Mr Aidan Williams
720 Ms Margaret Kelly
721 Mr Steven Ktenas
722 Mr John Comino
723 Mr Matthew Pearson
724 Ms Helen White
725 Fr Thomas Casanova
726 Ms Katherine Prefol
727 Mr Frankie Conias
728 Dr Greg Roditis
729 Mrs Tina Roditis
730 Ms Margaret Airoldi
731 Mr Denis and Ms Helen Bowman
732 Michele Vieira
733 Ms Margaret Sonnemann
734 Nayia Theodorou
735 Mr Laurence and Ms Beverley Trigg
736 Mr Paul Harrold
737 Mr Peter Baade
738 Ms Brenda Rudolph
739 Ms Evelyn Feltoe
740 Mr Jeffrey Byerley
741 Mr Charles Lewicki
742 Ms Elizabeth Portelli
743 Dr Christina Naylor
744 Mircea and Georgeta Pop
745 Mr Stan Giaouris
746 Name Withheld
747 Ms Veronica Schenck
748 Mr John and Ms Effie Fildissis
749 Mr Theo, Ms Maria, Ms Sophia and Ms Helen Cassimatis
750 Mr Stanislaw Parol
751 Mr Steven Flanagan
752 Mr Arthur, Ms Hilde and Ms Chantelle Kleyn
753 Mr Peter and Ms Kerrie Edwards
754 Mrs Kathrin and Dr Thras Triantopoulos
755 Ms Gina Alexiou
756 Mr Arthur Alexiou
757 Mr Con Katsoulas
758 Ms Michelle Fraser

759 Mr Michael Karris
760 Mr Frederico Merlo
761 Mr Andrew Zahra
762 Mr Paul and Ms Sandra Koufalas
763 Mr Andrew Stagg
764 Mr and Mrs Bob and Margaret Lineage
765 Mr Arthur Rabavilas
766 Ms Emma Bax
767 Ms Deborah Zahra
768 Moana Raukawa
769 Mrs Joan Blackburn
770 Mr Eric and Ms Sonja Dobbe
771 Ms Julie Lawson
772 Mr James Hayes
773 Ms Emily Hunter
774 Mr Adrian and Ms Donna Bradbury
775 Ms Emily McKenna
776 Mr Simon Craig
777 Ms Shelley Ann Reaney
778 Ms Glenice and Mr Denis Vladich
779 Mr Jeffrey Reaney
780 Ms Anna Castrissios
781 Ms Suza Petrova
782 Mr Michael Evans
783 Mr Leo Schoof
784 Ms Heather Kraus
785 Sofroni Eglezos
786 Mr Nick Williams
787 Ms Paula Giaouris
788 Ms Loretta Coffey
789 Mr Gareth and Ms Jessica Stafford
790 Mr Snjezan Bilic
791 Ms Maria Michael
792 Mr Nicholas Zafiropoulos
793 Ms Veronica Herrera
794 Mr Peter Phillips
795 Ms Marie Slyth
796 Mr Stefan Kos
797 Ms Susan Kirk
798 Mr Rob and Ms Anthea Patterson
799 Ms Johanna Sawyer
800 Ms Moira Kirkwood
801 Ms Nichita Gavrilescu
802 Ms Vicky Kotsiris
803 Ms Margaret Chambers

804 Ms Kellie Cook
805 Eris Smyth
806 Mr Peter Stokes
807 Ms Stephanie Kasapidis
808 Mr Adrian Nyhuis
809 Ms Madeleine Swart
810 Brother Francis Donohoe
811 Mr Hugh Thomas
812 Mr Marc Venter
813 Confidential
814 Ms Karen Vesper
815 Ms Margaret Colman
816 T K Colman
817 Mr Neil and Ms Barbara Harvey
818 Mr Dimitrios Kasapidis
819 Ms Helen Samootin
820 Ms Elizabeth Linden
821 Mrs Marie Srdarev
822 Frances McKenna
823 Mr Philip and Ms Lynnette Dornan
824 Warwick, Kathy, Cole, Jesse and Isaiah Vincent
825 Mr Jeff Eacersall
826 Ms Hannah McKerrow
827 Mrs Imelda Mary Aslett
828 Ms Louise Bayley
829 Ms Jennifer Brenner
830 Mr Robert Stove
831 Ms Angela Hoggett
832 Ms Manuela Moore
833 Ms Anna Matuszek
834 Mr Greg Wallace
835 Mr Joseph Devitt
836 Ms Karen Harrison
837 Lesley Radbron
838 Dr David and Ms Isobel Gawler
839 Mrs Christine Tirimacco
840 Ms Therese McLinden
841 Ms Cynthia Arndt
842 Erophylia Castrissios
843 Mrs Heather Cambridge
844 Mr Ted Cameron
845 Ms Teresa Strach
846 Mr Peter Bartolo
847 Ms Kathleen Mary Pearce
848 Mr Stanislaus Hurley

849 Ms Fotiny Solis
850 Dr John Williams
851 Mr Mostyn George Edwards
852 Ms Jane Suranyi
853 Catholic Women's League Australia
854 Name Withheld
855 Mr Kevin Butler
856 Mr Ronald McMillan
857 Women's Electoral Lobby (Australia)
858 Confidential
859 Mr Bill Tsoukalas
860 A. Deverala
861 Mr Brett Bylsma
862 Mrs Natalie Lorenz
863 Name Withheld
864 Name Withheld
865 Confidential
866 Dr David van Gend
867 RV and PJ Barbero
868 Mr Roger Marks
869 Mr Ian and Ms Heather Hartley
870 Mrs Mieke deVries
871 Mr John Higginson
872 Mr Peter Murray
873 Mrs HC Saibu
874 Mr Benedict Curtis
875 Ms Anna Magdas
876 Ms Bronwyn Binns
877 Ms Christina Makrides
878 Mr Clive Beilby
879 Name Withheld
880 Name Withheld
881 Mr Ian Angliss
882 Ms Jacqueline Sarros
883 Ms Jane Ruthy
884 Ms Joanne Bourtsouklis
885 Mr John Skoubourdis
886 Ms Josie Whitehead
887 Name Withheld
888 Mr Matthew Mulvaney
889 Mr Michael Sloan
890 Name Withheld
891 Name Withheld
892 Myree Waters
893 Name Withheld

894 Name Withheld
895 Mr Peter Sergis
896 Mr Philip Peterson
897 Name Withheld
898 Name Withheld
899 Mr Steve Young
900 Mr Victor Malikoff
901 Name Withheld
902 Mr Peter Filladites
903 Family Council of Victoria
904 Ms Pauline Hayes
905 Ms Suzanne Baker
906 Mrs Glenda Furness
907 Mrs Patricia Ride
908 Mr John and Ms Jannet Wieske
909 Confidential
910 Ms Melanie Zambelli
911 Name Withheld
912 Ms Fiona Arnott
913 Mr Michael and Ms Anneliese Sullivan
914 Name Withheld
915 Name Withheld
916 Ms Pam Finch
917 Jzarmazin Marchant
918 Ms Lyn Pohlmann
919 Mataele Taufa

Form Letters received

1 Example of form letter 1. Received from 4 individuals (this number includes variations of the form letter)

2 Example of form letter 2. Received from 13 individuals (this number includes variations of the form letter)

3 Example of form letter 3. Received from 5 individuals (this number includes variations of the form letter)

4 Example of form letter 4. Received from 138 individuals (this number includes variations of the form letter)

5 Example of form letter 5. Received from 79 individuals (this number includes variations of the form letter)