For some years, men have been controlling the reproduction of animals by experimenting on them with such technologies as artificial insemination by donor, superovulation, \textit{in vitro} fertilization (IVF); embryo flushing and transfer, embryo experimentation, \textquote{surrogacy} and sex predetermination. Recently, they have begun applying animal experimentation to women. There is a growing sense among many women that the new reproductive technologies (NRTs) are not totally benign developments.

Critical feminists are exploring three major areas: the link between genetic engineering and reproductive technologies; the different meaning of the new reproductive technologies for Third and First World women, within and between countries; and what the application of reproductive and genetic engineering will mean for women in the future, as well as women here and now.

Since the mid-1970s, women have organized a series of meetings, both national and international, to discuss the technologies and to plan resistances. In July, 1985, an international network of women held a conference devoted solely to reproductive and genetic engineering called Women’s Emergency Conference on the New Reproductive Technologies. There, the network gave itself the name that has stood to this day: FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering).

Our first aim was to share basic information with women from both First and Third World countries. At the same time, we intended to highlight how these technologies affect all women. Secondly, we hoped that we could arrive at a position on these issues and make critical judgments about their consequences for women. Thirdly, it is important for us to discuss some of the arguments that have confused many women and that have distorted feminist resistance to the technologies.

The latest meeting, held in March, 1989, in Comilla, Bangladesh, brought together one hundred forty-five participants, mostly women, from thirty countries, representing all continents. The women gathered at Comilla

\begin{center}
\textbf{Declaration of Comilla} \\
by FINRRAGE—UBINIG, at International Conference, 1989, Kotbari, Comilla, Bangladesh
\end{center}

1. We, the women from Australia, Austria, Bangladesh, Brazil, Canada, Denmark, Egypt, Fiji, France, Federal Republic of Germany, Hong Kong, Holland, India, Indonesia, Japan, Malaysia, Mauritius, Norway, Pakistan, Peru, Phillipines, Sri Lanka, South Korea, Spain, Sweden, Switzerland, United Kingdom, Uganda, United States of America, and Zambia, have met in Comilla, Bangladesh, to share our concern about reproductive and genetic engineering and women’s reproductive health. We feel an urgent need to halt the political decisions which are leading to the rapid development and increasing application of these technologies.

2. Initial experiences with reproductive and genetic engineering all over the world show that these technologies are aggravating the deteriorating position of women in society and intensifying the existing differences among people in terms of race, class, caste, sex, and religion. These technologies also contribute to the further destabilizing of the already critical ecological situation.

3. Genetic and reproductive engineering are part of an ideology of eugenics which we oppose! In this ideology, human beings are viewed as inherently inferior or superior. This leads to degradation, discrimination and elimination of oppressed groups; be they women, disabled, people of certain colors, races, religions, class, or caste. Similarly, traits of animals and plants are arbitrarily valued as being desirable or undesirable and become subject to genetic manipulation.

4. Eugenics justifies the political strategy used by those in power to divide and rule.

5. Women from the participating countries described how eugenic ideology and racism are the basis of population control policies. We resist population control policies and methods. They hide the true roots of poverty as exploitation by the rich. They reduce women to their reproductive organs. We object to women being used as experimental subjects by science, industry and government.
The Struggle Over New Reproductive Technology
by Gena Corea, Jalna Hanmer, Renate D. Klein, Janice G. Raymond, and Robyn Rowland

were natural and social scientists, doctors, lawyers, health activists, journalists, demographers, development workers, community organizers, teachers, social workers, and academics, who have been actively involved in issues related to women, health, human rights, education, and responsible science technology and agriculture, with a women-oriented perspective in both professional and political work. In a concluding declaration, the participants urgently demanded a halt on political decisions which are leading to the rapid development and increasing application of these technologies (see sidebar).

The NRT’s: An Overview
A pattern has emerged in the spread of a new reproductive technology. When it is introduced, it is presented as something for a small proportion of women in certain groups. But then, quickly, physicians expand the indications for the technology so that it is used on a large proportion—or even the majority—of women.

6. Genetic and reproductive engineering, as well as population control, are introduced and promoted on the grounds that they solve problems such as hunger, disease, and pollution. In reality, however, they divert attention from the real causes and are incapable of solving these problems. Nor do they reflect women’s demands and needs.

7. Genetic and reproductive engineering claim to offer unlimited control over all life forms, but tinkering with genetic codes opens up a truly uncontrollable situation of ‘runaway designer genes’ and unintended consequences.” These changes will be particularly hazardous because a chain reaction will be set in motion which cannot be traced back to its origins. The effects produced cannot be countered. They will be irreversible.

8. In our increasingly materialistic and consumer-oriented world, genetic engineering is promising unlimited diversity. But to live in a man-made patriarchal world, where everything has been tampered with, will be to live with the ultimate limitation. Our present finite world of resources offers a richer diversity than that promised by genetic engineering with its selective, eugenic, and patriarchal philosophy.

9. Genetic and reproductive engineering are a product of the development of science which started off by viewing the whole world as a machine. Just as a machine can be broken down into its components, analyzed and put back, living beings are seen as consisting of components which can be viewed in isolation. Aspects of nature which cannot be measured or quantified are seen as subjective and of no value and are, therefore, neglected. In their ignorance or disregard of the complex interrelationships in life, scientists collaborate with industry and big capital and believe they have finally acquired the power to create and reconstruct plants, animals, and other forms of life and, possibly soon, even human beings. We oppose this patriarchal, industrial, commercial and racist domination over life.

10. In our work of bearing and raising children, caring for the sick or disabled, growing, preserving, and preparing food, materials for clothes and other basic human needs, we women have developed and passed on for generations a wealth of knowledge and skills about dealing with all of nature in a compassionate, humane, and ecologically sustainable way. We realize that this knowledge and these skills, as well as the contributions of women to the arts, crafts, culture and social relations are generally not recognized as having value in mainstream science, philosophy, or technology. But these have been and still are vital for the survival of human beings and all of nature. They are valuable human achievements and resources. We want to renew, reaffirm and build upon this female tradition.

11. We strongly believe that reproductive and genetic engineering cannot meet the needs of women or enhance their status in today’s societies. We, therefore, demand the participation and recognition of women in all spheres of life. We want women to have access to resources, income, employment, social security, and a safe environment at work and at home. Quite fundamentally, we demand living and working conditions that assure a life of human dignity for all women worldwide.

12. We demand access for girls to practical knowledge, resources, and skills that are in women’s best interest and further women’s well being. These include an education about taking care of primary health needs, including nutrition. This will empower women and increase women’s general health, reduce morbidity and mortality of women and children. Such primary health care will reduce the number of children born with mental and physical disabilities and also reduce infertility.

(continued on next page)
For example, in obstetrics, electronic fetal monitoring was introduced for use on women judged to be at “high risk” of obstetrical complications. But now in many industrialized countries, it is used on most birthing women. The same pattern is evident with ultrasound, amniocentesis, cesarean section, and genetic testing and counseling.

It is likely that this pattern will emerge with newer technologies such as IVF, egg donation, sex predetermination and embryo evaluation. IVF, for example, was originally proposed for use on a small group of women—those whose infertility was caused by blocked or absent fallopian tubes (oviducts). But physicians quickly extended the indications for IVF so that now even fertile women are among the IVF candidates. Some physicians have presented rationales for suggesting that in the near future, people may use the sperm and eggs of other, genetically “healthier”, people to produce children for themselves. Among their suggested candidates for IVF with donor eggs are: women with genetic deficiencies; women whose eggs have been, or are alleged to have been, damaged by toxins in the workplace; women who have had several miscarriages; older women in their 50s who would like to bear a baby but would be afraid that, because of their age, they would produce a handicapped child.

The expansion of new reproductive technologies to an ever greater proportion of women leads to: the reduction of babies to products produced by “techno-docs” in their new industrial process; the reduction of the number of women relative to men (sex predetermination technology can translate a “preference” for male children into reality); ignorant interference into human evolution.

To many, eliminating genetic defects sounds like a worthy goal. But we must realize that the category “genetic defect” is one capable of infinite expansion. As early as 1976, a pioneer in the development of the embryo flushing and transfer procedure termed genetic asthma a severe genetic defect. An obsession with eliminating so-called “defects” from the human population in a search for a more perfect human race could lead to an increasing intolerance for those of us who are physically challenged and a reduction in the already meager social support services for us.

**Declaration of Comilla (continued from previous page)**

13. We demand knowledge and access to safe contraception which does not harm women’s bodies. We reject any coercion, be it through force, incentives or disincentives in the name of population control policies, such as enforced sterilization, particularly in camps and in target oriented policies. We demand a stop to the use of dangerous IUDs, unsafe injectables, hormonal implants, such as Norplant, and other hormonal contraceptives, as well as antifertility vaccines.

14. We support the recovery by women of knowledge, skill and power that gives childbirth, fertility and all women’s health care back into the hands of women. We demand recognition, support and facilitation of the work of midwives and reestablish-ment of midwifery services under the control of women.

15. We demand literature be distributed and education be given about adverse effects of all contraceptive methods.

16. We demand contraceptives for men be developed and also that men be made responsible for contraception.

17. We demand the United Nations and the governments of the respective countries stop population control policies as preconditions for developmental aid.

18. We support the exclusive rights of all women to decide whether or not to bear children without coercion from any man, medical practitioner, government or religion. We demand that women shall not be criminalized for choosing and performing abortion.

19. We oppose the medicalization and commercialization of the desire of women for motherhood.

20. Internationally, we demand that conditions be created under which social parenthood in a variety of forms meets the needs of children and people who wish to care for children. In particular, maternity and child care should be a social concern rather than the responsibility of individual women.

21. We condemn men and their institutions that inflict infertility on women by violence, forced sterilization, medical maltreatment and industrial pollution, and repeat the damage through violent “repair” technologies.

22. Given the continuing deterioration of women’s lives through the application of patriarchal science and technology, we call for an international public trial on medical crimes against women to be organized by women.
The NRTs are not, as physicians allege, only about providing women with childbearing options or helping infertile women. If “techno-docs” were truly motivated by a compassion for the suffering of infertile women, instead of, or in addition to, their work on technology, they would be publicizing and attempting to reduce the preventable causes of infertility. Much infertility is iatrogenic (doctor-induced). It can result from abdominal surgery, or from previous medical experimentation on women with risky drugs and devices such as the synthetic hormone diethylstilbestrol (DES) and the IUD. They would also be asking, when women are channeled into biomedically manipulated reproduction, what the cost is to women emotionally, physically, and metaphysically.

Choice

“A woman’s right to choose” has been an important theme within the battle to gain abortion rights and concerning issues such as sexuality, choice of partners, and contraception. But choice in the issue of abortion means control. We have to then ask the same question with respect to reproductive technology. Does this so-called “choice” increase the control of women over that technology and over their own lives? Based on our analysis, the answer is clearly, for many women, no. In fact, the desire of some individual women to “choose” this technology places women as a group at risk. With the new reproductive technologies, women are being used as living laboratories and are slowly but surely being divorced from control over procreation.

Decisions made among undesirable or negative alternatives hardly amount to choice. The alternatives of the pain and humiliation and danger of an in vitro fertilization program and the lowered self-esteem, devaluation, and loneliness of infertility, do not represent choices in any sense of the word that many feminists would want to uphold. Most importantly, the choices available to women individuals are firmly based upon the lack of choices for others. Moreover, while millions of women have no adequate health care and live with their children in poverty, vast amounts of money go into maintaining and expanding reproductive technologies.
We live in a society which, in defining a “fit mother” excludes women who are single, lesbian, disabled, and older. *Power dimensions are already operating within these new reproductive technologies* to select “appropriate” women for motherhood.

Claims for a “right to choose” cannot take place outside of the general revolutionary movement for women’s freedom. And we cannot use individualistic solutions to deal with social problems. ‘Choice’ is only meaning when material and social conditions are such that we may truly exercise it in equity and without threaten the survival or the rights of all women.

**Call to Action**

When we are discussing reproductive and gene technologies, we should never forget that we are not talking about help for involuntarily childless women, but about a politics of power and control. What we are facing is international multi-billion dollar competitive race among scientists, pharmaceutical companies, medicines and politicians to lead in conquering this “last” frontage of human domination over nature. We are talking about the production of the “right” child to the “right” parents in the “right” countries. The desire to help infertile people is put forward mainly in the Western World. In the so-called Third World countries, physicians are concentrating on developing and distributing risky long-acting contraceptives like Depo-Provera and Norplant. And they are implementing sterilization programs for women with the underlying intention that the fewer wombs, fewer babies, the better.

The ‘new’ reproductive technologies are based on the same old ideology of abusing, disrespecting, and exploiting women as objects that can be manipulated according to the needs of the group in power. What is new is the emphasis today on parts of women’s bodies being used in both unprecedented ways and to an unprecedented degree. Will the body that is allowed (or forced) to reproduce in the future be white, middle-class, heterosexual, able-bodied?

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30. Deliberate release of genetically manipulated organisms and safety standards in factories and research institutions are international concern and cannot be decided by certain governments only. The impossibility of democratic control of genetic engineering on a national and international level leads us to reject all forms of genetic engineering

31. We strictly reject any laws which allow patenting of life forms and processes utilizing life forms.

32. We condemn the use of poor countries as test-sites for genetically engineered organisms or other products of genetic engineering such as the bovine growth hormone, rabies vaccine, etc.

33. We fear that the development and application of gene technology in agriculture will repeat and aggravate the damage done by the green revolution; in particular, that it will increase the economic dependency of poor countries on rich countries are concentrate power in the hands of a few, both nationally and internationally.

34. We demand an end to technologies and policies which result in natural food being converted into more expensive unnatural food.

35. We oppose the criminalization and repression of women who are critical of genetic engineering and reproductive technologies or who are against the dehumanizing technologies.

36. We want appropriate technologies that do not violate human dignity and relations. We want them to be reversible, that is to be error friendly, and contribute to preserving biological, cultural and social diversity of all living beings. The technologies must be suited to collective decision-making and democratic participation and control.

37. We women gathered here are natural and social scientists, doctors, lawyers, health activists, journalists, demographers, development workers, community organizers, teachers, social workers, academics, who have been actively involved in issues related to women, health, human rights, education, responsible science, technology and agriculture with a women-oriented perspective in both professional and political work. Having shared our experiences, insights and knowledge, we reaffirm our deep commitment to continue and intensify our work towards a humane and just world for all. We will continue this work, despite the numerous restraints and increasing repression, both political and professional, which we face.

38. We appeal to all women and men to unite globally against dehumanizing technologies and express our solidarity with all those who seek to uphold and preserve the diversity of life on our planet and the integrity and dignity of all women.”
What we are told about the benevolent therapeutic nature of these technologies is, in reality, a big lie. By rejecting these technologies we take a women-centered stand. We are with infertile women and not against them. We should not forget that as women, we do have one incredible asset: the "techno-docs" need our bodies (or parts of them) to continue their work. If we deny them our bodies and speak out angrily against them in public, then perhaps they will be forced to stop. We owe this determined resistance to our generation of women and even more so, to the next. If we do not expose the issues and make our voices heard, the next generation of women may be even more mutilated and oppressed than our own. We call on women everywhere to join in this struggle.

FINRRAGE can be reached at: c/o Feministisches Frauengesundheitszentrum, Ute Winkler, Hamburgerallee 45, 6000 Frankfurt 90, Federal Republic of Germany.

This article is edited and updated from the Prologue of Made to Order. The Myth of Reproductive and Genetic Progress, edited by Patricia Spallone and Deborah Lynn Steinberg (Oxford, England: Pergamon Press, 1987).

Recommended Reading

The Myth of Reproductive and Genetic Progress

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