

FEMINIST HEARING ON GENETIC ENGINEERING AND REPRODUCTIVE
TECHNOLOGIES on MARCH 6/7, 1986 in BRUSSELS * MINUTES *

After welcoming the audience and the speakers, both chairwomen of the GRAEL/Rainbow opened the hearing by explaining what the aims of the hearing are: to strengthen the exchange of women's views on a European level, to achieve a closer co-operation of the various women's groups and to make clear that women are not willing to give up even more control over their bodies. This hearing was organised in cooperation with FINRRAGE, the feminist international network of resistance to reproductive and genetic engineering, that was being introduced to the audience. Because of the regrettable absence of the biologist Sarah Jansen (FRG), the hearing started with the various contributions of Renate Duelli Klein, Jalna Hanmer, both from the United Kingdom, and Francoise Laborie (France). (See for their papers, abstracts and speeches, the readers the GRAEL-Women's bureau distributed).

Referring to the contribution of Renate Duelli Klein, a representative of the west-german Women's Council wondered whether one can speak about the control over the production of the human species by techno-patriarchy; in West-Germany, especially female doctors take part in the research-programmes in this field. Her second statement referred to the so called compulsory techno-motherhood: to her opinion no woman is being forced to in-vitro-fertilisation. The wish for a child is and have to remain an individual question and choice, she added. And finally she stressed the need for making a distinction between new reproductive technologies in favour of western women, and the reducing-fertility-policy towards women in 'the rest of the world': "women in the third world have to be protected against too many children."

You need no concrete males, answered Renate Duelli Klein, in order to speak about techno-patriarchy; sometimes women – so called 'social males' - function even better in this sense ! With relation to the free and individual choice for a child, Renate mentioned the possibility and practice to manipulate and exploit the wish for a child; a woman who wants only one thing, and well; becoming pregnant, will forget the possible dangers and takes the risks. 'IVF-women', that is to say women who are being treated with the IVF-

method, are suffering, Duelli Klein added, "but we cannot expect that they will speak out at this moment. Remember the silence around violence against women, just started to speak out on that theme."

A woman from India said that we should be aware of the dangerous ideology that women from the so called third world should not be 'allowed' to get as many children as white women in the west. Family-policy of the colonising rich countries have disturbed the dominant ideologies towards motherhood in the colonised countries. Black and white women from any part of the world have to struggle together against manipulations of the wish to motherhood;

To the question whether there exist complaints from women who remained infertile after IVF, several participants mentioned (self help) groups of women who didn't get a child after IVF, in Australia and West-Germany. Until now, women didn't lodge a complaint to court, but Renate Duelli Klein can imagine, that IVF can be persecuted in the way pornography is in some parts of the USA: IVF as violence against women.

Francoise Laborie quoted a researcher presenting a succes-percentage of 96% of all IVF-treatments; there was only one condition for this high percentage: the used method has to be the 'good one'... So all women can realise their big wish by only visiting a good doctor!?

A Spanish woman wondered what international organisations as Planned Parenthood are doing to these new repro-technologies. A woman from the Netherlands opposed to the suggestion to persecute IVF-doctors because of misogyny. She wondered in what way a strategy like this can be successful, and how you will be able to avoid links with ultra right groups as the anti-porn feminists in the USA have (in order to get their proposals through) ? IVF is harmful for women, as porn is, said Renate Duelli Klein.

She objects to a science or technology that is based on analyzing the human body in its different parts and without reference to the social context.

With regard to the paper of Jalna Hanmer on the extension of the legal rights of men over women and children concerning artificial insemination by donor (AID), several women wonder in what way women are being (and will be) selected as 'fit mothers'. Which women are being 'allowed' to get AID and which are not ? A woman from Singapor gave an example of a selection criterium that is promoted by the first minister of Singapore the intelligence of the mother will guarantee the intelligence of the baby, so intelligent women will be allowed to get AID for example. Another widespread criterium is the married status of the women/couple. Clinics prefer to give AID only to so called 'normal families', with a male breadwinner, 8 housewife and one or two children. With regard to this criterium, Hanmer added, in fact only a few people can have access to the AID-method, that will say, officially. But who has the right to decide what a 'normal family' is?

The representative of the west-german Women's Council supported the restriction of AID to women in 'normal families' from the point of view that babies need protection as families offer etc. Renate Duelli Klein mentioned a tendency to assign children after divorce to the father when the mother has a job and/or a career; a tendency that is linked with the above mentioned normal-family-criterium concerning AID, a tendency that makes clear that a 'fit mother' is a woman without a career (or even a job).

There is no consensus among the participants about the desirability of the anonymity of the sperm-donor.

A woman from the feminist party in Belgium regretted that the audience hardly cared about the ideological background of the wish to become mother; 10 years ago this was one of the main points in the women's movement; she wanted to link the discussion on motherhood with the redistribution of labour between men and women.

A french woman pointed to a tendency among women to 'privatise' children, to want to have a child of your own irrespective of the sperm/father. She disagreed with these that in the case of AID only women are confronted with demands of 'fitness'; the same ideology produces also images of the perfect father.

Francoise Laborie memorised that wanting/getting children was a taboo within the women's movement ten years ago; today the wish to have children (re)appears openly among feminists; after the birth-control discussion and struggle, we've to deal with new problems today: how do we relate to the new reproductive technologies? Do we agree with such investments to fight infertility? Do we understand women who want to get a child made out of their own chromosomes ? She pleaded in favour of a flexible way of thinking about the NRT's. (see for her paper on 'Biological or social motherhood' the reader)

After the contribution of Anita Direcks from the DES-Action in the Netherlands, a dutch politician wondered in what way we can influence the world of gynaecologists ? Can we gain (some) control over the NRT's? What are alternative strategies look like? Anita Direcks, who took many similarities between DES and IVF as startingpoint (see her paper), gave a lot of examples of the way of working of the DES-Action Group: collect as much precise (medical) information as possible, take care of an efficient distribution system concerning relevant information, so that the concerned women as well as the concerned experts (m/f) will get the right information, for instance about the harm the drugs will cause etc.

Direcks also pointed to similarity between DES and the drugs that are being used by IVF: glomufeen is used to reach a so called super-ovulation, and can have the same harmful effects as DES had/has.,

A Spanish woman told in this context that two 'cases' are known of women who died after being treated with IVF, one woman in Israel and another woman in Brasil.

Paula Bradish argued against newly developed methods as gene-therapy and gene-screening; she criticised the misleading information that is being given to promote these developments, as the genetic causes of handicaps etc. She pleaded for accepting illnesses and handicaps as something normal, instead of something that have to be banned or prevented because it should be unacceptable. One participant sees this plea as a reappraisal of the 'suffering human being', a former spiritual view on the human being. She objected to the view that sperm with a certain risk of a handicapped child, can be inseminated for instance. Bradish doesn't oppose to any medical research or help to prevent illnesses/handicaps, but she wants that society recognises the social causes of most human illnesses/handicaps. Instead of genetic engineering, society have to improve working conditions, environmental conditions etc in order to prevent handicaps.

With relation to the paper of Nadine Fresco on eugenics, we discuss the different 'modern forms' in which eugenics appears today. Racism is mentioned, and in general, population policies (birth control, sterilisation, socio-economic measures etc).

A belgian woman who has an 'IVF-baby' objected to this kind of - what she called - theoretical discussion; the way of criticizing the NRT's must correspond with reality, and the NRT's can be used in good and wrong ways. According to her, women's groups should try to get access to the IVF and use the technics themselves.

The danger of eugenics is a real point; scientists have to prove their 'innocence' in advance, said another woman, instead of dealing with the harmful effects afterwards, as with DES or the pill.

Theresia Degener informed the audience about the hardly hidden intention to prevent/avoid the birth of handicapped babies by gene screening (in german: human-genetische Beratung) and to cut at the same time in social care facilities for handicapped. Women will more or less be forced to undergo the gene-screening tests and abort the foetus when it's 'wrong'.

The interests of women and children can be contradictory in this sense. Our attitude towards foetal research, gene therapy etc remained an important point of discussion; there's no common sense among the participants concerning the different interests that are under discussion here. A trench woman made us aware that men again seem to stay outside the discussion, although they should be responsible for caring for children also. Consensus existed about fighting the main causes of illnesses and handicaps (production processes, environment).

The question is not only who controls the NRT's, who has the power, but also the 'quality'/character of the NRT's as such, Linda Bullard put forward. Safety can not (only) be gained by power. Developments in genetic engineering foretell bad things, at this moment especially in the field of bio-technology, but soon in the human sphere. Bullard concluded that the way gene-techno-docs strive to control over human and nature, is a fundamental threat, and contradictory to any feminist goal and strategy.

Annemiek Onstenk

SUMMARY OF THE PROPOSALS DISCUSSED DURING THE DEBATE ON STRATEGIES AND ACTION

March 7, 3-6 pm

(local) organizational level

get together in local groups which should try to

- * make contacts with women's groups, women in unions, parties,
women who work for counselling services,
women's health groups, reproductive right groups,
community health groups, health services, consumer
health groups,
doctors, clinics, health insurances, etc.
- * start feminist support groups/self-help groups (for instance by publishing
advertisements in newspapers) for women who have been psychologically and
physically damaged by IVF, infertile women, women who formerly have been regarded
as infertile and other concerned women: avoid a further victimization of infertile
women!
- * develop alternatives to medicalisation, follow a wholistic approach
- * discuss the mystification of motherhood and sterility
- * challenge the desire to have an own biological child and the attitude to regard a child as
a personal property

It is crucial to broaden the opposition to NRT and GE, to contact women in unions, etc.
(see above). In this context the question was raised how to deal with unintended and
undesirable alliances, for instance with people of the so-called moral majority, with
people who care mainly about the 'right of the unborn', people who challenge abortion.
This problem was not exhaustively discussed but it became clear that we have to argue
strongly with the right of self-determination of women in order not to be mixed up with
this kind of conservatives.

Information

To give information and to make a public appearance is very important at this state of the debate. NRT, GE and biotechnology are still new topics, a fact which gives way to an open discussion.

- * spread information about the technologies, their risks, long-term effects and success rate
- * point out the link between NRT, GE and biotechnology
- * call the attention to the international impact
- * question the biological view of motherhood
- * challenge the selection of the 'fit mothers' and the family standard which they try to enforce
- * react to misleading information: write letters to newspapers, etc.
- * give written information to clinics, doctors, counselling services, etc.
(waiting rooms)

The idea came up to write a flyer/booklet with basic information on NRT which could be translated in several languages.

Obtaining information

- * try to get information about the recent developments of NRT and GE from doctors, scientists, companies, etc.
- * try to get information about the implementation, the exact method of the treatment, the (hormone) drugs which are employed on women, the success rate

Information coordination

- * in each country there should be one person who/group which gathers information and passes it on to the national groups (national newsletter) and to the international FINRRAGE contact (i.e. the research and resource center). This person/group (the FINRRAGE contact) should coordinate also the national activities

* the experience of the international coordinator of FINRRAGE showed that the international coordination becomes more and more work which cannot be handled by one person on a voluntary and unpaid base anymore: It requires a paid post and funds for postage.

There is an urgent need for a research and resource center which should gather and coordinate information on new developments of NRT and GE and chronicle the responses to these developments. A full-time coordinator is needed to coordinate and circulate the incoming information, to compile a newsletter, to respond to enquiries and to take initiatives that require immediate action, etc. This needs solid and continued funding:

Funding

In order to counterbalance the aggressive public relation activities of the promoters (for instance the EEC), who spent huge amounts of money -which we do not have at our disposal - we need (public) funding from

national ministries for women's affairs
equal opportunity councils
EEC
consumer health organisations, etc.

Legal/policy strategies

(Parliamentary) Committees

Two different - but not necessarily contradictory - approaches are possible either to

- * be present/represented as women at every level where decisions are taken (legislation, health care, hospital committees, etc.)
- * ensure the participation of (feminist) women in ethical committees, parliamentary commissions, hearings, etc.
- * demand an equal representation of women and men in these bodies (quotation)

- * push for hearings of women on the parliamentary level
- * lobby committee and parliament members or/and
- * challenge the legitimacy and validity of bodies which do not properly represent the main persons concerned
- * to establish separate feminist hearings, pressure-groups, feminist ethic committees r

Some women questioned whether it was worth to spend so much energy on this kind of activities, because an equal representation was out of sight and the possibility to influence the decision-making process in this way was quite unlikely.

Laws

Corresponding to the different assessment of NRT there was no consent on legal steps. A vast majority seemed to favour a ban/moratorium of GE. Whereas concerning NRT most women wanted to distinguish between soft technologies like AI which can be employed by women themselves and hard technologies like IVF which imply professional medical treatment. Some did not want to restrict AI: in their view it is a method to enlarge the freedom of choice for women; others opposed: they fear a new kind of eugenics starting with sperm selection at sperm banks.

A majority seemed to favour a ban/moratorium of IVF at least as long as the long-term effects are not known; others wanted to guarantee free access to any infertility treatment in order to realize the freedom of choice: they argued that women have to try to obtain control over the implementation of IVF (and other NRTs) because there was no way to stop them.

There was consent to

- * prevent the restriction of NRT to heterosexual (married) couples, to so-called fit mothers
- * prevent the limitation of the right of women concerning their children (influence of the state, the husband, the male partner)

- * prevent a further medicalisation and control of pregnancy
- * improve the possibility to adopt children; abolish the restriction to heterosexual married couples
- * improve the legal status of illegitimate children
- * some proposed to use the existing laws: Go to court claiming that procedures like IVF, embryo transfer, etc .are a violation of women's human dignity and of her psychological and physical integrity

Mid-term and long-term strategies and aims

- * stop the implementation and production of unapproved drugs and medical treatments like DES, IVF, etc.

Dalkon-Shield, Depo-provera, Norplant, nose sprays, etc.

- * no money from the state for research on NRT and GE
- * no central genetic counselling services; this should be the responsibility of the personal doctor
- * prevent the marginalisation of disabled people: oppose freezes or reductions of public funds for vocational and medical rehabilitation for the handicapped
- * research on the causes of infertility
- * research on alternative methods of treating infertility
- * reorientation of science: society and humans must not be adapted to technological developments but science has to meet the need of people
- * deprofessionalisation of gynaecology: regain control, self-determination

International level

(see also 'information' research and resource center)

An international approach to the social issues involved in NRT are essential because the techniques are employed differentially, depending on whether the women are so-called

first or third world women. NRT and GE offer new methods of social engineering; selective population policies will be enforced: birth control and (forced) sterilisation for the poor, promotion of own biological children for the rich couples.

* There was great support to organize an International Tribunal of Medical Crimes Against Women which shall take place either in Costa Rica or in Dublin, 1987.

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Annette Goerlich