

Talk: Campaign for Women's Reproductive Rights

So, in summary I feel as though in the N.T. the trumpet is yet to be sounded and the battle is yet to commence... I only became aware of FINRRAGE in January this year when I attended the Women's Studies Summer Institute at Deakin University. I am so very glad of this discovery and I am grateful to FINRRAGE for making this Information available to women in places as far away as Darwin. It sure helps us all feel part of the greater feminist scheme of things!

INTERNATIONAL NEWS

CONFERENCE REPORT; FINRRAGE-UBINIG INTERNATIONAL CONFERENCE "Reproductive and Genetic Engineering and Women's Reproductive Health." Comilla, Bangladesh, March, 1989.

Concern about the effects of reproductive and genetic engineering on women internationally brought 145 participants, mostly women, from 35 countries, to a conference in Bangladesh in March 1989. The conference "Reproductive and Genetic Engineering and Women's Reproductive Health" was organized by FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) and UBINIG, Policy Research for Development Alternatives, which is a social research organization in Bangladesh. The conference was held at the Bangladesh Academy for Rural Development, in Comilla, Bangladesh. The peaceful rural setting, well coordinated organization and friendly hospitality of the Bangladeshi organizers was greatly appreciated by all the participants and was conducive to stimulating interactions.

The women gathered at Comilla, from all continents, were natural and social scientists, doctors, lawyers, health workers, journalists demographers, development workers, community organisers, teachers, social workers and academics. All have been actively involved, professionally and politically, in issues related to women's health, human rights, education, responsible science and technology, and agriculture. The rich combination of different cultures, political contexts, and professions made it a challenging, inspiring and empowering time for all of us who attended. There was much to learn from each other. After many days of discussions, we found much common ground to formulate international strategies and actions to resist the technological take over of life.

This conference in Bangladesh was a milestone in the endeavour to mobilize an international movement of concerned women who are resisting the appropriation and control of human reproduction by science, industry and governments. Our concerns about technological domination also encompassed genetic engineering in agriculture, and the

monopolization of resources by rich countries, at the expense of the lives of people in “developing” countries.

The gathering of so many women from different countries in Bangladesh was an historic and unique event. More than 100 of the 145 participants were from so-called “developing” countries. (Four women from FINRRAGE (Australia) attended the conference). By hearing from them, we were able to see glimpses of the realities of women’s lives in countries such as Bangladesh, India, Malaysia, Korea, the Phillipines, Brazil, and countries of Africa. Their testimonies confronted us with very different realities from our own, but many similarities were evident between the experiences of women in all countries. The prime reason for this conference was the concern at the increasing control being exercised over women’s fertility, both in the Western and “developing” world. There is a strong interrelationship between the use of anti-fertility technologies such as hormonal contraceptives and sterilization in the Third World, and the pro-fertility technologies such as IVF, now practiced on a wide scale in Western countries. It became clear that the rationale behind both types of technology is the control of women’s reproduction, and that both use women as experimental subjects. Ironically, pro-fertility technologies such as IVF have now spread to countries such as India, which for decades has been implementing coercive population control methods.

The location of the conference in Bangladesh allowed women from Asia to participate and gave Western women the context in which to learn about population control policies, and the spread of newer reproductive technologies and genetic engineering into the developing world

Population control.

Historically and currently, there is a commonly believed myth that overpopulation is the cause of poverty, and that the curbing of fertility and birth rates is the answer to the problem of world hunger. Attempts at population control in poor countries involve international co-operation between bodies such as the World Bank, the US population council, USAID, and national governments in developing countries. Asian participants at the conference provided many examples that population control methods do not solve the problems of poverty, ill health or hunger. Overpopulation is not the cause of these problems. As Shila Rani Kaur, editor of Health Action International, Malaysia emphasised: “It is now proven that rapid population growth is not the root cause of development problems in the Third World but is a symptom of those problems.” Moreover, population control methods have not reduced birth rates. Malini Karkal, long-time activist, and retired professor and former head of the Department of Public Health in Bombay, put it succinctly: “Solving the population problem hangs on changing the status of women.” An example from India provided evidence for this theory. In Bihar, one of the most under-developed states, there has been widespread and coercive population control, but no change in fertility, while in the state of Kerala, where more than 50 % of women have access to at least basic education, the birth rate has declined from 37 per 1000 in 1966 to 25 per 1000 in 1978. The infant mortality rate in Kerala is less than half of that for the whole of India. Overwhelmingly, it was stated that women do not need

coercive family planning, but rather access to basic education (including education about their own bodies and fertility), clean drinking water, adequate shelter and quite simply, food.

In spite of this, developing countries continue to be dumping grounds for contraceptives which are harmful and sometimes banned for use in Western countries. For example, NetEn, an injectable hormonal contraceptive while widely used in India, was banned in West Germany. Conference participants also provided examples that Family Planning Organizations participated in the testing of new contraceptive technologies on poor women in developing countries. Farida Akhter told us how her organisation UBINIG had exposed highly unethical trials in Bangladesh with Norplant, a hormonal implant consisting of six capsules that are inserted into a woman's arm and cause sterility for up to 5 years. She said that these tests were conducted as if Norplant (a registered trade mark of the Population Council) was already part of the family planning programme. Women were not informed about the safety aspect of this drug. No informed consent was obtained; most women were not given a prior medical examination; no proper medical care was provided to women when they experienced side-effects; there was no follow-up care for the women by health centre workers. Akhter called this 'a gross violation of medical ethics and a lack of care for the health of these women who were subjected to these drug trials'. Encouragingly however, Ana Regina Gomes DOS Reis, a medical doctor from Brazil informed us about the successful campaign against the same implant, led by Brazilian feminists which resulted in the government stopping all Norplant trials in Brazil. This victory reinforced our determination to continue exposing and resisting the international marketing of harmful drugs.

It was sobering to see on a visit to local health centres in the Comilla area how rigid the social control of women's reproduction is in terms of the administration of contraceptives. Local districts are policed regularly to ensure that the women use contraceptive methods, to reach projected targets required by the government. It is easy to see that with the increased push to implement longer acting contraceptive methods, women will not be able to refuse it

Especially women from Asian countries emphasised the target-oriented nature of family planning programmes, and the increasing focus on administering hormonal injectables and implants rather than trying to improve safer and simpler barrier methods. The three months injectable Depo Provera - widely administered in Bangladesh, and throughout Asia (interestingly taken off the market in Zambia, Africa) - is especially bad in producing breakthrough bleeding. Particularly for Muslim women uncontrolled bleeding produces serious problems: considered unclean, their husbands often resort to beating or even divorce (men in Muslim culture can divorce women by simply saying talaq, talaq, talaq).

In the light of the continuing assault on women in developing countries with new longer-acting contraceptive methods, participants also discussed with concern the development of anti-fertility vaccines, specifically targeted for use in these countries. For more than a decade now such vaccines have been researched by the World Health Organization's Special Programme of Research, Development and Research Training in Human Reproduction. A peptide (small piece of protein) of the human chorionic gonadotrophin

(hCG) molecule is the likely candidate for such a vaccine. The woman would be immunized with this peptide coupled to a molecule such as diphtheria toxoid which acts as a carrier and a stimulant to the immune system. The hormone hCG, is one of the hormones secreted by the placenta of the early embryo, and therefore antibodies to this hormone would prevent implantation of the embryo into the lining of the uterus. (The Phase I clinical trial of the vaccine was carried out and completed in 1988 in Adelaide, Australia at the Flinders Medical Centre, with 30 women volunteers who had been previously sterilized. Dr. Ana Regina Gomez dos Reis, of Brazil, said that such a vaccine was really a “biological weapon”, and its use in developing countries would be facilitated because of the acceptance by those populations of vaccinations against infectious diseases. She said the rationale of such a vaccine was to treat pregnancy as a disease, and that it could be administered without consent of the women, given already the occurrence of unethical trials with Norplant in Bangladesh and Brazil. Conference participants strongly condemned the use of anti-fertility vaccines and discussed strategies to stop their use on women.

Sterilization,

Particularly harrowing were accounts of sterilization being carried out in “camps” in South Korea, India and Bangladesh where a Sari is handed out as the incentive for sterilization. Female sterilization - which is a much more serious operation than a vasectomy - accounts for up to 90 per cent of all sterilizations in India. Especially when performed in unsafe camp situations, a woman’s health may be seriously damaged. Moreover, this operation may mean utter destitution for a woman should her husband die or abandon her: as a sterile woman she will not find a new man and in many cases will become socially ostracized. This has grave implications for her own survival as well as for her children.

Sterilization was also discussed with respect to western countries and the conference participants voiced strong objections to its inhumane and coercive use on women of ‘undesirable’ ethnic origins or (mentally) disabled women. Sterilization was seen as bodily mutilation performed to ‘protect’ women, instead of forcefully seeking to curb the freedom of men to sexually abuse girls and women. Questions about doctors’ and genetic counsellors’ ‘right’ to decide which kind of life was worth living and which was not, were discussed. There is an increasing tendency in the west to morally oblige women to undergo prenatal screening, be it through amniocentesis, the newer chorionic villy biopsy test or the latest ‘success’: embryo biopsy. The energetic presence of lawyer Theresia Degener from West Germany, a thalidomide victim without arms who in spite of her disability leads a full life and who depends on little extra help, was inspiring. She reminded us that questions about ‘abled-bodiedness’ and ‘normalcy’ as presented by promoters of genetic screening must never be left to the ‘experts’ - or else we will see an even more inhumane society with regard to the treatment of disabled people. The majority of disabilities do not have genetic causes, and many people become disabled through accidents. The issue of thalidomide, however, brought into sharp focus the scandalous and ethically irresponsible ways in which drug companies market untested drugs, either to reduce women’s fertility or boost it (as in fertility drugs). The conference

participants founded a working group to monitor and resist such unethical practices worldwide.

In vitro fertilization.

The test-tube baby method of conception (IVF) came under close scrutiny. It uses women as living test-sites, as human incubators and producers of raw materials (eggs and embryos). Whilst IVF clinics are more numerous in western countries, conference participants from Japan, India, Indonesia, Thailand, Malaysia, South Korea, Pakistan, Egypt and Hong Kong reported the opening of private and public IVF centres. (In the Philippines, an IVF clinic will open at the end of this year.) Success rates, as in the western world - are almost nil (between 5 and 10 per cent. Official statistics about infertility, according to Professor Malini Karkal, are less than 1 per cent. (Interestingly, a number of Asian women said that up to 50% of all fertility problems were due to male factor and perhaps caused by increasing use of pesticides and environmental pollution.) IVF doctors in India, such as Dr. Indira Hinduja, have advocated the use of IVF for women who have previously been sterilized. Hinduja said in an interview in the *Bombay Weekly Magazine* (22.6.87): "If everything turns out as expected, then I am sure millions of sterile women in the country will have the bright new hope of having children." But as the conference participants agreed, we can be sure that poor, uneducated and landless peasant women will not be given this chance. Instead, they might be experimented upon as 'volunteers' in IVF trials, especially when the practice of IVF in Western countries is coming under closer scrutiny. Ultimately, the promoters of these technologies want to further the production and quality control of human beings. Which women in which part of the world will be allowed to reproduce, and what kind of babies will be born? Increasingly, these technologies are also used as an instrument for population control in countries that wish to decrease birth rates.

Reproductive rights.

There were many discussions about reproductive 'rights'. Prof. Maria Mies, of West-Germany, argued that we needed to rethink the term 'rights', as it mirrored the compartmentalised ideology of the capitalist marketplace: by demanding 'rights' we see our bodies as fragmentable objects - hence we can sell our eggs or rent our womb. Instead, Mies argued, women worldwide should resist the artificial fragmentation and conceive of our bodies as ourselves and resist falling into the trap of fragmentation. Farida Akhter from Bangladesh concurred and added that for women in the so called 'Third World' the term reproductive rights was demeaning: firstly, they often do not have even human rights, but secondly, and more importantly, Akhter emphasized, reproductive rights reduce women to their reproductive capacities instead of conferring full personhood in all spheres of life. However, women from the Phillipines and South Korea pointed out that in their social and political contexts, the term "reproductive rights" was fundamental to the struggle for the liberation of women.

Sex determination in India.

One of the most disturbing issues discussed at the conference was the alarming increase in female feticide. In India the discrimination against females is endemic. The birth of a female child is mourned in almost every family, and from infancy onwards girls are seen as a burdensome appendage. The preference for male children in India is deeply rooted in the Hindu culture. If a woman successively gives birth to daughters, and 'fails' to bear a son, she is cursed for bringing misfortune to her family. Thousands of women face ridicule and ill treatment, and there are many instances where men abandon their wives for not bearing a son.

The barbaric practices of female infanticide, wife-burning and sati are the chilling realities of a woman's life in India - alarmingly, the sex ratio of women to men has declined over the years. The sex ratio declined from 972 females to 1000 males in 1901, to 933 females to 1000 males in 1981.

The introduction of amniocentesis in India, originally to be used to detect genetic abnormalities in foetuses, rapidly turned into a multi-million dollar business of sex determination for selective abortion of female foetuses. In 1974, amniocentesis was being tested clinically in Indian government hospitals for the purpose of detecting genetic abnormalities, but the enthusiasm of women undertaking the test was motivated by the possibility of learning the sex of the foetus. Following protests by women's groups, the use of amniocentesis for sex determination was banned in government run hospitals by the Janata government in 1978. However, privately run clinics in Bombay began offering amniocentesis in 1979, and soon began advertising the techniques for the express purpose of sex determination. Clinics and the availability of the test spread to many cities and towns, even to tribal districts without potable water or electricity. The cost of the test was very cheap - a few hundred rupees, so that working class families could easily avail themselves of the test.

It is estimated that 78,000 female foetuses were aborted in India between 1978 and 1983, although this is probably a "conservative" estimate. In Bombay city, the number of clinics offering the test increased from 10 in 1982 to 248 clinics in 1986. A group of doctors estimated that between 30,000 and 50,000 female foetuses were aborted in one year alone.

The popularity of sex determination tests in India which result in these chilling statistics has its roots in the strongly male dominated social structure which devalues women as human beings, to the extent that females are prevented from being born. (American feminist and activist, Janice Raymond, has described this as pre-victimization). But women's groups in India have been campaigning to have such tests banned since they first became available. The Forum Against Sex Predetermination and Sex Preselection, with a core of activists from women's groups and People's Science groups in Bombay, was formed in 1985. To evoke more public awareness on a wider level, the campaign addressed the issue at multiple levels. The discussion was broadened to one of basic human rights and the misuse of science and technology, with the primary focus remaining that the use of sex determination tests is an integral part of the discrimination against and

oppression of women. With this broader approach, many other social action organizations, such as health groups, human rights groups, and legal action groups joined the campaign. They organized sit-ins at hospitals, public debates, published articles in newspapers, and held a demonstration in which parents marched proudly together with their daughters.

One of the primary aims of the Forum's campaign was to pressure the government of the state of Maharashtra to ban sex determination tests. An expert committee was appointed by that state in 1987, in which the "Forum" participated. Based on the findings of this committee, an Act banning the use of amniocentesis for sex determination came into force in June, 1988. Members of the campaign recognize that criminalizing the test will not stop its practice entirely, but the implementation of the Act will at least withdraw credibility from doctors who continue to support and perform the test. The Forum sees the passing of the Act as a small part to the beginning of a wider struggle to accord women in India basic human rights.

Members of the Forum faced their own dilemmas in mounting a campaign against the use of amniocentesis for sex determination. They were confronted with arguments that the cost of an abortion is much less than dowry, and is it not better to abort females rather than have them live a devalued existence? The Forum's answer went back to their fundamental principles regarding the social position of women - elimination of the victims is not the solution to the oppression. On the contrary, if the sex ratio continues to decline, sexist practices will be intensified. For example, one woman may be shared as a wife by a group of brothers. As for the argument that aborting females is in the interests of population control, the lowering of the sex ratio of females to males has not lead to any decrease in population. The Forum's own most heartfelt dilemma is that they are not asking for a stop to all amniocenteses, i.e., tests resulting in abortions of disabled foetuses. Other participants at the conference questioned this position, and it will be an ongoing dilemma of re-evaluation for the Forum: "The debate is still on and we are struggling to define our understanding and position for further implementing what could be just and 'right for life' on this planet"

There are many other male preferring societies, and female feticide is practiced in Western countries too, albeit disguised. A Sydney newspaper reported last year that foetuses of a sex unwanted by the parents were being aborted following chorion villus biopsy tests. Similarly, in Britain, there have also been reports of selective termination of foetuses based on learning their sex.

Conference participants agreed that the combination of IVF, sex determination, and genetic screening is a new form of a seemingly scientific progress whilst, in reality it is eugenic selection which is used to discriminate against and eliminate oppressed groups - women, disabled, people of certain colours, races, religions, class or caste. Reports from Australia, where IVF technology has advanced rapidly, announced that the government in one state, Victoria had approved the use of a technique called embryo biopsy, or preimplantation diagnosis. It involves removing one cell from an early embryo and genetically analysing that cell for chromosomal abnormalities. (The Health Minister in Victoria, Caroline Hogg, has since imposed a moratorium on these experiments and has called for submissions from the public). However, in Britain the art is more advanced - a

test has been developed which can sex 3-day old IVF embryos. Dr. Robert Winston at the Hammersmith Hospital IVF clinic in London is reportedly already offering “services” to detect certain hereditary diseases in IVF embryos, for couples who have a risk of passing on genetic diseases to their offspring. Participants agreed that more and more women will be pressured to use IVF because of the possibility of screening embryos by this new technique - IVF practitioners are calling it a new form of prenatal diagnosis, which would be preferable to abortion following amniocentesis or CVB. Anne McLaren, British embryologist has also advocated using the embryo biopsy technique on naturally conceived embryos which are flushed from women’s bodies and genetically screened. Embryo experimentation and screening relies on a continuing supply of eggs from women - for the present, this means that superovulation followed by invasive surgery will supply the researchers with eggs and therefore the embryos. Participants reaffirmed that IVF is an experimental technique which uses women’s bodies as sources of raw material for further experimentation.

Genetic engineering in agriculture.

Genetic engineering is not confined to human applications. Its application to agriculture is posing serious and irreversible dangers, which will damage the agricultural ecology. Genetically engineered animals, plants and bacteria are supposed to repair the damage caused by environmental destruction such as the effects of the Green Revolution, industrial pollution and unjust economic and political policies. Genetic engineering views life forms as machines which can be manipulated and even reconstructed in the interests of science and industry.

Dr. Vandana Shiva, physicist and philosopher of science, and Director of the Research Foundation for Science, Technology and Natural Research Policy in India, spoke of the tragic consequences of the Green Revolution on the ecology, agriculture and people of India. The Green Revolution meant the introduction into India of “miracle seeds” or high yielding varieties which were supposed to increase food production. Dr. Shiva pointed out that such seeds were engineered to be dwarf varieties and were not particularly productive in themselves, but that they were responsive to high quantities of fertilizer, and depended on heavy irrigation. For peasant farmers who could not afford the chemicals, it meant lower yields, higher rates of indebtedness, dispossession, and desertified soils. Dr. Shiva said: “We have learnt that the miracle seeds of the Green Revolution were miracles for chemical companies, not for our small peasants and cultivators.”

The New Seed Policy, introduced into India in 1988 has liberalised the import of new genetically engineered seeds into India by multinational chemical and seed companies. This “second wave” will further erode the genetic diversity of seeds and create new economic dependencies on a handful of multinational interests. There is the very real danger of creating new forms of poverty and deprivation. The “false miracle” that the seed companies are selling with new genetically-engineered varieties is the possibility of liberating agriculture from chemicals and other ecological risks. However, most of the seed multinationals are also the leading chemical companies. These include Ciba Geigy, ICI and Hoechst. The new strategy is to increase the use of pesticides and herbicides by developing seed varieties which can tolerate them. Dr. Shiva called this: “Creating seeds

that like chemicals.” For example, soyabeans have been made resistant to Ciba Geigy’s Atrazine herbicides, and this has increased the annual sales of the herbicide by US\$120 million. Dr. Shiva related the dangerous effects of the pesticides themselves, and the human tragedy through the economic dependency that they create:

“For the Indian farmer this strategy of employing more toxic chemicals on pesticide and herbicide resistant varieties is suicidal, in a literal sense. In India, thousands of people die annually as a result of pesticide poisoning. In 1987, more than 60 farmers in India’s prime cotton growing area of Prakasam district committed suicide by consuming pesticide because of debts incurred for pesticide purchase.”

She also pointed out that some useful plants are declared as “weeds” in this new “revolution” and destroy people’s livelihoods. Bathua, an important green leafy vegetable with a high nutritive value grows in association with wheat. But with intensive chemical fertilizer use, bathua becomes a major competitor of wheat and is declared a weed which is then killed with herbicides and weedicides. Similarly, thousands of women who make their livelihood by basket and mat making with wild reeds and grasses are losing their income because the increased use of herbicides and weedicides is killing the reeds and grasses. Dr. Shiva also stressed that the use of more and stronger herbicides and weedicides lead to new pest problems and the creation of “superweeds”.

Speaking in the same plenary session as Vandana Shiva, Nalini Bhanot, from the Punjab region in India, emotionally related the consequences of the Bhopal disaster in India. A leak of gas occurred from the Union Carbide (UCC) factory in Bhopal in 1984 - ironically, the factory among other things, manufactures chemical fertilizers for agriculture. The leaking gas, methyl isocyanate (MIC) resulted in the deaths of thousands of people in Bhopal. For women in the area, it resulted in disturbances to their menstrual cycles and reproductive systems, and other gynaecological disorders such as inflammation of the cervix. Alarmingly, the increase in foetal death and spontaneous abortion rate was shown to have increased four fold, in one study carried out since the disaster. The Indian Supreme Court delivered a settlement on February 14, 1989, which does not hold UCC liable for the accident, and awarded collective compensation of a mere US\$470 million for the victims. When legal and government costs are deducted from this sum, there is a pittance to meet hospitalization and treatment charges. Many of the victims will need treatment for the rest of their lives, and progeny of the victims may indeed be affected by congenital or genetically transmitted malformations. In what Ms. Bhanot described as industrial genocide, she said that the life of an Indian seems to be less valuable than the life of say, of an American. She said that the decision by the Supreme Court has virtually granted a licence for any multinational company to kill thousands of people in India and not be held accountable (Conference participants unanimously passed a declaration condemning the decision of the Indian Supreme Court and the Indian government).

Although the discussions at Comilla were often depressing, we were also inspired an even greater determination to unite globally and oppose the technological take-over of life. During the dinners and lunches, or sitting under banana trees in the hot evening air (with just a few mosquitoes), a lot of personal information was exchanged and

friendships formed. A cultural evening, for which we were all asked to present something typical from our countries - a song, a dance, a poem, a satire -led to hilarious moments and gales of laughter. We ended the evening with a collective dance, which to all of us symbolised the enormous power of women's strength and capacity for survival.

In the last days of the conference, a declaration was formulated in which the participants urgently demanded a halt on political decisions that are leading to the rapid development and increasing application of reproductive and genetic engineering worldwide. The Declaration of Comilla is being distributed internationally to provide the basis for global action. The conference participants unanimously opposed genetic and reproductive engineering as patriarchal, commercial and racist domination over life. These technologies are introduced and promoted on the grounds that they solve problems such as hunger, disease, infertility and environmental problems. In reality, however, they divert attention from the real causes and are incapable of solving these problems. Nor do they reflect women's needs. The participants appealed to all women and men to unite globally against dehumanizing technologies, to preserve the diversity of life on our planet, and to uphold the dignity and integrity of all women.

Chris Ewing and Renate Klein, FINRRAGE (Melbourne).

A SPERM RIDE TO GENETIC ENGINEERING!!

Since the early 1980's, scientists have been creating transgenic animals by injecting foreign genetic material into embryos of animals such as mice created by artificial fertilization (in vitro fertilization); The first most widely publicised of these experiments was the injection of rat growth hormone gene into fertilized mouse eggs, which resulted in some of the new born mice growing to twice the normal size.

Recently, researchers at the University of Rome (Spadafora et al.) announced in a publication in the scientific journal *Cell* (June 1989 vol. 57) that they had found a new way to introduce foreign genes into mice. They had simply mixed the foreign DNA with mouse sperm and then used the sperm for in vitro fertilization of mouse eggs. Seemingly, the sperm were able to take up the DNA, which was then incorporated into the genetic material of the newly fertilized egg. This not would not only facilitate genetic engineering of agricultural animals but raises the possibility of introducing new genes into human eggs as well. The results were viewed with some scepticism in the scientific community and several research teams around the world attempted to repeat the results, but so far there appears to be no confirmation of the results reported by the Italian group. The original experiment involved the introduction of the gene for a bacterial enzyme into the mouse eggs. A number of the resulting offspring carried the foreign gene but the gene had undergone rearrangement during the transfer - a garbled form of the gene. And yet assays on the tissue of the mouse offspring showed that the enzyme was present. As in both the old and this new method of producing transgenic animals, the foreign gene can insert randomly into the chromosome of the newly formed embryo, and even disrupt other important genes.

GERMANY MOVES TO RESTRICT EMBRYO EXPERIMENTATION.

The West German Government has announced that it will introduce strict new legislation that will ban virtually all use of human embryos in biomedical research. The manipulation of human genetic material will be made a potentially criminal offense. Only research that does not harm the embryo will be permitted under the new law. The creation of spare embryos using artificial fertilization techniques will be forbidden. This is in contrast to several other European countries where guidelines have suggested that research be allowed on spare embryos (up to 14 days) i.e., those that will not be implanted back into the woman from whom the eggs were taken.

N.B. The Victorian Infertility (Medical Procedures) Act (1984) permits research on spare embryos.

New Books.

Klein, Renate (ed.). Infertility: Women Speak Out About Their Experiences of Reproductive Medicine. Pandora Press. A\$ 14-95. An international anthology of women's experiences with reproductive medicine.

Wheale, Peter and McNally, Ruth. Genetic Engineering: Catastrophe or Utopia? Harvester, Wheatsheaf, England. A\$31-95. Not a feminist analysis, but provides information on the development and applications of genetic engineering.