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FIRRAGE Journal

Feminist International Network of Resistance to
Reproductive and Genetic Engineering



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Editorial

Dear Readers,

We hope you enjoyed the last issue of FINRRAGE (Australia) in March 1998. As promised, welcome to the July edition. Thanks to our subscribers for your continued support. The Journal depends on many factors: adequate financial support, your submissions and heaps of time and energy from the co-ordinators. All these elements have contributed to this edition and so far seem to be in motion for the next one too.

We are pleased to announce a renewed group of FINRRAGERS interested in resistance to reproductive and genetic engineering. If you would like to become an active member of FINRRAGE (Australia) please contact the Co-ordinators.

Again, thanks to all of you that renewed your submissions in the last three months. Here is the second issue for 1998 and we have plenty more planned. This issue has articles ranging from Creutzfeldt-Jakob Disease, Cloning, Sterilisation to Body Modification.

FINRRAGE (Australia) continues to support the international campaign to stop anti-pregnancy vaccines. T-shirts are still available which display a woman stamping out the vaccine shown on a previous edition of the FINRRAGE (Australia) newsletter.

For those interested in subscribing to our new FINRRAGE listserv type

To: *majordomo @ deakin.edu.au*

Subject: leave blank

In the body of the email

Subscribe <name> FINRRAGE

If you would like to contribute to FINRRAGE (Australia) with either articles, conference reports, announcements and news, and views nationally and internationally, write to the co-ordinators at the following address. Preference is for copy to be submitted in Word (we read both MAC and PC) and email is fine too.

We hope that you enjoy this issue of FINRRAGE (Australia) and continue to support us by renewing your subscription. All going to plan the next issue will appear in October and we look forward to your contributions and comments.

Laurel Guymer and Renate Klein

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The Centers for Disease Control and Prevention (CDC) Creutzfeldt-Jakob Disease (CJD) Program A Congressional Mandate

In response to concerns that CJD may be transmitted through blood or blood products, the U.S. Congress requested that the CDC conduct a study to assess whether CJD is a threat to the safety of the nation's blood supply. Researchers believe that the risk of transmission to humans through blood products is very small since there have been no known cases of CJD contracted by humans in this manner. However, precautions are being taken to assure that the blood supply is safe from this infectious agent. Current blood safety policy requires that any blood products made from blood donated by a person who later develops CJD, or is found to have risk factors for CJD, must be withdrawn. Until the question of transmissibility is resolved, the availability and the price of blood products will continue to be adversely impacted by shortages caused by recalls and the destruction of blood products which, to date, has cost over \$100 million.

The Program: How You Can Help

Because the signs and symptoms of CJD may not develop for up to 30 years, a person could be infected and not show any symptoms during his or her lifetime. Furthermore, there is no screening test available for CJD and the only sure way to test for CJD is by analyzing brain tissue after death. The CJD program asks families of individuals who have received blood products to donate brain tissue after their death. The brain tissue will be shipped to Stephen J. Armond, M.D., Ph.D., Professor of Neuropathology, University of California, San Francisco to test for evidence of CJD. Other brain tissue will be stored at CDC in Atlanta for analysis in the future when more is known about the cause of CJD.

Participation in the CJD program is voluntary. The CDC is aware that the death of a family member is a difficult time to make important decisions. Therefore, the CDC is working through your regional coordinator, physician, and treatment center staff to provide support to you and your family as you discuss brain tissue donation. To help with making an informed and rational decision, the CDC has developed information packets which answer commonly asked questions about the program including: how to authorize the donation; how confidentiality will be assured; the ability to retrieve the brain tissue without disfigurement and without affecting funeral arrangements; and the time frame for receiving test results.

Why Should I Participate?

Participation in this project is the only current way to help determine whether CJD can be or has been transmitted by blood products. If results show that CJD is not transmitted through blood products, needless recalls and shortages could be avoided. On the other hand, if this study shows that CJD may be spread through blood, research could then focus on the development of screening tests in an effort to maintain a safe blood supply.

This project is the response of Congress and the CDC to avoid a potential threat to the current members of our community who use blood products and future generations who will rely on a safe blood supply.

If you would like more information or would like to participate in the CJD program, please contact Tami Wood-Lively, FM's Regional Coordinator, in Michigan at (800)482-3041, ext.29 or if you are outside Michigan, at (734)761-2535, ext.29.

CREUTZFELDT-JAKOB DISEASE

Deborah Schechter

Creutzfeldt-Jakob Disease has greater public health consequences than the mere number of reported cases might indicate since it is not reportable in most places, often misdiagnosed, infectious and normal sterilization does not kill the infectious agent.

WHAT IS IT?

Creutzfeldt-Jakob Disease (CJD) is a horrendous infectious rapidly progressive fatal brain-deteriorating disease for which there is no treatment or cure. Most scientists believe CJD is caused by a prion which is merely a protein. One strain of CJD is linked to bovine spongiform encephalopathy (i.e. Mad Cow Disease) in England. The incubation period for CJD can be decades.

WHO GETS IT AND HOW?

Creutzfeldt-Jakob Disease affects both men and women worldwide usually between the ages of 50 to 75 years. The officially stated incidence is of one case per million people each year. However, this figure appears to be an understatement as CJD is often misdiagnosed. In one study by Yale University researchers 13% of clinically-diagnosed Alzheimer patients when found upon autopsy to really have CJD.

People get CJD through 3 means: familial (genetic, about 10% of cases), sporadic (cause unknown, about 90% of cases) and iatrogenic (through a medical procedure such as human pituitary growth hormone shots for short stature, contaminated surgical instruments and dura mater and cornea transplants, about 1% of cases).

Women who took human gonadotropin fertility treatments in the 1980s and before, for fertility problems, are at high risk of getting CJD. There is a very upsetting article about this entitled "The Third World And Infertile Women: The Would-Be Victims And Invisible

Victims Of Mad Cow And Creutzfeldt-Jakob Disease Imperialists" by Dr. Lynette J. Dumble, Senior Research Fellow, University of Melbourne's Department of Surgery, at the Royal Melbourne Hospital, Parkville, Vic, 3050, Australia.

The web address for this article is <http://www.airtime.co.uk/bse/lynete.htm>

The infectious agent has been found in blood but there are no documented cases of transmission by blood. Pooled blood products are withdrawn as a precaution after the product has been released when a person in the donor pool has been found to have died of CJD or to be at higher risk of contracting CJD. However, by this point it has often already been used in humans. While the controversy remains as to whether CJD can be passed through blood products, blood products continue to be used in vaccines such as the measles-mumps-rubella, rabies and allergy shots; in In Vitro Fertilization (IVF) cultures; and in medical test fluids. The United States Congress has mandated the United States Centers for Disease Control to conduct a study to determine if the CJD infectious agent can be transmitted by blood.

WHAT ARE THE SYMPTOMS OF CJD?

The initial symptoms are subtle and ambiguous and include insomnia, depression, confusion, personality and behavioral changes, strange physical sensations, and memory, coordination and visual problems. Rapidly progressive dementia and usually myoclonus (involuntary, irregular jerking movements) develop as CJD progresses. Also, language, sight, muscular weakness, and coordination problems worsen. The patient may appear startled and become rigid. In the final stage the patient loses all mental and physical functions. The patient may lapse into a coma and usually dies from an infection like pneumonia precipitated by the bedridden, unconscious state. The duration of CJD from the onset of symptoms to death is usually one year or less.

Since early signs of CJD are often psychological, victims will often receive psychological treatment. In addition, people, including school-age children of young Creutzfeldt-Jakob Disease victims, often require counseling to deal with the death. And, then there's the recipients of medical treatments such as human pituitary growth hormones and dura mater transplants who are at high risk of CJD and the people with a genetic mutation for familial CJD who must live with CJD hanging over their heads. Another group includes people who receive withdrawal notices that the blood they or, worst yet, their children, received came from a pool which included a donor that died of CJD. While the question of whether CJD is passed through blood products is yet to be resolved, receiving this type of notice causes great anxiety in people.

HOW IS CJD DIAGNOSED?

A diagnosis of CJD should be considered when a patient develops a rapid dementia and myoclonus (a sudden spasm of the muscles typically lifting and flexing the arms). A 14-3-3 spinal fluid test is over 95% effective in diagnosing CJD. (Call Dr. Gibbs at NIH (301) 496-4821 for information) Another method of diagnosis is a brain biopsy. However, a brain biopsy may produce a false-negative result if the biopsied area was not affected by CJD. An autopsy is a definitive way to diagnose CJD.

IS THERE INFORMATION ON THE WEB ABOUT CJD?

There is a great deal of CJD information on the web. CJD Voice, an international e-mail discussion/support group, most of whose members have lost loved ones to CJD, has a website at <http://members.aol.com/larmstr853/cjdvoice/cjdvoice.htm> This website has CJD information, a CJD information ring, links to other websites with CJD information, a chatroom and a bulletin board.

*In the Game of Cloning, Women
Hold All the Cards - New York
Times
Gina Kolata*

The shocking notion that, some day, it might be possible to clone human beings seems to propel ethicists, press pundits and the like into flights of science fantasy. All offer their most provocative scenarios. And so, inevitably, do a few brave scientists.

For the ethicist Dr. Arthur Caplan of the University of Pennsylvania, the possibilities include the Dorian Gray scenario, named after Oscar Wilde's story, "The Picture of Dorian Gray," whose eponymous hero stays young while the picture of him ages. A child who is a clone would have to look at a parent who is his or her aging identical twin.

Another possibility is what Caplan calls the Woody Allen scenario, referring to Allen's affair with Mia Farrow's adopted daughter, Soon-Yi Farrow Previn. If a man's wife clones herself, Caplan asked, "How is he going to fight off the emotions or feelings" when he sees her clone at the nubile age of 22? Especially, he adds, since he knows that the clone is not, strictly speaking, her daughter but a twin sister.

Headless People

The Time magazine columnist Charles Krauthammer envisions a world in which headless people are cloned and stocked for spare body parts. That, he argues, to the puzzlement of scientists who say his scenario is just plain wacky, is why cloning must be banned.

But Dr. Davor Solter, who directs the department of developmental biology at the Max-Planck Institute of Immunobiology in Freiburg, Germany, has a vision that perhaps could only occur to a scientist. He revealed it during a recent interview, asking, "Have you

ever thought about the feminist aspect of cloning?"

He said that he did not mean that if only women are needed to clone humans, men won't be needed any more. What he has in mind is something far more imaginative, but it revolves around eggs, which women alone produce.

To clone, scientists would essentially convert a fully developed cell into an early embryo cell. They would slip a cell, like one scraped from the roof of a person's mouth, into an unfertilized egg whose own genetic material has been removed. Then the egg, by a process that is still mysterious, would take that cell's genetic material backward in time, converting the DNA to the state it was in when sperm first fertilized egg.

Suddenly, genetic material that could only direct a cell to be a mouth cell becomes genetic material that can direct the development of an embryo, then a fetus, then a new human being.

Leading scientists note, however, that once they produce such an embryo cell, by cloning, that cell need not become a new human being. Given a brew of proteins that direct development, it could become any sort of collection of cells. If you needed new bone marrow, for example, you might direct that cell to grow not into a human clone but into bone marrow. It would be bone marrow, with genes that are identical to yours.

Men Need Not Apply

But then, Solter said, none of this can take place without an egg, and women hold all the eggs. A woman could use one of her own eggs to create an organ she needs. But a man would have to buy eggs from a woman, if he could find a woman to provide them and if he could afford them. So women could become all powerful in this future society, according to Solter's scenario. The going rate for a

month's worth of eggs today ranges from \$2,500 to \$5,000.

Some men say they are entranced.

"From a fanciful point of view, a better thing couldn't happen," said Dr. Michael Tucker, an embryologist at Reproductive Biology Associates in Atlanta, who studies the freezing of human eggs.

"It would be fantastic," said Dr. Gregory Pence, an ethicist at the University of Alabama at Birmingham. "Eggs aren't so hard to get," he added. "Young women on our campus are selling eggs every day."

Dr. Lee Silver, a developmental biologist at Princeton University, called Solter's idea "intriguing." The idea that women would control a relatively scarce resource and that they would be able to bestow life or death on needy men, "turns everything upside down," he said.

But some women have decidedly less enthusiastic reactions.

Dr. Janice Raymond, a professor of Women's Studies and medical ethics at the University of Massachusetts at Amherst, said the scenario is "much more problematic than positive."

"Yes, eggs will become commodities," she said. "But how will we get eggs? Do we have egg farms where we (quote-unquote) harvest eggs from young women? To me, that adds to the commodification of women's bodies and body parts." The process of getting eggs, she said, is dangerous and difficult, nothing like the procurement of sperm.

Follow the Eggs

Dr. Brigid Hogan, a developmental biologist at Vanderbilt University, also was leery. "Come on," she said, power depends on "who's got the money." And, she said, "Most women are so far behind men" in the quest for power that controlling an egg supply will not help them.

For now, Hogan said, "there are so many more important battles to be fought." And before people start fantasizing about women's power in some future world, they might consider some bills before Congress now that threaten to cut off not just human cloning but the research that involves cloning technology and that, she said, could lead to better medical care and treatment for all.

© Gina Kolata

Using Gifts as Bait, Peru

Sterilizes Women

Calvin Sims

February 15, 1998

NEW YORK TIMES

LIMA, Peru --

For Magna Morales and Bernadina Alva, peasant Andean women who could barely afford to feed their families, it was a troubling offer but one they found hard to refuse. Shortly before Christmas, government health workers promised gifts of food and clothing if they underwent a sterilization procedure called tubal ligation.

The operation went well for Mrs Alva, 26, who received two dresses for her daughter and a T-shirt for her son. But Mrs Morales, 34, died of complications 10 days after the surgery, leaving three young children and a husband behind. She was never well enough to pick up the promised gifts, and the family was told it could not sue the government over her death, because she had agreed to the procedure.

"When you don't have anything and they offer you clothes and food for your kids, then finally you agree to do it," said Mrs Alva, a neighbor of Mrs Morales in the northern village of Tocache.

"Magna told them that her husband was against the idea, but they told her, 'Don't worry, we can do it right now, and tonight you will be back home cooking and your husband will never realize what happened.'"

Tales of poor women like Mrs Morales and Mrs Alva being pressed and even forced to submit to sterilization operations, that have left at least two women dead and hundreds injured, have emerged from small towns and villages across Peru in recent weeks in what women's groups, politicians and church leaders here say is an ambitious government family-planning program run amok.

Critics of the program, which was begun in 1995, charge that state health-care workers, in a hurry to meet government-imposed sterilization quotas that offer promotions and cash incentives, are taking advantage of poor rural women, many of whom are illiterate and speak only indigenous Indian languages.

The critics, who include many of the program's early supporters, say the health workers are not telling poor women about alternative methods of contraception or the fact that tubal ligation is nearly always irreversible. They also charge that many state doctors are performing sloppy operations, at times in unsanitary conditions.

"They always look for the poorest women, especially those who don't understand Spanish," said Gregoria Chuquihuancas, another Tocache resident. "They make them put their fingerprint on a sterilization paper they don't understand because they can't read. If the women refuse, they threaten to cut off the food and milk programs."

While it remains unclear whether such actions were sanctioned by the government or were the work of overzealous health workers – the government denies there are sterilization quotas, though it acknowledges goals for budgetary purposes -- independent investigations by members of the Peruvian Congress, the Roman Catholic Church, local journalists and a U.S. congressional committee have chronicled dozens of cases of abuse.

"The government's program is morally corrupt because nurses and doctors are under pressure to find women to sterilize, and the women are not allowed to make an informed decision," said Luis Solari, a medical doctor who advises the Peruvian Episcopal Conference, which speaks for the country's Catholic bishops.

"No one has the right to intervene in people's life this way," Solari said. "It's criminal."

From its inception, Catholic church leaders have vigorously opposed the family-planning campaign because it promotes artificial forms of birth control, which the church disavows. Cardinal Augusto Vargas Alzamora of Lima has warned Catholics that they will be committing a “grave sin” if they resort to sterilization.

Tubal ligation is still only the third-most-practiced form of contraception in Peru, after abstinence and the IUD, family-planning officials say. Abortion is illegal.

The government has vehemently rejected charges that it is conducting a campaign to sterilize poor women and says that all its sterilization operations are done with the patient’s consent, as required by law.

Health Ministry officials, who spoke on condition of anonymity, said that in the last year the program had suffered from “lapses in judgment” by individual health-care workers and doctors, who had been reprimanded. But the officials said that such cases were isolated incidents that had been blown out of proportion.

Reached on his cellular telephone, Deputy Health Minister Alejandro Aguinaga, who oversees the government’s family-planning program, said he did not wish to speak with The New York Times.

Three years ago, when President Alberto Fujimori announced plans to promote birth control as a way to reduce family size and widespread poverty in Peru, family-planning experts, feminists and even many opposition politicians expressed broad support for the initiative. But the mounting criticism of the sterilizations has tarnished the image of the family-planning program, one of the most ambitious in the developing world.

In 1997, state doctors in Peru performed 110,000 sterilizations on women, up from 30,000 in 1996 and 10,000 in 1995. Last year they also performed 10,000 free vasectomies

on men, a slight increase over 1996. However, women remain the main focus of the government’s program because men are less likely to agree to sterilization, on the mistaken ground that the procedure could impair their virility.

Health Ministry officials estimate that the 1997 sterilizations will result in 26,000 fewer births in 1998. This is good news, they say, in a country where the fertility rate -- the average number of children born per woman - is 3.5, compared with 3.1 for Latin America in general and 2.0 for the United States.

The rate is 6.2 children for Peruvian women who have little or no education and 7.0 children for those who live in rural areas. That compares with a rate of 1.7 children for women who have at least some college education and 2.8 for urban residents of all educational levels.

Concern over reports of forced sterilization has led to an investigation by the U.S. Congressional Subcommittee on International and Human Rights Operations, which is seeking to determine if money from the U.S. Agency for International Development was used in the Peruvian government’s campaign.

Officials in Washington said in a telephone interview that the agency had no role in the Peruvian government’s family-planning program. They said that money and training for family-planning services went directly to nongovernmental agencies in Peru that have no connection with the government’s program.

The officials said that they had deliberately taken steps to dissociate the agency from the Peruvian government’s family-planning program after it became clear that while well-intentioned, it was too hurried and ambitious to avoid the pitfalls that it has now encountered.

Joseph Rees, the subcommittee’s chief council, said that after a recent fact-finding

mission to Peru he was convinced that no U.S. money was directly used to finance the Peruvian government's campaign.

But he expressed concern that some money may have trickled through in the form of infrastructure, management or training support. Because some U.S.-sponsored food programs are operated from the same Peruvian government medical posts that administer family planning in rural areas, Rees said that it was possible that some of this food could have been used to bribe women to undergo sterilizations.

"The bottom line here is whether the Peruvian government is more interested in doing family planning or population control and whether the United States wants to risk being associated with a program where that notion is so far unclear."

Meanwhile, despite the reported abuses, the number of women undergoing sterilizations in Peru has remained steady. Preliminary figures for January indicate that at least 10,000 women underwent free tubal ligations by state doctors.

The opposition Renovacion Party, a conservative group that has always objected to the program, says it has collected more than 1,000 complaints from women who say they were either injured by government sterilization or pressured into agreeing to the operation.

Arturo Salazar, a Renovacion congressman, said the Fujimori government had given no thought to the long-term effect of so many sterilizations, which if left unchecked, he said, would severely diminish Peru's rural population, deprive the nation of security on its frontiers and impede economic development in the countryside.

But those issues are of little concern to Martha Eras, also of Tocache, who is struggling to care for her new baby girl, who was born in August despite the government-sponsored sterilization that Mrs Eras

voluntarily underwent eight months earlier. It appears that the doctor was in such a hurry that he did not check to see if Mrs Eras was pregnant.

"My husband joked that it was immaculate conception," she said.

©Calvin Sims

Peru Drops Sterilization Campaign

David Briscoe

Feb 25, 1998 WASHINGTON (AP) --

Peru is abandoning a campaign to sterilize thousands of poor women that the State Department had strongly criticized.

Word of the change in policy came at an emotional congressional hearing at which a Peruvian woman testified she was coerced into a sterilization that damaged her intestines.

The Peruvian Embassy had declined an invitation to speak at the hearing, said Rep. Chris Smith, R-N.J., chairman of the House International Relations human rights subcommittee.

A statement from the Peruvian Ministry of Health released at the hearing announced discontinuation of campaigns to conduct tubal ligations and vasectomies and said health workers are now being informed that there are not targets for sterilizing women. The new policy also requires a 72-hour waiting period for sterilization operations and close monitoring of family planning.

"We believe these are significant measures, and we are pleased that the government of Peru itself determined to take these and other steps," said Mark Schneider, assistant U.S. Agency for International Development administrator.

He said U.S. aid officials had communicated to the Peruvian government "strong concerns about the potential for distortions" in the sterilization campaign. U.S. officials were told not to support the campaigns in any way, he said.

Smith had opened the hearing by blasting Peru and the Clinton administration on the issue. He recommended a cutoff of all support for Peruvian family planning

programs until the sterilization campaign is scrapped.

He said a congressional staff investigator, Grover Joseph Rees, found abuses in the program such as a lack of informed consent, pressure to consent, bonuses per woman sterilized and trading food for consent. Smith noted, however, that Rees concluded the abuses "were probably not mandated by the central government but were the natural outcome of the mandate that the goals must be met."

Adeline Sanchez Nolberto, a Peruvian mother of five, told the subcommittee that a government health worker appeared at her house in October 1996 saying she had been scheduled for a free sterilization operation.

"I arrived at the hospital practically against my will," Nolberto said, describing months of illness after the operation. "From that time I have not been able to recover. ... I still cannot go back to work."

Women's groups accused the Peruvian government of sterilizing thousands of poor women by tricking them or pressuring them as part of the campaign to increase sterilizations.

©David Briscoe

*Sterilization Campaign
Collapses After Church
Pressure
Melinda Tankard Reist*

Melinda is a Canberra based writer with a special interest in women's health, bioethics and the abuse of women in coercive population control programs.

LIMA (CWNews.com) -

A secret program of forced sterilizations for poor women has collapsed after the Church and several human rights groups publicly denounced it, said sources at Peru's Ministry of Health on Monday.

"Sterilizations have decreased in 68%" as a consequence of "a dramatic lack of confidence both in the method and in health agents," the sources said. The report also said that other artificial methods, with the exception of condoms, have experienced the same fall in popularity.

"Obviously, we will not reach our annual goal to perform 78,000 tubal ligations and 22,000 vasectomies throughout the country and we also had to suspend our sterilization festivals," said Jorge Parra, director of the Reproductive Health and Planned Parenthood program. Parra blamed the Catholic Church for employing "a subtle guerrilla war against the program."

Last December, Catholic bishops, pro-life groups, and congressmen started a campaign to stop forced sterilizations in the poorest regions of the country. Despite the partial failure of the birth control program, criticism of the plan continued. The People's Defense Center - an arm of the Peruvian judicial system - is currently looking into 56 cases of forced sterilizations among young women, the majority of them 18-year-old, to see if any laws had been broken or their civil rights violated.

CALGARY. Alberta

Jeffrey Jones

June 5 (Reuters) -

Five hundred Canadians sterilized without their permission decades ago while living in institutions for the mentally handicapped will get compensation from the province of Alberta in a settlement reached on Friday.

The 500 - who represent two-thirds of victims suing Alberta for wholesale sexual sterilization that took place between 1929 and 1972 as official policy - will receive payments for their suffering ranging from C\$75,000 to C\$100,000, the province announced.

The compensation package, negotiated between the Alberta Justice Ministry and a provincially appointed trustee representing the victims, will cost the province C\$48 million.

Another 250-300 people ordered sterilized by the infamous Alberta Eugenics Board have yet to accept a settlement.

The long-disbanded board was charged with ensuring that the mentally disabled did not have children. An estimated 3,000 people were sterilized under the policy which has been compared to similar programs in Nazi Germany.

"The settlement demonstrates our commitment to resolve these matters fairly and responsibly. Our objective now is to resolve the remaining claims in the same fair and responsible manner," Alberta Justice Minister Jon Havelock said on Friday.

Many of the claimants have severe mental disabilities, but others have little or no mental handicaps. The sterilization controversy has dogged the Alberta government since 1996, when a judge awarded Leilani Muir, a woman whose Fallopian tubes were removed without her knowledge in 1959, compensation of C\$1 million including legal costs.

Branded a "mental defective moron" while at the Provincial Training School for Mental Defectives in Red Deer, Alberta, Muir was sterilized but told by nurses that she was having her appendix removed. Muir was later found to be of normal intelligence.

Muir's victory opened the gates for several hundred other sterilization victims who launched similar lawsuits against Alberta. The government, led by Premier Ralph Klein, touched off a firestorm of controversy in March when it announced it would limit victims' damage awards to C\$150,000 and that it would use a loophole in Canada's Constitution to prevent any appeals.

Klein's government quickly backed down in the face of widespread criticism. Peter Owen, the victims' trustee, said Friday's settlement represented the best option for most of the people he represented because exposing them to a long court process would have prolonged their suffering.

"Since many of the 500 individuals in my group are elderly or frail and since all of them suffer from a greater or lesser mental handicap, a delay of months and years appeared to me to be intolerable," Owen said in a statement.

Havelock also appointed a settlement panel to deal with the remaining claimants, many of whom were expected to seek higher awards because of various personal circumstances. (\$1=\$1.46 Canadian)

((Reuters Calgary Bureau (403) 531-1624))

Saturday, 6 June 1998 07:14:17
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©Jeffrey Jones

China

Jim Wolf

WASHINGTON, June 10 (Reuters) -

Denouncing her past work as monstrous, a former Chinese clinic administrator gave the U.S. Congress a chilling account on Wednesday of Beijing's strict birth control policies. Gao Xiao Duan said an "extraordinarily high" percentage of women were sterilized after giving birth to a first child and forced abortions were standard for "unauthorized" pregnancies.

Members of Congress called Gao a whistleblower and seized on her testimony to urge President Bill Clinton to blast such coercive practices when he pays a state visit to China in two weeks.

"The Clinton administration has trivialized forced abortion in China," said Rep. Chris Smith, a New Jersey Republican who has spearheaded congressional opposition to coercive population control.

"The United Nations should be organizing an international tribunal to investigate and prosecute the perpetrators of the Chinese population control program," he said. "Instead it goes on funding them and congratulating them."

Gao told a House of Representatives International Relations subcommittee that she headed a "Planned-Birth Office" in the southern province of Fujian from 1984 until earlier this year when she made her way to the United States.

"All of those 14 years, I was a monster in the daytime, injuring others by the Chinese Communist authorities' barbaric planned-birth policy," she said through an interpreter.

Gao testified after lawmakers watched a smuggled videotape of her clinic, complete with a holding cell for women violating

family planning rules, in the town of Yonghe, in Fujian's Jinjiang municipality. On the video, she showed the makings of a highly intrusive computer data bank of townswomen of child-bearing age. She said women had to submit to record-keeping on everything from their menstrual cycles to contraceptive ring insertions.

At one point, she said, she herself led an officially approved raid on the homes of two women who gave birth without obtaining permits.

"Sledge hammers and heavy crowbars in hand, we went to Zhoukeng Town, and dismantled their houses," she said. "Unable to apprehend the women in the case, we took their mothers in lieu...and detained them in the PBO's detention facility."

Rep. Tom Lantos of California, the subcommittee's ranking Democracy and a human-rights campaigner, said such alleged tactics "must be condemned across the political spectrum."

Supporters of universal access to voluntary family planning services said China's program clearly abused individual rights in some cases.

"The question remains as to how widespread they are. We think it's important for the international community to remain engaged, for example through the United Nations Population Fund, or else how can we ever expect to influence the program," said Sally Ethelston of Population Action International, a research and advocacy group in Washington.

Thursday, 11 June 1998 05:53:26
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Body Modification - Cosmetic Surgery

Nathania Hall

We live in a world that is and always has been obsessed with beauty. Since ancient times we have been constantly bombarded by images of sculptured figures and youthful looks. To achieve these 'perfect' bodies, women throughout history have turned to beauty therapies to cure their imperfections. There are many techniques available – ranging from herbal remedies to medical procedures – that all promise the 'flawless' physique. Whether women have freely chosen to use these techniques or whether they have been forced by society's need for perfection, is continually debated within society. Whatever the reason, though, it is undisputed that beauty has become a dominant feature of our culture.

The contents of this paper will focus primarily upon the issue of whether body modification - namely cosmetic surgery - is empowering for women. Whilst some texts agree with this statement and support its liberal stance, others, however, argue that 'image enhancement' is nothing more than an added burden to women's already oppressed lives. To adequately cover this issue, this paper has been divided into three sections. The first explores the nature of the beauty culture (with brief references to cosmetic surgery), the second presents supporting views of cosmetic surgery and the third debates these arguments and introduces the opposing side. This paper has been written from a particularly radical feminist viewpoint.

Beauty and the female body have continually been linked throughout history. In fact, beauty has become the ultimate condition of femininity. The female body has always been regarded as the antithesis of men; inferior and subordinate, so to gain identity and recognition women have turned to their appearance to open locked doors. This of course has resulted in beauty becoming a central concern for all women, regardless of their class or race. Even as children, girls are expected to conform to certain standards of beauty. This socialisation can often lead

women to perceive their bodies inaccurately and believe them to be abnormal (Davis: 1995). Despite the fact that more women are financially independent and are gaining recognition for their own capabilities, beauty is still regarded as the most influential factor in social interaction. It is perhaps difficult to know whether we are really better off in today's society (Wolf: 1995).

Beauty has become such an integral part of society, that defining women through their bodies has become an acceptable norm. Women are expected to conform to feminine beauty standards that are not only impossible to reach, but often also constitute a danger to their lives. That is, women are willing to sacrifice money, time, and undergo pain to achieve the ultimate beauty ideal. The beauty system is a repressive structure, constructed primarily as a counteroffensive against women (Wolf: 1995). The female body has become an object for critical gaze, through which the power hierarchies between the sexes is reinforced. The beauty system can be theorised as nothing more than a power structure that maintains patriarchal order. Despite feminist criticisms of the beauty culture, women, continue to be swayed (especially by the media) by normative images of youthful, slender and well-toned figures. Just as all men are created equal, all women are created to be beautiful (Gornick: 1971). Society places such emphasis on beauty and the attainment of it that it would not be a surprise if a significant number of women should choose it over money or intelligence. For as MacFadden (1901) dictates, a woman cannot be a woman unless she is beautiful.

Without entering into a detailed explanation of what cosmetic surgery is, this paper will now discuss what this procedure means to women. Cosmetic surgery has always been associated with the rich and famous, it is however now regularly available to the 'ordinary' person. Women unhappy with their bodies can simply have them either cut up or sucked out. The possibilities are endless. In fact cosmetic surgery is now such a routine procedure, that many consider it to

be an acceptable form of body enhancement (Davis: 1995). Once plastic surgery was practiced to rectify problems such as birth disfigurement and disease. Now it has become simply an everyday occurrence. Despite all this cosmetic surgery is still considered a complex procedure that some argue, should only be discussed within the community of those who use it.

Women who use cosmetic surgery, maintain that they choose it for many different reasons, those reasons however most likely stem from a universal desire to be attractive (and thus accepted). Davis (1995) further speculates that cosmetic surgery is actually a product of modernity: consumer capitalism, technological development and liberal individualism. Whilst many women are aware that they themselves reinforce the beauty system, images of voluptuous (but thin) figures have become so powerful that resistance is often regarded as impossible. Feminism consequently argues that women do not freely use cosmetic surgery but rather are compelled by societal demands.

Due to the campaigning effort of the women's movement, women now are considered to have more influence in the direction of their lives. Liberal feminists proclaim that we now live in a society where choices are bountiful. If this (relatively) new technology was embraced and used by women, it could be a process by which women could gain control (of their lives) and replace the current sexist structures. It can also be theorised that plastic surgery may actually be a useful tool for advancing women's liberation. It is considered by some a morale booster, a personal thing, a personal choice that emphasises their autonomy (Harkness: 1994).

Silenced for centuries women are now concerned first and foremost with creating their own identity. Cosmetic surgery (it can be argued) does exactly that, it encourages women to explore their personal individuality, boost their bodily image and enhance their sense of self worth. It was felt by one woman that by changing her body she was in some sense changing herself (Harkness: 1996). There is potential for women to have the control, to have any identity that they desire.

Perhaps this will give women the opportunity to change their status as secondary citizens. Image Enhancement is the development of the total person, not just the physical body. The image that cosmetic surgery creates can quite possibly be an enhanced representation of the true and best of ourselves (Moynaham: 1988).

Cosmetic Surgery can also be described as a means of escape from the stringent demands of the beauty system. Whilst plastic surgery itself is considered a product of the beauty culture, it does however promise to lessen women's burdens. By having cosmetic surgery women can effortlessly rid themselves of this problem and focus on more important issues affecting their lives.

In response to that, though, it must be stressed that cosmetic surgery still remains a product of a scientific discourse, which demands objectivity and detachment. With the Enlightenment Age came scientific reasoning, where everything was reduced to disciplined knowledge, including women bodies. The practice of cosmetic surgery rarely addresses the issue of women's experiences and feelings (Davis: 1995). Under the all-encompassing medical gaze, women's bodies have become an object of observation, with appearance the most criticised. Furthermore those who believe that cosmetic surgery was developed for the benefit of women are only fooling themselves, for in reality cosmetic surgery is nothing more than a profit-making scheme. Cosmetic surgery can hence be described as a patriarchal (scientific) tool, that promotes if not perpetuates the subordination of women (Diprose: 1994).

A further problem concerning cosmetic surgery is the belief that this technique provides the opportunity to escape from the beauty system. Whilst many would regard having cosmetic surgery as succumbing to the demands of society, cosmetic surgery continues to reign as the 'problem solver'. Women are continually measured and classified according to their appearance, especially within the media. Women's bodies

are either too fat, too thin, too old, rarely are they just right. The normative requirements of feminine beauty are so well ingrained that even if women were to have plastic surgery, they would always be asking themselves, 'am I beautiful enough?'. Similarly, whilst cosmetic surgery can remove that ugly cellulite, it cannot rectify women's 'inferior' status or dismantle society's oppressive structures.

Choice is a further ambiguous concept. Whilst women have the 'choice' to be beautiful, rarely do they have the choice to reject cultural norms. Women are constantly surrounded by media images that all reinforce the belief that to be successful in life you must be attractive. This ideology places such pressure on women that they are ultimately forced to have/choose cosmetic surgery. If a woman does 'choose' to have cosmetic surgery it is almost always made in a context of limited options (Davis: 1995). That is, her choice was most likely made for her relationships, career or to conform to society, never for herself. Women's willingness to have cosmetic surgery cannot be misinterpreted as having a choice (Rowland: 1992).

Choosing to have cosmetic surgery so as to create a personal identity is also problematic. In fact it is almost contradictory. Women tired of being ordinary can now instead opt for being part of the norm. Thus women are not creating their own identities but rather taking on one already developed by the beauty system. It is an unfair and pointless race, but one that women continue to feel is necessary (Davis: 1995). Women are being deceived into believing that by choosing cosmetic surgery they will finally have control over their lives.

Media images continually present cosmetic surgery as a quick and harmless procedure, rarely do they report on surgical mishaps. In fact the potential unpleasantness and difficulties of cosmetic surgery are down played. Unfortunately the reality of plastic surgery is that pain is inevitable, spending thousands of dollars is the minimum expectation and the risks to women's health are endless. Furthermore as women tend to have little knowledge of the procedures

involved, there is a greater risk to their lives. The reality is that not all surgery is successful. In many cases physical and emotional scarring is the ultimate result.

Cosmetic surgery can be praised and criticised for a number of reasons, just as women can be presented as either victims or liberated citizens. Whatever the case, though, it is undisputed that ideologies of feminine beauty do exist and continually affect the lives of all women. Terms such as body modification or image enhancement are simply products of this beauty system. They were not created to empower women but to control them. As women gain more independence and enter further into the public sphere, the beauty culture (myth) has been created as the latest structure to maintain the oppression of women. The beauty system is so internalised that women themselves cannot help but collude in this oppressive structure (Davis: 1995). From a radical standpoint, cosmetic surgery can never be considered empowering for women, there is just simply more evidence suggesting otherwise.

"Women – God's best gift to man and the chief support of the doctors." (MacFadden: 1901)

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