FINRRAGE

Feminist International Network of Resistance to Reproductive and Genetic Engineering

12 September 2002

The Secretary
Senate Community Affairs Legislation Committee
Suite S1 59
Parliament House
Canberra ACT 2600
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Dear Sir/Madam

The Feminist International Network of Resistance to Reproductive and Genetic Engineering (FINRRAGE) welcomes the opportunity to make a submission to the Senate Community Affairs Legislation Committee on the *Research Involving Embryos and Prohibition of Human Cloning Bill 2002*.

Lack of time means that we were not able to prepare as detailed a submission as we would wish. I would be happy to appear before the Committee to give further evidence.

Yours faithfully

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Submission to the Senate Community Affairs Legislation Committee on the *Research Involving Embryos and Prohibition of Human Cloning Bill 2002*

> "Feminist bioethics maintains that no action (or technology) can be evaluated apart from its concrete historical socio-cultural context. This context remains, even in contemporary Western societies, a 'specific social order in which positions of power and privilege are disproportionately occupied by men'. Therefore technologies may have different consequences for women and men." (Cooper-Clarke, 1999)

FINRRAGE (Australia) believes women will be disadvantaged and exploited by the scientific processes that would be allowed under this legislation. Women are central stakeholders in the proposal in the current bill before Parliament to allow further embryo research. It is the position of FINRRAGE (Australia) that the *Research Involving Embryos and Prohibition of Human Cloning Bill* would, if passed, have profound negative consequences on women.

It is our view that this bill will act to cover up for the mistakes of the IVF industry in creating many thousands of so-called spare embryos in the first place. It will also help justify what is essentially a failed technology. The Victorian Infertility Treatment Authority's statistics show only 12.4% of couples undergoing IVF treatment had a baby or an ongoing pregnancy. Only 3.2% of the embryos transferred resulted in a live birth (Infertility Treatment Authority, 2000). In addition it will exploit women left with a terrible dilemma of deciding what to do with their embryos.

The scientific imperative

The scientific imperative is driving the current push for using and/or creating embryos for research. It is very difficult to argue in public debate on the use of embryonic stem cells that the interests of women override the possibility of "cures" to be developed by scientists. That imperative is manufacturing hopes in the public mind for miracle cures from embryonic stem cells.

Few public commentators contributing to the current debate remember the hyped up claims that were made by IVF researchers in the early days. Some of the same scientists involved in early IVF development and embryo research were making similar wild claims of hopes for cures by using tissue from aborted foetuses (eg Tuch, 1993).

Holland (1996) points out that "… research is never neutral and does not occur in a vacuum; it reflects values and commitments. Similarly, embryonic stem cell research conducted in the private sector has particular implications for particular kinds of persons and can be seen to be connected to existing patterns of domination and oppression in society about which we ought to be suspect."

The research also has special implications for the way people with disabilities are perceived and treated. One disability commentator (Leipoldt, 2002) says that until the current embryonic stem cell debate he thought there had been "… some understanding that disability is not just created through impairment. Our collective social values and attitudes create much of the disability experience … Now, the embryonic stem cell lobby is shamelessly sacrificing these hard-won gains for profit, reminiscent of tear-jerk fundraising by charities of old. We're back to 'disability as tragedy', a condition to be pitied and cured ... I found it offensive to see disability being used as a lobbying tool for the biotech industry."

To justify the research goal, women and people with disabilities are sometimes held up as future beneficiaries of this research. But the debate is being driven by the immediate beneficiaries, the research and biotechnology communities, which are determined that this research go ahead. The science lobbyists are intolerant of voices from other communities and in some cases have misled Parliamentarians in their determination to get their way.

How does this research affect women?

Women's bodies are central to the hopes and aspirations of scientists determined to work in the embryonic stem cell area. Without access to women's bodies to harvest their ova, scientists would not be able to produce the surplus of embryos we are being asked to release to scientific research. Women's eggs don't drop out of the ether. They come from a woman's ovary which is in a woman's body. The ovary has to be hyper-

stimulated with dangerous drugs and the egg cells mechanically extracted.

Embryo experimentation is only possible because eggs are taken from women's bodies. Experimentation depends on a continuous supply of oocytes from women. The creation of embryos, spare or otherwise, relies on the fact that women are superovulated to produce many eggs and therefore many embryos (Ewing, 1989).

The process dehumanises women. New reproductive technologies dismembers women into body parts to be recombined at will – ova from one woman and a uterus from another, with documented adverse effects from fertility drugs.

The language of IVF researchers implies that researchers see women as experimental test sites. Women are described by researchers as "endocrinological environments", "therapeutic modalities", "egg crops" and "alternative reproductive vehicles". "The aim of the treatment is to reimpose a normal rhythm over a disordered one, to recover virgin soil", said one researcher (Klein, 1989).

Another quote demonstrating a particular attitude towards women belongs to prominent reproductive technology scientists Drs John McBain and Allan Trounson who stated that "the human female is capable of having substantial litters" (McBain and Trounson, 1984).

The legislation being considered by the Committee proposes that there be a moratorium on the practice of what is called 'therapeutic cloning'. If therapeutic cloning were to go ahead - and there is no doubt the pressure for it will only intensify - the scientists would then need to work out ways to harvest thousands more ova from women.

Scientists undertaking this research therefore need the cooperation of women to produce the embryos they need for experiments. The history of much medical research demonstrates that scientists have not always had the best interests of women in mind. Now, under proposals to use somatic cell nuclear transfer, even their DNA – the heart of the cell – would be removed. They would be used as breeding vessels, as suitcases for exquisitely screened products in the ultimate triumph of eugenics.

Who has the power?

One has to ask why there is such a surplus of human embryos in the first place. This surplus has been produced as part of common IVF practice. Is a woman desperate for a child, who has put all her hopes in IVF for a child, likely to question the deliberate creation of many more embryos than she can ever carry when the scientist involved may have the power to give her a child?

One prominent IVF practitioner has stated that

> "it is a fallacy to distinguish between surplus embryos and specially created embryos in terms of embryo research … any intelligent administrator of an IVF program can, by minor changes in his ordinary clinical way of going about things, change the number of embryos that are fertilised. So in practice there would be no purpose at all in enshrining in legislation a difference between surplus and specially created embryos (Senate Select Committee on the Human Embryo Experimentation Bill, 1996).

There are significant differences in power between those women who want to have a child and:

- the IVF centre offering to help with producing a child;
- the researchers who want embryos to continue their research; and,

the companies looking to cash in on a biotechnology investment that may be worth millions.

Legislation allowing the use of human embryos for research exploits women by encouraging them to be "altruistic". They will be encouraged to be "generous" by providing their ova or by agreeing to donate their embryos to science.

These ova will be obtained by superovulating a woman – a process which uses powerful drugs and can be dangerous (Klein, 1999; Cooper-Clarke, 1999). Norsigian (2002) points to a "… lack of adequate long-term safety data on the super-ovulating drugs that women have to take in order to provide the eggs for embryo cloning … women who undergo repeated procedures might bear additional risks that are completely unknown at this time."

Many women would feel obliged to undergo this procedure to help to develop therapies for family members or

friends. Women may be urged to donate ova and embryos to storage banks in a further commodification of their body parts.

There are substantial risks to women using fertility drugs. Klein (1989) interviewed forty Australian women who left IVF without a child. They suffered ovarian cysts, enlarged ovaries, ovarian abscess and septicaemia, constant bleeding, dizziness, nausea and generally felt 'very ill'.

These effects are not so surprising considering superovulation drugs to stimulate women's ovaries to produce up to 12 eggs a month instead of the usual one (Stevens, 2002).

While there may not be monetary incentives for women to produce ova under the proposed legislation, there are a number of other forms of payment or incentive which could be used to encourage women to provide eggs. An incentive might be something as simple as preferential treatment in an IVF program.

Informed consent is a central issue which we believe has yet to be properly addressed. Will donors be informed of the full implications of the research and the commercialisation of the research undertaken using the embryos they donate? Holland (1996) points out that "… downstream commercialisation is a potent and problematic issue. How to safeguard it ethically and how to keep women from potential exploitation is the rub. The potential profitability of cell lines derived from donated embryos is huge given the promise of regenerative medicine."

There are some doubts over how many of the reported thousands of surplus embryos are actually available for research. The National Health and Medical Research Council were not able to advise Senators on this point at the recent Senate hearings on the *Research Involving Embryos and Prohibition of Human Cloning Bill 2002* (Senate Committee Hansard, 29 August 2002). It may be that scientists will soon demand changes to the law to allow therapeutic cloning so that they can create the embryos they need to meet their research demands (Kolata, 2001).

More demands for women from 'therapeutic cloning'

Even more ova would be required for what is termed 'therapeutic cloning' as each therapy for the adult patient first begins with the production of a new human embryo through a process called somatic cell nuclear transfer, where a cell from the patient's body is combined with an ovum which has had its DNA removed. To develop therapies for thousands of people, many more thousands of ova would be required and they would become commodities (Kolata, 1998).

Judy Norsigian (2002) quotes one United States source as estimating that if embryonic stem cells were to provide up to 1.7 million therapies per year, this would require a minimum of 5 – 8 million ova each year. This estimate generously assumes that it would only take between three and five embryos to produce one embryonic stem cell culture.

It is frequently said that it took 277 attempts to clone Dolly the sheep. How many women would need to go through the potentially hazardous process of being farmed for their ova when it is remembered that each woman will only provide approximately ten ova on each occasion? (Wertheim, 2002).

Norsigian's view is that "… we do not believe that cloning and genetically engineered children are extensions of 'reproductive choice'. We do not support the extension of reproductive choice into 'reproductive commodification'."

It is ironic that under the proposed legislation, women would not be able to sell their ova or embryos, while researchers are later able to commercialise the results of their experiments and may potentially make substantial sums of money.

Twenty five years ago men controlled childbirth and women's health care. Today they also control conception. In the future will they also have on-demand access to women's bodies to harvest ova for the "public good"?

We urge you to reject this Bill. Neither women nor their ova nor their embryos should be plundered in the interests of questionable medical research.

Laurel Guymer and Renate Klein

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