

Reproductive Technology

Women - providing spare parts?

In vitro fertilisation, glass womb, embryo transfer, surrogate mothers, sex-preselection, egg donors, sperm banks: some of the phrases we are constantly hearing and which women must come to terms with. Maria Rodriguez-Jonas interviewed Renate Klein, Helga Satzinger and Deborah Steinberg of FINRRAGE (Feminist International Network of Resistance to Reproductive And Genetic Engineering).

MRJ: Women have insisted that it is our right not to bear children (fright to abortion and contraception). Now we are being told of a right to bear children (ovum and -embryo transfer etc.). Are these techniques really in the interest of women ?

RK: Well, no. I think the three of us would agree that they are not in the interests of women. In fact the international network in which we are all involved, FINRRAGE (see box), aims to bring to people's attention that the assumption that these technologies are beneficial to women is an erroneous one, that we are being conned by the media presentation of happy mothers who finally have their dream child.

DS: To answer your question more specifically, if we look at who is actually receiving the so called 'infertility treatment', we very quickly realise that it is not in fact necessarily infertile women. Many of the women receiving treatment already have children, either through previous IVF - *in vitro* fertilisation -

treatment or from a previous relationship. The treatment recognises childlessness, but only a particular sort of childlessness, in particular people who fit within a very narrow definition of the patriarchal family. It is much more about paternity than about maternity. It is about a woman having the genetically related child of a particular man. That is part of the criteria of treatment. Furthermore, there is nothing about the whole technology of *in vitro* fertilisation etc that is good for women, nothing about it that does not erode women's health. Women are the experimental objects of a very depersonalising procedure. As far as I am concerned, there is absolutely no way these technologies can be justified as in the interests of women.

RK: Let me specify what we mean when we say that it is not good for women. The impression that is always given to the public is of a very simple procedure: in vitro fertilisation means 'in glass', in a petri-dish. All you need are eggs from a woman and sperm from a man; you put them together and you get an embryo and you then insert that in the woman's

womb and this woman will then become a happy mother. That is the way it is presented. Well, it is not at all like that.

The woman does not just produce eggs, she has to undergo very difficult hormonal treatment, which I should mention is also very risky because she is given what a French doctor has called 'hormonal cocktails', made up of all kinds of hormones mixed together. It is known that these hormones produce side effects. This cocktail is administered in order to make the woman produce eggs - that is more than one, because there would be no interest in harvesting' (as the doctors call it) just one egg. So they 'super-ovulate' the women, inducing production of up to 19 eggs (as has happened in one case in Israel). The eggs are then extracted by an operation, which is often done under general anaesthetic. Then, indeed, the eggs are put in the petri-dish, where the fertilisation takes place. Next, the embryo is transferred to the woman's womb. At this stage about 80% of all the transfers fail. In fact, the statistics for all this wonderful technology for giving women babies show a success rate of 5 to 10%. And signs are that this success rate is getting even lower. So it is not possible to say that whatever we think of this procedure, it does give women babies. It does not: 90 to 95% of the women do not get baby and they may end up with damaged bodies, from the administration of hormones, which, as I said before, is terribly dangerous. There has only just recently been some suggestion that the hormonal mix might actually cause cancer. We know that it certainly can cause ovarian cysts. This is not a treatment: it is experimentation on women. Women are being used as what an Australian colleague of mine, Robyn Rowland, has called 'living laboratories'.



Manipulation of women's bodies

Renate D. Klein is 42. She holds the degrees of MSci. in Biology, Zurich University, BA in Women's Studies, University of California at Berkeley, and PhD in Education. London University.

The editor of several publications in the field of International Women's Studies, her current work is on reproductive technology. She is co-editor with Rita Arditti and Shelley Minden of *Test-Tube Women* and co-author with Gena Corea et al of *Man-Made Women* (see below).

In 1986 she was awarded the Georgina Sweet Fellowship to do research on the experiences of women who drop out of lost-lube baby programmes in Australia. She is currently a post-doctoral research fellow at Deakin University, Australia and continuing her research on the now reproductive technologies and genetic engineering.

She is a founder member of

FINRRAGE and was its International Coordinator from 1985 to 1987.

Helga Satzinger is 34. She is a biologist, active on behalf of FINRRAGE in Berlin, where she is currently producing a cabaret about genetic engineering, with the aim of spreading information and building up a resistance to the new technologies.

Deborah Lynn Steinberg is 25. She has a BA degree in Women's Studies, University of California at Berkeley, and an MA in Women's Studies from the University of London. She is currently working on a PhD thesis about reproductive technology and genetic engineering at the University of Birmingham, UK.

She is co-editor of a book to be published this autumn, *Made to Order - the Myth of Reproductive and Genetic Progress* (see below). She is the present International Coordinator of FINRRAGE.

Ds: So, we can say that to call this procedure an infertility treatment is really a misnomer. If a woman is unable to have children, say because her fallopian tubes are damaged, she can undergo in vitro fertilisation and will emerge from the procedure with tubes which are still damaged, in fact probably more damaged, for the reasons which Renate has described. No condition is being treated here, they are just trying to produce children - and not very successfully at that, and at great risk to women,

MRJ: *Women in the first world are offered an expensive service to enable them to become mothers. What has this got to do with women in the third world?*

HS: At first sight, we have a complete contradiction: the idea that women in the first world should be having babies at any cost, while women in third world countries are given unsafe contraceptive drugs whose use is restricted in Western Europe, or even offered sterilisation in return for aid in disaster-stricken countries. Of course there are also privileged women in India or Brazil, for example, who are offered in vitro fertilisation. But for the majority, everything is done to keep their birth rates down.

RK: Yes, I think that is a very important connection to make, because it does show how reproductive technology really has nothing to do with relieving the pain and sadness of people who cannot have children. We can see very clearly that it is much more to do with controlling the reproduction of human beings; controlling who should be born, where they should be born, what



Contraceptives for the third world

colour they should be, what sex they should be.

Of course one of the very dangerous results of the new reproductive technology is that we now have many tests for the determination of sex. This affects many women who may think that this technology has nothing to do with them, because they are not infertile. More and more tests are and will be imposed on the woman who is 'normally' pregnant. She is being told that her body isn't good enough to produce healthy children and she has to undergo all these pre-natal tests, which are, I think, by their very nature

eugenic. They imply a standard of what constitutes a 'good' person. Technologies are reducing people to bits and pieces, to matter - an egg from one person, a uterus from another, sperm from a third. You mix them together and you can insert them in any womb - for instance in the womb of a poor woman in the third world. All this is leading to greater control in the hands of a few.

DS: I think that, actually, one of the fundamental ideologies behind the apparent contradiction between what is happening in developing countries and what is

happening in over-developed countries is the ideology of 'quality control' - breeding out what the male creators of technology and administrators of population-control policy consider to be not of good quality, and encouraging certain populations to breed. This can be done by law, by restricting the access of certain women to contraception and abortion and by imposing sterilisation or dangerous contraceptive drugs on others. This is, more than anything, about selective breeding. I think this is the major connection. One other connection that can be made is the following: the justifications which have been cited in Britain for the experimentation which they call embryo research are that they are doing this: 1) because they want to improve infertility services. 2) because they want to develop more hormonal contraceptives (and we all know where these have been going in the past) and 3) genetic engineering. These are the three basic reasons cited by medical science to justify experimenting on women. So, in the western countries, they have a pool of women who are called infertile, whether or not they actually are infertile.

The patient treated is seen as being the couple. They refer to the 'infertile couple'. In Great Britain, the Voluntary Licensing Authority (VLA) which has been started by medical scientists to license in vitro fertilisation clinics has suggested an informed consent form, where the couple signing the form are called the 'gamete donors', donor in the plural, even though they are signing the form for the woman to undergo the procedure. The 'donors' are seen as 'donating' a piece of the woman's body for research.

The major reason for wanting to do *in vitro* fertilisation, as far as I am concerned, is to do the research. This is what one gathers from everything that has been written, and the research seems to be geared in every way towards selective breeding.

RK: Or towards making money! Having this huge range of embryos available, it will be possible to develop all kinds of kits for genetic screening, which, as I said before, can in the future be used on all women. That's why it is economically so important. In the USA just recently 50 biotechnology firms have joined forces to develop new ante-natal tests. It is really the new growth area. I totally agree with what Debbie has just said. What it is really about is having lots of embryos available to experiment on. Some people are doing it in order to breed selectively, and of course some justify that in order to eradicate genetic diseases. Of course it is true that genetically caused conditions like Down's Syndrome for example can be a cause of great pain and stress to people, but then I think we should rather be trying to reform society and improve the conditions for the life of people with disabilities, not trying to eradicate these people. In any case, there is a known genetic factor in only 3% of disabilities. It is somewhat strange to put forward this idea of 'helping people' by eradicating disabilities. If this was really a motivation, there are so many other things that can be done to help people, for instance to ease the life of mothers, who, whether or not they have disabled children, still today have a very hard life. In fact, with regard to IVF, no-one is interested really in what happens to those 5%

or so of women who do have children as a result of technological intervention, once they have had the children.

DS: Including those who have 5 or 6 children as a result of *in vitro* fertilisation!

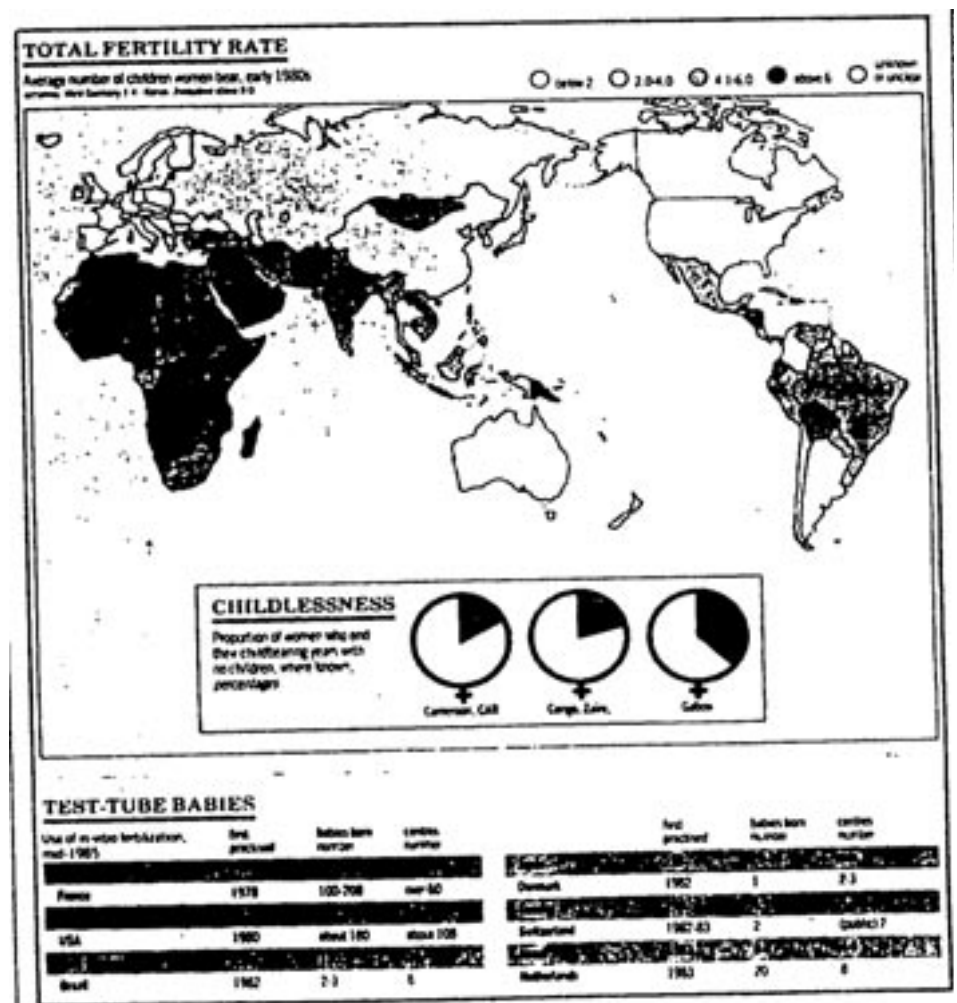
RK: One last comment on the issue of disabled people. If one tries to breed out disabled people, what is going to happen to those people who are disabled through accidents, or those born with some kind of disability, for no-one knows what reason? They will always exist.

MRJ: Another question I had in mind to ask you seems appropriate here. Monitoring of fetuses, manipulation of embryos, aborting

of those found to be 'deficient' - Hitler, and others, decided who should reproduce and who should not. Human beings with 'defects' were destroyed. Are we witnessing the same selection by scientists today?

RK: I think we would all agree that, yes, we are.

HS: At an international workshop on human genetics held in Berlin last September, it was repeatedly said that the goal of genetic screening is the healthy child. And the things they were defining as not healthy, as 'diseases', included alcoholism, asthma and other allergies, schizophrenia, deficiency in intelligence, social maladaptation, criminality. Researchers are looking for more



and more genetically caused diseases. The Vice-President of the Congress stated that. due to industrialisation, genetic defects are increasing. The solution to thought the study of genetics!. So, you can see what is coming if they

say, on the one hand, due to industrialisation, that is radiation, chemical pollution etc., we have more genetic mutations: on the other hand, the solution, to this is to be found through genetic selection, selective breeding, genetic engineering

Genetic research is being carried out in order to establish such techniques, rather than trying to eradicate the conditions that cause damage in the first place,

FEMINISTS concerned with the effects of reproductive technology and genetic engineering on women's social position and biological integrity.

INTERNATIONAL linkages between more than 700 women in 20 countries around the world.

NETWORK committed to monitor global scientific developments and to exchange information.

RESISTANCE through political strategies to oppose the use of reproductive and genetic engineering as new forms of social control.

REPRODUCTIVE technologies such as in vitro fertilisation, embryo transfer and ectogenesis (artificial wombs) which are presented as solutions to AND are linked to other techniques such as surrogate motherhood, artificial insemination and 'new methods' of contraception.

GENETIC experimentation involving commercial and eugenic exploitation of the world's gene pool.

ENGINEERING which promotes the development of new forms of biotechnological control over humans, animals and the environment.

1984, Groningen, Netherlands: At an international feminist conference, a session on the new reproductive technologies lead to the creation of FINRET (Feminist International Network on the New Reproductive Technology) and the demand for an Emergency Conference.

1985, Vallinge, Sweden: 74 women from 20 countries met to discuss the interrelationship between reproductive technologies and genetic engineering. The Network was renamed FINRRAGE, to emphasise both the importance of this link and the necessity of political resistance.

1985, Nairobi, Kenya: FINRRAGE presented reproductive technology and genetic engineering as matters of urgent political concern for women globally.

1986, Brussels: FINRRAGE, in association with the Green Alternative Faction, organised the Feminist Alternative Hearings on Reproductive Technology and Genetic Engineering in response to the exclusion of women from the official hearings.

A conference is planned for March 1988 in Bangladesh

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RK: That is why you need a willing population of women who are prepared to donate their eggs for such research, playing on their altruistic desire to help another infertile woman.

DS: Even if they don't want to do that, they have to if they sign the forms as 'gamete donors'. Whether or not they have joined an *in vitro* fertilisation programme in order to be part of a research project, and I am sure that most women have not. their embryos are being used anyway, because once consent is given, the IVF teams 'own' their gametes. Custody of parts of a woman's body is transferred to the scientists and it is up to them how the donated part is used, whether it is replaced into a woman or not, whether it is experimented on, or frozen, or saved, or discarded,

RK: Already now, a lot of pressure is put on women over 35 to have amniocentesis, that is the test at 16 weeks pregnant to find out if the child has Down's Syndrome - you also see the sex of the child by looking at the chromosomes. I know that, in Switzerland at least, if a woman of 35 does not want the test she is likely to be put under moral pressure, told: 'What if there is something wrong with your child? Who is going to pay for it? Do you think the state should pay for your disabled child?' I think those kind of arguments will increasingly be put to the woman. This leads us back to your very first question - this is



Contraceptives for the third world

not about choice! In fact, I would say it is coercion. Women are coerced into believing that they need these technologies in order to produce a 'good' child. If you look at this, together with other motives that some scientists might have - to control who is actually able to reproduce - those two things together are a very, very dangerous combination.

DS: Also, there is more than metaphysical, moral coercion. In the United States, there is beginning to be an area of law about what is called 'wrongful birth'. This means that if someone is born with a so-called birth

defect which is traced back to the fact that the mother decided not to have an amniocentesis, she becomes criminally or civilly liable for that! There are already precedent cases where women have been forced to have caesarian sections 'in the interests of the child'. So this whole idea of 'foetal rights' is also coming up. This is totally eroding women's rights over our own bodies, because the foetus or the embryo is being located as a separate entity, instead of an embryo, as we see it, being part of a pregnant woman as a whole person and what she does with her body as being her own reproductive and

civil autonomy. And who represents the foetus and decides what its rights are? The doctors and scientists, in cooperation with the state.

RK: What we are trying to do in our Network is to promote a women-centred perspective, as opposed to a foetus-centred perspective. What we care about is in what ways these technologies are good or bad for women. What happens to a woman's body - and her soul! What happens to her life when she has to undergo either IVF or an increasing number of pre-natal tests. This is a point of view rarely taken into consideration by other groups.

DS: Particularly the groups that are making the technologies. You can read their scientific documents and almost never see the word woman, when all they are talking about is treatments carried out on women.

RK: Even the term *in vitro* fertilisation. meaning fertilisation in the glass, is used as if it were not the woman who goes through the hormonal treatment, through the agonies of 'is it going to work, will I produce eggs, will they be able to extract them in the surgery?' (and in fact three women have died already during IVF surgery). Then the embryo is replaced in the woman's body and she has to bear the child for 9 months, undergo lots of tests etc., But it is as if that was not the important part. What gives the technique its name? the glass! - where for a period of a few days the egg and sperm are placed, ie. it is what the scientists do that is important, not what the woman does.

DS: The same is true of the term 'embryo research'. Where do embryos come from? They come from women. It is women who have to go through the whole in vitro fertilisation procedure, in order for the scientists to get hold of embryos. But it is called embryo research, not research on women.

MRJ: *Women can donate eggs just as, for example, they can donate bone marrow. But is it really comparable?*

RK: I don't think it is the same. Donating eggs means that your body could potentially be damaged, because we do not know the extent of the effects of the hormonal treatment. Also, bone-marrow donation could save a life. Egg donation does not save lives. I think this is a huge difference.

DS: Going back to everything we have been saying before, and talking about this whole technology being a eugenic technology, what are you donating eggs for? When you donate bone marrow, you know what it is for. When you donate an egg, you go into this vacuum of endless eugenic possibilities. I think because it is emerging out of a eugenic ideology, this can never be regarded as comparable to a bone-marrow transplant, which came out of a different ideology. The two things have developed for completely different reasons. The word 'donation' in the context of IVF gives a totally wrong impression of what is happening. We have talked already about the element of coercion. When a woman is under a general anaesthetic for laparoscopy, I am not sure you can talk about

voluntary 'donation' at all. When you look at how IVF was developed by Dr Edwards, in Britain, we know that he just waited by the bedside of women undergoing abdominal surgery and took pieces of their ovaries. We do not know if they agreed or not. There is no written record.

MRJ: *I understand that there is proof that eggs have been taken from women's bodies without their knowledge, for use in research.*

RK: I think the analogy between egg donation and donation of other parts of the body makes no sense in a feminist context, because it is not looking at the woman who is involved. It is looking only at some external issue. Another such analogy, which for us really makes no sense, is when some people ask how we can be against embryo experimentation and in favour of a woman's right to have an abortion if she needs one. We, again, don't have a problem with that. Let us look at it from the point of view of the woman involved. She needs to have an abortion and it is her choice to decide to have what is growing in her body aborted, to say: no. I cannot carry on with this. The end result is nothing. Whereas with IVF, a third party gets something from the woman's body, as a commodity. She loses control of it. It is put back in her body, or in someone else's body, or used for experimentation. If one looks at the woman as an entity in herself, with a bodily integrity, then they are two totally different things, having nothing to do with one another.

DS: To underline that point, we can say that a pregnant woman is a

whole person. You cannot take an egg from a woman's body and call it a discrete entity. You cannot say that the egg or the embryo is something other than the woman herself. It is part of her. A woman's decision to have an abortion is her decision not to be pregnant, because what she is is a pregnant woman, a whole woman. The decision to control one's own body is not comparable, as you said, to a third party coming in and controlling her body.

RK: It depends where you put your focus. If you put it on this growing being, on the question as to whether it can be called an 'unborn child', this question will never be answered by anyone. We can only put forward our own values. The foetus will never speak out and tell what it thinks it is or is not. No-one has the right answer. So instead of coming up with laws based on this non-entity which cannot speak for itself, what we think should be done is to put the focus on the woman and give her the space to speak and make decisions about her body, as an entity with its own integrity.

MRJ: *Do you think that if women were in control of the new technologies that would make a difference?*

DS: No, I think women practising eugenics is the same as anyone practising eugenics.

RK: If a woman, say, selects the sperm to be used because she wants her baby to be a girl, I find that no less questionable than for a man to select sperm in order to have a boy. I think just for it to be women is not good enough. What is important is for it to be in the

best interests of women as a group and as individuals. It seems to me that these technologies are not in the best interests of people in general, because they dismember us. They turn us into this factory of body parts which can be interchangeable. I think they really destabilise a person's sense of self. It violates what one might call a person's dignity. I think that these technologies are not neutral. They are not something that, if they were in women's hands, we could use for our good, as some women are saying. I think we need to look for a totally different science. There is a need for research into the very nature of infertility. And also, of course, we should be stopping the manufacture of contraceptives which are based on the disruption of bodily cycles and really trying to produce some good contraceptives, which are not dangerous for women's health.

MRJ: For instance contraceptives for men!

RK: Yes. for instance. But even looking at male contraceptives, all contraception to date has been based on the concept of a machine which must be disrupted, either a part taken out or something added in. I think it is this same machine logic of much patriarchal science today which has led us to the point, where, for instance, in genetic engineering used in agriculture, they don't leave certain plants alone. They try to manufacture their own bacteria which add something or take something away, in order to really effect change in the plant at the deepest level. I think this is such hubris on the part of some scientists. They really do seem to believe that they can play God and that they know what they are doing!

MRJ: So here we have three feminists lathing about genetic engineering and the new reproductive technologies. Is there anything that can be done? What is FINRRAGE actually doing in this context to try and prevent the misuse and abuse of women's bodies?

RK: Well. I think that the most important aim of our Network is to inform. Informing people firstly means talking about what the new technologies really are, what they do to women's bodies, all the things we have been saying here. So that, for instance, the woman who is considering undergoing the IVF process, and has perhaps been told by well-meaning friends how successful the technologies are, has the possibility of really knowing what it all means. So that she can know how low the rate of success really is, and how risky the procedure is. We should also, I think, be asking very fundamental questions about why people still in this day and age believe in the authority and infallibility of patriarchal science and its makers.

Thirdly, I think we need to have a fundamental discussion about the desire to have children. About why people supposedly have a fundamental need for a biological child of their own. Of course, we are not saying that there will 'not always be women who want a biological child. But some women, in different circumstances, might decide otherwise and would not have to go through these atrocities. I think as feminists we must see this as an important debate. Still in this day and age, so many women have this feeling that one is not a proper woman when one does not have one's own biological children. The Women's Movement has really

avoided this discussion. But we are now faced with the fact that many feminists too are wanting children of their own.

DS: We are also trying to have a discussion about how knowledge is produced. Science is the production of knowledge. We have to ask: whose knowledge? for whose benefit? on what basis? and really question the whole foundation of what is considered to be knowledge in this society. I think that we have a very different idea of firstly the methodology of producing knowledge and secondly that the end cannot be separated from the means. I think that one of the guiding forces of science in this area at present is that the end justifies the means. A child at any cost. And the cost is to women. That is what they never mention. We are talking not just about resisting what they are doing, but also about what kind of knowledge we think we want to be producing. For instance, we should be thinking about how different kinds of research could be done, with the well-being of people in mind. We should be thinking about how to get away from the logic of gene technology. Gene technology is about losing and gaining control. The work towards splitting the cell, the DNA of the cell, is really the epitome of taking more and more control. It is based on the idea that in this way we can control the complexity of life. That is never going to work. In fact, I am surprised that they really do produce some children!

HS: It is not only medicine, but natural science, and the understanding of living organisms which we are now questioning. The extent of our debate should include asking if there are other ways of

seeing the inter-relationships between organisms, if there are other ways of approaching agriculture, food-processing, things like that. Not in this mechanical and exploitative and finally destructive way.

Further reading

The Mother Machine Gena Corea (New York: Harper and Rowe; 0-06-091325-8)

Man-Made Women Gena Corea, Renate D Klein et al (London: Hutchinson; ISBN 0-091627-311)
Test-Tube Women - What Future for Motherhood? ed. Rita Arditti, Renate Duelli Klein and Shelley Minden (London, Boston, Melbourne: Pandora: ISBN 0-86358-030-0)
Made to Order - The Myth of Reproductive and Genetic Progress ed. Patricia Spallone and Deborah Steinberg (Oxford and

New York: Pergamon; ISBN-0-86358-030-0

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