From test-tube women to bodies without women

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SYNOPSIS
In this article I summarise twenty-five years of international feminist resistance to reproductive and genetic engineering. Drawing on the work of FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) I list the main objections of feminist critics to the global commodification of women. Under the guise of 'doing good' and the catch cry 'women want it' (i.e. allegedly to alleviate the suffering of infertility/too much fertility, or eliminate genetic imperfection), reproductive and genetic engineers have reduced women — and their babies — to a series of body parts and tissues that can be traded, screened and eliminated at will. Discussions include the many physiological as well as psychological dangers inherent in the medicalisation of infertile women's lives and their children through the Big Business of in vitro fertilisation (IVF) and related genetic technologies in a global context. I also critically examine the pro-technology position of liberal feminists including their much touted concept of 'choice'. Lastly, I ask where the recent opening of the door to embryonic stem cell research via commercial and 'altruistic' egg cell 'donation' is taking society and how long it will be before cloning of human beings is justified as 'for our own good' and women's alienation to their own body (parts) will lead to their annihilation.

Introduction
When Louise Brown, the first test-tube baby, was born in 1978, few (radical) feminists had a sense of whether or not these technologies would be in women's best interest, and indeed might 'liberate' women from the 'tyranny of biology' as Shulamith Firestone had suggested in 1970. However, early warnings such as those by Rita Arditti (1974), and by Hilary Rose and Jalna Hamner (1976), that science and technology are never neutral but always do patriarchy's and capitalism's bidding and move with the times, made some of us sceptical. Test-Tube Women: What Future for Motherhood (edited by Rita Arditti, Renate Duelli Klein and Shelley Minden, 1984) and The Mother Machine (by Gena Corea, 1985) began the radical feminist quest to shed light on what 'gifts' benevolent (male) scientists and doctors were ready to bestow on women worldwide. As our knowledge grew so did our concerns. A panel at the 2nd International Interdisciplinary Congress on Women, in Groningen, Holland, in April 1984, organised by Robyn Rowland and Becky Holmes asked the disturbing question 'Death of the Female?'. At the end of the presentations, the 500 participants urgently demanded the foundation of an international network to counteract what was beginning to look increasingly like a massive threat to female existence rather than liberation for women. So FINNRET was born (Feminist International Network on the New Reproductive Technologies). In 1985, FINNRET organised a national UK conference and German feminists held a rousing Congress 'Women against Gene and Reproductive Technologies' in Bonn with thousands of participants who issued a clear 'no' to the technological take-over of women's reproduction and lives (Die Grünen im Bundestag, 1985). A risk assessment discussion was rejected — the technologies were (rightly) perceived as uncontrollable and needed to be stopped. Months later in the same year, FINNRET convened an 'Emergency Conference' in Vällinge, Sweden. Buoyed by the events in Germany, the name was changed to FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) to better reflect the inclusion of genetics as well as our philosophical position: we are an international women-centred network whose ultimate aim is to stop these dehumanising technologies rather than regulate them because we believe that they are part of women's oppression and constitute violence against women and other non-human...
animals and plants. Events that year were followed by a rapid growth of FINRRAGE affiliates with chapters in more than 20 countries, intensive networking amongst the members and more conferences in Spain, Australia, Austria, and Bangladesh and Brazil, a second big conference in Germany. (see http://www.finrrage.org for details; see also Klein, in preparation). FINRRAGE members published a plethora of books and in 1988, we started the journal Reproductive and Genetic Engineering: A Journal of International Feminist Analysis, Pergamon Press.

Looking back to these exciting times 25 years later, what were the main principles and issues informing the radical feminist resistance? And, fast forwarding to the 21st century: have either the technologies and/or the debates changed? What where the obstacles FINRRAGE did and does encounter? Are there any new ‘cutting edge’ issues? Any new ‘frontiers’? And of course the ultimate question: have our efforts succeeded in curtiling these technologies? Before I start this discussion, and at the risk of being accused of hubris, re-reading many of the articles and books from the 1980s and 1990s left me amazed at being reminded of how many of the issues that are still at the core of today’s debates were discussed in the early years of the radical feminist resistance in the 1980s (see for instance Klein, 1992, for a review article of resistance to reproductive technologies and genetic engineering at that time). It is exhilarating to realise that virtually all critical arguments against reproductive and genetic engineering were made by authors across the globe more than twenty years ago, but also immensely upsetting and frustrating that many of those works are invisibilised and difficult to access today. This article attempts to bring some of these crucial early works to attention again in the hope that today’s emerging feminist critics of reproductive and genetic engineering don’t have to reinvent the wheel and can draw — and build upon — the earlier work.

Core principles and issues informing FINRRAGE

The new is the old

From the inception of FINNRET/FINRRAGE we emphasised that there was not much new about the so-called new reproductive and genetic technologies. They were, in many ways, the logical extension of the old reproductive technologies of contraception, from sterilisation to the birth control pill and IUDs, long acting injectables (Depo Provera), implants (Norplant), and later, the French abortion pill RU 486 (Klein, Raymond & Dumble, 1991) and the failed ‘vaccine’ against pregnancy (Richter, 1996). Whilst the old technologies were aimed at reducing the fertility of women — as a form of anti-natalist population control in the so-called third world and of those ‘unfit’ to breed in westernised countries (Sanger, 1922), especially Indigenous women — the new pro-natalist technologies were aimed at increasing the fertility of (worthy) women in westernised countries where the birth rate had been decreasing steadily, and of groups of elite women in so-called third world countries.

These technologies then, at their core, are not only sexist, but racist, classist and deeply eugenic (see Section 4 below) and serve as old and new instruments of population control. An important ‘advance’ of the ongoing patriarchal take-over of women’s lives was that the medicalisation of women’s lives is now reaching back even further than contraception — into conception. In response, FINRRAGE called for resistance against all forms of ‘expert’ control of women’s procreative decisions, thus involving women from the so-called third world in the network as much as those from westernised countries.

One focus of the resistance was — and remains — the severe short- and long-term adverse effects — including death — that women suffer from the procedures and drugs used in both the old and the new reproductive technologies through dangerous superovulation and egg harvesting. Farida Akhter uncovered the trialling of Norplant (the first contraceptive implant) in Bangladesh with disastrous consequences for women’s health (UBINIG, 1991; Akhter, 1995), and Robyn Rowland and Renate Klein (1988) exposed severe health hazards for both the women and resulting children by the hormonal cocktail of Pergonal and clomiphene citrate administered in IVF (1988) — much to the annoyance of the Australian medical establishment who kept insisting that these were benign drugs and we were wrong and misguided.11 Our 1980s research on egg donation foreshadowed the heated discussions — intensifying since 2005 about the short- and long-term risks to women who are asked to ‘donate’ their eggs for research cloning (see Hands Off Our Ovaries; Beeson & Lippman, 2006). In ‘Has the Lesson Been Learned: the DES story and IVF’, already at the 1985 FINNRET ‘Emergency’ Conference in Sweden, Anita Direcks pointed to the similarities of clomiphene citrate and DES — an earlier drug that had been given to millions of women to supposedly prevent miscarriage but instead caused genital tract malformations, cancer and infertility in the offspring and breast cancer in the women who took the drug (Direcks, 1987).

Reproductive technologies and genetic engineering are linked

Whilst in the 1980s, promoters of test-tube babies assured us that all they were about was giving infertile women babies because ‘women want it’, FINRRAGE recognised from its beginnings that the new reproductive technologies were closely interlinked with genetic engineering. When in the 1980s somatic gene therapy was touted as the solution to disabled babies being born, Shelley Minden (1987, p. 102) warned of ‘Patriarchal Designs: The Genetic Engineering of Human Embryos’. And indeed, with the birth of the first child in the UK in 1993 after the application of pre-implantation diagnosis (PID, later openly renamed PGD, prenatal genetic diagnosis) that allowed the search for disease identifying marker genes (see Klein, 1989b, p. 263), the genetic engineering of embryos had become official. This acknowledgement by the IVF industry of the link between reproductive technologies and genetic engineering confirmed FINRRAGE’s early understanding that in vitro fertilisation was the necessary prerequisite for the myriad of genetic tests, the promise of gene therapy (and cloning) that would be deemed necessary to produce ‘perfect’ (designer) children — still touted as a ‘promise’ in the first decade of the 21st century. This link was the basis for our resistance to embryo experimentation in the 1980s: not because, as the religious right believes, a human embryo constitutes an unborn child, but because of the dangers to women. First, women have to undergo
superovulation and egg harvesting. Then, after the embryo is created and genetically manipulated, it has to be put in a woman’s body. As Robyn Rowland remarked, ‘Ultimately the only test of whether embryo experimentation and genetic interference has worked will be for women to carry manipulated embryos and fetuses to term’ (1992, p. 94). Rowland’s term ‘Living Laboratories’ was indeed acquiring new meaning. In 2007, given the international hype of human embryonic stem cell research (research cloning) which is dependent on eggs from women, it is more pertinent than ever.

Beyond those immediate effects for women we were — and are — of the view that the ultimate aim of the reproductive and gene industry is to create ‘immortal man’ capable of reproducing himself (sic) without women — always couched in the rhetoric of ‘helping’: babies for desperate infertile couples; cures for sick people afflicted with severe degenerative diseases.

From the individual to the dividual: reproductive and genetic engineering fragments life

Early feminist writings such as Carolyn Merchant's (1980) *The Death of Nature* began the critique of the ideology of ‘life-as-machine’ emanating from the enlightenment philosophy. By cutting up and recombining parts of women (and other non-human animals) to create ‘Mother Machines’ (Corea, 1985) or living animal laboratories such as the OncoMouse12, 20th century reproductive and genetic engineering started fragmenting life in new and unprecedented ways. All life-forms are perceived as machines that can be stripped to their building blocks and reassembled at will — an ideology perfectly illustrated by the elusive deciphering of the Human Genome.13 Combining bits of different women’s bodies to create the hope of a test-tube child — ‘From one the egg, from the other the uterus’ (Klein, 1984) — exemplifies this instrumental view of life which is the exact opposite of the powerful demand of the Women’s Liberation Movement in the 1970s for women to be whole, to be ‘Our Bodies — Ourselves’. Commenting on the practice of surrogacy, Janice Raymond (1988, p. 283) put it succinctly: ‘Surrogacy makes women into mere incubators or receptacles for male sperm’ (1988, p. 283) — or indeed a sperm/egg ‘product’ for which according to IVF doctors the woman acting as a ‘gestational carrier’ has no affinity during the nine months of her pregnancy. Elizabeth Kane, first so-called surrogate mother in the U.S. who had initially supported surrogacy but later recanted, said she had been ‘… participating in an act of reproductive prostitution without protesting’ (1989, p.108).

From its beginnings FINNRAAGE stated that such ‘man-made’ intrusion by reproductive and genetic engineering into highly complex interactions in humans, animals or plants is reductionist.14 As the FINNRAAGE conference delegates concluded in Comilla (Bangladesh) in 1989 (Akhter et al., p. viii; see also http://www.finrrage.org):

Genetic and reproductive engineering are a product of the development of science which started off by viewing the whole world as a machine. Just as a machine can be broken down into its components, analysed and put back, living beings are seen as consisting of components which can be viewed in isolation. Aspects of nature which cannot be measured or quantified are seen as subjective and of no value and are therefore neglected. In their ignorance or disregard of the complex interrelationships in life, scientists collaborate with industry and big capital and believe they have finally acquired the power to create and reconstruct plants, animals, other forms of life and, possibly soon, even human beings.

The Human Genome Project and the abysmal failure of gene therapies (including the death of patients, see Fuchs, 2003: 47–64, *Gen-Ethischer Informationsdienst*, 2006; Neergaard, 200715) have confirmed our early concerns about the philosophy underlying these technologies. Once applied to germ line cells — as happened with the cloning of Dolly the sheep in 199616 and will no doubt be happening soon with humans (see below) — it is also irreversible. FINNRAAGE opposes these technologies not because of some sentimental attachment to the ‘essential’ nature of life, but because we support a philosophy in which the ‘wild’ has ‘value’ by simply existing in all its complex and messy forms (Hawthorne, 2002). This is the opposite of the reductionist logic inferring that the philosophy and science of reproductive and genetic engineering as well as the US ‘reproductive rights’ discourse originating in the 1980s, legitimate ‘alternative reproductive choices’. Critiquing Lori Andrews’ (1986) proposal in ‘My Body, My Property’ to liberalise laws that stand in the way of a full-fledged commercialisation of reproduction, in 1988, Maria Mies foreshadowed astutely that viewing human beings as a collection of body parts that could be traded or sold — if the ‘owner’ agreed — would lead to a ‘supermarket of reproductive alternatives’ (Mies, 1988, p. 225). This is precisely what we are now faced with in the 21st century. Also in 1988, FINNRAAGE affiliates Johanna Riegler and Aurelia Weikert reported on the ‘product egg’ — thereby offering an early critique of ‘egg donation’ as a practice of ‘egg farming’ as they called it after their interview with a woman who had sold her eggs to doctors at an Austrian IVF clinic (pp. 221–224). (Gena Corea had already written about ‘egg snatchers’ in *Test-Tube Women*, 1984,17 and called egg ‘donors’ ‘egg vendors’ in *The Mother Machine*, 1985). And Janice Raymond, writing on ‘eggs, embryos and altruism’, noted that, ‘Women, as women, with integrity and autonomy and basic civil rights remain nearly invisible in the fetal technologies debate’ (1988, p. 281). Further, pre-empting the 21st century debate about women’s altruism to ‘donate’ eggs for research cloning, Raymond (1988, p. 282) commented that ‘the ideology of altruism makes women’s inequality noble’.

Greed and gold: the commodification of life through reproductive and genetic engineering

As could be seen already in the early 1980s, the test-tube-baby industry — soon also including surrogacy as another ‘service’ — was exploding all over the world and becoming a lucrative business. As Maria Mies put it ‘… the female body with its generative power has been discovered as a new “area of investment”’ (1988, p. 225). The ‘business of hope’18 was creating its own multifaceted industry. This was in spite of its continued abysmal success rates but with plenty of false advertising (see Corea and Ince, 1987, who chronicled how US IVF clinics defined ‘success’ as chemical pregnancies and embryo transfers rather than live births per IVF attempt — still ongoing practices in 2007). Once prenatal testing, and then
pre-implantation (genetic) diagnosis (PID/PGD) was added to its stable, the monetary interest of investors skyrocketed, especially with the hype of gene therapy in the late 1980s/1990s and the successful draft mapping of the human genome in 2000, completed in 2006. The patenting of genes, gene sequences and other human tissue had the ‘new’ colonisers—the bioprospectors (Hawthorne, 2007)—in a big investment frenzy, only to be surmounted by the even bigger hype of (elusive) stem cell therapies at the beginning of the 21st century. Like the ‘supermarket of reproductive alternatives’, the_ fixation on the secret of the ‘geneticisation of life’ (Lippman, 1993) appears to attract venture capitalists who invest huge sums of money when the hype is high, and withdraw their profits before the stock collapses. Firms with names that could come straight from Margaret Atwood’s _Oryx and Crake_ (2003) such as Clonaid, Epigenomics, Galileo Genomics, Genaissance Pharmaceuticals, GeneMedicine, Genomics One Corporation, Genopol, Signalgene, SyStemix, BresaGen, and ES Cell International (ESI) have made huge losses since their inception (or indeed been abolished, eg ESI was in 2007, see below). Yet in the public eye they are seen as scientific grails from whence new miracle cures will appear (Klein, 2003). The huge sums of money involved—both public and private—in such experimental enterprises drain away resources from ordinary women’s and men’s everyday health care needs and especially advantage rich over poor countries.

As FINRRAGE stated in the 1989 Comilla Declaration (Akhter _et al._, 1989, p. xi; see also http://www.finrrage.org):

*We want appropriate technologies that do not violate human dignity and relations. We want them to be reversible, that is to be error friendly and contribute to preserving biological, cultural and social diversity of all living beings. The technologies must be suited to collective decision making and democratic participation and control.*

_Reproductive technologies and genetic engineering allow for ‘new’ eugenics_  

Already in _Test-Tube Women_ (1984) two women with a disability wrote about their concern that reproductive technologies and genetic engineering will gradually usher in a ‘new eugenics’, one that is not coercively mandated by the state, but freely ‘chosen’ by pregnant women through genetic counselling, prenatal testing and (late-term) abortion (see Finger, 1984; Saxton, 1984). The rejection of eugenics inherent in these technologies was—and is—one of the core principles of FINRRAGE. As we stated in the Declaration of Comilla (Akhter _et al._, 1989, p. vii; see also http://www.finrrage.org):

*Genetic and reproductive engineering are part of an ideology of eugenics which we oppose. In this ideology, human beings are viewed as inherently inferior or superior. This leads to degradation, discrimination and elimination of oppressed groups; be they women, disabled, people of certain colors, races, religions, class, or caste. Similarly, traits of animals and plants are arbitrarily valued as being desirable or undesirable and become subject to genetic manipulation.*

In Comilla, Theresia Degener, herself the daughter of a woman who took thalidomide during her pregnancy, stated that: ‘... disability is another way of life and society needs to create enough scope and facilities for such a life to be lived well,’ (Akhter _et al._, 1989, p. 165). Women from the Forum Against Sex Discrimination and Sex Pre-selection in Bombay recounted their struggle against the technological elimination of girl foetuses which began in 1974 when the first sex determination clinics opened in India: a girl or woman, like a person with a disability, is seen as a lesser being that is best eradicated (in Akhter _et al._, 1989, pp. 156–164). Providing a positive framework, Anne Waldschmidt (1992, p. 155) wrote about disability groups in Germany who proudly call themselves ‘cripples’ groups and formulate precise demands against human genetic counselling (1992, p. 155). Disability and discrimination are social phenomena—in the same way that infertility is a social problem (even if it has a medical component)—and they need to be understood as such. Genetic counselling followed by a decision to screen the developing foetus—today it could be the decision to undergo IVF and use pre-prenatal genetic diagnosis (PGD)—is nothing short of the targeted elimination of ‘imperfect’ life. Waldschmidt (1992, p. 158) and many other German FINRRAGE members let us never forget the ‘... structural links between degradation and discrimination that lead to segregation and selection and the final extermination of people with disabilities’ (1992, p. 158). Importantly, the link to reproductive and genetic technologies must be made visible. As I wrote in _Infertility:_

It is crucial to remember that doctors and medical scientists were the chief exponents behind the practices of... _Helfen and Heilen_ (help and heal), whilst in reality they amounted to nothing less than Auslese and Ausmerze (selection and eradication). It is also crucial to know that much of the knowledge (eg on hormones) and many of the procedures used today in modern gene and reproductive technology were developed by Nazi scientists and doctors who performed cruel, often deadly experimentation on ‘unworthy’ women in concentration camps, and who did so, for instance, because they wanted to improve fertility for ‘worthy’ women (see Kaupen-Haas, 1988) (Klein, 1989b, pp. 259–260).

To remember these early discussions when genetic counselling and PGD were in their initial stages is a sobering reminder of how quickly medical eugenics has spread to the point that in the ‘Gene Age’ of the 21st century it is seen as irresponsible for women not to undergo prenatal screening. The ‘routinisation of testing’ (Tankard Reist, 2006, p. 9) has eliminated ‘the right to choose not to know’ (Tankard Reist, 2006, p. 13). Exposing dehumanising and stigmatising labels for people who are ‘differently-abled’ (rather than _dis_-abled) and working towards creating policies and environments that fulfill Theresia Degener’s 1989 wish for ‘scope and facilities for such a life to be lived well’ (see above) remains one of the vital core principles of FINRRAGE. As we stated in the Declaration of Comilla (Akhter _et al._, 1989, p. x; see also http://www.finrrage.org):

_We demand the elimination of hazardous drugs, radiation, hazardous chemicals at the workplace and in the environment and we want solutions to the problems of malnutrition and preventable infectious diseases._
Towards a life-loving wild politics

While FINRRAGE was founded to expose and counter the threats of reproductive and genetic engineering to women’s (and men’s) well being, from our early beginnings at the ‘Emergency Conference’ in Sweden in 1985 we were aware that being ‘reactive’ could only ever be part of our mission. To counter the adverse effects of the reductionist science that forms the core of reproductive and genetic engineering, we tried to imagine what a female-friendly reproductive science might look like. Early writings by feminist biologists such as Hubbard Ruth and Lowe Marian (1974), Bleier Ruth (1984), and Sue Rosser (1986), provided guidelines. Rita Arditti (1974) wrote about a ‘Science for the People’ – in which science might give power to rather than wield power over people’s lives. We also remembered the wise women of the past who had been persecuted as witches (see Ehrenreich & English, 1973), and looked to midwives’ wisdom about alternative healing in our own contemporary cultures.

Cross-cultural friendships amongst FINRRAGE affiliates taught us about the power of dance and song in non-westernised cultures and the ‘cultural nights’ at the 1989 and 1993 conferences in Bangladesh were a source of delight as much as embarrassment for those of us who had forgotten in the midst of our frantic mind-centered work that we had bodies too that needed food, dance and joy. These experiences were enormously uplifting and helped us to cope with the heavy burden of the unrelenting development of one violent technology after the other and the growing number of women hurt by contraceptive as well as new reproductive technologies including deaths from fertility drugs used in IVF (eg Solomon, 1989).

There was tension amongst FINRRAGE members who felt that if we paid too much attention ‘... to the actions of “our aggressors” – without reflection on how we wanted to deal with ourselves, with our (in)fertility, with our own nature, with technologies – then we start identifying with that aggressor’ (Jansen, 1987, p. 209, italics in original). Such reminders are important and it is crucial that we do not underestimate the toll critical activism and writing about violent dehumanising technologies takes on our own bodies and souls. (The same applies to critics of pornography and prostitution.) Thinking differently about (in)fertility led to positive frameworks in the area of feminist counselling (Winkler & Schönenberg, 1989; see below) and through our writing and teaching FINRRAGE affiliates were able to support many women through a difficult period of their lives without them getting hurt by technology.

Establishing different frameworks for science was more difficult and in those instances when reproductive technologists and FINRRAGE members came together to seek common ground (as happened with representatives of the World Health Organisation after the successful feminist campaign against anti-fertility ‘vaccines’ in 1998, see below), the power – and mind – differences between us soon became glaringly obvious. The global institutions of science (as well as many individual scientists) will not relinquish control over women’s bodies and many of us concluded then that patriarchal science can never be ‘gender mainstreamed’ or changed for the better through harm minimisation policies (see Conclusion for further thoughts on this topic). A constant stream of eager or anxious women consumers – and our body parts – is a far too profitable industry. A feminist slogan coined by a women’s group in Leeds in the UK proclaims ‘I will be a post-feminist in post-patriarchy’ and I suggest that a truly non-violent women-centred science and politics will have to wait for post-patriarchy as well.

Which is not to say that we have to feel defeated: at the 1993 People’s Perspectives on ‘Population’ Symposium in Bangladesh, Australian poet and feminist critic Susan Hawthorne sat under a tree and wrote ‘Wild Politics: A Manifesto’ (expanded to Wild Politics: Feminism, Globalisation and Bio/Diversity in 2002). Within a wild politics, relationships and connections are the most important parts of a plan for peaceful human co-existence. As Hawthorne puts it:

If the wild were the driving force of the culture ... there would be great reluctance to do things solely for short-term profit, when the long-term consequences are destructive. In a world of wild politics, it would be impossible to imagine terminator seeds, GMOs, molecular colonisation, biotechnologies and reproductive technologies which violate women’s bodies, since these would be perceived as deeply destructive (2002, pp. 374–375).

In a world of wild politics we could all feel safe, fully embodied and complete in our inspiring (im)perfect diversity with or without biological children.

Obstacles to FINRRAGE

As with the Women’s Liberation Movement which was declared ‘dead’ shortly after it was unleashed in the late 1960s – after all the ‘sexual liberation’ had (supposedly) brought freedom to women – the radical feminist resistance to old and new reproductive technologies and genetic engineering was seen as doomed from the start by promoters of these technologies. Scientists and IVF doctors – whom we soon referred to as ‘technodocs’ – thought we were over the top, luddites, ideologues, crazies, and above all just plain wrong heartless individuals for wanting to stop their miracle offerings to alleviate the plight of infertile women. Policy makers who believed the technologies could be regulated with state control and harm minimisation approaches (as in prostitution and pornography) often found the FINRRAGE analysis of these technologies as part of women’s oppression and as a form of (medical) violence against women too harsh. The pharmaceutical industry which certainly did not want to lose the increasing group of women consuming their growing array of fertility drugs and superovulants, did what they do in similar situations: in order to uphold – or increase – sales of their products, they funded ‘patient support groups’. IVF doctors soon followed this practice and it became the norm in conferences around the world to have ‘patient advocates’ included who usually condemned the FINRRAGE position, and personally attacked the speaker advocating this position. Most difficult to deal with, however, is the juxtaposition of an infertile woman with a ‘heartless’ critic of IVF (or surrogacy) in a media debate or conference. ‘Why do you hate me/my child so much?’ or ‘My IVF child has a right to exist’ are understandable comments from IVF users who are angry at anybody questioning their hard-fought for technological ‘success’. Of course, such comments...
misrepresent the core principles of feminist resistance to these technologies. FINRRAGE has made it clear from the very beginning that our critique is not aimed at individual users of these technologies but at the institutions (science, the state, pharmaceuticals, population controllers, bureaucracies), and those who defend them. Robyn Rowland summed up this point well when she said: ‘We have actually been very careful not to attack women on reproductive technology programs, though the courtesy has not been returned’ (in Woll, 1992, p. 34).

The core of the FINRRAGE critique addresses the patriarchal ideology which makes it possible to sanction the development of dangerous, failed and life-harming technologies. As we said in the Resolution from the 1985 FINRRAGE ‘Emergency Conference’ in Sweden (Spallone & Steinberg, 1987, p. 211): ‘We know that technology cannot solve any problems created by exploitative conditions. We do not need to transform our biology, we need to transform patriarchal, social, political, and economic conditions.’ And in the 1989 Comilla Declaration (Akhter et al., p. 9) we stated: ‘We demand research into the prevention of infertility as well as an end to the stigmatisation of the infertile. Infertility needs to be acknowledged as a social condition and not a disease.’ Ute Winkler and Traute Schönenberg from FINRRAGE Germany pioneered the introduction of self-help groups for infertile women where they could articulate their deep hurt about involuntary childlessness and hopefully come to live with their grief without using reproductive technologies (in Klein, 1989b, pp. 207–224). As Winkler & Schönenberg put it:

The new reproductive technologies have created new taboos concerning the individual and the socially constructed desire for a child: as they promise technological ‘fixes’ they imply that it is not necessary — and in fact no longer possible — to discuss, explain or analyse the problem critically. In other words these new taboos contribute heavily to the suffering of involuntary childless women. Strong public pressures are brought to bear upon them in order to make them accept these new methods which, at best, cure only symptoms (p. 222, italics in original).

Such rethinking of ‘infertility’ was widely adopted in feminist health circles internationally (see articles by Alison Salomon, Israel; Lindsey Napier, Australia; and Ann Pappert, Canada; in Klein, 1989b). Unfortunately, pressure brought to IVF clinics by feminists to give women space to explore their feelings and see whether they indeed wanted to commence treatment, led to problematic in-house ‘counselling’ before admission. As one woman in my study on women’s experiences with IVF in Australia commented:

When we finally [after 8 months] heard from the IVF clinic we were asked to see an IVF counsellor first. With hardly any warming-up he asked us if we had a good sex life and whether our marriage was happy. Of course we both nodded — obviously convincingly because he made a note somewhere on his form and then declared that we seemed emotionally stable and therefore were accepted on the programme! My husband and I both laughed about it afterwards. What a joke — who in their right mind after waiting so long would have even breathed a whisper of any difficulties? (Klein, 1989a, p. 20). 

Opposition, however, did — and does — also come from other feminists. Undoubtedly annoyed that radical feminists had taken the lead to challenge these technologies internationally in campaigns that united women in both westernised and so-called third world countries and that had enormous public support from the community at large, some socialist and (white) liberal feminists in the UK, USA and Australia began to (stridently) criticise FINRRAGE. Their critique is centred around their belief that reproductive technologies/genetic engineering can be useful for women/sick people/less-than-perfect babies, ‘inferior’ animals and plants and that, given appropriate legal or self-regulatory industry safeguards, it should not be rejected by ‘absolutist’ feminists. Second was the growing tendency by US liberal feminists to demand the use of reproductive technologies in the name of ‘procreative liberties’ and ‘reproductive rights’ (Lori Andrews, 1986, p.14). Third, the catchcry that women had ‘agency’ to make their own ‘choices’ and that we were condescending to call them passive victims began to form the core of the growing socialist, liberalist and libertarian critique of FINRRAGE. It was put forward in the UK through the anthology Reproductive Technologies. Gender, Motherhood and Medicine, edited by Michelle Stanworth (1987 and published in response to Test-Tube Women and The Mother Machine), and in the US publication Reproductive Laws for the 1990s (Cohen & Taub, 1989). Similar to the introduction of the civil rights ordinance against pornography in the USA by Andrea Dworkin and Catharine MacKinnon in 1983 (see Dworkin & MacKinnon, 1988) which was vigorously opposed by FACT (Feminist Anti-Censorship Taskforce, 1985), again it was socialist and liberal feminists (sometimes the same women!) who supported patriarchal institutions and opposed radical feminists and community supporters in our quest to stop reproductive and genetic engineering before it took on its worldwide neo-colonisation. In her brilliant analysis of these developments Janice Raymond (1989, p.133) noted wryly: This ‘... more “nuanced” perspective claimed that women will be able to limit the abuse by gaining control of some of these technologies, and by ensuring equal access for all women who need/desire them’. In what Raymond called ‘reproductive liberalism’, ‘Desire becomes deterministic’ (p.134) — thus reversing one of the most frequently hurled accusations at FINRRAGE that we were ‘essentialist’ and reaffirmed some kind of mythical natural motherhood. Ironically, it is precisely these technologies — and their supporters — that reinforce the deterministic notion that it is genes that matter most. In the case of surrogacy it is the genes of the sperm donor that make him the undisputed father; in the case of PGD it is ‘imperfect’ diseased genes that must be weeded out. Anatomy is no longer destiny as Sigmund Freud had postied a century ago; now it is genes that reify the deeply conservative notion that the 1970s/1980s nature vs nurture debate has finally been decided in favour of ‘nature’. Only this time ‘nature’ is being re-made in the labs of the reproductive engineers and only women’s body parts are needed.

In contrast, Janice Raymond describes the FINRRAGE position:

Opposition to these technologies is based on the more political feminist perspective that women as a class have a stake in reclaiming the female body — not as female
nature — and not just by taking the body seriously — but by refusing to yield control of it to men, to the fetus, to the State, and most recently to those liberals who advocate that women control our bodies by giving up control (1989, p. 135).

A further widespread criticism by reproductive liberals of anti-reproductive technology feminists is that we make women into victims. Raymond exposes this accusation:

Radical feminists stress how men channel women into pornography, prostitution, surrogacy and the wider gamut of reproductive technologies, and liberal socialist feminists critics charge that radical feminists make women into victims. To expose the victimization of women by men is to be blamed for creating it (1989, p. 137, my emphasis).

Indeed it beggars belief how an industry can be seen as ‘benevolent’ when it hurts, harms, and sometimes kills women who seek its assistance for an elusive child in what I called ‘the exploitation of a desire’ (Klein, 1989a): their own desire, their partner’s, their social environment’s (or a combination of all of these). Why would we not see it for what it is: a further link in the long list of institutions and their agents that oppress women. As Janice Raymond asks:

Why find evidence of women’s agency within the very institutions of pornography and surrogacy and then use that agency to bolster those institutions? Why locate women’s agency primarily within the ‘culture’ of male dominance? Why shift attention from an analysis and activism aimed at destroying these systems to a justification of them? By romanticizing the victimization of women as liberating, this viewpoint leaves women in these systems at the mercy of them (1989, p. 139, Raymond’s emphasis).

In the 1980s and early 1990s, these debates raged relentlessly in international conferences in westernised countries, and radical, liberal and socialist feminists were bitterly divided — much to the delight of the promoters of reproductive and genetic engineering. They even found a FINRRAGE opponent to start a journal in 1993 in which they opposed the radical feminist resistance to these technologies. They even found a bitter divided — countries, and radical, liberal and socialist feminists were relentlessly in international conferences in westernised world that population growth is the main cause of exploitation of a desire. Indeed it beggars belief how an industry can be seen as ‘benevolent’ when it hurts, harms, and sometimes kills women who seek its assistance for an elusive child. The Symposium also warned that international agencies, in the guise of being advocates for women’s ‘reproductive rights’ and ‘choice’ (Reproductive Health Matters edited by Marge Berer who opposed the radical feminist resistance to these technologies from the first UK conference in Leeds in 1985),

Next the post-modern juggernaut arrived. Sweeping virus-like through (westernised) academia and popular culture from the late 1980s onwards, this move to depict any kind of reality as just ‘performance’ or a series of excitingly contradictory narratives framed as ‘representations’ through a multiplicity of subjectivities, made it even more difficult to oppose reproductive and genetic engineering as further ‘real’ ‘tools’ in the theory and practice of oppressing and harming ‘real’ — and whole — women. Indeed, post-modernism was ushering in a celebration of the very fragmentation of women that FINNRADE was fighting. As I wrote in 1996:

Bodies are seen as texts... discursively produced by medical texts and practices... As texts, bodies are objects, (thinking) fragments, or surfaces, to be inscribed, marked, written on, written. Corporeality may be described as fluid and transgressing boundaries but I can’t share the excitement. I am worried because I can’t find the women amongst/in/above/around their body parts. Similar to the way in which women are (literally and metaphorically) cut up into a series of body parts in reproductive medicine — ‘bad eggs’, ‘diseased tubes’, ‘hostile wombs’ — that can be dissected, poked, prodded and recombined at will — postmodernism dismembers women (Klein, 1996, pp. 349–350).

While some FINRRAGE affiliates in westernised countries — especially those working as academics — were caught in these debates that strengthened the attacks on our core philosophy, feminists in the so-called third world continued their resistance to dehumanising technologies. When Marge Berer presented her Feminist Population Control Policy at the 6th International Women and Health Meeting in Manila in 1990, she had clearly underestimated the women from countries around the world who not only challenged her proposal but resoundingly dismissed it. Farida Akhter in particular pointed to the sexist, eugenic and racist premises of both the western concept of the demand for reproductive rights and population control:

How can feminists take part in such exploitative policy? Can there be any ‘feminist policy on exploitation’? Can there be a ‘feminist policy of racism or race purification’? The answer is very simple for me: there cannot be any because feminism is a struggle against the existing world patriarchal structure, against racism, and against all kinds of exploitation. A population control formulated by ‘feminists’ would be no different from those formulated by the World Bank and USAID (1992, p. 5).

Akhter followed her clear words by convening the international Symposium ‘Peoples Perspectives on “Population”,’ in Bangladesh in December 12–15 1993, jointly organised by the Research Foundation for Science and Ecology (India), Third World Network (Malaysia), People’s Health Network (India), UBINIG (Bangladesh) and Resistance Network (Bangladesh) and with many FINNRADE delegates as speakers. The main premise of the conference was that the concept of ‘population’ must be rejected: People are people, not ‘population’ and there can never be a ‘feminist’ population-control policy, and also that our resistance to population-control policies must never be confused with the opposition by the religious and political right to the same policies.

The Symposium also warned that international agencies, in the guise of being ‘pro-woman’, were now attempting to set the international women’s health movement agenda to legitimise population-control policies. This was happening by co-opting individuals and women’s groups (women living in poor countries often work without any funds), and by using the reproductive liberals’ language of ‘rights’ and ‘choices’. In a Press Conference at the Conclusion of the Symposium, we stated:

The aim of the meeting was to discuss and formulate a feminist position regarding the myth spread all over the world that population growth is the main cause of
ongoing and increasing poverty and environmental destruction. This propaganda not only puts the blame on poor people, especially on women, but also makes them the main target for population control policies. The participants expect that this propaganda will be intensified and false representation of reality will be greatly aggravated before and during the upcoming INTERNATIONAL CONFERENCE ON POPULATION AND DEVELOPMENT (ICPD) ’94 in Cairo, in September, 1994 (capitals in original).

And indeed, as Symposium participants had predicted, the ICPD in Cairo — especially its NGO Forum — became a sad milestone in the increasing dominance of westernised liberals — especially from the USA — in the feminist debate about women’s health and well being. The US based International Women’s Health Coalition (IWHC), founded and funded by the Population Council, deserves special mention for their heavy promotion of the seductive ‘power-to-women’ message. As we had foreshadowed in Bangladesh, the IWHC paid for hundreds of women’s health delegates (amongst them many FINNRAAGE affiliates) to attend the ICPD and be wined and dined at a luxury hotel. And miraculously, the ‘feminist’ population policy debunked in 1990 reappeared in thousands of glossy free copies entitled ‘The Women’s Declaration on Population Policies’ issued by a group called Women’s Voices ’94 Alliances — whose secretariat just happened to be the IWHC!32

In opposition to these ‘reasonable’ women who were going to slow down the ticking Population Clock at the ICPD which showed how many children were born every hour and how people — likened to the nuclear threat! — will kill the planet11, an international group of grassroots activists were valiantly voicing our resistance. As part of the NGO Forum, UBINIG, AWHRC (the Philippine based Asian Women’s Human Rights Council), the Indian Peoples’ Health Network, Arab Women’s Organization, Women in Development in Europe, Terra Famina (Brazil) and FINNRAAGE jointly organised an ‘International Public Hearing on Crimes against Women Related to Population Policies’. Women from around the world gave moving testimonies of their shocking experiences with both the old and the new reproductive technologies; they talked about forced hysterectomies because of disability (Japan) and through deception and false promises of rice, wheat and money (Bangladesh), rampant femicide in India through sex selection, and coercive constant sexual availability after Norplant insertion (Brazil). Ruth Monoroma, a Dalit woman from India33 summarised these crimes succinctly: ‘Family Planning services are available at the door steps of poor people, but water and health facilities are not. We call Family Planning the “butcher camps”. Women are forcibly sterilised and many die’ (in Klein, 1995a).

Speakers were highly critical of the ICPD’s focus on reproduction as it cemented the view that women were the main focus of the liberal propaganda. Public health expert Imran Quadeer from India questioned the term: ‘When I tell the women in my villages about the WHO definition of reproductive health, they laugh at me. They say, I will be well if you assure me daily wages, water and subsistence’ (in Klein, 1995b, p.v). And on the buzzword ‘empowerment’ Farida Akhter pointed out:

We are not empowered to say that western countries should reduce their consumption and that we don’t want the World Bank in Bangladesh. We are only ‘empowered’ to say that we will reduce the number of children we have. This is not empowerment. And the right to choose only means women’s decision to reduce their fertility not the right to refuse harmful contraceptives (in Klein, 1995b, p.v).

But our dissenting voices were not encouraged by the liberal ‘empowerment’ advocates, who did their best (and meanest) to marginalise us.36 Nor was the mainstream media interested in these different feminist positions. They could only think in binaries: the ‘goodies’ — pro-women’s empowerment groups — and the ‘baddies’ — the Holy See and Company who opposed women’s reproductive rights. Those of us who passionately supported women’s autonomy but raised questions about the harmfulness of the contraceptives and the racist and eugenicist nature of population-control policies by and large were seen as traitors to the cause — the good cause of reproductive rights for women and of getting the ICPD to recommend US $17 billion by the year 2000 to be spent on reproductive health. For basic health needs only US $5 billion were suggested!

Cairo left behind anger, frustration and disbelief about the might of the neo-colonising US liberal dominance and about the question which women’s groups had been bought off (and was it for good or only temporarily?). But it also left us with a fierce determination to continue our passionate non-aligned feminist resistance to the new/old crimes committed against women in the name of population-control policies including pro- and anti-natalist policies. And indeed, in 1995 Farida Akhter followed her 1992 publication Depopulating Bangladesh: Essays on the Politics of Fertility with her exposé of Norplant Resisting Norplant. This contraceptive implant would be taken off the US market in 2002 for its serious health damage including loss of sight but it is still available in Bangladesh and other Asian countries in 2007.36

Nevertheless, in the 1990s world of ‘pseudo’ empowerment, whether it was in academia where the reproductive liberals gained substantial grounds or in the field where women’s bodies continued to be targets of harmful contraceptives (and reproductive technologies for women belonging to the elite), there was one really empowering victory to celebrate. A brilliant International Campaign that was officially started in 1993 by hundreds of women’s groups37 against the anti-fertility ‘vaccine’ celebrated a substantial victory in 1997 when the Canadian funders of the Indian phase II trials at the National Institute of Immunology (NII), the Canadian International Development Research Centre (IDRC), stopped their funding which put an end to the research (see Will, 1998a,b). These vaccines are immunological contraceptives which would prompt a woman’s body to become (temporarily) infertile by producing hCG (human chorionic gonadotrophin) antibodies which in theory should thus ‘vaccinate’ her against her own future child! Apart from the disturbing ethical dimension of such a proposition, the phase II trials revealed a large variation of immune responses (many of the women became pregnant),
the problem of reversal (permanent infertility might ensue), as well as immediate adverse effects such as allergic reactions, nausea and joint pains. Because of its interference with the immune system, autoimmune diseases could not be ruled out as long-term serious adverse effects.

Building on the Indian women’s health group Saheli’s hard work over many years, the production of Antibodies Against Pregnancies: The Dream of the Perfect Birth from the Laboratory (1991), a film by German filmmaker and FINRRAGE affiliates Ulrike Schaz (with Ingrid Schneider) was an impressive Campaign tool. Other highlights of the Campaign were an innovative women’s demonstration in Geneva in 1994 in front of the WHO Building, and a 30 women visit to the Headquarters of the IDRC in Ottawa in 1995 which prompted the withdrawal of funding (see Will, 1998b). To this day no trials on women have resumed (see Richter, 1996; Bhatia & Yanco, 2002). However, as Saheli (1998) reports, the victory is bittersweet as there is no follow-up of the health of the women who were the guinea pigs in the Indian phase II trials. In 1998, the IDRC claimed that as they had ‘closed their files’ and were no longer funders, they could not pressure the Indian National Institute of Immunology to check on the health of the women: a glaring example of how little women’s lives matter once they have finished being data providers for medical experiments (p. 31).

The victory over this dangerous and unethical development which would have been yet another tool in the population controllers’ ‘war chest’ against women showed clearly that a strong ‘NO’ from the international women’s health movement can stop dangerous and dehumanising technologies. I suggest that had the international women’s health movement not been derailed by liberal ‘choice’ arguments and, above all, by the seductive insistence of ‘technodocs’ that all they were doing was alleviating infertile women’s pain, there would have been a window in the early 1980s to halt the development of new reproductive technologies before they became part of the globalisation commodification tsunami. That this did not happen is not just a great loss for women’s bodily integrity and well being; reproductive technologies and genetic engineering are sliding humanity down the slippery slope of becoming disembodied ‘therapeutic modalities’ in the hands of technocrats who have also intensified their grip on ‘geneticising’ animals and plants to their own — and people’s — detriment.

From test-tube women to bodies without women

Fast forwarding to the first decade in the 21st century, are there any new ‘frontiers’ and ‘cutting edge issues’ in reproductive and genetic engineering? Have they changed the debates? If so, what are FINRRAGE and other concerned feminists doing about them?

There is no doubt that the neo-liberal globalisation movement continues its destabilising race to break open inter/national boundaries in order to increase the level of consumerism, including in the privatised health care industry — albeit only for some people. As the rich become richer and the poor become poorer through trade liberalism in both westernised and third world countries, there are endless new marketing opportunities for all kinds of ‘body shops’. Thus poor, Indigenous and marginalised peoples anywhere in the world are exploited as ‘donors’ (from eggs and wombs to organs and their DNA), as immigrants who can be trafficked across borders for sex in prostitution, or as underpaid workers in the hardest and most demeaning jobs. States are getting increasingly powerless, corporations are riding high — the pharmacological industry included. And women have become ‘gender’ — a meaningless word that not only does not exist in many languages (eg Bengali) but has led to such misrepresented phrases as ‘gbsv: gender based sexual violence’ — the new spelling of rape (Hawthorne, pers.com. 2007). Naming men and their institutions as perpetrators has become very unfashionable. And unsurprisingly, feminism is said to have finally-and-totally died in this ‘post-feminist’ age — even liberal feminist beliefs are not often mentioned in public debates these days. If individual women suffer hardship and injustice, it is increasingly seen as their own responsibility and, not wanting to be ‘victims’ — that uncool word! — they believe they have to fix it themselves. This is not far away from mid-20th century sexism (‘she asked for it’) before the rise of the Women’s Liberation Movement when the problem had no name (Friedan, 1963) and all a woman needed was a Bex and a lie down.

Regarding the old reproductive technologies and following the (Pyrrhic) victories of Cairo (1994) and Beijing (199544) for the continuation of population control, the bodies of poor and Indigenous women, especially in the so-called third world, continue to be pried with dangerous contraceptive technologies from ‘donor’ agencies (such as USAID) for which their governments have to pay as contraceptives are conditional to ‘giving’ so-called development aid money. In Bangladesh, for instance, between 1975 and 2000, users of ‘modern’ contraceptive methods increased from 800,000 to 14 million (which is 53% of women) (UBINIG/Narigrantha Prabartana, 2005, p. 20). The national average fertility rate per woman has dropped to 3.0 in rural and 2.24 in urban areas (UBINIG/Narigrantha Prabartana, 2005, p. 16). Not surprisingly, most women have been put through multiple methods, with the pill still most frequently used, but followed by Depo Provera, Norplant, IUDs and sterilisation. ‘Supposed to be Happy?’ a study by UBINIG/Narigrantha Prabartana (2005) documents the economic losses after contraceptive use by women in Bangladesh. While the first administration of a contraceptive is often available free of charge ‘with lots of persuasions and sweet talks and promises by the family planning workers’ (UBINIG/Narigrantha Prabartana, 2005, p. 33), afterwards there is ‘total negligence to the women’ (UBINIG, 2005, p. 33). Subsequent treatments need to be paid for. When adverse effects occur such as pain, nausea, excessive bleeding, weakness — frequent problems with Depo Provera and Norplant, but also IUDs and the pill — women have to pay for treatment, which they often cannot afford. As the UBINIG/Narigrantha Prabartana study documents, subsequent ill health does not only lead to economic losses but to violence from husbands: ‘(Name) of Dhaka is a Norplant user. Her health condition is very bad. She has to buy medicine from the pharmacy. Her husband is angry. He beats her every day’ (UBINIG/Narigrantha Prabartana, 2005, p. 36). And: ‘(Name) of Tangail is a pill user. Husband told her that if she has to buy medicine, then she must use her own money, otherwise she should die’ (UBINIG/Narigrantha Prabartana, 2005, p. 37).

This is the brutal reality of ‘reproductive rights’ so passionately fought for by liberal westernised feminists. It remains population control even if the term has been changed to ‘reproductive rights’. The UBINIG/Narigrantha Prabartana study
comments that the Family Planning Logistics Management (FPLAM) project now uses the concept of ‘contraceptive security.’ Like ‘food security’ — a term coined by the Food and Agricultural Organisation (FAO) but rejected by local farmers as it focuses on food through industrial production (often genetically modified); ‘contraceptive security’ is turning contraception into ‘…a “commodity” not a service that women need’ (UBINIG/Narigrantha Prabartana, 2005, p. 37). Key to ‘contraceptive security’ is the trade and commercial interest of the multinational corporations. As the UBINIG study puts it: ‘…women’s safety and real need has no place. Contraceptive security is the security of the producers, medical profession, brokers and not the women’ (UBINIG/Narigrantha Prabartana, 2005, p. 38). Indeed, corporatised population control has arrived.

Following the trajectory of globalisation — and postmodernism — ‘old’ and ‘new’ technologies, freely mixed, cross the boundaries of bodies and lands — and all under the banner of ‘choice.’ Greatly aided by the Internet46, the consumer can now Google her desired spare parts — for example eggs from an Eastern European woman who is also ‘encouraged’ by the State (eg in Bulgaria) to produce children for her depopulated country.47 She, or indeed he — can easily find a womb for rent in India or, if money is no concern, in the USA: a quick Google search for surrogate mother agencies or egg ‘donors’ reveals a buyer’s paradise. ‘Gender balancing’ (the new buzzword for sex selection) is increasingly popular. While in India the number of females continues to worryingly decrease (see Patel, 2003), ‘what’s wrong with going shopping for a girl or a boy?’ appears to be a growing sentiment in the USA and other westernised countries (Smith, 1999).

Lori Andrews’ 1986 demand ‘My Body, My Property’ (Andrews, 1986; see also 3. above) has indeed been fulfilled in an unprecedentedly unregulated marketplace where in the wake of post-modern neo-liberal fluidity nothing seems left in- and outside a (woman’s) body that can’t be/shouldn’t be/mustn’t be enhanced/altered. The first decade in the 21st century is thus remarkable for excelling in offers to enhance one’s body through an increasing gamut of (cosmetic) surgeries including limb amputations and labiaplasties if so desired (see Jeffrey, 2005 for an overview of the misogyny of the contemporary beauty industry). But why stop at the outside? ‘Ethiestic’48 Julian Savulescu believes body enhancement through gene alteration is on the horizon. Even more advanced is the dream of a personalised medicine: as stem cell researchers assure us, we should soon be able to replace faulty tissues with our own freshly grown replacement cells — a promise reminiscent of the gene therapy dreams of the early 1980s: exchange the faulty gene(s) and all the degenerative diseases will be relegated to history.

Thus enter one of the ‘new frontiers’ of the early 21st century: stem cell science and in particular research cloning which depends on somatic cell nuclear transfer (SCNT). ‘Harvested’ (human) eggs have their own nucleus removed and a new one with a set of full chromosomes inserted from a (diseased) person’s body cell. In theory, this SCNT embryo will divide and produce (personalised) stem cells that can be developed into specific tissues which would not be rejected by the donor of the new nucleus as it was her/his own genetic material.49 And were this embryo inserted into a womb (artificial or of the old-fashioned female type), perhaps it could produce the human version of Dolly: a human clone.

That such reproductive cloning should ever be attempted was fiercely rebutted by proponents of SCNT cloning — euphemistically called ‘therapeutic cloning’ — in heated debates raging in the UK and in Australia on the federal and state levels in 2006 and 2007 to allow for SCNT cloning in addition to creating stem cells from already available surplus IVF embryos. In co-operation with the international group Hands Off Our Ovaries48a as well as Women’s Forum Australia (WFA) and the Australian branch of the Coalition against Trafficking in Women (CATWA), FINRRAGE members opposed this development. While the mainstream (media) debate remained mostly fixated on the tired old duality ‘embryo-centred foes vs enlightened pro-science advocates,’ through demonstrations, submissions to the Cloning Bill enquiries, opinion pieces (eg George, 2006; Klein, 2006), and testimonies to the Senate49 we were able to insert our women-centred point of view: the question of harm to women must constitute the central aspect of the debate. Eggs matured and harvested from women’s ovaries through dangerous drug regimens and surgical extraction are the essential ‘ingredients’ for SCNT cloning.

Disappointingly, in Australia, the federal Cloning Amendment Bill passed on 7 November 2006 by one vote only in the Senate and on 6 December 2006 in the House of Representatives. Few people were (and are) aware that then (and at the time of going to print, December 2007) nowhere in the world have such human SCNT embryos and stem cell lines been created. And no successful therapies from IVF embryos derived stem cells have been developed. (The faked SCNT stem cells by South Korean researcher Hwang Woo-suk, 2004, and his exploitation of junior female researchers were internationally exposed in 2005; see Cyranoski, 2004; FINRRAGE Submission to the Australian Senate, 2006; Fox, 2006).

But even if/when SCNT stem cell lines are created, the known propensity of existing embryonic stem cells from left over IVF embryos for uncontrolled growth and the formation of teratomas (cancer) will constitute a significant obstacle to practical applications as replacement parts. In fact, increasingly researchers are saying that the predictions for replacement cells ‘might be unrealistic’, as the critical question in many degenerative diseases such as Alzheimer’s and Parkinson’s is why cells die in the first place. If it were through toxins in the cells’ environment, these would most likely also kill any replacement cells (see Di Giorgio et al., 2007; Hall, 2007). The fact that embryonic stem cells seem to retain the age of the donor (hence Dolly’s premature aging) may be another decisive stumbling block in the fantasy world of embryonic stem cell transplants. In July 2007, the ‘world leader’ ES Cell International (ESI) stopped work on human embryonic stem cell therapies for diabetes and congestive heart failure as they proved elusive and too expensive. As reported in Nature (Normile, 2007), 24 million dollars had been invested by Australian, Dutch, and Singapore governments and ESI had many international collaborations with research centres (eg the Australian Stem Cell Centre, ASCC) as well as private investors. Notwithstanding this setback, the world’s financial investment community continues to support the stem cells dream, for instance at the California Institute of Regenerative Medicine (CIRM) which has a budget of three billion dollars, some of it state funded (Pollack, 2007).48b
Amongst all this global hype about a hitherto failed technology that at its core constitutes medical violence against women, our women-centred campaigns were able to raise some public awareness about the dangers of ovarian hyper-stimulation and long-term health problems such as ovarian or breast cancer from egg provision — which of course are the same for women undergoing IVF and related procedures. While we are still waiting for any research to look into the health of women who (unsuccessfully) went through IVF during the last three decades (see Conclusion), I am somewhat optimistic that the feminist campaigns against egg ‘donation’ for research cloning have sparked interest in the broader topic of medical harm to women from IVF and related technologies that, as I said at the beginning of this article, have been at the forefront of FINRRAGE’s concerns since the early 1980s. Unfortunately, in the Australian debates, yet again it was liberal feminists who were amongst our opponents, berating us for being anti-science and patronising to women who, as they argued, could ‘choose’ to altruistically ‘donate’ their eggs (eg Cannold, 2006). In fact it was a group of Australian liberal feminist politicians across political lines who were the instigators of the federal Cloning Amendment Bill in 2006 — a Bill specifically advocating for the exploitation of, and harm to, women.

When the concerns about women’s health voiced by feminists as well as bioethicists (eg Tonti-Filippini, 2007) managed to reach the public debate and the ‘choice’ arguments of the (feminist) SCNT proponents began to sound unconvincing, they glibly suggested that soon, millions of eggs from other sources would be available and the need for egg ‘donors’ would therefore stop. That embryos might be cloned from eggs matured in the laboratory was all the rage in June 2005 (ABC Online, 2005a), and at the same time it was reported that eggs — and sperm — might be grown themselves from stem cells (ABC Online, 2005b; Henderson, 2005). (If this could be done repeatedly and without errors, it would constitute the beginning of the ultimate take-over by science of the making of human beings). Freezing egg cells, and growing stem cells from dead IVF embryos (Weiss, 2006) as sources of eggs are thrown into the debate in an attempt to further sideline our concerns about women’s health from the dangers of egg provision.

It is sobering to hear such uninformed views: the same techniques were already hotly debated in the 1980s. As I wrote in Infertility (1989b, p. 275): ‘By mid-1988, the “egg fever” makes news in Australia: “Scientists set to ‘ripen’ human eggs in millions” (Miller, 1988b).’ And further, quoting Australian scientist Max Brinsmead: ‘A foetus which is not even born could ultimately have children (Miller, 1988a).’ While eggs have been matured and frozen (and some babies have been born from frozen or matured eggs), both techniques remain largely unsuccessful given the viscous nature of the egg cytoplasm (see Gosden, 2005 for a comprehensive overview). They are certainly not available in the large numbers required for SCNT cloning. To proclaim that these technologies are new and successful and that they will replace dangerous hormone stimulation and egg harvesting in women is not only testament to an embarrassing lack of knowledge about the recent history of reproductive technologies, but reveals a naïve belief in scientific achievements. Furthermore, one has to really question why some research is allowed to be undertaken at all, for instance the September 2007 announcement that human eggs can now successfully be grown in mice after placing a piece of a human ovary under a mouse’s skin (AAP, 2007).

All in all, I suggest that the ‘new frontiers’ at the beginning of the 21st century are not really new, and that the emperor still doesn’t wear any clothes. Replace ‘gene therapy’ with ‘stem cell research’ and the hype is the same — and unfortunately degenerative diseases continue to cause much sorrow and pain. To my mind the ‘business with hope’ on which these biotechnology fairy-tales are built (and acted out in the stock market), play cruel mind games with sick people, their relatives and politicians who want to do the right thing and support research that they are told will lead to cures. Unfortunately, much of this hype seems to be believed by an increasing number of people — research institutions have realised that pro-active marketing departments are as important as the work of their researchers.

With global offers of a bewildering array of variations of reproductive technologies and genetic engineering — many of them just a click away on the internet (thanks to Google, see for instance the On-line Egg Donor database at www. eggdonor.com) and geographical boundaries no obstacle — the need and indeed the responsibility to medicalise your body (or parts thereof) intensifies. In ‘I bought my baby on the internet’ Linda Barnett who had been told in the UK that she was too old for IVF, recounts how ‘she became addicted’ to the tantalising choice of fertility clinics on the internet: ‘There are just so many to choose from... They all seemed to be offering incredible success rates, and some said “Pregnancy guaranteed”. I was hooked’ (in Johnston, 2007).

Twenty years ago, infertile women were able to re-position their lives and find meaning without their own biological children, but in the 21st century there is always a new technology around the corner that could still fulfil their desire. Few public critical voices — and the reporting of misleading success rates of up to 50% by IVF programs contribute to the notion that you can’t give up, even if previous IVF attempts have wrecked your marriage, soured family relations (eg the egg ‘donation’ by your sister or the rental of your mother’s womb made them very sick), increased your debt level and left you physically and emotionally drained. Indeed, even if a woman is finally amongst the minority of women who have a child (or twins/triplets) from IVF, it appears that anxiousness, worry and indeed post-natal depression are higher than in ‘naturally’ reproducing women (Lunn, 2007) — an unsurprising outcome after a highly stressful procedure coupled with the highest expectations of perfect bliss once the much longed-for child has been born.

The belief that it is your duty to try anything — and if it doesn’t work, assume responsibility for the failure yourself — is nowhere more prominent than in the area of genetic screening and indeed prenatal testing, should a pregnancy be achieved ‘naturally’ or via IVF/ICSI. Indeed, both infertile women and pregnant women experience unprecedented degrees of surveillance. An increasing number of women fear to produce an ‘imperfect’ child and as a consequence (willingly) consent to the battery of suggested genetic and blood tests, ultrasounds and amniocenteses so they cannot be faulted for acting irresponsibly. The pressure on women, and the heartache of an abortion of a wanted child that follows a ‘bad’ result — for there are no cures — is thoughtfully discussed by Melinda Tankard Reist in Defiant Birth (2006).
promises of cures condition people to gradually believe that we may (have to) lose trust in our mental/intuitive/spiritual in and out of a petri dish in a laboratory, a level of alienation that is necessary for the mother to agree to this procedure, it is not farfetched to believe that in a very few years, politicians from around the world will be asked to endorse reproductive cloning which they still resolutely reject in 2007. The scenario might look like this: a woman carries a gene that would make all her children severely ill with a degenerative illness. By using one of her eggs but taking the nucleus out and instead inserting the nucleus from a skin cell of her partner and putting the resulting SCNT embryo into her womb she could give birth to a healthy child without any ‘foreign’ genes (as in ‘donor’ eggs) or a rented womb (as in a so-called surrogate mother). Doesn’t that sound benevolent and ethical — who could take issue with it? No one is harmed and the happiness of a healthy child created. Of course in vivo egg maturation technology would have to significantly advance to make reproductive cloning a reality. But some day someone might just try to clone a child… This is how the slippery slope of allowing today’s ‘therapeutic’ cloning will usher in tomorrow’s reproductive cloning.

If FINRRAGE can do anything to shed light on these developments — and thus enable some women (and men) to say no to these technologies — our work will not have been in vain. In the 1980s and 1990s we reached widely into society at large and did have precisely this effect (eg see Lisa Woll’s account of the success of FINRRAGE in Australia, 1992). The 21st century will require our work to continue and be taken up by a new generation.

Conclusion: how to get the women back into our bodies?

At the end of this article it is my fervent hope that readers new to this topic will take the time to go back to the ‘old’ books and articles I mentioned throughout and consult the FINRRAGE website (www.finrrage.org). As I said in the Introduction, far from being ‘out of date’ and old-fashioned, these works offer strong arguments against reproductive technologies and genetic engineering and against the destructive geneticisation of everyday life.

I believe it is time that a new generation of feminist activists and theorists publicly and powerfully question these technologies from a women-centred perspective and move away from the post-modern legacy of fence-sitting and posing that all subjectivities are of equal value, and that at best ‘regulation’ or ‘harm minimisation’ might be the answers. Our ‘salvation’ does not lie in an increasing number of technological offerings for which, if they go wrong, we are made responsible (‘you chose it and consented, you wanted it’). As Abby Lippman said already in 1999, ‘choice’ can be a risk to women’s health given the trends in biomedicine and healthcare, many of which are there to stimulate the economy (Lippman, 1999). Susan Hawthorne suggests that we need a ‘philosophy of intention’ (attributed to Susan Hawthorne): a commitment to our firm intention to work
toward a future in which these technologies will no longer be demanded, no matter how big the obstacles. We need to fully understand the risks they pose to women’s—and men’s—physical health and emotional well being. Importantly, we must get the belief in the predictive power of genes out of our collective heads; instead we need to have trust in the excitement of life full of wild diversity and unpredictability. We have to resist the commodification processes of reproductive and genetic engineering as a gross violation of (human) dignity that leads to our gradual disintegration into malleable clusters of cell lines: our bodies are not here for commercial transactions and ‘value adding’.60 Health, as Farida Akhter says, ‘is a state of happiness’—not the medicalisation of life (2007, p. 129).

Unfortunately, reproductive technologies might already have medicalised life for a new group of people: the children from IVF. Throughout the last decade we have seen an increasing number of studies that show long-term health problems, not just those associated with premature and often multiple births. As epidemiologist Carol Bower reported in 2003 commenting on research conducted in Western Australia: Children from IVF are twice as likely to have birth defects than other children and, in her words: ‘Heart defects are common, chromosomal abnormalities like Down Syndrome, spina bifida, gastro-intestinal abnormalities, musculo-skeletal, dislocated hips. Club feet, those sorts of thing’ (Bower, 2003; see also Hansen et al., 2002). In 2007, The Lancet published the results from a review of assisted reproduction in which urogenital malformations in boys are highlighted. The authors suggest that ‘Long-term follow up of children born after ART to reproductive age and beyond is necessary’ (Sutcliffe & Ludwig, 2007, p. 351). Also in 2007, Finnish researcher Sari Koivurova and colleagues published a 7-year follow-up study which showed that children born from IVF ‘... were significantly more frequently admitted to hospital... and spent significantly more days in hospital’ than 7-year old ‘control children’ (p. 2136). They suffered from conditions affecting the brain, rheumatoid arthritis and were prone to infections and asthma. Indeed, IVF ‘pioneers’ Robert Winston and Robert Edwards now warn that the hormonal drugs used in ‘assisted reproduction’ are producing ‘... chromosomal damage in at least half, if not 70%, of eggs (Winston quoted in Marsh, 2006). This is an astounding admission after decades of defending the use of an ever increasing range of fertility drugs (and denouncing feminist research that found this evidence published in research already conducted in the 1980s, eg Klein/Rowland, 1988).60 During his 2007 visit to Australia, Robert Winston also stated on the 7:30 Report on ABC Television (12 July 2007) that the success rate from IVF was 15 to 20%: at long last a realistic assessment that, together with the worrying news about health problems in children hopefully will make people think twice before embarking on the IVF journey.

What has yet to happen is a shift to the vexing question about the health of the millions of women who have gone through IVF in the last three decades — especially those who left without a child, often after many IVF attempts and high doses of hormonal cocktails. Although numbers are unreliable, it was reported in 2006 that worldwide there are now three million children born from IVF and related technologies (in Mundy, 2007, p. 11). If they represent a 20% success rate (a generous assumption) and allowing for multiple births, this means that, conservatively estimated, there are 12 to 15 million women out there whose health might have been seriously damaged by (failed) IVF treatments. It is, I strongly suggest, time to begin large-scale international surveys to find these women and find out about their quality of life. That such work has not been undertaken speaks volumes about the brutal reality of reproductive and genetic technologies and how it exploits vulnerable women.61 If the outcomes of such studies were similar — or worse — to the health problems in children born from IVF, then surely it must be time to stop these practices before even more harm is done.

But I worry that instead of such honesty we will see a push for more (genetic) tests, more IVF variations, more egg extraction methods — and on the other side of the reproductive coin, more harmful contraceptives and population-control measures. So that this will not happen I wish for a vigorous Take Back The Body movement of young women (and men) who turn their backs on sterile laboratories, resist their ‘duty’ to be screened, poked and prodded, and instead embrace a passionate love for life in its diversity. FINRAGE may not (yet) have been able to stop these dehumanising technologies, but we may, hopefully, have sown many wild seeds for a new era.

Acknowledgements

As this article could not have been written without the hundreds of women who have contributed to FINRAGE, it is with deep gratitude that I acknowledge their inspirational and brave work over the last three decades. In particular I want to acknowledge the friendship of Farida Akhter, Rita Arditti, Gena Corea, Jalna Hanmer, Maria Mies, Janice Raymond and Robyn Rowland and thank them for the many good times amidst the onslaught of dehumanising and life-threatening technologies. I also thank Diane Bell, Katrina George, Carole Moschetti, Mary Sullivan and Melinda Tankard Reist for years of stimulating discussions and support, and Belinda Morris for research and editorial assistance. To Susan Hawthorne, as always, my heartfelt gratitude for being in my life. And all of the above to River, whose existence made the world a happier place. All shortcomings in this article including purposefully left over ‘Swissisms’ are of course my own.

Endnotes

1 Already in 1974, Rita Arditti was puzzled: ‘I find it paradoxical that the excesses of an impersonal technology developed by males in a sexist society can be viewed as important for the liberation of women’ (p. 31).


3 This article is a reflection of the events since the early 1980s. As they are an important part of my past activism and academic work — the personal is indeed the political — I am following the feminist tenet of ‘situated knowledge’ (Harding, 1991) in remembering this part of my past as a radical feminist biologist and sociologist passionately resisting the bio-technological take-over of human life.

4 Other early books concerned about these technologies were Birth Control and Controlling Birth: Women-Centred Perspectives (1980) and The Custom-Made Child (1982), both edited by Helen Requaert Holmes, Betty B. Hoskins and Michael Gross.

5 The panel contributions by Genia Corea, Renate Duelli Klein, Jalna Hanmer, Becky Holmes, Betty Hoskins, Madhu Kishwar, Robyn Rowland and Roberta Steinbacher were published as Man-Made Women. How New Reproductive Technologies Affect Women (1985/1987).

6 Amongst them are those by Conseil du statut de la femme (Québec) (1968); Klein (1989a, 1989b); Scutt (1988); Mies and Shiva (1993); Spallone
and Steinberg (1987); Spallone (1989); Roth (1987). They include references to many of the critical papers written by FINRRAGE affiliates.

7 From Volume 3 (1990) onwards the journal was called Issues in Reproductive and Genetic Engineering: A Journal of International Feminist Analysis Pergamon Press. Some of the conference documents and articles from IRAGE as well as further references to documents are available at http://www.finrage.org.

8 Since 2006 we have to add vaccines against the human papilloma virus to supposedly prevent cervical cancer to this list. Gardasil and Cervarix continue the medicalisation of women’s lives starting with girls as young as 9. For an assessment of the risks see Klein and Tankard Reist (2007) and Lippman et al. (2007).

9 IVF clinics existed in India since the late 1970s with the first IVF baby born in 1986 (Sama, 2006, p. 12).

10 Language was difficult then and is now. The frequently used terminology ‘countries of the South’ (aka poor developing countries) vs countries of the North (aka rich developed countries) leaves out Australia and Aotearoa/New Zealand which are clearly rich ‘westernised’ countries in the South. It also invisibilises the fact that within each country wherever located globally, there are so-called desirable/un desirable women who should/should not procreate and there is division of women by race/caste, class and wealth that has a bearing on their coercion/access to these technologies. I thus reluctantly use the clumsy terms ‘westernised countries’ and ‘so-called third world countries’.

11 Commenting on a newspaper article rather than our published paper which we presented at the 1988 ANZAAS conference we were scolded in The Medical Journal of Australia for using ‘scare tactics’ … which may result in women ‘the neglect of treatment with clomiphene and the failure to achieve a desired pregnancy’ (Pepperell & Burger, 1988, p. 50). In 1992, our work was vindicated by Alice Whittemore and colleagues. Clomiphene now has a packet insert stating that cases of ovarian cancer have been recorded.

12 The OncoMouse, created at Harvard University was the first genetically altered animal to be patented in the world (in the US in 1988 and in 1992 in Europe on appeal after initial refusal); see http://www.gene-watch.org/genewatch/articles/15-smith.html. The fact that some human beings feel themselves justified to purposefully create other non-human animals with a disease — eg cancer — that will make them suffer greatly, in my view is a violation of an ethics of decency. It also shows the incredible hubris with which man (sic) has exploited, raped and disturbed the earth and continues to do so at increasing speed.

13 The Human Genome Project which Canadian feminist and long term FINRRAGE supporter Abby Lippman suggested renaming THUG (Lippman, 1992) best represents this philosophy of cutting and pasting with the goal to pass on their infertility to their sons.

14 The only disease ever to be cured with gene therapy is the virus used to deliver the genes.

15 ’From 2006 we have to add vaccines against the human papilloma virus to supposedly prevent cervical cancer to this list. Gardasil and Cervarix continue the medicalisation of women’s lives starting with girls as young as 9. For an assessment of the risks see Klein and Tankard Reist (2007) and Lippman et al. (2007).

16 Somatic cell nuclear transfer (SCNT) had a global frenzy about (human) cloning. After only 6 1/2 years of life Dolly had to be put down in 2003 because of severe lung disease and crippling arthritis usually associated with much older sheep (see Spar, 2006, p.139 and p. 259).

17 In Test-Tube Women (1984) Cena Corea described the cloning method (p. 39) that would become all the rage in the 1990s when Dolly was created and then again in the early years of the 21st century when the stem cell euphoria hit: somatic cell nuclear transfer (SCNT).

18 The Business of Hope (Das Geschäft mit der Hoffnung, 1989c) was the excellent title suggested by the German editor at Orlando Frauenverlag of my book Infertility: Women’s Experiences with Reproductive Medicine.

19 The apparent completion of the human genome mapping — the sequencing of chromosome 1 and identifying 3,141 genes — was announced in May 2006 (see http://www.abc.net.au/news/stories/2006/05/18/1041571.htm).

20 This is not the place to debunk the myth of the sexual revolution in terms of the aims of Women’s Liberation. Among many other critiques, see Robin Morgan’s Going Too Far (1978), and Germaine Greer’s Sex and Destiny (1984). They provide excellent arguments on how ‘the pill’ — and easier access to abortion — ‘freed’ women to have sex whenever men demanded it (the latter point not unlike Vietnam 40 years later, see Rogers, 2007).

21 That FINRRAGE opponents were declared ‘crazy’ is no invention. It happened in Australia in the mid-1980s when IVF doctors circulated rumours to journalists that Robyn Rowland (and I) were no ‘reliable sources’ and that Robyn Rowland was spending time in an asylum (she was out of the country on holidays). Whilst these rumours were relayed back to us we were never able to pin them on specific doctors. Even more serious was the criminalisation of groups of individuals with FINRRAGE and other groups critical of these technologies in Germany in 1987 who were accused of supporting ‘terrorist groups’. Put differently, discussions on gene and reproductive technologies were deemed ‘anschlagsrelevant’ (relevant for state security), prominent women’s homes — and bodies — were searched in 33 simultaneous raids on December 18, 1987 and Paragraph 129a was invoked to make unfounded arrests. As an angry response FINRRAGE and other critics organised the second Congress on Women against Gene and Reproductive Technologies in 1988: we would not be silenced (see Congress Welcome, p. 21, in Bradish et al., 1989; see also report by the Essen Gen-Archiv, whose members were amongst those raided and stripsearched, 1988).

22 The now used term ‘couples’ only entered the scene later when it was recognised that men as much, or more, than women were infertile and ICSI (intracytoplasmic sperm injection in which one sperm is injected into the egg) resulted, for example in Austria on 1991/2, for many patients, especially the third IVF clients, contributing to an increased ‘success’ rate but passing on their infertility to their sons.

23 See Mary Lucille Sullivan (2007) for a brilliant expose of the failed experiment of legalising prostitution in Victoria, Australia.

24 Informally however, in Victoria, Australia, FINRRAGE women had many meetings with bureaucrats that resulted, for instance prominent FINRRAGE core member Maria Mies came to feminism from marxism as did others from socialism or civil rights movements. In Germany in particular, but in Australia as well, there was broad based community support for the FINRRAGE position in the 1980s/1990s. Women’s groups from a range of churches (protestant, anglican and catholic), farm women, feminist lawyers, unions and women’s health advocates all recognised the technologies for what they are — the latest (eugenic) instruments in the patriarchal oppression of women — and were campaigning against them.

25 Not all FINRRAGE women define themselves as radical feminists; for instance prominent FINRRAGE core member Maria Mies came to feminism from marxism as did others from socialism or civil rights movements. Confronted with the growing exploitation of women and the environment through globalisation — of which reproductive and genetic engineering is an important component — their feminism shifted from the general pro-technology stance of marxists/socialists to a version of feminism perhaps best called Feminism Unmodified (MacKinnon, 1987).

26 Janice Raymond convincingly argued that reproductive liberals fail to fight back and sometimes survive,20 whatever FINRRAGE is critical of, Marge Berer appears to support. Reproductive Health Matters publishes favourable papers by scientists and doctors and selected women’s ‘choice’ health activists on the whole gamut of...
old and new reproductive technologies including population control. Berer bitterly fought against the successful International Campaign for a Halt to Research on Anti-Fertility Vaccines in the 1990s (see Notes 37 and 38); she is in favour of RU 486, especially its use in the so-called Third World and heads the I.C.M.A. (International Consortium for Medical Abortion). Unsurprisingly, many feminists have supported the ‘cervical cancer’ vaccines Gardasil and Cervarix in Reproductive Health Matters (2007).

36 See Diane Bell and Renate Klein’s Radically Speaking: Feminism Reclaimed (1996), especially Section Three, Radical Feminists ‘Interrogate’ Post-modernism, for incisive critiques.

37 The Symposium ‘People’s Perspectives on “Population”’ also voiced opposition to the New Economic World Order, including Structural Adjustment Programs and The General Agreement of Tariff and Trade (GATT) signed in December 1993 which opened up the economies of the South, particularly their agricultural sector to multinationals and the biotechnology sector. As the Declaration by Symposium participants put it: ‘Through the regime of Intellectual Property Right the privatization and commodification of all lives is intended’ (http://www.fnrrage.org).

38 See also Sumati Nair’s, 1992 article on population control in India and the increasing co-optation of women into population control.

39 It is worth noting that the belated concerns about Climate Change that made headlines around the world in 2007 are likely to be co-opted and distorted and will be used to re-invigorate the Population Control lobby.

40 No mention was made of the fact that one child in the USA consumes 233 times as much as a child in Nepal, nor that indeed many of the 56000 to 57000 babies born during the 9 days of the ICPO were born in the USA. Multiple births by 239, will use up the brute of the world’s resources — but this was not discussed.

41 The Dalits (previously known as the ‘Untouchables’) are the poorest of the poor and comprise 25% of India’s population. They are the primary target of population control policies in India.

42 For a very angry conference report on Cairo see ‘Reflections on Cairo: Empowerment Rhetoric — who will pay the price?’ (Klein, 1995b; see also Klein, 1995a). Any potential gain on our part on how different opinions would be welcomed in the name of diversity (as often claimed by liberals) and on the power and money of pro-population control agencies, got a rude reality test in Cairo.

43 Other books published in the 1990s by FINRRAGE affiliates include Basen et al. (1993); Hepburn (1992); Mies and Shiva (1993); Raymond (1993; 1994); Rowland (1992); Spallone (1992).

44 The Brazilian and Indian Women’s Health Movements had opposed vaccine trials since the late 1980s and at our 1991 Rio de Janeiro conference FINRRAGE asked for a stop to research on antifertility ‘vaccines’ (in Richter, 1996, p. 144, p. 145).

45 Under the motto ‘No to Antifertility ‘Vaccines’’, ‘No to Population Control’, signed by 24 international women’s health groups, Swiss women from Antigena and Espace Femmes International orchestrated an eye catching street theatre signed by 24 international women’s health groups, Swiss women from Antigena and Espace Femmes International orchestrated an eye catching street theatre — especially for (young) women — the back to the future Bex analogy is frighteningly real (see Woodlock, in preparation). A Bex-frequently used in Australia-consisted of aspirin, paracetamol and codeine (APC).

46 The Fourth World Conference on Women, Beijing (1995) continued the ICPO debates. And the media, yet again, focussed only on attempts by the Holy See to stop women from getting ‘reproductive rights’. Differences amongst feminists are of no interest — or perhaps too hard to understand.

47 As an angry Farida Akhter put it pointedly at the ICPO in 1994, ‘We have to pay to kill ourselves! (sic)’. Ironically this can be a problem for women who use new reproductive technologies, hormone replacement therapy (HRT) or undergo invasive cosmetic surgery — all of which at times kill — except that they willingly pay for it.

48 The Internet has certainly many benefits in the area of communication (but also clear drawbacks when it comes to the proliferation of child pornography and the prostitution industry). In the context of this article I refer to my article in Cyberfeminism (Klein, 1999a) to make the point that the many similarities of cutting and pasting in both reproductive technologies/genetic engineering and cyberlife.

49 The continued and indeed intensified push for population control was discussed at the 10th International Women and Health Meeting in Delhi, India in 2005 (Lingam et al., 2006). We noted with concern that pro-natalist policies in Eastern European countries fined married couples if they did not produce children (p. 64). These are the same countries that have become ‘egg heavens’ for IVF tourists — especially from the UK — who come short of ‘women’ (from university & Smith, 2006). Many of the egg ‘donors’ further supplement their income through prostitution, also for tourists: globalisation as a form of gradual femicide?

50 A Los Angeles fertility clinic launched the first dedicated program for gay men wanting to become parents in March 2007. Under one roof, men can test and freeze their sperm, select ‘donor’ eggs and shop for a suitable surrogate mother at an average cost of $60,000. Jill Serjeant reports that ‘… three quarters of gay couples pay extra to choose the sex of the baby and about 65 percent want male (sic) and the others want girls’ (Serjeant, 2007).


52 The California Institute of Regenerative Medicine (CIRM) made news in September 2007 when it became known that Alan Trounson from the Australian Stem Cell Centre and Monash University had been appointed as the new President. Trounson had been involved in the failed Embryonic Stem Cell International (Esi) in Singapore.
In the context of the Australian debates, promoters of SCNT cloning have even likened the dangerous and painful procedure of egg provision to blood transfusion! A prize must go to Leslie Cannold of Reproductive Choice Australia for publishing this absurd claim (Cannold, 2006).

Nicholas Toni-Filippini, a prominent Catholic bioethicist has supported FINRAGE since our beginnings. His thought opposition to embryo experimentation in the 1980s and more recently to human cloning (Toni-Filippini, 2007), incorporates arguments about harm done to women from these technologies in his critiques (see Woll, 1992 for Toni-Filippini’s comments on FINRAGE). Such mutual respect is anathema to many liberals, especially feminists who accuse us of ‘unholly alliances’ seemingly unable to comprehend that the focus on the common grounds between us can lead to a better understanding of the harm done by these technologies.

Even government bodies such as the Infertility Treatment Authority (ITA) in the State of Victoria, Australia, make it near impossible to determine current IVF/ICSI success rates. There is no single page in the Annual Reports that tells the consumer — or the critic — how many IVF/ICSI attempts were undergone by women in one particular year and how many babies were born from all these attempts (rather than only by the number of women as this obscures that the same woman can undergo ten or more attempts before she gives birth to a child). Marcia Riondai and Nicholas Toni-Filippini have painstakingly analysed ITA figures for 2004 and conclude that after 56,986 eggs were collected ‘…of the 35,057 embryos that were deemed suitable, only 1271 babies were born, which is around 3.53%’ (2007). See http://www.ita.org.au.

An especially glaring case of being reduced to a body-without-woman incubator is a new law regarding surrogacy (foreshadowed to be introduced in the State of Victoria Australia in 2008, see Nader, 2007) which will give the legal rights of father and mother to the commissioning couple after the child was gestated for nine months in another woman’s body. This officially reduces the birth mother to nothing but a container for someone else’s child.

For a graphic description of the pain that being a saviour sibling creates — to both the ‘saviour’ and the sick child, see the moving novel My Sister’s Keeper (2005) by Jodi Picoult.


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Further Reading


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