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*Women are herded like sheep through an obstetrical assembly line, are drugged and strapped on tables while their babies are forceps-delivered. Obstetricians today are businessmen who run baby factories.*



*Motherhood in the Laboratory*, a recent international conference, brought together reproductive experts from around the world to discuss the implications of NRTs on the lives of women. The participants focussed on the moral and ethical issues surrounding NRTs instead of simply the technical and scientific aspects.

When the world's first test-tube baby was born to a couple in England in 1978, the medical establishment and the media heralded the feat as a "miracle" which would revolutionize birth, pregnancy, and childbirth. The new technology that created this miracle, *in vitro fertilization (IVF)*, was welcomed by thousands of infertile couples who had given up hope of ever having a child.

Ten years later, it is becoming apparent that the "miracle" of IVF and other NRTs are actually turning women into *Mother Machines*, which is the title of an acclaimed book on the subject by Gena Corea, a participant in the international conference.

"Reproduction is in the process of being industrialized," asserts Corea, "and men are opening up the Reproductive Supermarket."

Many firms sell reproductive services to potential parents, including sex pre-termination of the fetus, the rental of so-called surrogate mothers, a procedure that flushes an embryo out of a woman for transfer into another, and franchised IVF clinics.

Corea, after studying the implications of NRTs for many years, paints a chilling portrait of a future where "reproduction will no longer be a sexual function" — the actual words that Dr. Alan DeCherney of the Yale University IVF team used in 1983.

While this passage sounds as if it were taken from some futuristic science fiction novel like *Brave New World*, it is actually part of a letter that appeared in *Ladies' Home Journal* in 1957, written by a woman who had experienced a factory-like birth in the hospital.

At the time, the medical community was beginning to focus its attention and resources on "improving" the birth process through a variety of New Reproductive Processes (NRTs). Modern history is filled with examples of male-dominated institutions trying to seize control of motherhood from women: it was often the only power base from which women could negotiate the terms of their existence.

In the middle ages, hundreds of female midwives were burned at the stake as witches, frequently at the instigation of medical guilds trying to preserve their monopoly on medical knowledge and usurp women's power. The introduction of forceps was the obstetrician's first leap into technology, and they hailed it as proof of their superiority over midwives. And it was just the beginning of the male medicalization of motherhood.

"When women are fully reduced to reproductive meat, will we be in control of our lives? When we are nothing more than the raw materials used in a new industrial process, will we be free? When women are interchangeable parts in the birth machinery, will we be liberated? I think not." Corea concludes.

Dr. Renate Klein, a neurobiologist at the University of Victoria in Australia, has just completed the most thorough studies ever conducted on the impact of NRTs on women.

Klein called the NRTs "a new form of violence against women", amounting to a violation of a woman's bodily integrity and her physical and mental health.

In her studies, Klein deflated many of the myths surrounding NRTs, including the common claim of IVF clinics that they satisfy their clients by giving them their desired child. She says about 90 of 100

women leave the IVF clinic without a child. The clinics have a low success rate, contrary to frequent claims of a 20-25 per cent success rate.

Klein studied the unsuccessful mothers and found that many of them became deeply disturbed about being reproductive failures once again, this time with the help of technology.

One of the women says of the experience, "When I was told after the third attempt that my eggs weren't good enough and that I should give up, I was shocked and utterly devastated. I remained deeply depressed for more than a year and I was suicidal for a lot of that time. I felt like such an abysmal failure, a barren woman unable to give my husband a child. I had even failed technology."

While the promoters of IVF claim the participants do so by "choice, free will and

voluntary consent", Klein argues that many of the women are coerced by their doctors and husbands to participate.

Of the women she surveyed, Klein says the vast majority said they were perfectly willing to adopt a child but their husbands insisted on their right to a biological child and the trip to the IVF clinic.

Women are rarely informed of the many risks and side effects associated with IVF programs which have caused a number of deaths. Klein predicts there is a time bomb ticking in Chlomid, one of the most frequently prescribe hormone drugs for IVF participants. It is very similar in structure to DES, a drug given to women in the 1960s to prevent miscarriage. DES has caused fertility problems for 3-5 million of the people whose mothers took DES during pregnancy, and is also responsible for many cases of uterine and cervical cancer.

Klein calls the thousands of women who submit to IVF programmes "experimental guinea pigs whose bodies and souls are violated in the process of being 'egg farms' . . . and a woman is indeed a good incubator, one that walks voluntarily into a lab, presents her veins for endless blood samples and swallows fertility drugs as told."

She argues the medical establishment is not genuinely concerned with helping women overcome reproductive problems and attributes many ulterior motives to it. The IVF programmes are just an excuse to experiment on women's bodies in order to perfect new technologies.

"More than ever, I believe, women are 'living laboratories' in the hands of a triumvirate of scientists, doctors and phar-

maceutical companies," charges Klein.

Indeed, the NRTs are immensely profitable. Hundreds of biotechnological firms around the world are involved in a competitive rat race to profit from the experience.

Critics of the NRTs share the concern that many of the experiments are dangerously eugenicist and are trying to create 'the perfect race'. The practice of amniocentesis already warns the mother of any abnormalities early in the pregnancy so that she may abort. But this process is used more often to determine the sex of the child in advance. Four out of five abortions performed following amniocentesis are girls, an interesting fact given the tendency for Westerners to express their shock at female infanticide in other

cultures.

A new process actually allows the sexual separation of male sperm cells so that doctors can do artificial insemination and virtually guarantee that the baby will be a boy.

The process of 'cloning', previously a science fiction fantasy, is almost a reality thanks to genetic manipulation done primarily through experimentation on women.

The final terrifying prospect is that scientists may well perfect the artificial womb in the next ten years, making women unnecessary in the birth process. Many scientists are promoting the advantages of the artificial womb, claiming it is safer than a woman's womb and would allow for improved fetal medicine.

Dr. Robert Mendelsohn of the University of Illinois is one of the harshest critics of the medical establishment, which he calls the 'religion of Modern Medicine'. An obstetrician and a pediatrician, Mendelsohn is particularly vocal about the way modern medicine manipulates women.

"Women are the victims of so much dangerous and unnecessary medical and surgical intervention that watching what happens to them makes me sick. Much of the time it also makes them sick," says Mendelsohn in his best-selling book *Mallepractice*.

He argues that women are victims of an establishment of doctors and pharmaceutical companies that have institutionalized women's health care for their own profit.

One of the most shocking examples he cites to back up this claim is a report by Dr. Lewis Mehl of the University of Wisconsin Infant Development Centre. He compared 1000 hospital births of babies

by doctors using modern birth technology to 1000 babies delivered at home by midwives.

While there were 30 injuries to the babies born in hospital, there were no injuries to those born at home. Fifty-two of the babies born in hospital needed resuscitation, compared to 14 of those born at home. Six hospital babies suffered neurological damage, while only one born at home did. None of the home-born babies died after birth, although the national infant mortality rate is more than 22 per 1000 births.

Despite these statistics, the medical establishment has successfully outlawed mid-wife home births in most states and provinces, arguing it is too dangerous.

The intervention of obstetricians in hospital births, Mendelsohn argues, often leads to complications which will make a woman his gynecological patient for the rest of her life. But he doesn't think any doctor does this intentionally.

"Obstetrics is the only medical spe-

cialty in which almost everything the doctor does is medically indefensible and terribly wrong. Doctors have converted pregnancy — a natural, normal, inspiring physiological event — into a nine-month disease," says Mendelsohn.

Mendelsohn describes the concerted effort by the male medical establishment to take control of childbirth from midwives and mothers, which he traces to the disappearance of the traditional birthing stool. For thousands of years, women used this stool to deliver babies by allowing natural contractions and gravity to do their work. But doctors began placing women flat on their backs with their legs raised, making it virtually impossible for them to deliver their own babies and ensuring they would require a doctor's help.

Although it will cut into his own private practice, Mendelsohn counsels women to stay away from hospitals, find midwives, and "begin resisting the arrogance, ignorance and greed of Modern Medicine".

# RIE Making Motherhood

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