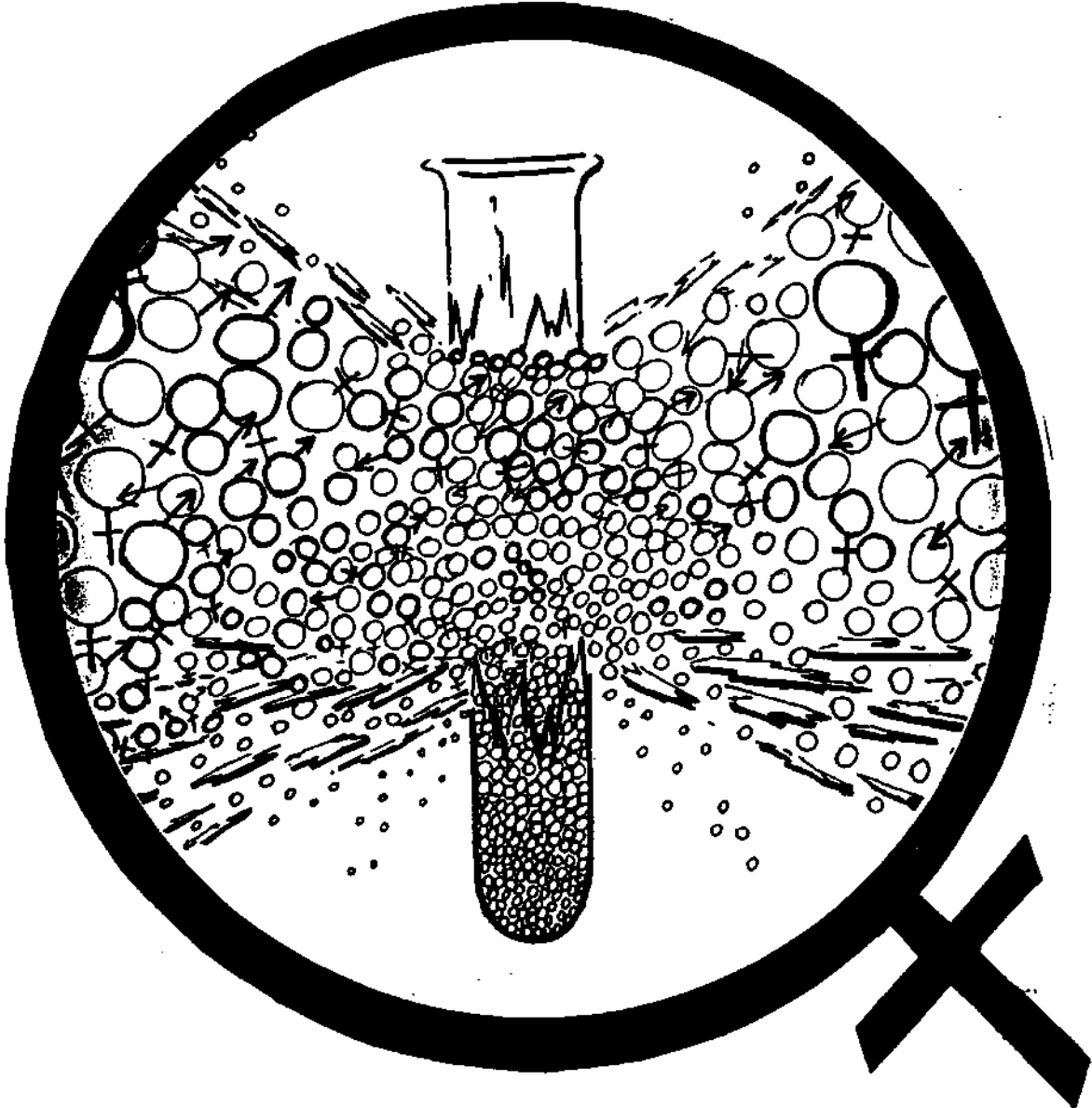


*Feminist International Network of
Resistance to Reproductive and Genetic
Engineering*



EDITORIALS

Many of you have probably given up hope of ever casting your eyes on another FINRRAGE newsletter again..... It has been at least twelve months since the last issue! There are several reasons for the fact that this has happened, however, and I will outline a few important ones and briefly discuss what can be done and is being done to address them.

MONEY

The severe lack of funds to produce and circulate the newsletter was a major factor. Three notices were sent out to several members to renew their subscriptions (this in itself was costly). The response rate was so poor that it proved impossible to continue.

FORMAT

The newsletter had started to become more of a journal, and there has been some discussion as to whether it was necessary to include so much detail - especially since there were lack of funds. It was therefore decided that this new format (i.e. shorter) would provide sufficient information to keep members informed about up to date issues. More information can then be obtained by writing to the National co-ordinator and enclosing a fee for photocopying.

MEMBERSHIP

Very few members have taken the time to send information and utilise the newsletter as a channel for communication and information. This has been the most frustrating aspect in attempting to co-ordinate the Network. I would like to take this opportunity to stress that if the Network is to be useful, then subscribers and others should use it more actively. Please send us articles and information! We also encourage letters to the editors.

CHANGE OF CONTACT

Some of you may already know that I have moved residence to Melbourne. I have been the National contact for four years and it seems a fitting time to resign and have some new energy take up the role. The new National Contacts sharing the responsibility are Chris Ewing and Sarah Ferber from the Melbourne chapter of FINRRAGE. I wish them well in continuing the important work of the Network.

Finally, I wish to thank the many women who have generously given their time and support in helping make my role over the last four years a lot easier!

Lariane Fonseca.

On behalf of FINRRAGE (Australia), I would like to sincerely thank Lariane for her hard work over the last four years as National Co-ordinator, especially the effort she put into producing the newsletters almost single-handedly, handling all correspondence and accounts, and all those things that National Co-ordinators do that nobody knows about. As Lariane has discussed in her editorial, sometimes it wasn't an easy task, and the lack of response from members perhaps made her feel isolated from the network she was co-ordinating. I would endorse her sentiments that as a network, we really need subscribers to be active in contributing to the newsletters also.

This newsletter will be the first under the name of FINRRAGE (replacing the National Feminist Network on Reproductive Technologies). It has become clear from national and international events over the last four years that we are not just discussing these technologies but resisting them, and resistance is the sentiment that the name FINRRAGE embodies. Because of the long lapse since the last newsletter, we are asking for new subscriptions from all members. The new subscription price will be \$12-00 per year (\$6-00 concession) for four issues - a very reasonable price! We are hoping that there will be sufficient subscriptions to cover the cost of producing and mailing the newsletter. Please fill in the subscription form at the back of the newsletter and return to FINRRAGE, P.O. Box 62, Brunswick, Victoria, 3056. The Melbourne FINRRAGE group has produced a set of six postcards on the new reproductive technologies, and an order form is also included in this newsletter.

We look forward to your renewed and ongoing support for the network.

Chris Ewing (editor).

Inquest on WA death

A Western Australian woman died on Saturday after she went into a coma during an IVF operation 12 days earlier.

The woman, in her 30s, had a laparoscopy operation to collect eggs at the King Edward Memorial Hospital IVF clinic.

A coroner's inquest will be held into the woman's death.

A clinic spokesman, Dr Bruce Bellinge, said the woman had been transferred to the Sir Charles Gairdner Hospital after the resuscitation at the clinic.

Dr Bellinge said it was an unfortunate coincidence that the woman had died during an IVF procedure. "Of course, IVF is bearing the brunt of that," he said.

LOCAL NEWS

WOMEN DONORS TO IVF AND VICTORIA'S INFERTILITY ACT: AN EMBRYONIC FREEZE-OUT?

by Sarah Ferber.

In November, 1987, an amendment to the Infertility (Medical Procedures) Act of 1984 was passed by the Victorian Parliament. It broadens the terms of embryo experimentation permitted in Victoria, while placing increased restrictions on some aspects of donation of material to embryo research. The Minister for Health, David White, appears poised to proclaim the Amendment to permit destructive research on embryos formed exclusively from the ova and sperm of women and men on IVF programs, subject to the approval of the state's Standing Review and Advisory Committee on Infertility. For women on IVF programs, the Act has so far afforded little direct protection - its focus is firmly on the embryo. It is ironic that the Amendment, which was intended to limit the categories of donors to research, will further the already hostile legal environment in which women donors to IVF research subsist. Given the publicity which continues to surround the Amendment, it may be timely to pause and consider the legal position for women who donate ova to IVF research and to see the Amendment against that background.

Briefly, there are four categories under which women may legally be asked to donate ova to research:-

- (1) Women on IVF programs who have been superovulated and who give so-called "excess" ova to research, following the fertilization of some ova for re-implantation or freezing;
- (2) Women (both within and outside IVF programs) who have not been superovulated but may donate single ovum, following invasive surgery performed for purely experimental purposes;
- (3) Women outside IVF programs who have been superovulated in order to donate ova to women undergoing IVF. (It is unclear whether these women or the recipients of the donated ova decide on the use or "excess" ova, if either do.)
- (4) Women undergoing sterilizations who may be requested to also undergo superovulation, so yielding mature oocytes in the process of non-IVF surgery. Legally, the same could be asked of women undergoing any treatment, or even simply wishing to donate. The 1982 Human Tissue Act excludes consideration of gametes.

In short, the situation is a scandal. The Amendment to the Infertility Act (section 9A) ensures that embryo research will not have so vast catchment area for ova and sperm. Both female and male donors are obliged to be undergoing IVF treatment. However, there is a significant anomaly in this, as Section 9A of the Act does not use the word embryo in its formulation, so protecting donors of ova to a certain type of research, rather than those undergoing a certain type of chemical and surgical regime intended to produce those ova, that is, almost all women who donate to IVF research. Whom then does the Act protect? With the

proclamation of other sections relating to record-keeping, for example, and the regulation of its requirements for counselling, it may offer a little more protection to women. At present, however, the position of women donors to IVF is in a chasm between the self-regulatory capacities of medical researchers (seldom in evidence) and the apparent unwillingness of the State Government to provide more than token support to women who become increasingly vulnerable, physically and morally, as IVF and genetic engineering research programs expand.

VICTORIAN MEDIA UPDATE.

In recent weeks, some disturbing and controversial events have occurred with the IVF clinics in Melbourne. Typically, the press has not covered the aspects of these events that detrimentally affect the women involved, and members of the Melbourne FINRRAGE group responded in the media with this perspective at heart.

In the last week of March, members of Monash University's IVF team (known as the Infertility Medical Centre) set up a private company called Infertility Medical Centre Pty. Ltd. The shareholders are Professor Carl Wood and Dr. Alan Trounson of the Monash IVF team. They claim that any excess monies made from the running of the centre will be returned to the university for research. In essence, this means that couples paying for IVF procedures (we avoid the word "treatment") will be funding embryo research. Robyn Rowland, of FINRRAGE Melbourne received comment in *The Herald* (31/3/88), pointing out that the money would be put back into embryo experimentation, and that women are used as the source of raw material for this research.

The *Age* reported on Saturday, April 2nd, that the Minister for health in Victoria, David White had ordered the Monash IVF team to stop using a new IVF procedure called microinjection. Microinjection aims to alleviate male infertility factor by directly injecting the sperm into the egg in the laboratory. Since the Victorian legislation relating to approved embryo experiments has not yet been proclaimed, the scientists were not permitted to test the embryos in the laboratory following microinjection and decided to bypass this restriction by directly implanting the fertilized eggs back into the women. Professor Carl Wood said that defective foetuses could be detected in utero by ultrasound screening, and if a defective foetus was discovered, a "therapeutic" abortion could be performed. This means that the women would be the incubators to test whether microinjection produced chromosomally normal embryos. Moreover, the IVF team failed to notify the state's Standing Review and Advisory Committee on Infertility that they were carrying out a new procedure. FINRRAGE responded to this insensitive behaviour of the IVF team by issuing a press release and we were able to voice our objections on several radio stations (ABC Radio news, 2JJJ in Sydney, 3CR in Melbourne), and through newspaper comment. As well, a letter written by

Renate Klein on behalf of FINRRAGE was published in *The Age* (9/4/88) and Robyn Rowland appeared on Channel 9 in debate with Dr. Trounson.

An article then appeared in *The Australian* that the Royal Women's Hospital IVF team had been using a technique called "zona opening" since the beginning of this year. The technique involves "holes" being made in the outside shell of the oocyte, but unlike microinjection, "nature" makes the choice of which sperm will fertilize the egg!! It appears that the Standing Committee were aware of these procedures being used.

The Age and *The Australian* both reported on April 8th of an IVF/surrogacy dilemma. The sister of an infertile woman (who had previously had a hysterectomy) acted as a surrogate, the embryo being created from the infertile woman's egg and donor sperm. Professor John Leeton of Monash University organized the procedure after being approached by the sisters. The ethics committee at Epworth Hospital did not approve the procedure, so Professor Leeton arranged for it to be carried out at a private hospital. Amendments to the Victorian adoption legislation would have made it extremely difficult for the woman to adopt the baby her sister would give birth to, but Premier John Cain announced in the press that the law would be changed if it proved difficult for the genetic mother to adopt the child.

These events highlight the way in which IVF is being applied in an increasingly wider sphere, even though it is still an unsuccessful technique and is hazardous to the women involved. IVF scientists are taking advantage of loopholes and unproclaimed legislation to push their own research interests.

The relevant news clippings have been included here, as well as the part of the Victorian Act pertaining to approved embryo experiments.

Chris Ewing

NH&MRC GRANTS FOR 1988: WHERE DO THE PRIORITIES LIE?

The National Health and Medical Research Council will be giving over \$37 million into medical research this year from its Medical Research Endowment Fund. This money will be funding both ongoing projects and new ones. Some of the areas that have attracted significant amounts of money are in the areas of genetic engineering and genetics-related research. The sum of \$1, 840, 913.55 was given to genetics-related research while community health research received \$160, 805.32. IVF-related research received \$433, 659. 47, whilst no money was given to research into the prevention of infertility, although \$23, 159.95 was given to study *Chlamydia trachomatis*. Cervical cancer research received \$232, 131.31 and breast cancer, one of the biggest killers of Australian women received only \$42, 923.52.

Thanks to Jenny Draddy for this summing up of NH&MRC grants. A breakdown of the figures can be obtained through FINRRAGE.

New IVF treatment stopped

By **MICHAEL PIRRIE**,
medical reporter

The Minister for Health, Mr White, has ordered IVF scientists to stop using a new infertility technique designed to make human embryos in the laboratory before transferring them to the womb.

The experimental technique was first used about three weeks ago in a procedure aimed at implanting one or more embryos, fertilised by laboratory microinjection, into the uterus of a patient at the Monash University Medical Centre, Clayton.

The microinjection, designed to achieve laboratory fertilisation by injecting a single sperm under the outer shell of the human egg, or ovum, was unsuccessful, and failed to produce any embryos for implantation.

The standing review and advisory committee on infertility, a parliamentary committee which was appointed in 1985 to advise on infertility and its treatment, was not informed. The committee learnt indirectly that microinjection work had begun after doubts were raised within the Monash Medical Centre about the technique and the possibility of human-embryo-related research. Mr White has intervened

and told the group to stop fertilisation begins) to test using the technique until for abnormalities.

legislation to controlled its use can be proclaimed. This means that five more couples who were due to have the new treatment, which so far has been successful only in animals, cannot go ahead with microinjection, according to a scientist associated with the project.

The scientist said the couples were aware that "they were really going through a bit of a clinical trial". "In some ways, I suppose, each patient is sort of experimental ... because there is no other way of getting material to work with, apart from getting the eggs and actually doing the procedure with the patient"

Mr White said last night that on advice from the committee he had sent a letter to the scientists advising them to stop their work until legislation could be proclaimed. He said he was "uncertain if they had been acting outside the law".

The ethics committee at the Epworth Hospital, where most of the clinical IVF procedures are done, approved the microinjec-

EXCLUSIVE

tion technique, subject to con- A source close to the commit it strongly recommended patients seeking i fertilised eggs or early emb "pre-syngamy" (about 22 hou

"I wish we could have more community debate about this," the source said. "It is a pity we can only get out tiny specks of what is happening, to the public. Do we have any right to create life under such extraordinary circum-



Professor Wood: scientists will look at the legalities.

stances? Should we be experimenting at all?"

Clinical microinjection, one of the latest methods designed to help men with poor-quality sperm, was pioneered in Victoria. The decision to begin work on the technique comes at a critical time in IVF research. New findings indicate that babies resulting from laboratory conception have a much higher rate of certain birth defects than babies resulting from conception by other

means. The committee was that we would always act within the spirit of the law.”

The development has always acted within the spirit of the law.”

members of the standing review committee, who b A scientist close to the project said they had an undertaking from that in “a lot of cases” genetic damage scientists that they would to the foetus would not be known until with the spirit of the birth. “And some inherited diseases legislation until amendment: don’t show up until well after birth”.

proclaimed. These would Under the Infertility researchers to test the safety (Medical Procedures) Act, technique through a yet to be proclaimed, new experiments on early pre-sy experimental procedures embryos. must be approved by the IVF scientists argued initial standing review and they wanted Victoria’s previous advisory committee. The infertility legislation, banned committee, having granted making of human embryos approval, must report to the for research, changed to Health Minister, who then assessment of the safe informs Parliament microinjection before using Similarly medical humans. institutions wishing to carry out new IVF procedures Australia’s test-tube baby out new IVF procedures pioneer, Professor Carl must get the minister’s Wood, said last night that approval.

new results from mice A scientist associated with the new studies showed normal technique told ‘The Age’ that foetuses born from microinjection research involving microinjection. Most fertilised human eggs or early human abnormal microinjection embryos had been carried out before embryos would the parliamentary committee was spontaneously abort after established.

being transferred, he said. Chaired by Professor Louis, Waller, it was set up to safeguard against The few that might continue was set up to safeguard against to develop could be possible abuses of IVF technology detected by tests such as and to ensure that new procedures ultrasound, and could be were developed within ethical, legal and socially , accepted restraints.

Professor Wood said that, although the Epworth ethics committee approved microinjection and human embryo experimentation if couples were willing to donate their genetic material, scientists decided not to experiment on embryos as it was part of the infertility committee’s domain and the law banning embryo research had not been changed.

He said the scientists would look at the legality of their position, including the committee’s power to control scientific activity. “Our agreement with the

Surprise at move to apply IVF technique

By **SONYA VOUMARD**

The parliamentary committee on infertility had been "surprised and disconcerted" to learn of plans to use a new infertility technique as a clinical treatment, its chairman. Professor Louis Waller, said yesterday.

Professor Waller said there had been a "breakdown of communications" between IVF scientists at the Monash Medical Centre and the standing review and advisory committee on infertility.

He said that while he believed the new "micro-Injection" technique was a potentially important breakthrough, he had been under the impression that it needed further work before being used as a clinical treatment.

A report in 'The Age' on Saturday revealed that the experimental technique, which involves implanting in the womb embryos formed by laboratory micro-injection of a single sperm under the outer shell of a human egg, had been used before legislation relating to it was proclaimed, and without the knowledge of the advisory committee.

Concern

"We were initially surprised, to say the least, to learn that it was now proposed that clinical treatment should proceed," Professor Waller said.

"Since then I've spoken to Professor (Carl) Wood (Australia's IVF pioneer) and he wrote to me explaining the background to that particular decision. I've since written back to him and, in general terms, I've emphasised our concern at the breakdown in what we thought had been a well-established chain of communication," Professor Waller said.

Professor Wood had told him that a good deal of additional research had been done on the technique, he said.

Professor Waller said it was not "the committee's purpose to 'keep a kind of

day-to-day eye on what happens but we are responsible to advise the Minister for Health on developments in relation to the treatment of Infertility".

He said he did not think the scientists had acted outside the law.

Victoria's shadow attorney-general, Mr Bruce Chamberlain, yesterday said he thought the scientists had acted illegally by using the new technique.

"I think it seems fairly clear that they've acted outside the law. I mean it's common knowledge that the new legislation hasn't been proclaimed," Mr Chamberlain said.

"I am appalled to think that they would take it on themselves to assume they had the right to do it when clearly they felt earlier on that it needed an act of Parliament to do so."

A social psychologist and senior lecturer in women's studies at Deakin University, Dr Robyn Rowland, yesterday said the use of the new technique was a further example of "IVF turning women into living laboratories".

"I think this is the perfect example because everybody's so obsessed about not doing any harm to the embryo and nobody's concerned about the fact women's bodies are being used to test whether micro-injection works," Dr Rowland said. She described the micro-injection technique as "a new trick" needed to boost the IVF cause.

A spokeswoman for the combined infertility groups in Victoria, Ms Rosalie Buchan, said yesterday she hoped IVF treatment would not be held up "because of a technicality".

"We are not just the pawns of scientists who want to do things for the worst motives," she said. "Some of us have been waiting up to eight years to have children and this could mean another set-back."

Nature makes choice in chosen IVF technique

By **RICHARD GLUYAS**

THE Victorian Minister for Health, Mr ... has given his imprimatur to an IVF fertilisation technique involving similar issues to a technique he apparently banned last week.

A private consultant to Melbourne Women's Hospital and one of the pioneers of IVF research in Australia, Mr Ian Johnston, yesterday told *The Australian* that the technique, known as zona opening, had been used at the hospital since the beginning of the year.

Zona opening involves the use of two needles to make a hole in the egg's outer shell (the zona pellucida) in a similar fashion to the technique perfected by the Monash University Medical Centre (MUMC).

The crucial difference between the technique used at the MUMC, in a world first, has developed the technique of sperm injection whereby a single sperm can isolate a particular sperm and inseminate an egg.

As Mr Johnston explained: "The crucial difference is that with the other technique a single sperm is made as to the sperm. Here (at Melbourne Women's) nature makes the choice."

Mr Johnston said that both Mr Whitford and Louis Waller, the chairman of the Standing Review and Advisory Committee on Infertility, were aware of the hospital's work in the area.

Asked if the hospital had looked at the possibility of developing the MUMC technique, he said the zona opening had been developed as an alternative and would continue in that capacity.

In addition, he expressed doubt that the zona opening procedure had actually been approved by the State Government.

"I am not sure that it has been banned," he said. "People have been making statements that it would be an unhappy situation if the technique were banned. I can't see where it conflicts with the Act (the Infertility Medical Procedures Act).

MEDIA RELEASE

WOMEN PATIENTS PUT AT RISK IN IVF EXPERIMENT : CALL FOR MORATORIUM ON ALL IVF.

Women's groups are outraged at the actions of the Monash Medical Centre IVF team in proceeding with microinjection experiments to create embryos for implantation into women.

A spokesperson for FINRRAGE (Feminist International Network for Resistance to Reproductive and Genetic Engineering) said today:-

“The IVF researchers are deliberately using women as experimental subjects to circumvent Victorian legislation which disallows embryo experimentation. They have dishonoured their own undertaking made in February last year to advise the state's Standing Review and Advisory Committee on Infertility about the use of new techniques and they now appear prepared to disregard their patients' welfare in proceeding with a highly experimental method. They are saying ‘If we can't test the embryos, we'll use women as incubators to see if microinjection works’.”

Microinjection aims to alleviate male infertility. Yet, as in all IVF procedures, it is the woman partner who undergoes potentially hazardous hormonal ovary stimulation and invasive surgery for egg collection. Professor Wood now proposes ultrasonic screening during pregnancy as an acceptable means for tracing the development of embryos created by microinjection.

“What effects do all these procedures have on women?” the spokesperson said. “How can a medical ethics committee responsibly approve a highly experimental technique? The present legislation does not protect women from abuses by IVF experimentation. The community needs to consider the implications of IVF for women. A moratorium should be imposed on all IVF, in view of this present exploitation of a loophole in the legislation. So-called routine IVF has a low success rate and a higher than normal incidence of birth defects - the use of the microinjection technique puts further pressure on women to undergo screening through the pregnancy and possible ‘therapeutic’ abortion of defective foetuses”.

New scientific data alone should not dictate the legislative response to IVF. Professor Wood (Age Sat-April 2) argues that studies in mice have shown the technique to produce normal foetuses. Yet his colleague, Dr Alan Trounson, has said, in arguing for embryo experimentation, that evidence from mice was not sufficient to justify direct application to humans (Sept 29, 1987)*They now seem prepared to see women patients used as a bargaining chip in an attempt to secure proclamation of the Act.

Further information and documentation may be obtained from:-

Christine Ewing 861 7722

Sarah Ferber 710 1 386

Robyn Rowland 437 3869

FINRRAGE : P.O. Box 62

Brunswick 3056

Healthy women are victims of IVF fiddling

from Dr R. Klein, post-doctoral research fellow, Deakin University, on behalf of the Feminist International Network of Resistance to Reproductive and Genetic Engineering

The newly debated variety of IVF ('The Age', 2/4) confirms what feminists have been warning about over the past four years: first, that the IVF procedure amounts to experimentation on women's bodies; second,

notwithstanding the existence of ethics committees, IVF researchers will take their research wherever they want it to go next. Moreover, the article omits that “the uterus of a patient” belongs to perfectly healthy, normally functioning women whose male partners have a fertility problem.

They are the first submitted to dangerous hormonal stimulation to produce mature eggs, despite medical evidence that superovulation may cause cysts,

ruptured ovaries and even cancer. Then they are used as living Incubators to see whether the man-made embryo develops properly in their womb. As women who submit to the physical and emotional trauma of IVF are already pushed to the limit, Professor Carl Wood's comment that abnormalities of the embryos could be followed by ultrasound and abortion, are outrageously insensitive, to say the least

Also many abnormalities will only be detected at birth or later. Only by putting the embryos into a woman's womb who then carries it to term, gives birth to it and watches the child's development will anyone know if the techniques "worked". The general public should realise that no matter how many committees are set up — and even if their recommendations were abided by — IVF is "not" a treatment but remains dangerous experimentation on healthy women.

The real face of IVF is scientific opportunism which abuses peoples' desire for children and has women pay with their bodies for the excitement of scientists who want to fiddle around with human raw material, and will not make themselves accountable to society.

Reoate Klein,
Geelong.

Sister surrogacy 'a moral and loving act'

By STUART RINTOUL and JACKIE ALLENDER

A SURROGATE pregnancy involving two sisters was strongly defended last night by the doctor who organised the surrogacy as "wholly desirable".

Professor John Leeton said it was a "moral and loving act" and should present no legal or ethical problems.

The procedure, believed to be a world first involving sisters, was conducted at one of Melbourne's biggest Jewish hospitals, Masada, after the ethics committee at the city's Epworth Hospital - at the forefront of IVF programs in

Australia - balked at allowing it to go ahead.

Professor Leeton, of the Department of Obstetrics and Gynaecology at Monash University, said he regarded criticism of the surrogacy as "not valid at all" saying: "There was no difficulty in my mind."

He said there was no chance that the sister carrying the child would want to keep it after the birth, which was expected in June, and he did not believe there would be any psychological damage to the child.

"It's a child of love," he said.

"The driving force was altruism, therefore I see it as a very moral and loving act.

"It's a wanted child and that's what society needs more of; but I don't expect the Roman Catholic Church will agree with me."

The pregnancy was achieved by extracting an egg from the infertile woman, whose partner is also infertile. The egg, and sperm from an unidentified donor, was then implanted in the womb of the woman's younger sister.

The surrogacy has already been criticised by the director

of the Bioethics Centre at St Vincent's Hospital in Melbourne, Mr Nicholas Tonti-Filippini.

He said yesterday it was extremely immoral for an IVF doctor to be involved in a surrogacy project.

"This is using a woman as an incubator," Mr Tonti-Filippini said. "It is fragmenting the bond between a child and its mother."

The birth of the

child will also create legal difficulties. Under the Status of Children

**Continued -
Page 2**

From Page 1

(Amendment) Act 1984 in Victoria it appears that the law will recognise the surrogate as the mother and the older sister will have to apply to adopt the child.

Professor Leeton said last night this was likely.

He said the sisters approached him

about 12 months ago with the idea of the surrogacy and they had sought legal advice from the Victorian Solicitor-General before proceeding with it. The Solicitor-General had indicated it was "not illegal".

Under the Infertility (Medical Procedures) Act 1984 it is illegal for people to advertise with an intent to induce a person to act as a surrogate, or receive a reward for making such a

contract - neither of which was the case in this instance, Professor Leeton said.

The infertile woman was in her late 30s and married for a second time, while the sister carrying the child was in her early 30s and married with two children of her own.

The elder sister was referred to the professor 15 years ago because of infertility of unknown cause and at the age of 31 had

<p>a hysterectomy, making it impossible for her to have children either naturally or through the IVP</p>	<p>program. “She would have gone; through IVF if she had a womb, but she didn’t,” Professor Leeton</p>	<p>said. “It’s a very unusual case.” Professor Leeton estimated that no more than a dozen women a year in</p>	<p>Australia could qualify for this treatment.</p>
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THE LEGISLATION

Section 6

(3) A person shall not carry out an experimental procedure other than an experimental procedure approved by the Standing Review and Advisory Committee.

Penalty: 100 penalty units or imprisonment for four years.

(4) In sub-section (3), “experimental procedure” means a procedure that involves carrying out research on an embryo of a kind that would cause damage to the embryo, would make the embryo unit for “implantation or would reduce the prospects of a pregnancy resulting • from the implantation of the embryo.

(5) Where ova are removed from the body of a woman, a person shall not cause or permit those ova to be fertilized outside the body of the woman except for the purposes of the implantation of embryos derived from those ova in the womb of that woman or another woman ‘in a relevant procedure in accordance with this Act

Penalty: 100 penalty units or imprisonment for four years.

(8) Nothing in this Act prevents or inhibits the carrying out in an approved hospital of research on, and the development of techniques for freezing or otherwise storing ova removed from the body of a woman.

Proclaimed

Unproclaimed
: s. 6(5)

Proclaimed

second International Interdisciplinary Congress on Women in Groningen, the Netherlands, in April 1984 and created a network called FINNRET (Feminist International Network on New Reproductive Technologies). In 1985, network women organized the Women's Emergency Conference on the New Reproductive Technologies in Vällinge, Sweden. Seventy-four women from 20 countries met to exchange information and discuss feminist analysis. These discussions lead to a clearer perspective on the interrelationship between reproductive and genetic engineering, their harmful effects on women worldwide, and the need for feminist resistance strategies. Both the conference resolution, as the first formulation of common standpoints, and the change of the network's name from FINNRET to FINRRAGE, reflected these insights.

Three women took the recommendations of the conference and the issues explored there to the United Nations Decade on Women Forum in Nairobi, Kenya in July 1985 and urged women from all over the world to take up these issues.

Since 1985, FINRRAGE has cooperated with different local or national organizations in organizing a number of national, continental, and international conferences. The aim of these meetings is to bring together FINRRAGE affiliates to intensify and broaden the exchange of information and positions.

Beginning with the establishment of the network, it was apparent that the majority of FINRRAGE women came from the industrial countries of Europe, North America and Australia. The insights that women from Asia and Latin America shared with women from the 'North' were and are essential to furthering our work. We must confront our differences and our cultural and political biases personally together, if we hope to go on to develop common strategies for resistance. An important step towards this goal was the organization of the second international FINRRAGE conference in Bangladesh, with a majority of Asian women participating. The conference brought together more than 140 women from 35 countries in March 1989 and greatly broadened the scope of discussion and exchange.

How *FINRRAGE* works

As a network, FINRRAGE does not have a formal membership status but rather provides links between individual women, as well as different kinds of local, national or international women's orga-

nizations who share common concerns and viewpoints. FINRRAGE affiliates work within their countries in choosing priorities for issues and activities suited to their specific situation. This may involve critical grassroots investigation or academic research, information to women and the general public, outreach to groups and individuals, lobbying, cultural or political forms of expressing opposition, or the establishment of alternatives for women (e.g. counseling or self-help groups).

The links between women working in different countries are made by the 34 national contacts and the international coordinating committee. Contacts collect information on the situation in their countries and pass it on to the international coordinating committee. This group acts as a clearinghouse, providing linkages and facilitating and coordinating the work of the national contacts, affiliates and FINRRAGE working groups on specific topics. They systematize information received and send out regular information packets with material relevant for the work of FINRRAGE affiliates, as well as theme packets on specific issues. Both can be ordered from national contacts, who distribute FINRRAGE material in their countries.

The FINRRAGE archive, as well as the international coordination, was located from 1985 until April 1989 in Great Britain. Both have now rotated to the Federal Republic of Germany. The archive is open for the use of affiliated or interested feminists. Requests for specific material can also be sent by mail.

Contributions from conferences organized or co-sponsored by FINRRAGE have appeared in several books and FINRRAGE affiliates also edit a journal of international feminist analysis called *Issues in Reproductive and Genetic Engineering*, published since 1988 by Pergamon Press (Pergamon Journals Inc., Maxwell House, Fairview Park, Elmsford, New York 10523, USA).

FINRRAGE welcomes women from all countries who share its concerns to contact us, to request further information, and to join in our work.

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FINRRAGE

About *FINRRAGE*

FINRRAGE (Feminist International Network of Resistance to Reproductive and Genetic Engineering) is an international network of feminists with contacts in 34 countries who are concerned with the development of reproductive and genetic technologies and their effects on women. These technologies offer a variety of different forms of reproductive control over women, following two basic directions: pro-fertility on the one hand, anti-fertility, on the other. Women in what is called the developing world and poor women in the industrialized countries are increasingly being offered more unsafe, harmful and coercive contraceptives. Other women are the subjects of experimental pro-fertility technologies, such as in-vitro fertilisation, which involve the use of harmful drugs and invasive surgery. Anti-fertility and pro-fertility technologies are two sides of the same coin; they share a common purpose of controlling population quantity and quality through controlling women's reproductive capacity.

The central technique aimed at achieving this biological 'quality control' today is genetic engineering, a method of analysing and manipulating the hereditary substance of all life forms. Gene technology is inherently eugenic, because it treats all living beings — microorganisms, plants, animals and humans — as inefficient or outright defective and in need of technical 'optimization' to fit the interests of profit and power. Genetic engineering is already being applied to all areas of our lives—in medicine, agriculture, the industrial production of food, chemicals and other goods, by the police and the military. Women will increasingly be faced with the adverse effects, not only with regard to reproduction, but also as producers and consumers, in the areas of food, health care etc. Last not least, we will all bear the brunt of future ecological disruption, while the profits will flow to a few multinationals.

FINRRAGE emerged with the growing awareness among feminists that it is time to question the assumption that older and newer forms of contraceptives, the new reproductive technologies, and genetic engineering are neutral or even benign.

Aims of the Network

- to monitor international developments in the areas of reproductive medicine, contraceptives, 'fertility drugs', in-vitro fertilization, embryo transfer, surrogacy, sex selection and determination, cloning, genetic screening and genetic manipulation etc.;
- to assess the implications of these and related technologies for the socio-economic position and well-being of women in different situations, cultures and countries, as well as the impacts on the environment and other life forms, today and in the future;
- to raise public awareness about contraceptive and reproductive technologies and genetic engineering and the ways in which they are linked;
- to analyse the relationship between science, technology, and social relations in patriarchal societies underlying these technologies and the implications for the feminist movement and the development of alternatives which respect women and nature;
- to extend our links with women internationally to pool information and insights and to develop a set of strategies for women and women's groups to consider and discuss;
- to develop a global movement of feminist resistance to population control policies and reproductive and genetic engineering, while confronting the issues that divide women because of differences in their social, economic, political, and cultural situation.

Background

Since the mid-1970's women from various countries have been discussing these issues from a feminist perspective on a national and international level. Some of them came together at the

THE INFERTILITY (MEDICAL PROCEDURES) (AMENDMENT) BILL

Section 6 (5)	4. (1) In section 6 of the Principal Act, for sub-section (5) substitute— “(5) Where ova are removed from the body of a woman, a person shall not cause or permit fertilisation of any of those ova to commence outside the body of the woman except—		CURRENT ACT
15	(a) for the purposes, of the implantation of embryos derived from those ova in the womb of that woman or another woman in a relevant procedure in accordance with this Act; or	5	
	(b) for the purposes of a procedure to which section 9A applies that is approved and carried out in accordance with that section.	10	
	Penalty: 100 penalty units or imprisonment for four years.”.	10	
	(2) After section 9 of the Principal Act insert— Research on process of fertilisation before <u>syngamy</u> .		
	“9A. (1) A procedure to which this section applies is a procedure involving <u>the initiation but not the completion of the process of fertilisation</u> of ova outside the body of a woman.	15	
	(2) A procedure to which this section applies—		
	(a) must be approved by the Standing Review and Advisory Committee before it is commenced; and	20	
	(b) must not be carried out unless—		
	(i.) the ova used in the procedure are the ova of a married woman; and	25	
	(ii.) the woman and her husband have undergone, in relation to the carrying out of a fertilisation procedure, examination or treatment of a kind referred to in section 10, 11, 12 or 13;	30	
	(iii.) the woman and her husband each consents in writing to the procedure to which this section applies; and		
	(iv.) a medical practitioner by whom or on whose behalf the procedure is to be carried out is satisfied that the woman and her husband have received counselling in relation to the procedure, including counselling in relation to prescribed matters, from an approved counsellor, and	35	
	(v.) a medical practitioner by whom or on whose behalf the procedure is to be carried out is satisfied that the carrying out of the procedure is reasonably likely to produce information or establish knowledge indicating procedures (including fertilisation procedures) that might be carried out for the purpose of enabling a woman who has undergone examination or treatment of a kind referred to in section 10, 11, 12 or 13 to become pregnant.	40	
5			
	(3) A person must not use semen produced by a man (in this sub-section called “the donor”) for the purposes of a procedure to which this section applies unless—		
10	(a) the donor and his spouse have undergone, in relation to the carrying out of a fertilisation procedure, examination or treatment of a kind referred to in section 10, 11, 12, or 13; and		
	(b) the donor and (unless he no longer has a spouse) his spouse have each consented in writing to the use of the semen in a procedure to which this section applies and have not withdrawn that consent; and		
15	(c) the donor and the spouse (If any) have received counselling from an		

approved counsellor.

Penalty: 25 penalty units or imprisonment for one year.”

(3) The Principal Act is amended as follows:

(a) In section 3 (1), in the definition of “Fertilisation procedure” for paragraph (a) substitute—

“(a) a procedure to which section 10, 11, 12 or 13 applies; or”;

(b) In section 3 (1), in the definition of “Relevant procedure” after “section” insert “9A”; and

(c) In section 7 (2), after “section” insert “9A”.

NATIONAL BIOETHICS COMMITTEE - CONSENSUS WITHOUT TEETH?

In October, 1987, Robyn Rowland and Lariane Fonseca, representing FINRRAGE Australia met with Senator Susan Ryan over the establishment of a National Bioethics Advisory Board. They discussed at length issues of reproductive technology. It was clear that the (then) Minister was sympathetic to feminist positions, but anything faintly 'way out' like the fears about the general application of genetic screening, was not agreed with by the Minister, and in fact she thought such arguments would discredit the FINRRAGE position. The Minister was also unwilling to accept criticism of the commercial links of the Victorian state government with IVF Australia Ltd. Robyn and Lariane felt that the eventual committee established would have "respectable" and "accommodationist" positions represented on it, and that the committee itself would be directed to reach consensus on issues, rather than to represent healthy debate. The committee would ultimately have no teeth and would not result in formulation of legislation.

The committee membership was recently announced:-

THE AGE, Saturday 19 March 1988

New bioethics committee is broadly based

**By MARK
METHERELL,
Canberra**

The Federal Government yesterday announced a new, broadly based national committee on bioethics to advise state and federal governments on issues such as surrogacy, in-vitro fertilisation, genetic engineering and euthanasia.

The 13-member committee will be headed by a deputy president of the Administrative Appeals Tribunal, Ms Robyn Layton. It is expected to reduce the influence of the medical profession by providing advice to government on a wide range of medical issues involving ethical and economic dilemmas.

The committee, seven of whose members are women, is also likely to consider the question of government spending on costly life-saving operations such as kidney and heart-lung transplants.

The federal Minister for Community Services and Health, Dr Blewett, said the rapid advances in biotechnology were creating ethical issues that needed to be addressed by all sectors of Australian society.

Dr Blewett said a more coordinated national approach to bioethics was needed. It was likely that the committee would be asked to consider wider issues such as biomedical and health-related research, the application of technology and the delivery of health services.

The committee included representatives from areas such as philosophy, moral theology, women's health and social science, he said.

Ms Layton said last night that, with some exceptions; the bioethics committees established in Australia had tended to be dominated by the medical profession.

She said she hoped the committee would "not just

be looking at doctors' interests but at community interests"

Ms Layton said biotechnology had moved ahead and people did not realise where it was going. "It is such a new coalface we are trying to back away at It is largely new territory."

The committee would have a national focus and would also deal with issues raised by federal and state attorneys-general and social security ministers.

Ms Layton said the committee initially would be unlikely to deal with the most contentious fields such as in-vitro fertilisation and genetic engineering.

The other members of the committee are: a Wollongong University sociologist. Ms Rebecca Albany; the head of the University of Tasmania's law department. Mr Doo Chalmers, the Deakin University professor of philosophy, Professor Max Charlesworth; a nursing consultant at an Adelaide reproductive unit, Ms Skeryl de Lacey; a Sydney University of Technology science lecturer. Ms Heather Dietrich; the director of the Queensland Catholic Bioethics Centre. Sister Regis Duncie; the deputy director of the medical research centre at Prince Henry's Hospital in Melbourne, Professor John Funder; a Moaasa University social and preventive medicine lecturer. Dr Sandra Glifford; a former director of the Northern Territory Beach

Department. Dr Charles Gurd; the master of the University of Western Australia's Kingswood College, the Reverend Cofla Hoey; a University of Western Australia professor of obstetrics and gynaecology. Professor Con Michael, and the spokeswoman for the Australian Consumers Association, Ms Phillipa Smith.

INTERNATIONAL NEWS

MATERNITY IN THE LABORATORY

An International Forum on the New Reproductive Technologies Organized by the Conseil du Statut de la Femme, Montreal, Canada, October 29-31, 1987.

In October 1987, the office of the Status of Women for the Government of Quebec held an international forum on Motherhood in the Laboratory. It funded a range of international speakers, including feminists, to attend. FINRRAGE was represented by Rita Arditti, Renate Klein, Robyn Rowland, Francoise Laborie, Louise Vandelac, Janice Raymond, Gene Corea, and Jalna Hanmer. Over 500 people, mainly women, attended the forum and five hundred had to be turned away. It was an extremely well organized conference and was noted for the care and consideration given by the organizers to both speakers and participants.

The conference was opened by the Minister for Health and Social Services in Quebec, Therese Lavoie-Roux who expressed concern, as did the President of the Council, Francine McKenzie, over the rapid development of the new reproductive technologies and the need for governments to consider ethical questions and develop legislation.

Two panel sessions were held to open and close the conference with workshop panel sessions through the days which focussed intensely on a number of specific issues. The first panel session included as speakers Gena Corea (US), Jacques Dufresne (Canada), Catherine Labrusse-Riou (France), and Jacques Testart (France). They basically addressed the question whether the new reproductive technologies would give women more control over reproduction. While Corea expressed the view that the technology represented a loss of control, and backed this up with evidence particularly from the surrogate industry in the United States, Dufresne and Labrusse-Riou concentrated on the processes of the development of legislation and how this could be used to control the technologies. Jacques Testart was particularly interesting to hear. He was a leading French IVF scientist who had supposedly rejected embryo experimentation. It became clear in the discussion after his panel talk that he is actually continuing the work with animals that will lead to the development of the maturing of immature eggs. His work therefore continues to feed into IVF, reproductive technology and genetic engineering.

The closing panel again debated the issue of control. Speakers here included Jalna Hanmer, Mary Sue Heinifin, Martine Chaponniere, Janice Raymond, Francoise Laborie and Louise Vandelac. Issues which were raised included the failure of laws to date to attend to the welfare of women and a suspicion that that laws on reproductive technology would likewise fail to be women-centred. Janice Raymond also pointed out the connections between the new reproductive technologies and the international traffic in women. A number of speakers addressed the issue of the collective power of women in resisting the imposition of the new reproductive technologies.

A number of workshops dealt in detail with some of the difficult issues in the area of the new technologies. 'Crumbling Motherhood' addressed the maternal role of women and Robyn Rowland analysed the development of procreative alienation which reproductive technology is passing from men to women. 'The Supervised Mother' dealt with the medicalisation of childbirth, and pregnancy and conception. Renate Klein highlighted the experimentation being conducted on women on IVF programs and the ill-health which results from that experimentation.

A workshop on the 'Rights of the Foetus' looked at the increasing number of cases in which an embryo or a foetus is given rights in conflict with the mother. A number of court cases which have occurred in Canada and the US where women have been forced to undergo cesarian sections were considered.

The role of science itself was questioned in one of the workshop sessions and Rita Arditti gave a paper on the masculine science of reproductive technology. The issue of a society without handicapped people was also raised and searching questions asked as to the use of prenatal diagnosis and attempts to control the 'quality' of the foetus. Marsha Saxton analysed the discriminatory attitudes towards disabled people inherent in prenatal screening.

This is a brief overview of issues which were raised in some detail. The organisers allowed workshop sessions to run for three hours and they were repeated so that as many participants as possible could be involved. Debate and discussion was fruitful and exhausting. For further information, or to obtain a copy of the excellent book produced which contains all of the papers (some in French, some in English) interested people should write to Conseil du Statut de la Femme, Therese Mailloux, 8 rue Cook, Bureau 300, Quebec, GIR 5J7. The book is available at Can. \$10-00. Copies of the summaries of the workshops are available from FINRRAGE for \$2-00.

Robyn Rowland.

CRITICAL VOICES THREATENED: AN ATTEMPT TO SILENCE FEMINISTS CONCERNED WITH REPRODUCTIVE AND GENETIC ENGINEERING IN WEST-GERMANY

Based on Paragraph 129a - "support or membership in a terrorist organisation" which jeopardises national security - on December 18th 1987 33 simultaneous police raids were conducted in West Germany. At 4.30 p.m. hundreds of heavily armed police (200 in Essen alone) burst into workplaces and private homes. The majority of those raided were women who in one way or another had become known as critics of Reproductive Technologies and Genetic Engineering since the 1985 landmark Congress of German feminists in Bonn: FRAUEN GEGEN GENTECHNIK UND REPRODUKTIONSTECHNIK (Women against Gene and Reproductive Technologies). Among them was the GENARCHIV in Essen: an archive open to the general public with thousands of newspapers clippings and scientific papers on all aspects of reproductive technology. In a telephone interview to Gena Corea, USA, physician Dr. Beate Zimmermann from the Genarchiv said:

'I opened the door of my office and bluum! They came in like a herd of animals. About 15 of them. They ran into every room and stood there with their guns drawn. I said "what are you doing here? There is nothing here." There were two patients sitting and trembling. Nothing else.'

The police then strip-searched Beate Zimmermann - making a note of moles on her body! - and took photos of everything that was in the archive ('even the map of the world, it was really ridiculous'). Then they confiscated irreplaceable papers, private correspondence and address lists. A particular interest was placed on material concerned with pre-natal screening and genetic counselling - the latter having caused a lot of stir in Germany over the last years as its eugenic foundations in relationship to the not so long ago Nazi ideology of separating life into 'worthy' and 'unworthy' was being exposed publicly.

In addition to these raids, two well-known women were arrested both known for their critical work on violence against women including Reproductive and Genetic Engineering. Dr. Ingrid Strobl (an Austrian ex-journalist for the national radical feminist magazine EMMA), and Ulla Penselin, a printer who was active in a group of women against Genetic

Engineering in Hamburg and had published a strong critique of the population control policies in 'Third World' Countries, particularly in Bangladesh. Strobl is accused of buying an alarm-clock used in a violent action last year against Lufthansa for which a women's group called Die rote Zora (named after a tough and assertive heroine in a widely known book for adolescents) took responsibility to protest the exploitation of 'Third World' women in the sex tourism industry. The accusations against Penselin remain unclear but both women have been charged under the terrorist act and to the time of this writing (March 1983) remain in prison in solitary confinement.

These actions led to a storm of protest in Germany and to some well attended demonstrations in various cities. Officially the feminist movement has been granted with 'making it' - that is of having an impact on the public debate about these new technologies and in the case of reproductive technologies, their disastrous impact on women. In mainstream as well as feminist publications (lukewarm only in the male left....) there was consensus that these actions are an attempt to intimidate critics of reproductive and genetic engineering by planting the fear of being associated with 'terrorists'!

Reproductive and Genetic Engineering is an everyday topic in the West German press. Whilst a number of commissions (governmental, scientific and ethic) are voicing their views presenting the developments either as 'progress' that needs to be supported or as an assault on human life (specifically the 'unborn child', thus taking a fetalist approach), an increasing number of women's groups including trade unions, church groups (ranging from protestants to catholics) and political parties warn against its dangers for women and people at large. In November 1987, for example, a group of Protestant women issued a strong statement against Reproductive and Genetic Engineering in which they specifically demanded to close down IVF programmes in order to stop the supply of eggs and embryos - indispensable prerequisites for the scientists' experimentation on embryos (which is really research on women as they need to be superovulated with dangerous drugs to produce the required 'raw materials').

It seems that on the whole the police actions backfired and made everyone who is involved in the fight against Reproductive and Genetic Engineering even more determined to keep on doing their research and distribute information to the general public. As a direct action, a

2nd National Congress Against Reproductive and Genetic Engineering is planned for October 28-30 1988 (place to be announced). Also, thanks to the international links of German FINRRAGE, protest letters from women world-wide were sent to the Ministry of Family, Health, Women and Youth. This, however, does not help the two women still imprisoned and more such letters are needed. So please send statements voicing concern about silencing critical voices under the guise that when we criticise these new technologies for their exploitative and violent nature against women we might be in alliance with 'terrorists' to Frau Professor Rita Suessmuth, Minister of Family, Health, Women and Youth, 5300 Bonn, W-Germany. Your support is much needed and appreciated.

Renate Klein

More information (including details about the planned conference) can be obtained from GENARCHIV, Fuehrichstrasse 15, 4300 Essen, W-Germany.

URGENT URGENT URGENT URGENT URGENT URGENT

As we are increasingly concerned with short- and long term effects of drugs used to supervulate women for the IVF procedure or conventional infertility 'treatment' on the women's bodies as well as - possibly - their children, we have decided to do some research on this topic it would be most helpful, if we knew precisely what happened to more women who received Chlomid, Pergona, HCG, or GnRH therapy or the more recent drug Buseriline (Decapepty) or HOE 766 by another name) Buseriline puts women into a 'chemical' menopause after which they then can be started afresh on a fertility hormone.

We would appreciate it greatly if you could either put us in touch with women who were sick after receiving any of the above mentioned hormones or tell us what you have heard/read about these treatments (including references if possible). We are particularly interested in the dosage, the amount of time for which the drugs were administered and when, during the women's cycle, they were prescribed. Your QUICK response is very much appreciated. We will in turn keep you informed about our work. Thanks!

Renate Klien and Robyn Rowland
Deakin University
School of Humanities
Victoria 3217 Australia

URGENT URGENT URGENT URGENT URGENT URGENT

ANNOUNCING A NEW JOURNAL
REPRODUCTIVE AND GENETIC ENGINEERING:
 Journal of International Feminist Analysis



Pergamon Press announces a new feminist, multidisciplinary and international journal focusing on the new reproductive technologies and genetic engineering and their impact on women worldwide. **REPRODUCTIVE AND GENETIC ENGINEERING** will cover areas of theoretical critiques; research assessments; current scientific and medical developments and issues; feminist strategies for resistance; conference reports; book and media reviews; letters in response to articles; and relevant resources.

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REPRODUCTIVE AND GENETIC ENGINEERING will fill the gap in the existing literature by:

- * recognizing the use and abuse of women as central to the developments of reproductive technologies and genetic engineering and
- * highlighting the relevance of the application of these technologies to the past, present and emerging social and political conditions of women.

REPRODUCTIVE AND GENETIC ENGINEERING: Journal of International Feminist Analysis will be published three times a year beginning in March 1988.

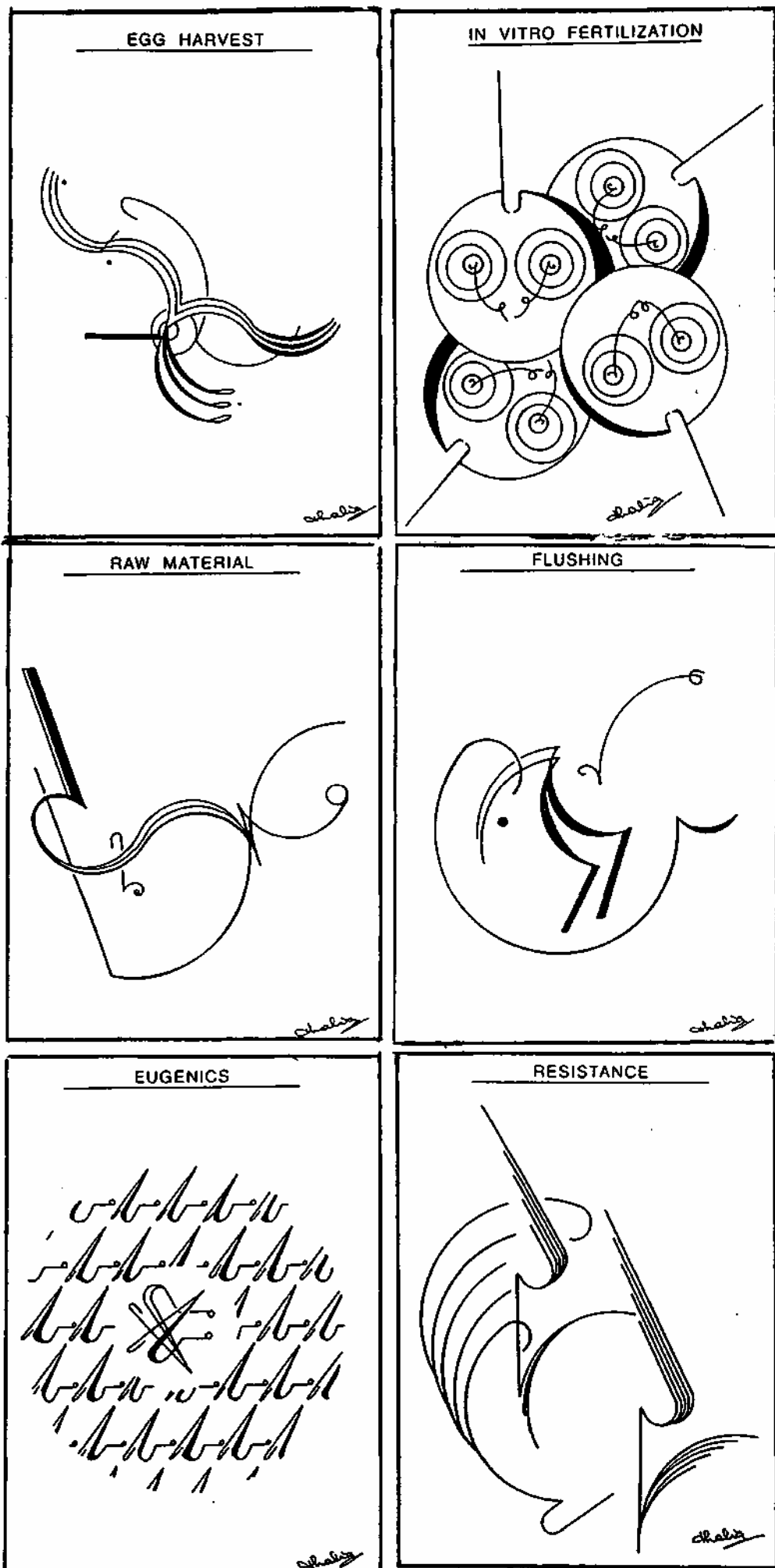
Manuscripts should not exceed 25 double-spaced pages. Style guidelines are those of Women's Studies International Forum.

Send papers and further inquiries to:

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FINRRAGE postcards



FINRRAGE -Australia

FEMINIST INTERNATIONAL NETWORK OF RESISTANCE TO REPRODUCTIVE AND GENETIC ENGINEERING

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