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Women's finding

Male dominance in reproduction research is challenged

By Joel N. Shurkin
Inquirer Staff Writer

SAN FRANCISCO — Men control most research into human reproduction, and women have suffered as a result, several women scientists have told the American Association for the Advancement of Science.

Men control the governmental agencies that make policy and disperse funds, even though most of the work is aimed at women, the scientists said. Many dangerous contraceptives have been tested or marketed with little regard for women's safety, whereas possibly safer ones have been ignored, they said.

Moreover, one woman scientist said, the growing technology that would enable couples to select the sex of their unborn children could further erode the place of women in the world.

The women scientists were part of

a symposium on ethics and reproductive research at the association's annual meeting here.

"Today's contraceptive technology — with its emphasis on hormones, devices, implants and injectables — has, in the ultimate sense, betrayed us," said Dr. Belita Cowan of the National Woman's Health Network in Washington.

Most research is done by the federal government and is coordinated by an Interagency Committee on Population Research, she said, which, until recently, "consisted of 17 white, middle-aged males. Two years ago a token female was added."

"Consequently," she said, "one of the most critical areas of ethical concern for women in the field of contraceptive development is that the scientists, researchers, developers, physicians, drug-company executives and vendors of contraceptives will never have to subject them-

selves to the very pills, devices, implants and injections they are promoting."

A survey of the researchers has indicated they do not think it is a serious problem, Dr. Cowan said.

Women are being tested with substances and devices that have not been approved for human safety, and the safety standards themselves have been lowered to permit their distribution and use, she said.

Alternate forms of contraception, such as the cervical cap (which is very popular in Europe and much cheaper than a diaphragm), the vaginal sponge and the condom are not getting adequate research funds, she said.

She said the problem would only be resolved when women take control of the research.

Dr. Roberta Steinbacher of Cleveland State University warned that giving couples a choice on the sex of

their children could drastically upset the balance between males and females in the world. That could have already begun, she said.

There are several methods under study for improving the chances of selecting the sex of a baby. One method involves timing intercourse to a particular point in the menstrual cycle. So far data on that method are contradictory; it is not known if intercourse early in the cycle or late in the cycle is more likely to produce boys.

There have also been some studies on post-intercourse douches that change the chemistry of the vagina. It is thought that if the vagina can be made more acidic than usual, a female might be more likely to result from conception; if the chemistry is made alkaline, it is more likely to be a male.

There are also studies into separating sperm so that conception is completed using the desired kind. Some thought has also been given to making a woman's immune system work against one kind of sex-selecting sperm.

One method to select the sex of a baby — and one that can be used now — involves a combination of amniocentesis and abortion, Dr. Steinbacher said.

Amniocentesis, a process in which a needle is inserted into the womb of a pregnant woman, can tell a doctor the sex of the fetus. If it is not the sex the parents prefer, they can, in theory, elect to have an abortion.

Amniocentesis is a potentially hazardous operation, and few doctors are likely to perform it just to find the sex of a child. Nor is sex usually considered a sufficient justification for an abortion, but there is nothing to prevent it.

That is believed bad for women because studies have shown that — for various reasons, sometimes economic — most people want male children.

"Given those preferences plus the widespread availability of sex selection technologies, a higher sex ratio at birth seems inevitable," Dr. Steinbacher said.

Now there are 105 boys born for every 100 girls, census figures show. There is also a generally accepted belief among scientists that first-born children tend to be smarter than those who follow, she said. That makes the position of women even more serious because couples generally tend to want their first born to be a boy.

"Will the second-class status of women in the world be confirmed by choice?" Dr. Steinbacher said. "What are the implications of being second born and knowing that you were second choice? Are there female fetuses now being aborted so that the firstborn will be male? How many? Who is keeping records?"

The result of that kind of technology, in addition to a further erosion of woman's position in the world, could be a surplus of males, increased crimes and wars, increased male homosexuality, polyandry (two or more husbands at the same time) and a scarcity of women, she said.



Expert says fetus sex identifying tests valid

Associated Press

Boston, Mass.

Although women sometimes have abortions if they learn their unborn baby is not the sex they want, doctors should not limit the availability of tests that provide such information, a specialist in medical ethics says.

Most doctors agree that abortions for sex choice are morally abhorrent, but physicians who think women have a right to control their reproduction cannot logically withhold the prenatal exams, John C. Fletcher says.

"One must be willing to accept the fact that some abortions will be performed for trivial reasons," Fletcher, a specialist in bioethics at the National Institutes of Health, wrote in Thursday's issue of the New England Journal of Medicine.

The test in question — amniocentesis — is intended primarily to determine whether a fetus will be born with a genetic defect, but it also reveals the fetus's sex. And sometimes a woman will have an abortion if she learns, for instance, that she is carrying a boy when she wants a girl.

Fletcher said doctors should warn women that amniocentesis carries a slight but real risk of death to the fetus and injury to the mother. Surveys show the risk to the unborn child is less than 1 percent and that 7 times out of 10,000 the results of the test are wrong.

Fletcher said many doctors and medical centers routinely refuse to give tests simply to determine the sex of a fetus. Only a small fraction of the 15,000 women who had amniocentesis last year used the test for this purpose, he said.

Fletcher noted that the supreme court has ruled that a woman has the sole right to decide whether she wants an abortion and that she does not have to tell anyone why.

Fetuses Aborted To Prevent Child Of 'Wrong' Sex

By Victor Cohn

Washington Post Staff Writer

Doctors at several prominent medical centers around the country—and an unknown number of private physicians as well—have begun helping some pregnant women abort their fetuses because the baby would be the “wrong” sex.

The number of these cases is now small, but some medical authorities predict—and one bioethicist advocates—a rapid increase in the use of sophisticated tests and abortions to allow parents to select the sex of their offspring. And the procedure is already raising important moral and ethical questions within the medical profession.

The issue centers around a prenatal test called amniocentesis, in which doctors withdraw a sample of the fluid in the womb. The test provides genetic information about the fetus, and is primarily used to detect birth defects. But it also reveals the baby's sex.

It is on the basis of this test that some patients choose abortion to avoid having an unwanted boy or girl, though some doctors say the preference in these cases is most often for a boy.

In most cases, authorities said yesterday, those doctors who agree to do amniocentesis only to determine a fetus' sex do so reluctantly. In the typical case, one or both parents are highly disturbed people who threaten to end the pregnancy in any case unless they can be sure the child is the desired sex.

Most doctors apparently still refuse to do an amniocentesis for sex determination alone even in cases like these.

But this situation could be changing.

Doctors at Johns Hopkins, Yale, the University of California at Los Angeles and George Washington Univer-

See SEX, A5, Col. 1

Some Fetuses Aborted to Prevent Child of the 'Wrong' Sex

SEX, From A1

sity here say they will do such tests in a few, highly screened cases.

Dr. John C. Fletcher, a bioethicist at the federal government's National Institutes of Health in Bethesda, advocates that parents be permitted to use such tests for sex determination, if they choose.

Tabitha Powledge of the noted Hastings Center and Institute for Science, Ethics and Life Sciences at Hastings-on-Hudson, N. Y., said she thinks the practice is not yet really common, but could become so in two or three years.

Fletcher states his position in the New England Journal of Medicine. He said in an interview that he wrote as an individual, not as an NIH official, and came to his position "with great difficulty."

He finally decided, he said, that "it's a woman's right to decide her reproductive future... and if she's going to seek this procedure and abortion anyway, she should at least be able to get the very best medical care."

Doctors at Johns Hopkins' Prenatal Diagnostic Center have decided to "at least" counsel and advise parents who want the test for sex determination, and probably "reluctantly" agree in "one or two cases a year," reported Dr. Haig Kazazian, the center's director.

"Our position is that we will do it, in theory, in cases where the parents would abort the fetus if they did not know the sex," said Dr. John Larson at George Washington University here. "But this is a very restricted position, not an open-door policy."

The "actual situation", however, said the Hastings Center's Powledge, is that "more and more obstetricians

are learning to do amniocenteses in their offices."

"As more and more learn," she said, "then in a way the lid will be off, because women will shop around until they find someone who's willing. And you can't tell me there won't be lots of obstetricians who are willing, for a price. I think the problem is probably not so much one of today as one of 1981 or 1982."

Dr. Maurice J. Mahoney, director of prenatal diagnosis at Yale University, said he believes "lots of obstetricians all over the country" — some in private practice, some at universities — are already quietly doing amniocenteses for sex determination.

"We're against it," he emphasized. "But under certain circumstances, we will get this information for a prospective mother, and we'll hope that this prevents" rather than cause "the sacrifice of normal kids."

He said Yale doctors have had "seri-

ous" requests for sex determination about twice a year, but only three women over the past 10 years have insisted on having the test, after counseling about the risks and alternatives.

Neither of the two who learned that the fetus was not the desired sex chose abortion. "But we've given many other women information about sex," as well as genetic information, Mahoney added, "and we just don't know what they go on to do elsewhere."

He said "we would never agree to abort a pregnancy because of undesired sex," but pointed out that women can get abortions at many clinics today.

Dr. Barbara Crandall of UCLA recently told Ob. Gyn. News, a doctors' newspaper, that UCLA has done the test to determine sex in 10 cases since 1969, and, after counseling, none of the patients had an abortion. She added, "I don't feel I can deny this

service to an emotionally stable individual with a reasonable case."

So far, said GW's Larson, his university has done the test only for sex determination. "when a patient tricked us into it by saying she wanted it for another reason. Then, when she found she had a child of an undesired sex, she asked her obstetrician to terminate the pregnancy. I don't know what happened."

"If we agreed to do the amniocentesis," said Johns Hopkins' Kazazian, "then our fertility control clinic would do the abortion. But we don't expect this to be very common. Our policy is to counsel such couples and tell them what it means and to a certain extent try to talk them out of it."

When an amniocentesis is done at a major medical center, a trained team takes a sonogram, or sound picture, to locate the fetus precisely, then inserts a fine needle into the abdomen to withdraw some amniotic fluid.

As done at Johns Hopkins, it costs \$550. It can be done without hospitalization.

But most authorities think it should be done only at centers with skilled teams with much experience, since there is always some risk to the fetus. The risk, usually miscarriage, has been less than one in 100 at skilled American clinics.

In addition, however, the test can't be done until about halfway through pregnancy. This means that an abortion, if done, is a midterm operation with higher risk to the mother than an early abortion.

There are other dangers, including unknown consequences for society if parents widely seek this procedure, NIH's Fletcher writes. A doctor may state an opposing moral view, he argues, but should not withhold the test unless doing it would prevent its being done on some other child for more important reasons.

Mo. Tribune

Sept. 7, 1979

Will boy babies be chosen over girls?

By Kathleen Newland

Washington

Critics of sex discrimination often observe, with grim certitude, that discrimination follows women from the cradle to the grave. Recently, however, that assessment has begun to seem overly optimistic.

Men's imaginations have for a long time extended discrimination beyond the grave. Mohammed once remarked that most of the inhabitants of hell were women. The Buddha regarded women as less capable of enlightenment than men, and for Hindus reincarnation as a woman means a step down in the spiritual hierarchy. St. Paul said that it was harder for a woman than for a man to get to heaven.

Now medical technology is at the edge of a step that will extend discrimination beyond the cradle as well. Research reports from around the world indicate advances in the development of techniques that would allow parents to choose the sex of a child. There can be little doubt that such techniques would be used to produce more boys than girls, for parents' preferences for sons over daughters remain strong in most parts of the world.

The preliminary results of some sex preselection experiments are chilling. A clinic in Singapore treated more than 1,000 women in one such experiment in the mid-'70s. Over 90 percent of the women wanted boys. The Chinese have experimented with an early sex-determination technique that makes a selective abortion possible in the first trimester of pregnancy. In the first reported trial, 30 out of 100 women chose to have abortions. Twenty-nine of them aborted females.

The natural ratio of boys to girls at birth is about 105 to 100. The ratio that parents regard as ideal is, in most places, much more heavily tilted in favor of boys. It goes as high as six to one in parts of India and North Africa.

These heavily unbalanced ideal sex ratios have given rise to the idea that parents' ability to select the sex of their children could be one part of the solution to the urgent problem of rapid population growth. In societies where sons are strongly preferred, the ability to avoid female births before they happen could cut the birth rate dramatically. In many countries, especially poor ones, the social systems give parents many disincentives for wanting daughters.

In many societies, parents of a daughter have to worry about safe-

guarding her virginity so that she won't disgrace the family by losing it before marriage. They may have to come up with a large dowry or heavy wedding expenses in order to get her safely married off. All they invest in her upbringing she takes to another family when she marries, so that strangers reap the benefit from her parents' labors over her. Discrimination in education and on the job market will make it difficult for her to support her parents in their old age.

These are among the factors that can produce a strong preference for sons. But even in countries where social tradition and economic hardship are not so compelling, such as the United States and Japan, people display a stronger desire for male than for female offspring.

Some may conclude that giving people the ability to act on their preference for sons would work to women's advantage. At least there would not be so many girls whose first greeting in life is a sigh of disappointment. "Perhaps if there were fewer women around," they conclude, "they might be more appreciated." Dowry systems might give way to bride prices, with men paying for the privilege of marrying.

A little reflection reveals the flaws in this argument. Progress for women does not depend on a rise in our value as commodities, but rather on a fading of the idea that women are commodities at all. Scarcity could result in greater appreciation, but appreciation only for uniquely female functions — that is, purely sexual functions. In the face of a drastically declining ratio of women to men, the relatively few women around might be forced even more

firmly into roles of breeders and sex objects.

There is not much point in condemning or forbidding the techniques of preselecting the sex of infants. It is not the technology that is at fault, but the deep-seated prejudices and restrictive economic circumstances that condition people to prefer boys over girls. Public officials, educators, religious figures and other leaders of popular opinion have a responsibility to try to dissuade people from this cruelest form of discrimination. Selecting the sex of children before they are born makes it possible to indulge a prejudice that would be better rooted out.

Kathleen Newland is a researcher with Worldwatch Institute in Washington, D.C., and author of The Sisterhood of Man.



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A DELIGHTFUL DAUGHTER is what Valerie and Bruce Manney have in Nancy (center); but when she was born, the doctors told the Manneys that they were the proud parents of a boy. Story on Page 5-L.

Eve's rib?

In nature, she's first, Adam second

By Ronald Kotulak
Chicago Tribune Service

If man is made in the image of his creator, then the Creator may be a woman, new scientific evidence strongly suggests.

Scientists investigating the age-old puzzle of what determines maleness or femaleness have come to the startling conclusion that nature has an almost overpowering tendency to make all babies female.

In fact, were it not for a newly discovered molecule called the "ultimate determinant of maleness," added to the embryo several weeks after conception, all babies would be

girls.

Scientists call this the "Eve principle," and it is part of a revolution in the fields of embryology and genetics.

"Nature's program in differentiating the embryo is to form Eve first, Adam second," said Dr. John Money of Johns Hopkins University, a pioneer in gender identification.

"It sort of makes the biblical story of creation somewhat backward. A female may have been created first," said Dr. Roger A. Gorski of the University of California at Los Angeles.

New findings also show that the brains of all early fetuses are basical-

ly female and convert to male function and structure only after being exposed to powerful doses of male hormones, Gorski said.

The molecule that leads the struggle to turn the originally neutral fetus into a male was discovered by Dr. Stephen S. Wachtel, an immunologist at the Cornell University Medical School and the Sloan-Kettering Cancer Center in New York City.

"You can think of maleness as a type of birth defect," Wachtel said. "In the beginning we are all headed toward femaleness."

The expansion of new knowledge
(See BABY on 5-L)

Remember Adam's rib? Science says it was Eve's

BABY, From 1-L

in the field is helping to explain some birth disorders involving sexual abnormalities. These abnormalities include babies who are genetically male or female but who also have the genitals and other sexual features of the opposite sex. (They are called intersex babies, a condition which occurs in about one in every 30,000 births.)

It also may open the door to "gender engineering," in which medical specialists may be able to make a fetus into a boy or a girl, depending on the wishes of the parents.

Surprisingly, it turns out that man has already inadvertently dabbled in gender engineering. Some drugs given to pregnant women in the 1950s transformed genetically female embryos into males. Some of these babies were born with male genitalia and were reared as boys.

A better understanding of transsex-

ualism and homosexuality may be achieved as the new research points to a possible physiological influence for these conditions.

Nature has performed its share of gender mix-ups, making genetic males into anatomically perfect females.

In some cases, the happy moment of birth is marred when the doctor is unable to tell which sex the baby is. The newborn may have parts of both male and female sexual organs.

Fortunately, a small but growing number of experts are successfully dealing with these problems. In many cases a clear-cut sex can be given to the infant through surgery and hormone therapy.

Often such infants are made female, even if they are genetic males, because nature favors female development. They are reared as girls and usually never know they are anything else, Money said.

Since something has to be added to the embryo to make a male, more things can go wrong; and, indeed, nature does make more mistakes in male differentiation, he said.

The unfolding story of how males and females are formed has changed many old ideas, making this field of research one of the most exciting in medicine. In the past it was thought that if an embryo started out with the male XY chromosome pattern or the female XX chromosome pattern, its sexual development was foreordained. But that is not the case. Here is what happens:

The male sperm and the female

egg contains one sex chromosome each. When they unite in conception, the fertilized egg has a complete set of sex chromosomes.

The egg carries only an X chromosome. The sperm can have an X or a Y. Normally, if the egg gets two X chromosomes, it will be a female. An XY combination produces a male.

But in the first six weeks after conception, the sex organs of male and female embryos are identical, and they have the capacity to go either way, regardless of the makeup of the sex chromosomes.

Each fetus has two gonads, which are embryonic sex glands. At about six weeks in males, the Y chromosome instructs the gonads to begin developing into testicles. At about 12 weeks in females, the XX chromosomes order the gonads to take the other path and form ovaries.

This may be the only time that the sex chromosomes exert an influence over sexual development.

After the gonads have started to form testicles or ovaries, the powerful hormones take over and exert long-term control.

Every fetus has a mixture of three hormones. They are estrogen, the feminizing hormone; androgen, the masculinizing hormone; and progesterone, the pregnancy hormone.

In males, the hormone mix is balanced in favor of androgen. Females have a larger amount of estrogen. It is the proportion of these hormones — whether there is more or less androgen or estrogen — that guides the development of the sex organs.

The embryo has two sets of genital tubes. One of these is capable of developing into male sex structures, the other into female reproductive apparatus.

An imbalance in the hormone mix can give a genetic male too much estrogen and produce female sex organs. Too much androgen can masculinize genetic females.

Sometimes the sexual plumbing can become mixed up. In certain genetic males, the fetal cells are insensitive to androgen. Since the masculinizing hormone is ineffective, the Eve principle takes over and converts the embryo into a female.

With surgery and androgen-blocking drugs, the true sex of such infants can be restored. They develop into normal women, capable of bearing children, said Dr. Robert L. Rosenfield, a University of Chicago pediatrician.

