

EXPLAINING INACTION: FEMINIST ORGANIZATIONAL RESPONSES TO NEW
REPRODUCTIVE TECHNOLOGIES

by

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ABSTRACT OF THE DISSERTATION

Explaining Inaction: Feminist Organizational Responses to New Reproductive Technologies

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Understanding what motivates groups to act has been central to the study of interest groups. Scholars have also detailed the means by which groups act on the issues they have decided to pursue. However, explanations of why groups fail to act remain rare. Not much attention has been given to explaining why groups fail or choose not to pursue particular courses of action when it would seem reasonable to do so or why groups view some issues as appropriate for action while other, similar issues fall by the wayside.

This study examines feminist organizations' failure to respond to the next generation of challenges to the contemporary feminist movement: new reproductive technologies. I ask, "How can we understand the lack of feminist organizations' activity on new reproductive technologies given the centrality of these issues to the contemporary feminist movement and the impact that they have had on women and society as a whole?" Using interview data from seven prominent feminist organizations, this study explores how organizations decide what issues make it onto their agendas and the influence that issue salience, political opportunity, policy entrepreneurship, and resource

mobilization have on an organization's agenda-setting practices in the case of new reproductive technologies. This study also provide greater insight into the significant impact that the existing feminist reproductive discourse of rights and choice has on defining, even constraining, feminist organizations' agendas and politics.

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I dedicate this dissertation to my grandparents.

TABLE OF CONTENTS

CHAPTER ONE

Introduction	1
--------------	---

CHAPTER TWO

The Importance of Explaining Inaction	24
---------------------------------------	----

CHAPTER THREE

NRTs-Issues of Concern to Feminists	37
-------------------------------------	----

CHAPTER FOUR

Political Opportunity?	67
------------------------	----

CHAPTER FIVE

Conversations from the Feminist Front	82
---------------------------------------	----

CHAPTER SIX

How Choice has Narrowed the Feminist Agenda	124
---	-----

CHAPTER SEVEN

Where do Feminist Organizations Go From Here?	147
---	-----

APPENDICES

List of Interview Questions	157
-----------------------------	-----

BIBLIOGRAPHY

CURRICULUM VITAE

LISTS OF TABLES

Table1: Organizations, Founding Year, and Mission	16
Table 2: Organizations and Issues	86
Table 3: Degree and Type of Activity	86-87
Table 4: Top Issues by Organization	96

CHAPTER 1: Introduction

Understanding what motivates groups to act has been central to the study of interest groups. Scholars have also detailed the means by which groups act on the issues they have decided to pursue. Policy innovation, or the pursuit of a new idea or solution to a social problem, scholars argue, may be the result of political leadership (Salisbury 1969; Mintrom 1997, Crowley 2003); resource mobilization (Truman 1951; McCarthy and Zald 1979); a group's founding ideology (Wilson 1995) or governance structure (Barakso 2004); the issue's salience (Baumgartner and Jones 1993); or political opportunity (Kingdon 1984). Scholars have also detailed *how* groups succeed by cataloging groups' use of various tactics and strategies (Schlozman and Tierney 1983, 1986; Heinz et al 1993). However, explanations of why groups fail to act remain rare. Not much attention has been given to explaining why groups fail or choose not to pursue particular courses of action when it would seem reasonable to do so (for exceptions see Crenson 1971; Gaventa 1980; Barakso 2004) or why groups view some issues as appropriate for action while other, similar issues fall by the wayside.

This project examines feminist organizations' failure to respond to the next generation of challenges to the contemporary feminist movement: new reproductive technologies. While a sizable volume of literature exists on interest groups and social movements in the US, little attention has been given to the role of feminist organizations. Feminist organizations are particularly interesting because they are the primary institutionalized vehicle of the feminist movement and as such are largely responsible for defining and representing women's interests in the policy arena. Understanding and

assessing feminist organizational activity gives us a way to measure the vitality of the movement and its ability to effectively respond to new challenges to women's rights. Using data from seven prominent feminist organizations I demonstrate that feminist organizations, to date, have not adequately address new reproductive technologies. I ask, "How can we understand the lack of feminist organizational activity on new reproductive technologies given the centrality of these issues to the contemporary feminist movement and the impact that they have had on women and society as a whole?" The importance of understanding inaction, as well as the ability of existing theories to account for this phenomenon is discussed.

Background

Reproduction is a core feminist concern and historically a central site of women's political activity. Early feminists identified reproduction as the linchpin of women's oppression (see Beauvoir 1952; Rich 1976; Gordon 1977; Ehrenreich and English 1978). They argued that women's social, economic, and political standing depended on women's ability to control and define reproduction on their own terms. The development of in vitro fertilization and the appearance of the first "test-tube baby" in the 1970s marked the beginning of the new world order in reproduction. This technology held the potential to alter women's relationship to reproduction profound ways. And indeed it did. New reproductive technologies, which began with in vitro fertilization and has expanded today to include egg, sperm, embryo donation and cyropreservation, preimplantation genetic diagnosis (PGD), genetic engineering, sex selection, stem cell research and possibly cloning, has played an integral role in fostering greater reproductive control *for* women. However, the same technologies have also led to

greater control *of* women in various ways. Feminists have engaged this contradiction from the very beginning and debates over new reproductive technologies (NRTs) and their impact on women's relationship to reproduction have been central to the contemporary feminist movement.

Early on feminists were deeply divided in their assessment of the new technology and the impact that it would have on women's ability to control reproduction. Radical feminists, who viewed reproduction as the linchpin of women's oppression, looked forward to technological advancements that would reduce and eventually remove women's role in reproduction (Firestone 1970; Rich 1976, 1980). Shulamith Firestone prophesized that test-tube reproduction would be a "high-tech savior to women" by liberating them from the burden of childbearing; Mary O'Brien called the separation of intercourse from reproduction a "world historical event" (1981). Other early technologies such as ultrasound and prenatal diagnostic techniques were heralded for improving the health and safety of pregnancy for women and their fetuses. Later critiques, published in a spate of articles and anthologies in the 1980s, expressed a general concern that the development of new reproductive technologies were just another attempt by men to control women by taking over the means of reproduction (Holmes, Hoskins, and Gross 1980, 1981; Arditti, Duelli-Klein, and Minden 1984; Petchesky 1987; Corea 1987; Homans 1986; Rothman 1986, 1989; Spallone and Steinberg 1987; Stanworth 1987; Baruch, D'Adamo, and Seagar 1988; Overall 1989; Purdy 1989; Spallone 1989;). Many argued that along with alienating women from reproduction, procedures like in vitro fertilization would further pressure women to enter motherhood at all costs; a compulsion that would turn them into "breeding machines" and negate their

ability to freely or critically choose motherhood (O'Brien 1981; Corea 1984, 1985; Rowland 1984; Dworkin 1976).

Feminist critiques of NRTs accelerated in the 1990s as the use of NRTs became more widespread and the impact that the technology had on real people's lives became evident (Bartels, Priester, Wawter, and Caplan 1990; Birke, Himmelweit, and Vines 1990; Scutt 1990; Holmes 1992; Spallone 1992; Rowland 1992; Raymond 1993; Ragone 1994; Haraway 1997; Franklin and Ragone 1998; Lublin 1998). For instance, multiple births, once an anomaly, have now become the norm thanks to in vitro fertilization and a burgeoning multi-billion dollar "fertility industry".¹ Thirty years later Firestone's "high-tech savior to women" resulted in skyrocketing multiple birth rates where women have not one, but two, three, four, five, even six infants at one time. This same technology has also revolutionized reproduction by enabling the infertile, same sex couples, and older women to reproduce in non-traditional ways (see Lewin 1995; Strathern 1995). Again, feminist writing reflected this contradiction. These analyses have considered the fertility industry's impact on women's autonomy (Gregg 1993, 1995; Michie and Cahn 1997) and the way ultrasound and prenatal diagnostics have bolstered fetal rights arguments (Petchesky 1987; Strathern 1992) and provided the basis for the prosecution of pregnant women (Higgins 1990; Roberts 1991; Daniels 1993). The most recent critiques have focused on the way that NRTs stratify reproduction along racial (Hartouni 1997; Roberts

¹ The National Center for Health Statistics, which analyzed US birth trends from 1980-1997, reported the rate of twin births rose 52% since 1980 and the incidences of live triplet and higher order births were up 344%. In contrast, single births rose only 6%. (see Martin JA, Park MM (1999) "Trends in Twin and Triplet Births: 1980-1997." National Vital Statistics Reports, vol. 47 no. 24. Hyattsville, Maryland: National Center for Health Statistics.

1997; Foggs-Davis 2001) and economic lines (Ginsburg and Rapp 1995; King and Harrington-Meyers 1997).²

The amount of feminist attention that has been devoted to the critique and analysis of NRTs is not surprising. However what is surprising is that although much ink has been devoted to the issue there are few indications that much has actually been done by feminists to translate these critiques into political action. In other words, while feminist critiques of NRTs continue to be prolific, they are primarily located inside of academia and are not showing up in the wider public discourse. There is an apparent lack of a feminist presence in the public debate over NRTs.

As the country debates the moral and ethical basis of cloning, the technique that is furthest from implementation, few have publicly considered the current ramifications of sex selection, fertility treatments that are only accessible to the privileged few, or the way race and class discrepancies are reinforced by the fertility industry. The lack of a visible feminist public presence is startling and to the detriment of feminism's goal of securing reproductive freedom for women. As developments in NRTs continue to march forward feminists are faced again with uncertainty over the future of women's reproduction. Yet, feminists are not visibly addressing these issues in the public arena. The question is why?

This project seeks to understand what feminists are doing around the issues of NRTs. In this project I will focus specifically on feminist organizations. I have chosen to focus on feminist organizations because they are the primary vehicle of the feminist

² Insurance coverage for working and middle class women increasingly includes infertility but does not include contraceptives. In contrast, benefits for poor women usually include contraceptives but exclude coverage of technology that would encourage reproduction (see King and Meyer 1997). Although infertility disproportionately affects women of color and poor women these women are the least likely to use NRTs (see Roberts 1997).

movement and as such are largely responsible for defining and representing women's interests in the political arena (see Tarrow 1994; Mueller 1988, 1992; Ferree and Martin 1995). Like other successful social movements, the contemporary feminist movement has led to the development of organizations that channel the movement's goals and ideals and provide resources for present and future mobilization. Because reproductive freedom is a central goal of the contemporary feminist movement, reproduction continues to be central to many feminist organizations' work today. Therefore one would expect feminist organizations to be active on NRT issues and visible in the public debate over NRTs. After all, NRTs represent the next generation of reproductive challenges for women. NRTs are becoming more controversial with each new development and are increasingly coming under the scrutiny of government officials. Feminist organizations should have a strong interest in responding to NRTs given the centrality of reproduction to feminist political activity. However, this does not seem to be the case.

Research Questions

In this project I ask, "Why is there a lack of a visible feminist organizational presence in the public debate over new reproductive technologies?" Feminist organizations simply do not appear to be very involved with these issues. But it is unclear why. How can we understand the lack of feminist organizational activity around NRTs given the centrality of the issue to the contemporary feminist movement and the plethora of feminist writing on this issue? What are the factors contributing to feminist organizations' silence? Are their priorities elsewhere or is there something about the

issue of NRTs that is preventing feminist involvement? And finally, what are the political implications of feminist organizations' absence?

The Importance of Studying Feminist Organizations

While a sizable volume of literature exists on interest groups and social movements in the US little attention has been given to the role of feminist organizations (for exceptions see Boneparth and Stopper 1988; Gelb and Palley 1996; Ferree and Martin, 1995). Feminist organizations are interesting for many reasons. They are born out of a contemporary social movement: feminism. In the 1960s and 1970s the feminist movement arose and established itself as a significant presence in national policy making through the development and institutionalization of feminist organizations. The proliferation of feminist organizations paralleled the explosion of interest group activity in Washington at that time. However, both feminist organizations and the feminist movement have demonstrated unusual "staying power" (Gelb and Palley 1996). The feminist movement has managed to outlive other social movements of the 1960s and feminist organizations have endured while other interest groups have come and gone despite having little formal support or presence in political institutions and parties.

As the institutional arm of the feminist movement, feminist organizations are primarily responsible for representing women's interests in the public and political arena. Feminist organizations however, like the ideology of feminism, eschew a single defining characteristic. Like other interest groups, feminist organizations come in a variety of forms and pursue a wide range of interests including rape prevention, domestic violence, and economic and educational parity. They can be collectives, hierarchies, mass

membership based, or service providers; located in the mainstream or on the fringe; and informed by radical, socialist, or liberal feminist ideologies. Some organizations may even altogether reject the feminist label. However, what feminist organizations do hold in common is that they are “pro-woman, political and socially transformative” (Freeman 1979 qtd in Martin 1990, 184). According to Patricia Martin (1990), Roberta Spalter-Roth and Ronnee Schreiber (1995), feminist organizations share the following two defining feminist characteristics: the organizations recognize women as an oppressed group and attribute this status to structural inequalities, not personal deficiencies. Feminist organizations also believe that social change is necessary to improve women’s collective status, and they work to achieve social, political and economic change. Thus, social transformation is central to the work of these organizations.

Feminist organizations have been understudied across disciplines despite their significance as an institutional arm of the feminist movement and the primary vehicle for representing women’s interests. Few researchers have focused on feminist organizations or looked at issues that particularly impact women. For instance, organizational scholars have focused on state bureaucracies and presumed that men are their primary members, leaving women and their experiences accessing and working within these institutional structures unexplored (see Acker 1990). Until recently, feminist scholarship on feminist organizations has consisted primarily of ideological arguments over the impact that state engagement, bureaucracy, and incrementalism has on the ability of feminist organizations to make change.

Feminist organizations have also been largely ignored within the interest group scholarship. The Encyclopedia of Associations, which is the “master list” of American

interest group organizations, does not even include a category for women's organizations making it difficult to even track the existence or growth of organizations that work on women's issues. Frank Baumgartner and Beth Leech agree that "gross typologies" gloss over important distinctions and do not tell us about "...the details of political conflict nor will it give a complete picture of whose interests are being represented..." (1998, 118).

Survey-based interest group scholarship, which uses large-scale data to make generalizations about interest group activity, organization, mobilization, and the use of particular tactics and strategies (Schlozman and Tierney, 1983, 1986; Knoke 1990; Walker 1991; Heinz et al 1993), also has not been able to tell us much about the particular work of feminist organizations. And while studies of access or bias in the system include women's groups in the definition of a "challenger" or "outsider" group, the particular impact that gender (either as an organizational characteristic or as a policy focus) has on women's organizations' status and access to institutions remains unclear (Berry 1994; Walker 1991). While studies seem to suggest that groups that are perceived to challenge the status quo have difficulty gaining access to the interest group system, the proliferation of feminist organizations and their influence on policy to date casts doubt on the generalizability of these findings.³

Perhaps more importantly, while there is a growing recognition of the importance of issue definition overall (see Stone 1988; Majone 1989; Jones 1994; McKissick 1995), few interest groups scholars have considered the impact that gender has on issue recognition and definition. "Women's issues" (or issues that have a gendered component) may be subject to a whole host of political factors that other issues are not

³ For example, feminist organizations like the National Organization for Women (NOW) are represented in Washington and numerous states, have a full time staff, work collaboratively with other interest groups, and have media offices that maintain relationships with journalists.

subject to. As Deborah Stone states, “Problems are not given, they are created in the minds of citizens by organizations, government, etc and this creation is an essential part of political maneuvering” (1988, 156). Issues that primarily impact women may be harder to “create” as public problems and place on the governmental agenda because they have historically been defined as personal, private matters that are outside the reach of the traditional public sphere. For example, prior to the feminist movement, issues such as domestic violence and rape were shielded from public scrutiny because they were afforded privacy by their location in the private sphere of the home and family. One of the major successes of the feminist movement and feminist organizations has been their ability to make the “personal political” by arguing that these issues are social, rather than personal, problems. This strategy has put many women’s issues onto the public agenda. Terms such as pay equity, family leave, domestic violence, spousal rape, and pro-choice have become common currency in the public discourse because of feminist efforts (see Spalter-Roth and Schreiber 1995).

Researchers have found that the nature of women’s issues do indeed impact feminist organizations’ strategies and tactics. Spalter-Roth’s and Schreiber’s study of 19 national feminist organizations during the 1980s found that the organizations’ tactics are impacted by the nature of their issues and their goal of social transformation (1995). The study found that feminist organizations adopted mainstream “insider” tactics, or those also used by dominant interest groups, while trying to articulate “outsider” issues, or feminist critiques of structural inequalities. Organizations use insider tactics, such as lobbying, writing legislation, testifying, mobilizing constituents, and public education campaigns as a way to gain legitimacy and ultimately access to political institutions.

However, they also found that once “inside,” feminist organizations strategically concealed the radical premises of their positions by “marketing them in the dominant language of individual liberalism” or rights (Spalter-Roth and Schreiber 1995, 119).

Scholarship has also found that feminist organizations do best when they downplay the gendered nature of issues. Researchers have found that feminists have more success in the legislative arena when they define issues in terms of role equity rather than role change (Gelb and Palley 1996; Ferree and Gamson et al 2002). US feminists tend to rely heavily on a “rights” framework when advocating for women’s reproductive freedom because emphasizing individual rights is “what works” in the US context (Ferree and Gamson et al 2002, 153). Discourse that focuses on the gendered aspect of an issue tends to receive less attention from the media than discourse that emphasizes rights. Therefore, the literature suggests that successful feminist organizations employ a strategy of downplaying the “gendered” aspect of their issues.

As the previously cited studies demonstrate, the study of feminist organizations provides a useful testing ground for many of the theories espoused by interest group scholars. And, the study of these particular groups may reveal some interesting insights of its own. For instance, how are interest groups that are informed by feminist ideologies and that pursue issues that have a gendered component impacted in the interest group arena? Do they have the same degree of political opportunity as other interest groups? Or does the nature of their work present unique challenges (and obligations) that require different strategies and tactics? The failure to examine feminist organizations or the issues they work on leaves these kind of questions unexplored. More research needs to

be done to systematically observe the forms, practices and effects of feminist organization. Recently, work has begun to correct this omission.

There has been increasing interest in the study of feminist organizations by women and politics scholars (Martin 1990; Ferree and Martin 1995). Scholarship has focused on developing new theory and discourse on feminist organizations that is centered on understanding not only the survival but also the effectiveness of feminist organizations. Scholars have sought to determine what organizations do and how they work through an analysis of organizations' concrete forms and practices (Martin 1990) and strategies (Spalter-Roth and Schreiber 1995). Scholars have also begun to assess the effectiveness of feminist organizations by measuring the short- and long-term impact that organizations have on policy, their members, other women, and the surrounding culture (Staggenborg 1991). Since feminist organizations are the present and future source of mobilization of the feminist movement, their ability to either help or hinder the movement's broader agenda can be viewed as a measure of effectiveness.

Methods

The central question in this study is why is there a lack of a visible feminist organizational presence in the public debate that is taking place around new reproductive technologies? It is clear that feminist organizations are missing from the public debate over NRTs. However, what is not clear is if this absence is of their own accord, such as disinterest in the issue, or if feminist organizations *are* active on these issues but are not being "picked up" in the public debate. To explore these questions I will examine seven feminist organizations and their degree of involvement with NRTs. To investigate an

organization's level of activity around NRTs I will analyze documents and materials produced by each organization. However, an examination of organizational documents alone does not help explain why an organization is or is not involved with a particular issue. To get at the reasoning behind an organization's decision to pursue a particular issue I will conduct interviews with organizational leaders. These interviews allow a more nuanced understanding of organizational decision-making, and is an especially important method when trying to understand why an organization decides not to do something.

Selection of Organizations

The organizations chosen for this study fit into the two criteria established by Martin (1990) and Spalter-Roth and Schreiber (1995) for feminist organizations: they recognize women as an oppressed group and they work to improve social conditions. I have also established additional criteria of my own. All of the organizations included in this study are national, non-profit, non-governmental organizations that participate in the policymaking process. However, for the purposes of this study not all of the major feminist organizations in the country are represented. Instead, I have narrowed the range of organizations to include only those that maintain a central focus on reproductive issues. Many of these organizations were established to focus specifically on reproductive issues. For instance, the Reproductive Health Technologies Project purpose is to advance women's reproductive freedom. Other organizations, such as the National Organization for Women and the National Women's Health Network, have broader agendas but include reproduction as a major component of their work.

Despite the breadth of their agendas and differences in histories, resources, organizational structures, and strategies regarding reproductive issues, the organizations share many commonalities important to this study. Reproduction is central to their work. The seven organizations included in this study are among the leading and most influential feminist organizations in the country and they are often responsible for defining and representing women's reproductive interests in the political arena. These are the organizations that have the biggest vested interest in maintaining and expanding women's reproductive freedom. They are, for all intensive purposes, well-established power players in reproductive politics. And while a number of other organizations that have a central focus on reproduction have come into existence in recent years, a great number of which represent the reproductive concerns of women of color, I have not included them here because they are not as well-established, historically speaking, and their ability to access and influence the political arena and public perception is not clear.⁴ Because the organizations that are included here are in positions of power, one would expect that they would have the resources to engage with NRTs and be in a position to influence the politics around this issue. And given their commitment women's reproductive issues, one would expect that if *any* organizations were addressing the new reproductive technologies it would be them. The organizations included in this study are listed in Table 1.

⁴ For example, SisterSong is one such organization that focuses on reproductive issues confronting women of color.

Table 1
Organizations, Founding Year, and Mission

ORGANIZATION	Acronyms	YEAR	MISSION
Boston Women's Health Book Collective	BWHBC	1970	To empower women with information about health, sexuality and reproduction. To work in and for the public interest, promote equality between women and men, and build bridges among social justice movements.
Feminist Majority	FM	1987	To develop bold, new strategies and programs to advance women's equality, non-violence, economic development, and, most importantly, empowerment of women and girls in all sectors of society.
Ibis Reproductive Health	Ibis	2002	To produce stronger consumers of reproductive health products, services, and policies, along with more responsive health personnel and systems; to increase the reproductive health choices open to women, and to enhance women's autonomy in exercising these choices.
Planned Parenthood Federation of America	PPFA	1916	To provide comprehensive reproductive and complementary health care services in settings which preserve and protect the privacy and rights of individuals; to advocate public policies which guarantee these rights and ensure access to such services; to provide educational programs which enhance understanding of individual and societal implications of human sexuality; to promote research and the advancement of technology in reproductive health care and encourage the understanding of their inherent bioethical, behavioral, and societal implications.
National Organization of Women	NOW	1966	To take action to bring women into full participation in the mainstream of American society now, exercising all privileges and responsibilities thereof in truly equal partnership with men.
National Women's Health Network	NWHN	1975	To give women a greater voice within the healthcare system.
Reproductive Health Technologies Project	RHTP	1988	To advance the ability of every woman to achieve full reproductive freedom with access to the safest, most effective, and preferred methods for controlling her fertility and protecting her health

Defining the Issue(s)

Reproductive technology is a term used for all current and anticipated uses of technology that intervenes into the process of human reproduction. These technologies include those that assist and also prevent conception. New contraceptive technologies such as Mifepristone are technically new technologies. However, the term *new reproductive technologies* is commonly used to refer to technologies that assist (or modify) reproduction. Because they primarily deal with assisting reproduction, NRTs are also sometimes referred to as assisted reproductive technologies or ARTs.

The bundle of complex technologies that are included in the definition of NRTs have their origins in *in vitro fertilization*, a procedure developed to help the infertile

conceive.⁵ In 1978 the first child conceived using IVF was born and human reproduction was revolutionized.⁶ The procedure combines eggs harvested from a woman's body with sperm in a Petri dish. A successful joining of the egg and sperm results in an embryo which is left to mature for a period of a few days before it is transferred to a woman's uterus. IVF was revolutionary not only because it helped the infertile conceive but also because it demonstrated that human embryos could exist in a "test-tube" which would give scientists access to a living embryo at the earliest stages of development. IVF would prove to be the basis for the development of the more sophisticated range of NRTs that exists today. Embryos that are derived from IVF are the source of stem cells that can potentially be used to cure disease, provide the basis for genetic engineering, and hold the potential for cloning. Currently, NRTs include IVF, egg, sperm, embryo donation, manipulation, and cyropreservation, and sex and genetic predetermination. Cloning is on the horizon. The reproductive arrangements that these technologies have given birth to include surrogacy, posthumous conception, and complicated kinship arrangements. IVF and super-ovulation techniques are also responsible for the unprecedented multiple birth rates taking place today.

In this study I am particularly interested in determining the level of feminist organizational activity occurring on the new reproductive technologies that assist or modify human conception. While NRTs are an amalgam of technologies, for purposes of this research I have grouped the technologies into the following five general categories:

⁵ "In vitro" is Latin for "in glass", referring to the test tubes. Intracytoplasmic sperm injection (ICSI) is a recent development associated with IVF which allows the sperm to be directly injected into the egg. This is used for sperm which has problems penetrating the egg and results in success rates equal to or higher than normal fertilization. Gamete Intra Fallopian Transfer (GIFT) is a similar procedure to IVF, which places harvested eggs and sperm straight into the fallopian tubes where it is hoped they will fertilize naturally.

⁶ A child conceived using IVF would not occur on US soil until 1983.

IVF, stem cell research, cloning, genetics, sex selection. These categories mirror the categorization of the issues in the larger public debate. With the exception of sex selection, all of these issues have been hot topics in the wider public discourse. I have also included sex selection because it is an issue that *should* garner the attention of feminist organizations given their active opposition to sex selection practices abroad. My research has also included attention to conditions that proceed or are a consequence of NRTs like infertility and multiple births, as well as policy proposals, such as insurance mandates and embryo limitation, put forth in the policy arena.

Organizational Documents

An analysis of organizational documents is necessary to determine the level of feminist organizational activity occurring around NRTs. The data for the study of feminist organizations' activity was derived from an examination of documents produced by the organizations listed. The documents include mission statements, position papers, briefing reports, press releases, fact sheets, newsletters, book reviews and annual reports. I collected and analyzed these documents, looking specifically for evidence of any activity on NRTs for each of the organizations included in this study.

These materials were obtained by downloading them from each organization's website or through a written or oral request to the organization. All of the materials obtained for this study were current as of August 30, 2007. Six of the seven organizations in this study had sophisticated search engines within their websites that allowed me to retrieve a wide variety of current and archival organizational documents. The time period of the literature that I could retrieve varied by organization and was

determined by the parameters of each organization's on-line archive. For instance, the National Organization for Women's archive allowed me to access organizational material dating back to 1995 while the National Women's Health Network's archive only included material from 2000 to the current period.⁷ While this method of data collection gave me a good measure of each organization's current activity, it did not allow me to determine what these organizations were doing during periods that were not included in their archives, including the distant past and the more recent present. However, my finding of the lack of activity overall suggests that while feminist organizations may have been active around NRTs activity in the past may be possible, it is not probable. Because I am more interested in explaining what feminist organizations are doing now at this critical moment when NRTs are entering the policy stage and becoming more of an everyday occurrence, I am more concerned about feminist organizations' present activity which I believe is sufficiently revealed through this method. However, I was sure to inquire about past activity during the interviews.

To retrieve these documents I used the following keywords: "reproductive technology," "reproductive technologies," "new reproductive technologies," "infertility," "fertility industry," "in vitro fertilization," "stem cell," "genetic," "sex selection," "cloning," "insurance mandates," "embryo implantation limits," and "multiple births." The keyword searches resulted in a large number of documents for each organization. I narrowed the results by reading the 2-3 line summary of each document. This method allowed me to eliminate documents that were not relevant for this study. For example, some of the documents contained in the search results were addressing "technology" in

⁷NOW's archive dates back to 1995; PPFA's archive dates back to 1998; FM's archive dates back to 2001; NWHN's archive dates back to 2000; and RHTP's archive includes news from 1996; BWHBC has no search date parameters; Ibis dates to 2002, the founding year of the organization.

education or “reproduction” in general. I selected and did a content analysis of all documents that were even slightly relevant to the topic of NRTs.

The Interviews

I conducted semi-structured, open-ended, in-depth interviews with key representatives of each organization. All of the interviews were on the record, although one interviewee asked that I not use her real name. Interview participants were identified based upon their position and function within each organization. Although I initially targeted and planned to interview both organizational leaders and policy directors at each organization, once I made contact with the organization, I was often directed to a particular staff member who would have the most knowledge about the organization’s work on NRTs. Consequently, I chose to pursue and complete interviews with those individuals who would have the most information about each organization’s work or policy position towards NRTs regardless of their title. Across various organizations I interviewed Presidents, Vice Presidents, Executive Directors, Program and Policy Directors, Regulatory Directors, and lobbyists. The majority of the interviews took place in person at the organization’s headquarters and lasted an average of 1.5 hours, although a few took longer. All of the interviews were conducted during the summer of 2005. A list of interview subjects is included below.

Judy Norsigian, Executive Director
Eleanor Smeal, President
Kelly Blanchard, President
Olga Vives, Vice President, Action
Amy Allina, Program & Policy Director
Cindy Pierson, Executive Director
Susan Mack,* Regulatory & Policy Analyst
Arielle Lutwick, Programs & Policy Associate

Boston Women’s Health Book Collective
Feminist Majority
Ibis Reproductive Health
National Organization for Women
National Women’s Health Network
National Women’s Health Network
Planned Parenthood
Reproductive Health Technologies Project

*Pseudonym-wishes to remain anonymous

I also asked each person I interviewed to complete a questionnaire asking her to rank twelve reproductive issues, included but not limited to NRTs, in order of importance to women and to reflect on her organization's level of activity in each area (see Appendix A for the interview questionnaire). The questionnaire also asked the interviewee to rank the importance of each issue for her board, for her organization's members and for herself.

Chapter Description

In Chapter 2, I developed the theoretical framework for this project. I present a detailed discussion of the research questions and hypotheses and take a closer look at the existing interest group and social movement literatures and the theories they offer that may help us to understand and explain why feminist organizations have not engaged with NRTs.

Chapter 3 demonstrates that new reproductive technologies are indeed a salient issue for the contemporary feminist movement. In this chapter I identify a variety of issues that are emerging from these technologies and discuss the ways in which they are of critical importance to feminists. I argue that given the negative impact NRTs have on women and their relationship to reproduction, feminist organizations that represent women's reproductive interests should have a vested interest in addressing NRTs.

Chapter 4 addresses the question of political opportunity. That is, are there opportunities within the political arena to engage with NRTs? This chapter provides an overview of the current political environment surrounding NRTs, including attention that NRTs have received by the legislature, and media. I evaluate the type of political

opportunities that have been present and demonstrate that there have been ample opportunities for feminist organizations to engage with NRTs.

Chapter 5 turns our attention to the feminist organizations themselves and is divided into two sections. The first section provides an assessment of the current state of feminist organizational activity on NRTs. Using data collected from feminist organizations included in this study, I show that although feminists have a vested interest in NRTs, little has been done by feminist organizations to address the challenges that NRTs present to women.

In the second portion of this chapter, I examine the reasons behind feminist organizations' failure to engage with NRTs. Using interview data, which provides a lens into organizational decision-making processes, I analyze the extent to which each of my hypotheses explains their inaction. I explore how organizations decide what issues to pursue or not to pursue and the factors they consider when setting their agendas. I look specifically at the influence that issue salience, political opportunity, policy entrepreneurship, and resource mobilization have on an organization's agenda-setting practices and consider the explanatory power each of these factors offer in the case of NRTs.

While I find that a number of explanations contribute to feminist organizations' silence on this issue, a dominant explanation for feminist organizations' lack of involvement with NRTs is that they did not see NRTs as a salient issue or its relevance to their work on reproduction. Instead of seeing NRTs as part of the reproductive continuum, feminist organizations tended to view NRTs as outside of the reproductive spectrum. This tendency, I argue, is largely due to a narrowly defined reproductive

agenda that is primarily focused on just one end of the reproductive spectrum which is concerned with controlling conception and preventing birth and issues like abortion and emergency contraception.

Building on the previous chapter, Chapter 6 takes a closer look at how the feminist reproductive agenda has come to be narrowly defined. In this chapter I examine the way abortion and the feminist reproductive discourse of rights and choice, which developed in response to the abortion struggle, have constrained feminist reproductive politics. I contend that choice discourse is no longer working for abortion and argue that reliance on a failed discourse is one reason why abortion continues to dominate feminist organizations' agendas. The failure to win the abortion issue has narrowed feminists' agendas and prevented feminists from addressing larger reproductive issues that are facing women today, including such issues as new reproductive technologies. I also argue that rights and choice discourse does not provide feminist organizations with the tools they need to critically engage with a wide range of other reproductive issues and demonstrate how this discourse is unable to accommodate feminist critiques of NRTs. In order to win the abortion battle and expand their agendas so that they can address a wider range of reproductive issues, feminists must reformulate their discourse. Finally, I point to NRTs as an opportunity for these organizations to reshape and expand their reproductive discourse.

In the concluding chapter I reflect upon what this study has revealed about feminist organizational inaction on NRTs. I also consider what this study has contributed to our understanding of factors that influence, and sometimes constrain, organizations' decisions to pursue particular issues. In particular, I discuss the significant role that

discourse had on defining feminist organizations' agendas and politics and consider the implications of this finding for scholarship on interest groups and agenda-setting.

CHAPTER 2: The Importance of Explaining Inaction

What can we learn by understanding why groups fail to act? Why is understanding inaction important? Currently, empirical research overlooks what is deemed as non-events in large part because it is so difficult to study things that do not occur. But while understanding the origins of inaction, or the failure of a social problem to elicit a formal institutional response is admittedly a difficult task, it is not an impossible one. Theda Skocpol demonstrates the importance of investigating a non-event in *Protecting Mothers and Soldiers: The Political Origins of Social Policy in the United States* (1992). In this study, Skocpol asks why old-age pensions and contributory social insurance that were being enacted in other welfare states from 1880-1920 failed to appear in the United States. She discovers that the United States' apparent inaction in developing paternalistic welfare policies was due to their experimentation with maternal policies. She only gets to what *did* happen by looking at what *did not* happen in this case.

Matthew Crenson's study of the failure of a number of cities to recognize air pollution as a social problem reveals the importance of studying what he calls non-issues. He argues that researchers must attempt to account for the existence of non-issues especially in light of the fact that many non-issues of the past eventually gain status in contemporary politics (1971; also Nelson 1984). He asks, is the failure of some issues to make it onto the agenda a result of institutional "blind-spots" that fail to see a social problem as such early on, or is the existence of non-issues due to a greater problem, such as the failure of pluralism? Studying the failure of some issues to make it onto the political agenda may offer insight to the "penetrability" of institutions and organizations

and is an important exercise if we are to understand just how democratically open American institutions and organizations really are.

What gets left off the agenda may be as important as what gets included in revealing the politics of institutions and groups. As Deborah Stone states, “Problems are not given, they are created in the minds of citizens by organizations, government, etc and this creation is an essential part of political maneuvering” (1988, 156). Indeed, the group that defines an issue often controls the parameters of the debate. The politics of issue definition (and mere recognition) is well known to feminists in particular. Issues that primarily impact women have often not been recognized as public problems and have been excluded from the public agenda because they have historically been defined as personal, private matters that are outside the reach of the traditional public sphere. Prior to the feminist movement, issues such as domestic violence, rape, and child abuse were shielded from public scrutiny because they were afforded privacy by their location in what was then viewed as the private, non-political realm of the home and family. One of the major successes of the feminist movement and feminist organizations was their ability to make the “personal political” by arguing that these issues are social, rather than personal problems. This strategy put many women’s issues onto the public agenda.

A group’s decision not to act becomes even more interesting when it involves an issue that they should be likely to pursue. For instance, why did the National Organization for Women (NOW), one of the most powerful women’s rights organizations in the US, wait so long to support the Equal Rights Amendment (ERA)? Maryanne Barakso’s curiosity as to why NOW delayed its support the ERA, even after it was supported by other women’s organizations and the majority of the American public, led

her to the finding that the governance of NOW was a significant factor in the organization's delayed support of the proposal (2004). Feminist organizations' failure to respond, to date, to NRTs is equally as puzzling and is an important area to explore given the centrality of reproduction to the feminist movement and the potential of reproductive technology to drastically alter women's relationship to reproduction.

Hypotheses

Issue Salience Explanation

What makes a particular issue salient? And why do some issues make onto the public agenda while others receive little to no public attention? Scholars of agenda-setting seek to explain why some issues make it onto the public agenda while others do not. Agenda-setting scholars like James Wilson (1973) suggest the content of an issue is often a key determining factor; issues that are controversial or that have costs or benefits that would create the mobilization of constituents are more likely to achieve agenda status (also see Lowi 1964). The greater the mobilization and the greater the controversy, the more likely an issue is to receive political attention. An "outside event" may also impact the amount of attention an issue receives. Jack Walker found that an event external to an issue, like a report, media coverage, or attention to another policy area that spills over onto the issue, could cause attention to shift towards an issue even if there were no changes in the issue itself (1977). As Frank Baumgartner and Bryan Jones state,

Focusing events, chance occurrences, public opinion campaigns by organized interests, and speeches by public officials are seen to cause issues to shoot high onto the agenda in a short period of time (1993, 10).

So what make an issue salient for a particular interest group? How do feminist organizations determine whether an issue is salient enough to make it onto their agenda? Are feminist organizations not engaged with NRTs because they do not see them as a salient issue?

As the agenda-setting literature suggests, an issue has a greater chance of reaching agenda status if it is able to mobilize a constituency. It would follow that the degree to which an issue is salient to an interest group is also dependent upon the degree to which it is an expressed concern of an organization's constituents. Therefore, if an organization's constituents are not expressing a concern or interest in an issue then the organization probably will not pursue it (unless a policy entrepreneur has a strong interest). One can surmise that feminist inattention to NRTs may be caused by a lack of constituent interest. In other words, feminist organizations do not view NRTs as a salient issue that warrants their attention because NRTs are not a concern of their constituents. However, this logic presumes that an organization's agenda is heavily dependent upon the concerns of its constituents. The extent to which feminist organizations' agendas are set by their constituents however is open to question and will also be explored in this project. Feminist organizations may shape their agendas differently because of their relationship to the feminist movement. Feminist organizations' role as social change agents that are informed by the ideology of a larger movement may mean that their agendas are shaped differently than organizations that are not movement based. Constituents may not be the driving force behind these organizational agendas, instead staff may hold more power over crafting an organization's agenda . If this is the case, perhaps the staff and

leadership of organizations fail to view NRTs as a salient issue because they are not aware of NRTs and its impact upon women's reproductive status.

Political Opportunities

Interest group scholars recognize that the constraints and opportunities that groups face in the political arena are important determinates of a group's success or failure. Ferree and Gamson describe political opportunity as "...all of the institutional and cultural access points that actors can seize upon to attempt to bring their claims into the political forum" (2002, 62). Thus political opportunity is equated with discursive opportunity, or the ability to present your group's message.

Groups have a variety of venues through which to present their ideas. The legislature, the court, the bureaucracy, and the media present discursive opportunities to groups and finding the best "venue" to present their idea is an important determinate of a group's success. As Baumgartner and Jones point out "venue shopping by strategically minded political actors" is the second manner by which issues may gain agenda entrance. (1993, 36). They go on to state,

...there are many possible institutional agendas, and for the policymakers who seek the institutional niche where decisions would likely go in their favor, none is inherently better than any other. Policy makers...search for the policy venue that will be most favorable to their interests (1993, 36).

Organizations must be aware of opportunity and able to exploit opportunity when it occurs; this requires the ability to not only access a particular venue but also the ability to effectively communicate your message so that your group's ideas win. However, identifying and gaining access to these opportunities can be difficult. John Kingdon

reminds us that determining when opportunity strikes in the complex policy arena is difficult because “windows of opportunity” occur only occasionally (Kingdon 1984). Therefore, interest groups must pay careful attention to the policy arena for long periods of time. More importantly, groups must be able to access an venue so that they can take advantage of opportunity when it occurs.

The Legislature and the Bureaucracy: Access

Sustained attention to the policy arena requires resources and access. Feminist organizations’ ability to monitor Washington activity may be limited by the degree of access that individual feminist organizations have to political institutions and their status within the interest group system. Interest group scholars continue to debate the extent of bias in the American interest group system. Jack Walker (1991) argues that the system is inherently biased, many groups that challenge the status quo or are perceived as dissident, like citizen groups and women’s groups are left outside of the system (Berry 1994). On the other hand, the proliferation of such groups may be testimony to the openness of the system. Feminist scholars point out that many women’s organizations have successfully integrated the system and are major policy players (Gelb and Palley 1996).

Organizations like NOW are represented in Washington and numerous states, have a full time staff, work collaboratively with other interest groups and have media offices that maintain relationships with journalists. Feminist organizations’ ability to monitor the legislative arena however is not clear and may be a significant factor in their involvement with NRTs.

Is there political opportunity to engage with NRTs in the policy arena? And if there is, are these feminist organizations able to monitor, and ultimately access the policy arena so that they know about and can advantage of opportunity when it occurs?

The Courts:

Another venue is the courts. Interest groups and social movements have routinely turned to the courts to achieve their goals. The feminist movement has often relied on law to achieve social change.⁸ The court system, with its multi-level structure and multiple discursive opportunities (i.e. amicus briefs and class action suits) has made litigation an attractive tactic for many groups (see O'Connor and Epstein 1982). Feminist organizations working to secure women's reproductive rights have often turned to the courts with varying degrees of success. However, feminist organizations' opportunities to turn to the court regarding NRTs have been limited (for a discussion of the failure of law to penetrate the most commonly used NRT, in vitro fertilization, see Bonnicksen 1989).⁹ The fertility industry's insulation from litigious action leaves organizations that normally rely on litigation as a primary tactic at a disadvantage.

The Media:

The media is a powerful venue because of its increasingly powerful role in the construction of public discourse in the United States. Perhaps there is no better way for

⁸ Feminist scholars however have been wary of the feminist movement's turn to law to achieve social change. In the case of the feminist anti-rape movement, for example, scholars have argued that reliance on the legal system has silenced feminists' concerns and criticisms of Megan's Law (Corrigan 2004), and created a uneven dependence on courts that has drastically altered aspects of the feminist anti-rape agenda (Merry 2001)

⁹ The fertility industry is built upon assisting reproduction by using new procedures to provide the mere potential of a pregnancy. Individuals using these technologies are constructed as "consumers" who sign off on the risks of the procedures. Any failures or complications can be blamed on nature/biology.

an interest group to influence ideas and mobilize constituents than to get their message into the media. However, feminist organizations' ability to access the media is unclear. Feminist organizations may not have access to the media because of their standing, which in turn limits their discursive opportunities. Standing refers to the ability of a group to represent itself and its viewpoint to the media (see Ferree et al, 2002.). Journalists act as "gatekeepers" that can grant or deny individuals or groups access to the media (Ferree et al, 2002, 13). Journalists decide what actors to take seriously and whose voice will come through in the media. Groups with media standing are more easily able to enter and establish their definition of an issue. Groups quick to define issues early on have the upper hand in the ensuing debate because issue definitions tend to stick and defining the issues early on sets the parameters of the debate. Opposing already established viewpoints and shifting the parameters of a debate, once established, is a difficult task (see Baumgartner et al, 2009).

Feminists may be unable to present their viewpoints on NRTs in the debate because of their lack of standing in the media. Or feminist organizations may have access to the media but find that NRTs are defined in a way that restricts feminist participation in the debate.

So the question remains, are there political opportunities to engage with NRTs? And if so, can feminist organizations take advantage of these opportunities or is their ability to capitalize on these moments restricted because of their lack of access to certain venues?

Resource Explanation

Theories of resource mobilization are central to understanding and explaining organizational behavior. Resources, such as membership, staff, money, and the like are necessary for an organization's work and very survival. However, resources are scarce and difficult to attain. Therefore, an organization is often motivated by its need to secure resources. In other words, resource attainment often determines an organization's behavior; organizations will structure their behavior in ways that allows them to garner the resources that are necessary for their survival. For example, attracting and maintaining membership is difficult so organizations use many incentives such as material goods and benefits and feelings of solidarity to overcome the collective action dilemma and attract members. The purpose of a group, or its ideological identity, may also act as a powerful incentive that motivates membership. James Wilson's theory of "purposive incentives" argues that people may join and support a group, even when there is no direct material benefit in sight, because they believe in its cause (1995). Wilson's theory helps explain how disadvantaged groups, like civil rights organizations and feminist organizations of the 1960s and 1970s were able to attract membership even though they were working on long-term policy reform that had a good chance of never being realized (also see Chong 1991).

The type of incentive that a group chooses also has far-reaching effects on its tactics, goals, and overall behavior. For example, Wilson argues that purposive organizations that attract members through ideology tend to rely heavily on "threat appeals." These organizations will signal that there is a threat to its constituents, such as opposition from a counter movement or threatening state action to restrict or reform in

some way an issue that the organization is committed to, in hopes of mobilizing its constituents to donate time, money and attention to the organization. Threat appeals also help reinforce the legitimacy of an organization's existence. Indeed, threat appeals may even turn "bystander publics" into "conscience constituents" who may lend their sympathy and additional resources to an organization (Truman 1951; McCarthy and Zald 1978; Hansen 1985).

While the use of ideological incentives, especially threat appeals, is effective, this particular tactic may eventually "constrain and radicalize the leaders of an association" (Wilson 1995, xi). Overtime, Wilson argues, these organizations tend to "appeal to their most deeply aroused members and be governed by their preferences" rather than those of the larger constituency (1995, xi). This approach may prevent organizations from looking towards the future and broadening their issue agenda or proactively addressing new issues as they arise.

Wilson's theory may help explain the lack of feminist organizational involvement with NRTs. The lack of feminist organizational involvement with NRTs is interesting especially since NRTs are used predominantly by white middle class women. For years, feminist organizations have been accused of being preoccupied with issues that affect white middle class women, and clearly this is such an issue. So why aren't feminist organizations active? If Wilson is right, feminist organizations will continue to focus on "old issues" like abortion because the threats to women's abortion rights by the state and opposition from the very powerful "Right to Life" movement are highly visible and appeal to their activist base who want the organization to continue to address the issues that it was founded upon. Further, it is easier to mobilize people around identifiable

threats to abortion than around a new issue like NRTs where threats are not so clear cut. This theory suggests that feminist organizations will continue to make “threat appeals” or focus on tried and true divisive issues, such as abortion, because it is an effective way to mobilize constituents and garner resources. Issues that do not generate as many resources as an issue like abortion will fall by the wayside.

Policy Entrepreneur Explanation

Early policy entrepreneur literature suggests that an individual policy entrepreneur is largely responsible for an organization’s pursuit and promotion of new or innovative policy ideas (Salisbury 1969). This is how the collective action dilemma is overcome. Policy innovations, like any new venture, are risky and often involve significant costs and uncertainty. Organizations, whose foremost goal is survival, are often reluctant to assume risks and take on new policy issues. This literature, which was heavily influenced by economic theories of leadership, argues that a charismatic individual risk-taker is primarily responsible for leading organizations into uncharted policy terrain. Indeed, scholars have found that organizations, especially women’s organizations, often rely on a dynamic lead personality to pursue a new issue area, move the issue forward, build coalitions, and energize the process (Mintrom 1997; McCarthy and Wolfson 1996). This literature suggests that an organization will only pursue a new issue or policy if it possesses an entrepreneur with an interest in that particular issue. This hypothesis predicts that feminist organizations that lack a policy entrepreneur with an interest in NRTs will be very unlikely to pursue the issue.

Reproductive Rights Framework

Another explanation for feminist organizations' inactivity is that the organizations have not been able to translate feminist critiques into their existing strategies and frameworks which emphasize reproductive rights. Feminist scholars have noted that perhaps feminists *themselves* are not so clear about the types of strategies or positions that they should be taking on new reproductive technologies (Franklin 1995; Franklin and McNeil 1988; McNeil et al. 1991). Sarah Franklin states,

In spite of having emerged in the midst of a powerful feminist movement, which had become increasingly international and to which reproductive concerns were central, reproductive technology has proved a difficult area in which to formulate effective feminist change (1995, 324).

One reason for this is the very nature of NRTs. They are a rapidly developing bundle of complex and highly technical procedures that are couched in scientific language that can be difficult to understand and hard to keep pace with. NRTs have also complicated and expanded reproductive politics which may cause, as Franklin suggests "a loss of certainty about preexisting feminist strategies, slogans, and frameworks, particularly those grounded on notions of rights and choice" (1995, 325). US feminists, in particular have tended to relied heavily on a rights framework when advocating for women's reproductive freedom because emphasizing individual rights is "what works" in the US context (see Ferree et al 2002, 153). Scholars have found that feminists have more success in the legislative arena when they define issues in terms of role equity rather than role change (Gelb and Palley 1996). They have also found that discourse that focuses on the gendered aspect of an issue receives less attention from the media than discourse that emphasizes rights (see Ferree et al 2002; Ferree and Gamson 2002).

Translating feminist critiques of NRTs into a right's framework, however, may prove difficult. Feminist academic analyses thus far tend to focus on the racial, class and gendered implications of the technology and the fertility industry; they are nuanced analyses that consider not just the individual (although themes of autonomy, reproductive freedom, self-determination, and access are clearly present in many of their writings) but also the social and cultural factors that impact women's relationship to the fertility industry and their use and control of the technology. Feminist organizations may not be active on NRTs because they are not sure how to talk about it because they may find that NRTs do not "fit" into their existing discourse which is largely framed in terms of rights and choice. Or they may be talking about NRTs but are having difficulty getting "picked up" by the media because they are not defining the issue using a "rights based" frame.

The failure of feminist organizations to engage with NRTs is a puzzle. However, a number of explanations exist to help us make sense of their inactivity on this issue. Whether one particular hypothesis will surface as the dominant explanation is a question that will need to be answered. It very well may be that numerous hypotheses are contributing to feminist inaction. The remainder of this project will be devoted to exploring each hypothesis to determine its validity as an explanation in this particular case.

CHAPTER 3: NRTs-Issues of Concern to Feminists

This chapter provides the context of this project and demonstrates that new reproductive technologies are indeed a salient issue for the contemporary feminist movement. I will begin the chapter by identifying a variety of issues that have emerged from these technologies and discuss the ways in which they are of critical importance to feminism.

New Reproductive Technologies-Making the Break

“Learning to make a break between procreation and reproduction, there’s nothing more basic you’re going to change before or since in the history of mankind” (Caplan, 2006)

In 1978 Louise Brown was born in Oldham, England. Her birth made headlines throughout the world. What was remarkable about this child was not the way she was born, but rather, the way that she was conceived. Louise was the world’s first “test-tube” baby. Her conception took place completely outside of the human body using a technology called in vitro fertilization. In vitro, which means “in glass” in Latin, joins eggs harvested from a woman’s body with sperm in a Petri dish. The resulting embryo is left to mature in a Petri dish for a period of two to five days before it is transferred to a woman’s uterus. The birth of Louise signaled a new world order in reproduction; using in vitro fertilization reproduction outside of the human body was now possible. The break had been made.

In vitro fertilization (IVF) has indeed revolutionized reproduction; it has given scientists the power to initiate and sustain life in laboratory, and in doing so, has acted as a starting point for the development of the wide array of the reproductive technologies that exist today. Indeed, the complex bundle of technologies that are currently included

under the umbrella of new reproductive technologies (NRTs) are IVF, egg, sperm, embryo donation, manipulation, and cyropreservation, sex predetermination, preimplantation genetic diagnosis, and germ line genetic modification. All of these technologies have their origins in IVF.

NRTs have drastically altered reproduction as we know it. They allow us to bypass intercourse completely, overcome infertility, transport reproductive materials to and from bodies, diagnose and perform fetal surgery in the womb, choose the sex of offspring, preserve embryos for later use, and screen for genetic diseases. Newer technologies, such as preimplantation genetic diagnosis and germ line modification, which reach even further into the earliest stages of conception to the genetic level, allow us to control, select, screen, and duplicate desirable traits. Cloning, a technology that is still in an experimental stage, will allow us to duplicate the entire genetic code of an individual. These most recent developments in NRTs raise ethical questions about just how far human intervention into reproduction should reach.

NRTs have also disrupted traditional notions of kinship, family, and parenting arrangements. By removing reproduction from the heterosexual intercourse, NRTs have given birth to a wide array of alternative reproductive arrangements. NRTs have enabled the infertile, same sex couples, single heterosexual men and women, and post-menopausal women to reproduce in non-traditional ways. NRTs have also led to the development of more complex kinship ties; through NRTs as many as five individuals can contribute biogenetic material for a single conception, stretching, even contesting, the definition of “biological parent.” NRTs also expand and challenge views of who can

mother. No longer must the process of reproduction be contained in one woman's body; "mothering" can now be fragmented into egg donor, surrogate, and social mother.

Despite the profound impact that these technologies have on human reproduction and the ethical questions and concerns that they raise, NRTs, especially those used to treat infertility, are fairly common today and are gaining in popularity and use. In 2002 alone the Centers for Disease Control and Prevention reported that 12% of U.S. women between the ages of 15 and 44—some 7.3 million in all—experienced infertility, or the inability to conceive after one year (Chandra et al 2005)). The report also estimates that 30% of adult men are infertile. This means that one in every eight couples is unable to conceive children by "natural" means.

In the United States infertility translates into big business. About 36% of women who are unable to conceive "naturally" seek treatment in one form or another from the fertility industry. According to the 2002 National Survey of Family Growth, the most recent data available on infertility rates, approximately 1.2 million women of reproductive age in 2002 had an infertility-related medical appointment within the previous year and an additional 10% had received infertility services at some time in their lives (Chandra et al 2005).¹⁰ This number, however, does not account for the many more people who undergo infertility services to provide reproductive material as egg or sperm donors and those who also serve as surrogates.

The number of children born from these technologies is also on the rise. In 2001 41,000 children were born using IVF. Another 6,000 children were born from donated eggs and an additional 600 were born via surrogates (Spar 2006, ix). More than 48,000

¹⁰ Infertility services include medical tests to diagnose infertility, medical advice and treatments to help a woman become pregnant, and services other than routine prenatal care to prevent miscarriage.

infants were born from NRT treatments in 2003, representing more than 1% of the U.S. births and this number is anticipated to rise at a rapid rate in the future (CDC 2006).

Experts also predict that more and more people will be enticed to use NRTs in the future. In fact, one of the fastest growing segments of the fertility market are young women. From 1995 to 2002, twenty three percent of female college graduates ages 22-29 received fertility treatments (Chandra et al 2005). This means that nearly one in four college educated women in this age group receives infertility treatments—a rate that has nearly doubled in just seven years, even though doctors say that infertility rates among these women remain low (Shamilian 2006). Many physicians are now reporting that young female patients are prematurely turning to infertility treatments after trying to conceive for only a few months, even though the American College of Obstetrics and Gynecology define infertility as the inability to conceive after 12 months. A Wall Street Journal investigation of this phenomenon attributes young women's increased use of fertility treatment to several factors including an “exploding fertility industry,” an increasing number of websites that discuss infertility issues and the effectiveness of nonprescription fertility drugs, and increased media coverage of the risks of delayed pregnancy (Bernstein 2006). Today, NRTs are largely performed by private fertility clinics around the world. Together these clinics compose what is commonly referred to as the “fertility industry.” The fertility industry is unique in that although offering a medical procedure, the industry remains a private, for profit sector, that is relatively free from regulation. Concerns that have already existed over the ethics of NRTs and their impact on society have been compounded by their location in the commercial, unregulated fertility industry. And industry practices have caused alarm. Notoriously

expensive, and rarely covered by insurance, treatment for infertility is accessible to only the privileged few. In addition, competition between clinics have led to soaring multiple birth rates, money back guarantees, and refusals to treat “undesirable” clients.

Inadequate research on the safety of procedures, lack of patient information about treatment options and risks, questionable egg donor solicitation practices targeting young, financially needy women, and unethical practices such as sex selection, have led to criticisms of the industry.

Feminists have been on the forefront of these criticisms since NRTs first appeared in the 1970s. Feminists recognized that NRTs held the potential to drastically alter women’s relationship to reproduction in profound ways and expressed concern about the impact the NRTs would have on women’s relationship to reproduction from the very beginning. This concern has been sustained over the past thirty years resulting in a vast amount of feminist literature that addressed both the benefits and risks associated with women’s use of these technologies.

The Commercialization of Reproduction

Fertility treatment is a very, very lucrative business. New reproductive technologies are a commercial enterprise largely performed by for-profit fertility clinics located in the private sector. These clinics comprise what is now commonly referred to as the “fertility industry,” currently a three billion dollar a year industry that continues to be one of the fastest growing industries in the United States. The industry has experienced enormous growth over the past two decades. In 1986, there were only 100 fertility clinics in existence in the US. Today, there are 450 clinics, a 60% increase over

10 years ago (Bernstein 2006). IVF, one of the most sought after NRT procedure, is also on the rise. From 1995 to 1998 the number of IVF procedures in the US increased by 37 percent, increasing from 59,000 procedures to 81,000, in just three years (Kolata 2002). Experts predict that the fertility industry will continue to grow at an astonishing rate as more and more people are attracted to the possibilities that these technologies offer.

Infertility treatment is not cheap. A single cycle of IVF can cost anywhere between \$7,000 to \$20,000. In 2003, the average price for one cycle of in vitro fertilization, one of the most sought after and commonly used technology, was \$12,400 (Spar 2006, 33). Intracytoplasmic sperm injection (or ICSI), a technique typically used to bypass male infertility by allowing scientists to inject a single sperm into an egg, typically costs an additional \$1,000 to \$1500 (Spar 2006, 63). Preimplantation genetic diagnosis (PGD), a technique that allows doctors to screen for eight celled embryos for genetic traits, adds, on average, an additional \$3500 to the IVF bill (Healy 2003, 1). Sperm sorting, which allows individuals to select the sex of their child costs another \$2500.

The “egg banking” industry, which is being marketed to professional women in their 30s who want to delay childbearing to focus on their careers, allows women to freeze, or cryopreserve, their eggs for later use and is also quite expensive. One company, Extended Fertility, charges \$15,000 for egg retrieval and additional yearly storage fees (Spar 2006, 61). If your own eggs won’t do, someone else’s eggs can be purchased for an average cost of \$4500, although some may spend upwards of \$50,000 for eggs containing “optimal” genetic material (Spar 2006, xvi). A vial of sperm retails

for an average price of \$300, although premium sperm can command about \$3000 on the market (Spar 2006).

Despite the exorbitant cost of NRTs, few insurance companies cover the costs associated with infertility treatment. Because most insurance companies do not cover the use of NRTs, the vast majority of people seeking infertility treatment are forced to cover treatment costs on their own. However, despite the cost, NRTs are not guaranteed to produce a child. In fact, despite improvements in NRTs over the past decade or so, the chances of having a child using these technologies remain relatively bleak. Although IVF statistics are improving, the average success rate is only 25% and drops to as low as 9% if the woman is over 40 (CDC 2001). This means that out of 100 couples, 75 will go home without children while the other 25 might take home one, two, or even three children. Despite the dismal statistics, millions of people, desperate to have a child of their own, are drawn to the fertility industry each year.

The Economy of Embryo Production: Shopping for Success

The cost of NRTs, coupled with the general lack of insurance coverage of fertility treatment has created a situation where few people can independently afford to pay for treatment of their infertility. Those who can independently afford to pay for such services, or are lucky enough to have insurance that offers coverage of at least some of their treatment, want to make sure that they use a clinic that gives them the best chance of having a child. Because of the cost and uncertainty of a resulting pregnancy, infertile couples that can afford NRTs often shop around comparing the success rates of numerous clinics hoping to optimize their chances of a pregnancy. Success rates, however, vary

from clinic to clinic. Most clinics use clinical pregnancy (which is defined as the identification of a fetus at seven weeks) as the determinate for their success rate. This measure can be misleading because it is based on the mere potential of a birth, and does not take into account whether or not the pregnancy is carried to full term. Clinics that want to be certified by the American Society for Reproductive Medicine's (ASRM) Registry must also include live birth rate as part of their statistical success rate.¹¹ However, the live birth rate is always counted as a single birth regardless of how many babies were actually born to a single woman. This type of success rate is not based on the “quality of the product,” so whether or not the infant (or infants in the case of multiple births) survives after birth or is healthy is of no consequence to the statistical definition of success.

Aware of the supply and demand aspect of the reproductive economy, a fertility clinic’s success is dependent upon its ability to produce pregnancies for infertile couples. As more fertility clinics open everyday there is ever increasing competition for patients. As competition increases so does a clinic’s desire to better its success rates by increasing the rate of pregnancy among its patients. The desire to improve success rates has led to increased competition among clinics and has resulted in many questionable practices designed to attract more patients or to deter those who would negatively impact success rates. Clinics will often manipulate their statistics by dividing their population group into different categories in an attempt to maximize their success rates. For instance, a woman with numerous infertility factors, or the worst chance of getting pregnant, might be

¹¹ The increase of the number of clinics reporting their rates is also attributed to the implementation of the 1992 federal law Fertility Clinic Success Rate and Certification Act (FCSRCA). This law was referred to in “Assisted reproductive technology in the United States: 1996 results generated from the American Society for Reproductive Medicine/Society for Assisted Reproductive Technology Registry.” *Fertility and Sterility*. Vol. 71, No. 5, May 1999. p. 805.

excluded from the statistics. Clinics may also refuse to treat women who are older or who are in poor health because they fear that they will impact negatively impact success rates (Cussins 1998). In an effort to ensure pregnancies, it has become standard practice in the fertility industry to implant multiple embryos during IVF. This controversial practice, which is frowned upon by the international community, as well as many professional organizations in the US, has resulted in soaring multiple birth rates in the US. Clinics will also frequently advertise and market their services in a style that seems more befitting for a sale of goods, not children. Although less common, some clinics even offer their “clients” money back guarantees for pregnancy attempts that fail.

The commercial motives behind industry practices are hard to conceal. One director of a laboratory who was interviewed for Debora Spar’s recent book, *The Baby Business* acknowledges that clinics are practices are primarily driven by the bottom line (2006). He states, “Fertility clinics are there to make money. You are not going to pursue something that’s going to hurt you. And if your success rates drops, you’re going to lose patients” (qtd in Spar 2006, 57).

Couples undergoing treatment have also expressed concern over what they experienced as the commercialization infertility treatment. One husband states,

The quality of care was deplorable. We weren’t treated as patients at all but as consumers. We chose them because their statistics were the best, but they have this terrible way of showing it. They had this number in the waiting room of the number of pregnancies that they had. Every time they had a pregnancy they came in and changed the number. I thought it was in terrible taste. In retrospect, I thought the whole treatment was deplorable, that they should be shut down, but that was hindsight. It was not a medical clinic. They were selling a procedure. There was no concern for the patients, like you expect to get from a doctor. After two cycles, we called this place the “Cattle Farm” (qtd in Becker 2000, 131-132).

Another women who visited a fertility clinic for a first time consultation received a pressured sales pitch and when reflecting on the experience stated that she, "...felt like I was at a used car dealership" (qtd. in Becker 2000, 131) As the fertility industry becomes more and more market oriented infertility treatment takes on the feel of a business service, rather than a medical procedure and individuals pursuing a solution to their infertility turn from patient to consumer.

Stratified Reproduction: Class, Race and Access to NRTs

Although millions use NRTs each year, the expense of NRTs coupled with the general unwillingness of insurance companies to provide coverage for NRT procedures, has created a situation in which the vast majority of Americans will never be able to afford to access this technology. Of particular concern, especially to feminists writing on this issue, is the impact that unequal access to this technology has had on reinforcing and even amplifying inequalities among women. Although no official data is available on the racial and ethnic composition of women who use NRTs,¹² Ginsburg and Rapp argue that the expense of NRTs perpetuates race and class based inequalities among women and further stratifies reproduction along racial and economic lines (Rapp and Ginsburg 1995).¹³ Economic barriers, for example, put expensive NRTs out of the reach of women with limited financial means. As a result, the majority of consumers of this technology are women who have the financial resources to pay for these services themselves and

¹² With regards to this data the CDC writes, "...data on race/ethnicity were missing in large proportion of procedures. Therefore, no firm conclusions can be drawn on differences between such groups." See Centers for Disease Control. (2006) "Assisted Reproductive Technology Surveillance—United States, 2003." 55 (SS04); 1-22. May 26, 2006. p11

¹³ Shellee Colen first used the term "stratified reproduction" in "Like a Mother to Them: Stratified Reproduction and West Indian Childcare Workers and Employers in New York." (1995).

who tend to be predominantly white and well-educated. Insurance policies also widen the gap between the wealthy and the poor. For example, although Medicaid provides low-income women with birth control coverage it does not provide for infertility treatment. On contrary, more expensive health care plans afforded only to the middle and upperclass provide fertility treatment coverage but not coverage for birth control, demonstrating the way that insurance policies also contribute to the stratification of reproduction along economic lines.

Dorothy Roberts argues that race also shapes the politics of NRTs. “Similar to the technologies that *prevent* births,” she argues, “the politics of technologies that *assist* births is shaped by race” (Roberts 1997, 250). Roberts points out that even though black women experience infertility at higher rates than white women, white women are twice as likely as black women to use reproductive technologies. Roberts argues racial disparity in access to and use of reproductive technologies is due not only to financial barriers but also to “...cultural preferences, and more deliberate professional manipulation” (Roberts 1997, 253). Roberts argues that overt social programs and governmental policies (such as the Medicaid policy which covers birth control but not infertility treatment), covert industry practices, racial steering, and market forces work together to discourage reproduction by certain women to prevent the “wrong kind” of children from being produced.

Many feminists argue that black women in particular bear the brunt of this discrimination because of the way that the black female reproductive body is constructed. Valerie Hartouni writes that racial stereotypes and cultural narratives about the “way black women are,” such as excessively fertile and yet maternally deficient, creates the

perception that black women's reproduction is a pathology that must be controlled and regulated, but certainly not encouraged (1997). Roberts argues that infertility doctors frequently steer women whom they may view as "unable" to care for children away from infertility treatment.

Other discrimination however is more overt. Many fertility clinics accept only heterosexual couples as patients and they often deny service to women whom they may deem as unfit to become mothers. Rather than expanding reproductive options for all, Roberts writes that NRTs,

... rarely achieve their subversive potential. Instead of disrupting the stereotypical family, they enable infertile couples to create one. Most IVF clinics accept only heterosexual married couples as clients, and most physicians have been unwilling to assist in the insemination of women who depart from this norm. They routinely deny their services to single women, lesbians, welfare recipients, and other women who are not considered good mothers (1997, 248).

Currently infertility treatment is only available to those who can afford it or who are lucky enough to have an insurance plan that covers treatment—a rarity, by far. As long as the fertility industry is allowed to continue to sell infertility treatment for profit on the free market, racial and economic disparities in access to NRTs will continue and only the "global elite" will have access to a technology that will help them achieve what some would argue is a fundamental right to have children.

Health and Safety

Another serious concern is the safety of NRTs. New reproductive technologies are relatively young by medical and research standards. The oldest technology, IVF, was originally developed for use in the agricultural industry as an animal husbandry technique. In the late 1960s scientists began to apply IVF to human reproduction, an

experiment that would finally succeed in a live human birth in 1978. In less than thirty years IVF has gone from an experimental practice to a common medical procedure used to modify human reproduction. Many are concern at the speed by which these technologies have been applied to human reproduction and accepted as a standard, and not experimental, medical procedure. Jennifer Parks writes, “This leap from use in animal breeding to use on women has occurred with little experimentation and minimal research. Experts who have been applying reproductive technologies to breed livestock are at the same time training doctors who work with infertile women” (1999, 2). This concern has been compounded by the fact that little has been done to adequately research the impact that NRTs may have on human health.

Curiously, little has been done to research the safety of many new reproductive technologies and little attention has been paid to health risks that these technologies may present. The drugs used in NRT procedures have not been adequately tested and there have been no long term studies of the impact of these technologies on people that use them or who where born from them. For example, although it is common practice in IVF to use synthetic hormones to stimulate egg production in women undergoing treatment, many of the drugs used for this purpose have not been adequately studied for long-term safety, nor do some of these drugs have FDA approval for this particular use. Pharmaceutical firms have not been required by either the government or physicians to collect safety data on IVF drugs regarding risk of cancer or other serious health conditions despite the drugs being available in the US for several decades.

Of particular concern is the lack of adequate long-term safety data on super-ovulation drugs that women are given to produce eggs for IVF or egg donation. Luprone,

a drug used to suppress the ovaries has never been approved for this purpose by the FDA.¹⁴ As of 1999, there were 4228 reports of adverse drugs events from women using this drug; 325 of these events resulted in hospitalization and 25 resulted in death (Norsigian 2002).

Many people who undergo treatment are unaware of the risks associated with NRTs and do not realize that many NRT drugs and procedures have not been regulated like other medical practices. Suzanne Parisian, a former Chief Medical Officer of the Food and Drug Administration (FDA) writes,

...there is an unfortunate and false assumption of the public, legislators, press and physicians that all current IVF stimulation drugs have been scientifically recognized as “safe” by the FDA and suitable for use in healthy women for multiple egg extraction. That is simply and sadly not correct (Parisian, 2005).

There is also evidence that the FDA has failed to investigate adverse drug reports that have been sent to them throughout the years. Judy Norsigian, Director of the Boston Women’s Health Book Collective writes,

...thousands of adverse drug reports have been sent to the FDA, including reports of several hundred hospitalizations and deaths among women, but due to shortages in FDA staff, these reports have not been reviewed carefully to determine if there might be any cause and effects relationships (Norsigian, 2002).

Despite these reports, the FDA did not conduct further investigation into the safety of this drug.¹⁵ The lack of data on the use of Luprone in the process of egg retrieval puts women’s health at risk and makes true informed consent impossible because the risks associated with using the drug for infertility treatment are unknown.

¹⁴ Luprone has been approved by the FDA for other uses and is being used “off-label” by fertility clinics.

¹⁵ The BWHC however, filed a Freedom of Information Act request in 2002 and worked with public health experts to review these reports.

Women are often not informed of risks even when they are known. Many clinics withhold information about risks associated with infertility treatment, which include respiratory or cardiac arrest, brain damage, paraplegia, paralysis, hemorrhage, allergic reaction and infection. Many clinics fail to tell women who undergo IVF about risks, while others simply state that there are no risks associated with treatment. One woman was told by her doctors that there were no known health risks associated with the hormones used to stimulate egg production even when there was substantial evidence to suggest otherwise (Handwerker 2007).

This impact on children's health who are born from these technologies is also unknown. Until recently, few studies examined the long-term impact of technologies on the children born from NRTs. Recent studies, however suggest that IVF children may be at a higher risk for birth defects. One study found that babies conceived via IVF were twice as likely as naturally conceived children to have multiple major birth defects (Hansen 2002). Other studies suggest that these children have higher rates of rare urological defects and increased risk of early childhood cancers (see Shieve et al, 2002; DeBraun et al, 2003; and Vastag, 2002).

Health risks are also associated with multiple births, which make up 51% of all NRT deliveries (CDC 2006). Numerous studies have found that multiple birth infants are at a significant risk for "preterm delivery, low birth weight, congenital malformations, fetal and infant death, and long term morbidity and disability among survivors" (CDC 2006, 2). Long-term disability among survivors includes problems in the functioning of their lungs, heart, and "particularly their brain" (Multiple Birth Foundation 2000, 3). Twins and triplets are also at a higher risk for developing cerebral palsy. One study

found that triplet pregnancies produced a child with cerebral palsy 47 times more often than a singleton pregnancy (Petterson et al, 1993). An annual summary of U.S. statistics in 1996 found that twins are five times as likely as singleton infants to die during the first year (Guyer et al, 1997). The statistics also revealed that triplets and higher-order infants run an even greater risk of death, as they are thirteen times as likely as singletons to die during the first year. Women with multiple-gestation pregnancies are at an increased risk for maternal complications including hemorrhage and hypertension. The CDC concluded from this data that the increase in multiple births "...is a public health concern because of heightened risk to mother and child..."(1999, 905).

The health risks associated with multiple births have also contributed to rising health-care costs. The estimated cost per live birth of a multiple in 2003 ranged from \$39,688 to \$87,788 (CDC 2006). One study conducted at one hospital in 1991 found that charges for a singleton delivery were \$9,845 compared with \$37,947 for twins (\$18,974 per baby) and \$109,765 for triplets (\$36,588 per baby) (Callahan et al, 1994). The researchers concluded that if all of the ART multiple births had been singletons the hospital would have saved \$3 million in that year alone.

Multiple births not only pose physical risks, but also the emotional, financial, and psychological implications for those who parent them, especially women. A survey of 1345 mothers of multiples revealed that 29 percent reported depression following the birth of their children (Mother of Super Twins 2003)¹⁶ The *Mother of Supertwins* website warns,

¹⁶ The MOST "Post-Partum Depression Survey" was conducted January through March of 2003 in coordination with the National Organization of Mothers of Twin Children, Inc (NOMOTC).

Depression is more common in mothers of twins and this like, other problems, can affect their relationships between parents, the wider family or friends, which in turn can make caring for their children even more difficult (2003, 3).

Of the women surveyed, 59 percent also reported feeling isolated.

Multiples also bring financial difficulties for many families. The everyday cost of raising twins and higher order multiples, already substantially more than singletons, is amplified because clothes and equipment cannot be handed down. The survey revealed that twenty five percent of the mothers with twins reported ongoing financial difficulties since the birth of their children (Mothers of Supertwins 2003). The number increased to thirty three percent for families with triplets. Also, many mothers who had hoped to return to work after childbirth have found that the cost of childcare for multiples makes this financially unviable.

Eugenics: Creating Designer Babies

Feminists also fear that new reproductive technologies have the potential to fuel a new eugenics movement. In addition to using these technologies to create designer babies, many worry that prenatal diagnostic techniques, such as genetic screening and preimplantation genetic diagnosis or PGD may become a “new tool” for the elimination of developmental or genetic disabilities and may lead to the increased elimination of “disabled” fetuses.

Ruth Hubbard and Elijah Wald argue that the very existence of these techniques creates the notion that a perfect child is easily attainable and lures “women into the false hope that, with proper medical advice and supervision, we can have risk-free pregnancies and problem-free children” (1993, 51). They fear that social acceptance and tolerance of

disabled individuals will decrease as the expectation that one could have prevented the birth of a disabled child through medical intervention increases. Once babies become viewed as perfectable products, Hubbard and Wald argue, “quality controls” will be difficult to refuse and put women in a position where they must heed expert advice and perceive the pursuit of NRTs as the only acceptable way to go. They also fear that what first presented as an option will soon turn into an obligation, and that the very existence of these technologies creates pressure on society to use them just because they are available. As a result, women’s ability to make autonomous reproductive decision to refuse the technology will be compromised.

Many also worry that the genetic knowledge that comes out of NRTs may be used to reinstate racial eugenic practices. Dorothy Roberts is particularly concerned about how genetic knowledge will impact people of color in a society that has historically used race to make claims of genetic inferiority. She writes, “In a society in which Black traits are consistently devalued, a focus on genetics will more likely used to justify limiting Black reproduction rather than encouraging it” (1997, 251).

Technology that has allowed parents to detect genetic disorders has also opened the doors to sex or gender selection. PGD, and sperm sorting using a patented technology called Microsort, are being marketed across the country as an opportunity for parents to choose the sex of their child. An on-line advertisement by Fertility Institutes, which was featured in Newsweek Magazine and CBS News “60 Minutes,” reads:

Unlike many programs offering sex selection only to very limited couples with known genetic disorders in the family we make sex selection available to all patients seeking to balance their families or assure themselves that a pregnancy will result in ONLY the gender outcome they desire. REMEMBER: Nearly all couples qualify for sex selection using (PGD), which provides 100% (99.9%)

success regardless of sperm counts or gender percentages (Fertility Institutes, 2007).

The marketing is working and interest in sex selection is steadily on the rise.

Although this technique was first offered on an experimental basis in 1998, by 2004 more than 400 children were born having had their sex selected by their parents (Kalb 2004).

In 2004, the Fertility Institute reported that it was saw an average of 10 patients per week just for sex selection (Westphal 2004). By early 2007, the Fertility Institutes' website stated that they have performed over 2400 cases (each costing \$2500) with 100% sex selection success.

The increase in Americans' use of sex selection is cause for concern. One concern is that sex selection will be used to favor the birth of boy children over girls. In fact, a recent study by economists Gordon Dahl and Enrico Moretti found that American fathers prefer sons to daughters by a margin of two to one (Futrelle 2005). The preference is so strong that it influences the decisions that families make about their lives and finances. Data revealed that parents with girls only were more likely to be divorced and that men were more likely to marry the mother of their child when the ultrasound revealed that the fetus was a boy. Although the desire for boy children in the US is less intense than in countries like China, the economists predict that as technology makes it easier to choose the sex of a fetus, "the sex ratio in the population may slowly become more male" (Futrelle 2005, 24).

Egg Donation

Egg "donation" practices in the US are another area of concern. Although the US prohibits the sale of organs, the US does allow the "commercial donation" of

reproductive materials, such as eggs and sperm. In the US, the sale of reproductive materials is excluded from such prohibitions because unlike organs and other body parts, eggs and sperm are viewed as renewable materials. Initially, egg donation was just that, a donation from a family member or friend who was willing to help a love one in need of healthy eggs for a successful pregnancy. Often the recipient would offer money to the donor to cover the costs associated with the donation. Things changed in the early 1990s as fertility clinics and private egg brokers, responding to the growing demand to for eggs, began to solicit donors through advertisements that offered money for their services. Although professional fertility organizations recommend that donors only be paid enough money to cover the costs associated with the egg retrieval process and their time—and not for the eggs themselves--little has been done to ensure that egg donation remain an altruistic, rather than a commercial endeavor. In fact, the US does not even require fertility clinics or egg brokers to report the fees that are paid to their donors. As a result, egg donation has taken on an auction like quality where eggs are bought and sold for a wide range of prices.

The lack of regulation of the egg donation practices in the US has led to what one ARSM report called “morally troubling” practices (ASRM 2007). For example, egg solicitation practices are often aimed at financially needy young women. The egg donor business often targets cash strapped college students through advertisements that appear in college newspapers across the country. Although called “donors,” women who contribute eggs are paid anywhere between \$5,000 to \$20,000 per retrieval, making egg donation a lucrative offer that is very tempting indeed. And, although the women who donate often cite altruistic motivations, financial incentive also plays a role in their

willingness to undergo a complicated medical procedure that involves numerous risks.

One woman, who was donating her eggs for a second time was interviewed by *USA Today* and said that the money she receives will help pay \$175,000 in student loan debt (Hopkins 2006).

Another troubling practice of the egg donor business is its propensity for paying more for eggs that come from women with socially desirable traits. Although the ASRM and other professional fertility organizations have established that \$5,000 is an appropriate fee to cover the costs associated with egg donation, the auction like atmosphere of the egg donation industry, and the keen marketing practices of egg brokers and IVF clinics, has driven prices up for eggs donated by women with socially desirable traits. For example, egg brokers will often place advertisements soliciting donors with specific traits, such as “blond hair and blue eyes,” “attractive,” “beautiful,” “tall and slender,” “athletic” and high educational achievement, such as “college educated,” “SAT scores above 1,300.” Donors who possess these traits are often offered more money for their eggs. The most famous example of this occurred in 1999 when an advertisement placed in Ivy League newspapers across the US offered \$50,000 for eggs donated by a woman who was 5’10 and scored at least 1400 on her SATs. Another ad placed in 2000 offered \$100,000 to a woman who was a college athlete.

Cynthia Daniels and Janet Golden also find similar tendencies in the American sperm banking industry. They argue that “populist market eugenics,” which they define as “the belief that certain human traits can be ‘purchased’ through the careful selection of sperm,” shapes the modern sperm banking industry (Daniels and Golden 2004, 6). The traits of donors are marketed through glossy catalogs which list sperm donors’ traits

including race, ethnicity, hair color and texture, IQ and hobbies, talents and interests.

They note,

...the traits which appear to be most in demand in the contemporary sperm banking industry reflect not just the desires of consumers to have offspring who physically resemble them, but to have offspring who will be at the top of prevailing social hierarchies (Daniels and Golden 2004, 6)¹⁷

Despite questionable practices, the US egg trade is a thriving market. On any given day an average of 150 egg donation ads are placed on Craigslist. Deborah Spar estimates that spending on donor eggs is about thirty eight million dollars per year and ASRM estimates that about 10,000 babies are born each year from donated eggs. Stem cell research is also stimulating the demand for egg donors (2006). The egg trade industry is expected to grow even more in response to the development of US stem-cell research programs, which are creating a new market for human eggs that scientists can use in their research. The US human egg market is also attractive to the internationally because there are no restrictions or interference from the government for scientists or the infertile who are seeking human eggs. While other nations are curtailing the practice through strict regulations, the US remains regulation free and is becoming the industry's last bastion for egg donation. US women, who provide the majority of eggs for this industry, however, have virtually no protection within this industry.

Reproductive Tourism: Purchasing surrogacy from abroad

In the 1980s, feminists warned that reproductive technologies that make total surrogacy possible would lead to a future where poor and “third world” women serve as “breeders” for wealthy western women who wanted a genetically related child but who

¹⁷ For a detailed history of the sperm banking industry see Daniels, Cynthia R.(2006) *Exposing Men: The Science and Politics of Male Reproduction.*, New York: Oxford University Press.

could not carry a fetus to term (see Arditti 1984). They worried that poor women's economic instability would make them more susceptible to coercion and exploitation on the reproductive market and that surrogacy arrangements would exploit poor and "third world" women because of their supposed willingness to work for low wages. They feared that poor women would disproportionately end up providing surrogacy services for the wealthy and the powerful.

Twenty years later, their predictions have come true in the form of a booming global reproductive market economy dubbed "reproductive tourism." The tourists are often wealthy Westerners; their destinations "third world" countries where they can purchase reproductive good and services on the cheap. Couples seeking infertility services are attracted to countries like Thailand, Russia, China and India because of cheap prices and the availability of donor eggs and surrogates. Lighter regulations also factor into the appeal of going abroad for fertility care. While British clinics only allow two embryos to be implanted at one time, India allows six. Unlike many US and British clinics, Indian fertility clinics do not turn clients away because of age or health.

India is one of the most popular destinations for reproductive tourists, with many citing the low cost and availability of Indian women who are willing to serve as surrogates as the reason for India's emergence as a reproduction tourism industry forerunner. In fact, one article claims that India's new outsourcing business is wombs (Ramachandran 2006). Fertility clinics report that the number of surrogate births in India has doubled in the past three years, with Americans and British serving as the majority of clients (Spring 2006). The Malpani Infertility Clinic in Bombay estimates that about 15 percent of their patients are foreigners with no family connection to India (Spring 2006).

The health ministries and governments of countries like India welcome reproductive tourists because of the financial benefits the business brings to their country. The Indian Council of Medical Research estimates that reproductive tourism could become a \$6 billion a year industry (Chu 2006).

The cost to women providing these services however, is great and often overlooked by all but a few. Some are concerned about the exploitation of poor women and the risks of surrogacy especially in India where 100,000 women die each year as a result of pregnancy and childbirth. C.P. Puri, director of the National Institute for Research in Reproductive Health in Mumbai states, “You’re subjecting the life of that woman who will be a surrogate to some amount of risk. That is where I personally feel it should not become a trade” (qtd in Chu 2006, 2). Also missing is a debate about protecting the rights of the surrogate. Currently, surrogates in India give away their rights as soon as the children are born. Susan Seenan of the Infertility Network of the UK states, “It does not matter where you are—in the UK, US or India—giving up a child is a terribly emotional issue...I’m not sure the Indian system is addressing that” (qtd in Singh 2006).

However for many women the lure of surrogacy is hard to resist especially because the money women can earn as surrogates often would take them years of daily work. Saroj Mehli, for instance, was hired by an American couple to carry their child. She will be paid \$5000 for her services, a sum that would take her more than six years to earn on her salary as a school teacher (Chu 2006). The couples purchasing such services benefit as well from low costs and light regulations, which makes surrogacy arrangements less complicated than they would be in the United States and England.

S.K. Nanda, the former health secretary in Gujarat, India sees these surrogacy arrangements as a “win-win” situation for both couples hiring surrogates and the surrogates themselves. Acknowledging that surrogacy in India is a capitalistic enterprise and Nanda adds, “There is nothing unethical about it. If you launch it in somewhere like West Bengal or Assam,” both poverty stricken areas, “you would have a lot of takers” (qtd in Chu 2006).

A Question of Choice

“...the rhetoric of choice would be more convincing if the medical establishment had a better record on women’s welfare.” (Purdy 1996, 232)

Although NRTs seem to provide women with more reproductive options, many feminists question whether NRTs *actually* provide women with greater reproductive choice. Feminist theorist Laura Purdy argues that instead of providing women with greater reproductive choice, NRTs may restrict, rather than expand, women’s reproductive autonomy and decision-making (1996). She believes that what are new options today will eventually become accepted standards of care that women are not really free to refuse, and cites ultrasound and amniocentesis as technologies that are now standard procedures in the prenatal care despite their risks. Purdy also believes that NRTs will intensify the societal trend of subsuming women’s interests to the interest of the fetus and increase pressure on women to undergo risky procedures, like fetal surgery, or endure extreme lifestyles restrictions that are recommended by their doctors during infertility treatment and pregnancy. And finally, Purdy echoes earlier feminist concerns that reproductive technologies that benefit particular women may end up harming women

as a class by acting as a social “pressure valve,” helping some certain women subvert infertility, while distracting attention from larger social conditions that cause infertility in the first place. “If infertility is such a problem,” Purdy writes, “wouldn’t it make more sense to investigate and eradicate its causes, concentrating on environmental toxins, STDs, iatrogenicity, and social patterns that require women to conceive later in life if they want both family and career?” (1996, 236).

Feminists also argue that NRTs make other choices, like choosing not to have children, or foregoing infertility treatment and adopting a child, more difficult for women. Purdy argues that in a society that constructs motherhood as the biological destiny of women the very existence of NRTs increases societal expectations that women will pursue biological motherhood at all costs. Because childbearing is tightly woven into women’s identity, the inability to have children is construed as a personal failure, an abnormality, or a tragedy that must be “fixed.” NRTs provide the ultimate solution. But they also create a situation where women are unable to accept their infertility without first exhausting all NRT options that are available, creating a feeling of what Purdy call “desperate choicelessness” (1996; also see Franklin 1998).

Feminist anthropologist Gay Becker has documented women’s feeling of what Purdy has characterized as a “desperate choicelessness” (2000). One woman who was included in Becker’s study is clearly aware of the slim statistics of actually becoming pregnant but still feels compelled to pursue such an option. She states,

From what I can glean from the statistics, I have about a 5 to 10 percent chance of it working because of my age. It feels like we are throwing away money, a lot of money, because we have not insurance to pay for it. But I thought, “If I can’t have a child, I won’t look back on this whole thing and say, ‘Well, I didn’t try that.’” So I felt good about doing it, but I don’t know where to set limits. Here I am gambling with a very bad situation (qtd in Becker 2000, 128).

Another woman describe IVF as an “insane” process because the options it offered made it difficult to make rational decisions. She says,

I’ve had friends tell me that they wouldn’t want to be in my position because medical science can almost offer you too many options. That it gave you...that the hope was there, and it was hard to let go of all of the things that they can offer you. I had heard of women who did IVF nine times. I mean, you’re talking a minimum of \$10,000 each time, and God knows how many years that takes. I think that it gets almost unhealthy (qtd in Becker 2000, 122).

Despite the high cost of treatment and very low success rates, the very existence of infertility treatments, and procedures like IVF, drive many women to pursue treatment often at the expense of their health, sanity, emotional and financial well-being.

Conclusion

As this chapter demonstrates, a wide variety of issues that negatively impact women have emerged from NRTs. Although women have the greatest exposure to NRTs, in the sense that they are the primary consumers of NRTs and the majority of the goods and services for the fertility industry in the form of reproductive materials and surrogacy has been provided by women, little has been done to address women’s economic and health interests in relation to this technology.

NRTs continue to be performed in a private, for-profit sector that is largely unregulated. Because NRTs remain on the free market and few insurance companies cover treatment, the cost of NRTs remain high. As a result, only women with substantial financial resources, or insurance plans that cover treatment, can afford to access this technology. Women with little resources are unable to access to NRTs simply because of their economic standing. As a result, the majority of NRTs consumers are white, middle

and upper class, Western women. Ironically, it is poor women who have the highest rates of infertility, however, because of a variety of socio-economic and environmental factors they are often unable to access infertility treatment because of the high cost associated with this technology. Despite these disparities, little attention has been paid to access issues and as a result NRTs continues to stratified reproduction along racial and economic lines.

Women are also highly susceptible to exploitation by the fertility industry. Women who are desperate for a child often go into insurmountable debt to pay for fertility treatments that have dismal success rates. Young women are increasingly being accepted as fertility patients after only a few months of trying to conceive and young, financially needy women are all too often the target of industry solicitation. Ironically, although poor women are the least likely to become NRT consumers, they are often solicited to provide reproductive materials and services for the fertility industry, often in the form of egg donation and/or surrogacy for very low fees. The fertility industry has now gone “global” and begun to solicit poor “third world” women. Many worry that the financial neediness of young, poor women in the US and abroad make them susceptible to coercion and exploitation by the fertility industry. Furthermore, because the fertility industry has few regulations and no federal oversight, the treatment and pay of women providing services varies greatly from clinic to clinic and women have virtually no avenues of recourse for any wrongdoing they may encounter. When women enter the NRT industry, whether as consumers or providers of services, they do so with little protection leaving them vulnerable to some very questionable fertility industry practices.

In addition, little has been done to date to ensure that women's health interests are adequately safeguarded when they engage with NRTs. Little research has been done on the safety and risks associated with NRTs procedures and the drugs used in conjunction with these procedures have not been adequately investigated by the Food and Drug Administration. Many fertility clinics do not inform women of risks that are known which is in clear violation of informed consent protocol commonly practiced for other medical procedures. Finally, risks posed to the children that are born from these techniques are just beginning to be researched and understood.

The free market nature of NRTs, which fosters competition between clinics for clientele has led to many questionable industry practices including money back guarantees and the refusal to treat patients (such as older women or women with numerous infertility factors due to either disease or disability) who may skew success rates. Unsavory industry practices are defended on the grounds that the industry is simply providing a service that meets the demands of its customers. The fertility industry's location in the free market has also insulated the industry from regulation and scrutiny and has provided the industry with consumer language that allows them to defend and justify many practices that would not be tolerated in the medical field. For example, sex selection techniques, which are viewed by many as unethical, are increasing. Industry-wide practices, such as paying more money for egg and sperm donors with socially desirable traits, which many would argue have eugenic undertones, have gone unchecked.

NRTs clearly impact women, often in negative ways and around issues that have historically been of concern to the feminist movement. One would assume that NRTs

and the issues that arise from their use would be on the agenda of feminist organizations that are concerned with women's reproductive issues. Afterall, NRTs touch on core feminist concerns and one could reasonably expect that feminist organizations, especially those that work on reproductive issues, would be involved in this issue area.

CHAPTER 4: Political Opportunity?

One explanation as to why feminist organizations have not engage with NRTs is that there is not the political opportunity to do so. This chapter seeks to answer the question of political opportunity. That is, are there opportunities for feminist organizations to engage with NRTs or is a lack of opportunity an explanation for feminist inactivity around this issue?

Political opportunity is defined as “all of the institutional and cultural access points that actors can seize upon to attempt to bring their claims into the political forum” (Ferree et al 2002, 62). In other words, political opportunity is an entry point into the public and political arena that provides groups with the ability to present their message to a wider audience. Most importantly, these “access points” give groups the opportunity to influence public perception, discourse, and ultimately policy around a particular issue. Political opportunity can come in a variety of forms; it can be in the form of media attention to an issue, a court case, actions by other interest groups, proposed bills, or state and federal legislation, to name a few. However, a group’s ability to capitalize on opportunity when it occurs depends on a variety of factors including whether or not they have the resources and access necessary to monitor the political arena to determine just when fleeting “windows of opportunity” occur (Kingdon 1984).

This chapter explores whether or not there are opportunities within the political environment for feminist organizations to engage with NRTs. I ask, Are there “windows” or moments of opportunity that would allow feminist engagement with this issue at political level? This chapter explores this question. An overview of the current

political climate surrounding NRTs, including the current state of regulation and attention that the technology has received from the media and legislature is provided.

Political History of NRTs

Political attention to NRTs has varied throughout its history. A great deal of political attention was paid to IVF, the first NRT, when it appeared in 1970. In her extensive analysis of the historical development of IVF, Andrea Bonnicksen found that initially the federal government was quite concerned with the ethical implications of IVF because it involved the use of embryos (1989). Federal officials responsible for the regulation of research subjects were concerned with IVF's potential to become a research-oriented practice involving embryos. However, once IVF became accepted as a clinical treatment, federal attention to the procedure eased and the federal government took a posture of non-intervention. From that point onward, the federal government has done little to regulate IVF and has shied away from providing funding for any research conducted around this technology. The federal government's laissez-faire approach to the earliest form of NRTs, Bonnicksen argues, had "the effect of putting the cart (the clinical application of IVF) before the horse (basic research on IVF)" and led to "an absurd position of a growing acceptance of a clinical therapy which we steadfastly refuse to accept as an allowable subject for research" (1989, 82).

While critical of the federal government's policy of non-intervention, Bonnicksen argues that non-regulation appealed to and benefited both the government and the science community. Non-regulation of these newly emerging technologies allowed politicians to steer clear of controversial reproductive matters during the contentious political climate

of the 1970s, which was clouded by the recent legalization of abortion and a strong counter-mobilization by abortion opponents. Leaving the fertility industry free to govern itself also relieved policymakers of the burden of making sense of and spotting problems in highly specialized technical procedures that they knew little about.

Robert Blank and Janna Merrick argue that the very nature of the legislative process in the US makes the regulation of technology difficult and can be partially blame for the federal government's lack of regulation of NRTs. They argue that the rapid pace of technological development directly conflicts with the "slow and deliberative" nature of the policy process (1995, 217). Rapid technological change is also a problem for agenda-setting because issues may have a short shelf life; issues that are new and controversial today may be of little concern tomorrow. As a result, legislatures tend to shy away from what they see as fleeting issues.

Erica Blyth and Ruth Landau, who conducted a comprehensive cross-cultural analysis of state regulation of NRTs also attribute the lack of regulation of NRTs in the US to American culture which places, "...an emphasis on the primacy of individual and personal autonomy" (2004, 248-249)¹⁸ Historic distrust of government, that Blyth and Landau argue is "central to American identity," and the absence of a health care payment system also contribute to US government's reluctance to regulate this technology (2004, 248). Like Bonnicksen, they also found that that "...the pervasive and divisive debate in the US on abortion and its association with aspects of reproductive technology and assisted conception procedures," has played a major role in the US government's laissez-

¹⁸ Blyth and Landau also found that "One of the sharper differences between practice in the US and that in other industrialized countries has been the relative absence of access criteria. While the ethics of providing services to women with no medically diagnosed impairment e.g. single women or postmenopausal women have been debated, there are no professional or legal regulations restricting access to such groups. Thus each provider can make their own decision" (2004, 248).

faire approach to the NRTs (2004, 249). In other words NRTs, like abortion, are a political hot potato that politicians are happy to avoid.

Fertility practitioners themselves have also encouraged non-interference from government, arguing that they, not politicians, were best able to identify and remedy problems within their field by making small reforms when necessary. And they had many incentives to self-regulate. Because scientists and clinicians were distrustful of totalizing regulations by politicians that they thought would hinder progress, Bonnicksen argues, it was in their best interest to monitor their own activities and thwart government intrusion (1989). The assumption that fertility specialists would self-regulate however, proved flawed. Scientists and clinicians ability to self-regulate became compromised by the pull of market forces which turned fertility treatment into more of a for-profit business endeavor and less into a non-profit medical procedure.

As a result, the fertility industry in the US has enjoyed a relatively regulation-free existence for the past thirty years. And to date, there is no national policy regulating NRTs in the US. The US is an anomaly when compared to the regulation practices of other countries. In fact, the US is notorious on the international reproductive circuit not only for the total absence of any federal regulations or legislation, but also for the complete disregard for international guidelines. A world surveillance report compiled in 1998 by the International Federation of Fertility Societies (IFFS) found that out of 38 sovereign states surveyed, the United States followed the fewest guidelines on NRT procedures and was among only seven sovereign states that had no legislation governing infertility procedures.¹⁹ The IFFS determined that the U.S. was in particular violation of

¹⁹ The IFFS objective is to “contribute to the standardisation of terminology and evaluation of diagnostic and therapeutic procedures in the field of reproduction.” The IFFS adopted an “International Consensus”

guidelines that sought to minimize multiple birth rates. IFFS Surveillance report concludes that,

...In the United States, there is evidence that the guidelines have been widely disregarded raising question at the ethical level about the code of practice of some programs of IVF. Thus, it seems that in the United States voluntary compliance is not working (1998, 7S).

When comparing the use of NRTs in the US to other countries, Blyth and Landau found that,

One of the sharper differences between practice in the US and that in other industrialized countries has been the relative absence of access criteria. While the ethics of providing services to women with no medically diagnosed impairment e.g. single women or postmenopausal women have been debated, there are no professional or legal regulations restricting access to such groups. Thus each provider can make their own decision (2004, 248).

Despite the US's history of non-regulation early on, the location of NRTs in the for profit, private sector, the expanded use of NRTs, the social costs associated with the use of the technology, and its ability to fundamentally alter social categories creates a situation that is ripe for intervention. In addition, NRTs by their very nature result in the inclusion of third parties in the reproduction process (such as medical practitioners, entrepreneurs, attorneys, donors and surrogates) doing so increase the possibility of more conflict.

in 1998 to allow doctors and biologists to communicate to their governmental authorities techniques that are considered universally as the most useful and least harmful to infertile couples. According to the IFFS, the "Consensus" as well as the "Surveillance" report is "to serve as a reference source for committees or commissions, or legislative bodies, which are charged with formulating or revising guidelines/regulations for any entity expected to practice any aspect of ART or to exercise surveillance" (1998, 5S)

Current Political Environment

The government's laissez-faire approach to NRTs is now beginning to change. In recent years, attention to NRTs at both the state and local level has increased. This attention has provided a variety of "access points" for feminist organizations.

The first regulatory statute addressing NRTs was adopted in 1992. The *Fertility Clinic Success Rate and Certification Act* was passed by Congress and requires each fertility clinic in the US that performs NRT to report every NRT procedure that it has performed to the CDC annually.²⁰ The CDC uses the data to determine the fertility clinic pregnancy success rates which it then publishes so that professional organizations, researchers, and the public have access to this data. Compliance with the Act however, varies; because reporting under the Act remains voluntary many clinics do not report their data to the CDC.

Fertility clinics are also subject to the *Clinical Laboratories Improvement Amendments*. The *Clinical Laboratories Improvement Amendments* (CLIA) was passed by Congress in 1988 and applies generally to any clinic involved in the examination and diagnosis of materials derived from the human body.²¹ NRT laboratories that perform diagnostic tests, like the analysis of blood or semen are subject to CLIA regulations and certification process. The CLIA regulations include written quality control procedures and require that laboratories maintain written records of all quality control efforts. The CLIA also requires that the technical and supervisory staff have certain educational and professional qualifications. Under the CLIA, federal officials may perform unannounced

²⁰ 1992 Fertility Clinic Success Rate and Certification Act (P.L. 102-493, 106 Stat. 3146 (1992), codified at 42 U.S.C. §§ 263a-1 et. seq).

²¹ Clinical Laboratories Improvement Amendments of 1988 (P.L. 100-578, 102 Stat. 2903 (1988), codified at 42 U.S.C. § 263a et seq.)

inspections of the facility and interviews with employees. Laboratories that fail to comply with CLIA regulations may be subject to sanctions and risk losing their CLIA certification.

The Bush administration, which has paid significant attention to NRTs, has provided numerous access points into the debate of reproductive technology. In fact, President George W. Bush directly addressed stem cell research and the status of embryos in his 2000 inaugural State of the Union speech. He also established the President's Council of Bioethics who purpose is to develop formal policies on all aspects of the technology. Several bills have also been introduced at the federal level including several pieces of legislation that would mandate insurance coverage for infertility treatment and two bills banning cloning and stem cell research.²² The *Family Building Act of 2005* (HR 735) requires all group health plans that cover obstetrical treatments to also provide insurance coverage of infertility treatments (including up to 4 IVF cycles/attempts). *HR 1418* requires plans participating in the Federal Employee Health Benefits Program (FEHBP), which covers federal employees and military personnel to cover infertility treatments and *HR 969* requires Medicare coverage of infertility treatments. Similar bills that were introduced in the past such as *The Equity in Fertility Coverage Act of 2003* (HR 1852) which requires health plans that cover Viagra and like medications to also cover infertility treatments have repeatedly failed to make it out of committee.

States have been more slightly more active than the federal government in the regulation of NRTs, due in large part to state jurisdiction over health policy, family

²² Bills introduced at the federal level: The Family Building Act of 2005 (HR 735); HR 1418; HR 969; The Equity in Fertility Coverage Act of 2003 (HR 1852); Cloning Prohibition Act of 2003 (HR 801); Human Cloning Ban and Stem Cell Research Protection Act (S.303.IS).

relations (such as marriage, divorce, and adoption) and contract regulation and enforcement. According to the Office of Technology Assessment, states should be more involved with NRTs because of their, “inherent power to protect patients, research subjects, and perhaps even embryos, are broad and provide many avenues for regulation” (1988; 172) Currently, however regulation of NRTs varies greatly from state to state; some states have comprehensive legislation that touches on some technologies and not others; some states have no legislation whatsoever. When states do regulate NRTs they tend to focus on the following areas: licensing and regulation of treatment facilities, laws mandating health insurance coverage of infertility treatment, and informed consent for the donation and transfer of embryos.

States, however, have been most active in mandating insurance coverage of NRTs. Currently fifteen states mandate coverage and this activity is likely to spread to other states. The following chart, outlines state legislative activity on this issue as of September 2008.

State	Date	Mandate to Cover	Mandate to	IVF	Excludes	IVF
			Offer	Coverage	IVF	Coverage only
Arkansas	1987	X				X
California	1989		X		X	
Connecticut	1989		X	X		
Hawaii	1987	X				X
Illinois	1991	X		X		
Louisiana	2001				X	
Maryland	1985	X				X
Massachusetts	1987	X		X		
Montana	1987	X				
New Jersey	2001	X		X		
New York	2002			X		
Ohio	1991	X				
Rhode Island	1989	X		X		
Texas	1987		X			X
West Virginia	2001	X				

Professional Organizations

In recent years there has been a flurry of activity in response to growing concerns about number of multiple births in the United States. The rapid increase in multiple births (twin births are up by 52% and higher-order births have increased by 404% since 1980s versus a 6% increase of singleton births) is primarily due to fertility treatment techniques that hyper-stimulate ovary production or implant multiple embryos during in vitro fertilization (CDC 2006). The CDC, professional fertility organizations, and insurance companies have become active around this issue.

This flurry of activity was set off in 1999, when the Centers for Disease Control issued a statement calling the increase in multiple births a “public health concern,” stating

that multiple births cause “a heightened risk to the mother and child as infants born as multiples are born earlier and smaller than singletons and are much more unlikely to survive the first year and are more likely to suffer long-term disability” (Martin et al., 1999). The CDC also feared that multiple birth rates would continue to climb given the trend towards delayed child-bearing and the increase ability and popularity of fertility therapies. In an attempt to ease the upward trend the CDC called upon fertility practitioners to practice more efficacy in fertility treatment and specifically suggested that they implement limitation techniques to prevent multiple conceptions.

The American College of Obstetrics and Gynecology (ACOG) was quick to respond to the CDC and established and issues guidelines calling for embryos implantation limits. When asked about the timing of the release of its guidelines, ACOG said it established them in response to the rise of multiple births and recent media attention given to the birth of septuplets and octuplets. The guidelines purposed a limit to the number of embryos transferred during IVF and called on fertility specialists to counsel families on the risks of IVF and to discourage them from using technology that would result in multiple births.

Insurance companies have also joined the embryo implantation limit bandwagon. Insurance providers have become proponents of embryo limits because their investigators have found that multiple gestations are very expensive and disrupt the “cost effectiveness” of fertility treatment. For example, a 1994 study found that on average twin births cost almost four times the cost of singletons (\$37,947 versus \$9,845) and triplet births cost tens times as much (\$109,765) (Callahan 1994). The ratio remains the same today although the costs have increased dramatically. The response of insurance

companies to the issue of multiple births is an important development. The majority of insurance companies currently do not cover infertility treatment because of the high-cost of treatment and those that do provide coverage ration or limit coverage to bring treatment within their cost-benefit model. If fertility practitioners were to commit to lowering the incidences of multiple births by limiting embryo number, insurance companies may be more willing to offer coverage for infertility treatment and more people would have access to these types of services.

A Concerned Public

The American public is also expressing concern about the lack of regulation around NRTs. In a 2004, the Genetics and Public Policy Center conducted the largest social science research study to date in the U.S. to find out what Americans think about the use and regulation of genetic testing, one of most recently developed NRTs (Kalfoglou 2004).²³ The survey found that eighty four percent of those surveyed were concerned with unregulated reproductive genetic technology getting out of control. However, seventy percent were also concerned about government regulators invading private reproductive decisions. Many participants, especially women, feared that government limits on the use of genetic testing would eventually erode reproductive rights (Kalfoglou 2004, 49). Difficulties that they identified in having the government regulate technology include: “reaching a consensus in a pluralistic society on the ethically appropriate uses of technologies;” lawmakers’ lack of knowledge of technology; and

²³ While the study was specifically focused on reproductive genetic tests, such as carrier testing, prenatal genetic diagnosis and preimplantation genetic diagnosis (PGD), other NRTs procedures like IVF, sex selection and embryo donation were also addressed. The study was conducted from October 2002 and August 2004 and had a sample size of over 6000 people.

skepticism that laws could be adequately enforced, and fear that particular agendas will influence the policymaking process (Kalfoglou 2004, 51).

Participants in this study clearly expressed concern about the proper balance between the government and individual and family decision-making. However, two thirds of participants did think that government has an appropriate role to play in “overseeing or tracking the effects of using reproductive genetic testing” (Kalfoglou 2004, 54). Seventy five percent of participants also felt that the government ought to be studying the long-term health effects on women and children. The study also revealed that Americans are concerned about access to this technology. Fifty eight percent said that the government ought to ensure that people have equal access to these technologies by mandating that private insurers provide coverage and by including genetic reproductive testing in publicly-financed health-care programs. A majority of participants (55%) also felt that the government should track population effects of the technology, such as sex ratio.

The American public remains conflicted over the role and responsibility of the government when it comes to NRTs. While it is clear that there are concerns over protecting private decision making from government interference, the public recognizes that there is a need for oversight into a technology that holds such power over human life.

Media

The media has perhaps been the most active “venue” for addressing NRTs. In fact, opportunities to address NRTs in the media have been the most extensive. Public and media attention to NRTs began in 1978 when IVF was first introduced. Media attention to NRTs has continued over the years and has ranged from panic narratives

evoking scary science fiction scenarios to narratives celebrating the miracle of science. Debates over the use and consequence of NRTs including multiple births, cloning, genetic pre-determination, stem cell research and the status of embryos have been taking place in print media, on television, and on the radio. Articles on NRTs are frequently featured in popular magazines, including numerous women's magazines including *Women's Day*, *Ladies Home Journal*, Oprah's *O*, and even *Money* magazine which recently featured a series of articles discussing sex selection. NRTs are also widely covered in newspapers like the *New York Times*. For example, a search of the *New York Times* for the last decade (1998-2008) reveals that 177 articles were published on the NRT topics.²⁴ A search of the keyword "infertility" revealed that 715 articles had been published during that same time period. This is just one example of the numerous opportunities there have been to address NRTs in the media.

My assessment of the political environment surrounding NRTs reveals that there has been opportunity for feminist organizations to engage with NRTs, especially in recent years. Admittedly, in the early years of NRTs there were few opportunities for feminist organizations to engage with NRTs, especially at the federal level. The federal government did little to regulate NRTs, and their laissez-faire approach to the technology did not provide much opportunity for groups seeking action within the legislative arena. However that is beginning to change. Recently, there has been an increase in attention to NRTs at the state and federal level. This attention has provided a number of opportunities for feminist organizations to become engaged with the issue, especially with regard to insurance mandates for infertility treatment, which would expand access to

²⁴ Using the Proquest search of the "Historical New York Times". Search terms included NRTs, fertility industry, sex selection, frozen embryo, and surrogacy. Search performed 2/6/08.

this technology for a greater number of people, most of whom are women. Opportunities to become involved in the fight for access to infertility treatment through mandated insurance coverage have been even more numerous at the state level. Other groups and organizations have taken advantage of these opportunities. RESOLVE, a national infertility advocacy group, for example, has been actively involved in arguing for insurance coverage of NRTs at both the state and federal level (see Britt 2001). One would expect feminist organizations who are concerned with issues of access to healthcare and other reproductive services to also be involved with this issue.

Proposals put forth by professional organizations and insurance companies calling for a limitation on the number of embryos transferred during IVF presents another access point for feminist organizations. Given that protection of women's reproductive autonomy is a cornerstone of feminist work on reproduction, one would expect that feminist organizations working on reproduction would become involved with, or at least express concern about, any effort to place limits on women reproductive decision-making.

Media attention to NRTs has also provided ample opportunity for feminist organizations to engage with NRTs and to present their viewpoints on the issues. The media has covered NRTs extensively and the public is clearly interested in NRTs and concerned over the moral and ethical use of these technologies, as well as concerned over the role of government in such decisions. In addition, because arguments over NRTs involve different viewpoints of when life begins and just how far technology should intervene into the human reproductive process, debates about NRTs often intersects directly with the abortion debate. Together, these factors create a "perfect storm" of

political opportunity for feminist organizations to engage in NRTs and perhaps to influence, even shift, the terms of the abortion debate.

There clearly has been ample opportunity for feminist organizations to engage with NRTs. Activity at the state and federal arena and in the media have provided numerous “access points” for feminists to present their viewpoints on the issues. Yet, feminist organizations have not been visibly present in the public arena. What is not clear is if feminist organizations are engaged with NRTs but unable access these opportunities because of other factors, such as an inability to monitor and access the political arena, or because the way they are framing NRTs. The following chapter takes a closer look at feminist organizations to determine whether they are indeed engaged with NRTs but are unable to get their claims into the public arena or if they are simply not involved because of a lack of interest in the issue on their part.

CHAPTER 5: Conversations from the Feminist Front

This chapter turns our attention to feminist organizations themselves. Using organizational documents and interviews I examine the extent to which feminist organizations are involved with NRTs. In this chapter I ask, “What are feminist organizations doing and what are they saying about NRT? Are they addressing NRTs and the issues that arise from this technology? Or are they not involved with NRTs and if not, why?

The first section of this chapter I examine organizational documents which allow me to determine the current state of feminist organizational activity on NRTs. In the second section, I discuss what my interviews have revealed about feminist organizations’ positions and perspectives on NRTs. I also explore how organizations decide what issues to address or ignore. I look specifically at the influence that issue salience, political opportunity, policy entrepreneurship, and resource mobilization have on an organization’s agenda-setting practices and consider the explanatory power each of these factors offer in the case of NRTs.

When I first began this study, the extent of feminist organizations involvement with NRTs was not clear. What was clear, and easily assessed through casual observation of mainstream media, was that feminist organizations were not present in the public debate that was taking place around NRTs. To make certain that my impression that feminist organizations were missing from the debate was indeed valid, I performed a more systematic search of media coverage of NRTs using *LEXISNEXIS Academic*, an

academic search engine which allowed me to scan the full text documents of news stories (including national and regional newspapers, broadcast transcripts and wire services), business, legal, medical, and reference publications from the time period of January 1997 to January 2007.²⁵ The search results revealed that thousands of articles addressing the topic of new reproductive technology, infertility, and the fertility industry, or some aspect of the technology, like sex selection were published during this time period. Clearly, NRTs and their results were making into the news. I then performed a search of the culled documents using each organization's name. The results were dismal. Out of thousands of results only 24 featured or contained comments from feminist organizations. The most articles featuring a feminist organization dealt with the topic of sex selection. Planned Parenthood, primarily its international office, was responsible for ten articles which were critical of the use of sex selection practices in the US and abroad. There were nine articles on cloning: seven featured Boston Women's Health Book Collective (BWHBC), one featured National Organization for Women (NOW), and one featured Planned Parenthood Federation of America (PPFA). The organizations were split in their response to cloning. BWHBC was extremely critical of the practice and called for its ban while NOW and PPFA were noted in the articles for failing to take a position on the cloning issue. The next most popular topic was infertility. NOW was featured in two articles and PPFA was featured in three articles which criticized an infertility awareness or "waiting too long" campaign that warned that their biological clocks were ticking and

²⁵ The following search terms were used: new reproductive technology, fertility industry, infertility, sex selection, embryo, multiple birth and cloning.

that they should have children before it was too late.²⁶ The results confirm my impression; feminist organizations and feminist perspectives were not showing up in the public discourse taking place around NRTs.

The search also helped me clarify the question of whether or not feminist organizations had access to the media. The search revealed that accessing the media is not a problem for NOW, PPFA, BWHBC, or the Feminist Majority (FM). When I did a search using these organizations names I found that there were thousands of instances when they were picked up by the media for other issues. This however was not the case for Ibis, Reproductive Health Technologies Project (RHTP) or National Women's Health Network (NWHN).

So it was clear that the majority of the feminist organizations included in this study had access to the media. It was also evident that feminist organizations were not showing up in the media around NRTs issues although they were getting picked up by the media for a wide range of other reproductive and women's issues. What I still did not know was whether feminist organizations were actively engaged with NRTs, but just not getting their message into the media, perhaps because of the way they were framing NRTs, or if their absence was due to their own accord, such as silence on NRTs. To get a clearer sense of the level of feminist organizational activity around NRTs, I decided to turn my attention to the organizations themselves to determine whether or not feminist organizations really were actively engaged with NRTs and the issues that these technologies present for women.

²⁶ There were 2 articles on embryos, zero on multiple births, one on the fertility industry and two under reproductive technology. The article that were found under the fertility industry and reproductive technology were also dealt with the infertility awareness campaign.

I began by conducting a thorough examination of organizational documents produced by each organization included in this study. I downloaded the majority of the materials from each organization's website. I also called organizations for documents, such as annual reports, if I could not access these materials on the organization's website. Because each organization's website archive dates back to a different time period, the documents spanned a wide range of dates. For example, NOW's archive dates back to 1995 while Ibis' archive only goes back to 2002, the founding year of the organization. As I mention in Chapter 1, the documents included mission statements, position papers, briefing reports, press releases, fact sheet, newsletters, book reviews, and annual reports. I collected and analyzed hundreds of documents looking for evidence of any activity on NRTs.

An Analysis of Documents

An examination of organizational documents reveals that feminist organizational activity on NRTs is slight overall and varies dramatically by organization and by issue. Table 2 indicates which issues were present in documents produced by each organization. PPFA and NOW addressed the widest range of NRTs, with six out of seven major issues being present in their literature. In contrast, FM failed to address NRTs completely. Moreover, there was no single issue area in which all feminists organizations were working. Instead, IVF, cloning and infertility were addressed by the most organizations. The issue that was addressed by the fewest organizations was sex selection. The issue of sex selection is clearly not attracting much attention from the majority of feminist

organizations. Clearly, no single issue area can be said to be a priority for feminist organizations as a whole.

Table 2

Organizations and the Issues

Organization	IVF	Stem cell	Genetics	Sex selection	Cloning	Infertility	Multiple Births
Boston Women's Health Book Collective	X	X	X	X	X	X	
Feminist Majority							
Ibis Reproductive Health		X			X	X	
Planned Parenthood Federation of America	X	X	X		X	X	X
National Organization of Women	X	X	X	X	X	X	
National Women's Health Network	X					X	X
Reproductive Health Technologies Project	X		X		X		

While Table 2 gives us an indication of the range of issues addressed by feminist organizations, it does not tell us about the type and degree of activity. The following set of tables list the type and the amount of activity for each organization on each issue. I have included a general NRT category for the instances when organizations make a reference to this issue area in general and do not specify a particular NRT technology, procedure or side effect.

Table 3
Degree and Type of Activity

Boston Women's Health Book Collective	NRTs ²⁷	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
Briefing Paper	1					1		
Press Release						5		
Article in <i>Our Bodies, Ourselves</i>	1	1	1	1	1	1	1	
Feminist Majority	NRTs	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
NO ACTIVITY								
Ibis	NRTs	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
Research Project			1*			1*	1	
Conference				1				

*Contained in the same project entitled "Bioethics in Reproductive Health"

²⁷ I have included "NRTs" as a category for the instances when organizations make a reference to this issue area in general and do not specify a particular NRT technology, procedure, or side-effect.

National Organization for Women	NRTs	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
Constituent Alerts		1	1		2	1	1	
Press Release					1		1	

National Women's Health Network	NRTs	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
Educational Material	1*						1*	

*Contained in the same information packet entitled "Infertility and Reproductive Technologies."

Planned Parenthood Federation of America	NRTs	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
Book Review	2	1	1	1		2		2
Conference	1							
Future Plans	2	1		1			1	
Mission Statement	1							
Press Release							1	

Reproductive Health Technology Project	NRTs	IVF	Stem Cell	Genetics	Sex Selection	Cloning	Infertility	Multiple Births
Conference	1	1		1		1		
Policy Position stmt						1		

Table 3 clearly reveals that, to date, feminist organizations are doing very little to address NRTs. Many of the organizations had only a singular instance of activity around a particular issue, rather than sustained engagement with NRTs and issues that come from the use of this technology. For instance, NOW released a single constituent alert for each of the following areas: IVF, stem cell research, cloning, and infertility. They had no other activity related to these issues. The same held true for most of the organizations with the exception of a few. For instance, BWHBC issued five press releases on the topic of cloning as well as a briefing paper. They also have a very comprehensive chapter on cloning in the famous *Our Bodies, Ourselves*. Planned Parenthood also address NRTs multiple times. Their activity included two books reviews and one conference on the issue. They also mentioned NRTs in their mission statement and listed NRTs twice in their strategic planning documents as an issue that they would like to become more engaged with in the future. The issues that had the fewest instances of activity were sex selection and multiple births, while cloning was the most popular among organizations

and was address 13 times. The general NRT category was in second place with 10 instances, infertility was addressed 7 times and IVF was addressed 5 times. An analysis of organizational activity also reveals that there is no one tactic that the organizations commonly use. With the exception of press releases, which was the most commonly used tactic, organizations tended to used very different tactics. For example, the only organization to utilize constituent alerts was NOW. Not a single organization used litigation to address NRTs.

In the few instances that feminist organizations addressed NRTs, there was no overarching strategy or perspective apparent in organizations' approach to the issues. A clear feminist position on the issue of infertility, for example, did not emerge from the reading of the documents. Rather, organizations responded to the same issue in different ways or not at all. For example, NOW's single document on infertility called into question the popular perception that infertility rates among women were rising. NOW argued that the warnings on the rising rates of infertility among women was a tactic being used to scare women who were delaying childbearing in the pursuit of their careers. In contrast, NWHN, which has been critical of misinformation on women's issues like menopause and hormone replacement therapy in the past, had a very different approach to infertility. This organization published an information packet that was meant to serve as a resource and service guide for women coping with infertility.

The majority of feminist organizations also did not use the term new reproductive technologies to connote technologies that assist conception. In fact, I found that feminist organizations' definitions of NRTs deviated from the popular use of the term and the standard definition as used by academics, fertility practitioners, and the medical

community, all of whom use the term to connote technologies that enhance conception. Throughout my research, I found that feminist organizations use the term “reproductive technologies” to refer to technologies that prevent conception. Many organizations used the term “new reproductive technology” to refer specifically to the most recent development in birth control, such as emergency contraception. This is an interesting finding because it indicates that the same terms are being used to mean very different things depending upon where they are being used. The meaning that reproductive technologies has among feminist organizations is very different from the meaning that these words evoke for the wider general public, feminist academics, and the bioethics community. This disjuncture in definitions may cause communication problems between feminist organizations and the wider public and is an indication that feminist organizations are not yet participating in, and more importantly not yet shaping, the terms of the NRT debate.

The Interviews

My research and analysis of feminist organizational documents reveals that feminist organizations are doing little to date, to address NRTs and the impact that they have on women. The lack of feminist organizational activity around NRTs is startling. This finding is particularly surprising given that all of the organizations included in this study have a strong focus on reproductive issues. Given their historical commitment to reproductive issues affecting women, why are they not addressing NRTs? Is there something inherent to NRTs that prevented feminist organizations’ involvement? Or are feminist organizations simply disinterested in the issue, and if so why? Is their inaction

deliberate, an oversight, or due to constrained resources? In other words, how we explain their inaction? And to what extent do theories of interest group behavior help us understand their behavior. My interviews help to answer these questions.

Early on in the interview each organizational leader was asked what her organization was doing, or had done, around the issues of NRTs. I asked this question to give each organization the opportunity to provide additional information that may not have been captured in my search of organizational documents. I also asked this question in case organizations had plans to address NRTs in their agenda “pipeline.” Additionally, this question allowed each organization to self-identify what they had been doing around issues of NRTs and in doing so illustrated what issues they felt were an important part of this issue area. This tactic also was useful in revealing each organization’s approach and perspective on NRTs in general and allowed me to get a better sense of the organization’s understanding of NRTs, their level of concern over how these technologies may impact women and the work of their particular organization, and how the technologies intersect with the organization’s mission and objectives.

The interviews revealed a wide range of differences among organizations in their depth of understanding of NRTs and their level of concern over how these technologies impact women and the work of each organization. Again, the interviews revealed that there was great variation among the organizations in terms of the work that each had done or were doing around NRTs. For instance, Ibis Reproductive Health demonstrated the least activity and understanding of NRTs. Ibis, a small, non-profit, international women’s health research think tank was in the process of conducting a study measuring the infertility rates among women in various countries. The study, however, is not

concerned with the technology used to address the problem. Ibis is also concerned with prenatal genetic testing and its relationship to second term abortion and held a forum with the Reproductive Health Technology Project (RHTP) on prenatal genetic testing. The organizations later published a brief on the issue. Olga Vives, Vice President for Action of NOW acknowledged the NRTs impact on women but then responded, “I not sure what we would do.” According to Ellie Smeal, President, Feminist Majority runs numerous “reproductive health” campaigns, a term they consciously use to make the point that “reproduction goes both ways, be it birth control or pregnancy.” However, little of FM’s work focuses on pregnancy and beyond; instead their activity tends to be around technologies that prevent conception, like Mifepristone and emergency over the counter contraceptives. They also run a clinic access project.

The three organizations that had the most nuanced understanding of NRTs and their impact on women were the National Women’s Health Network (NWHN), the Reproductive Health Technology Project (RHTP), and the Boston Women’s Health Book Collective (BWHBC). NWHN and BWHBC are both organizations that were informed by the women’s health movement that took shape in the 1970s. Both are concerned with the protection of women’s health and remain critical of the lack of testing of the safety of drugs and technologies that are used to treat women’s health, which perhaps explains their more critical approach to NRTs. Both organizations had been active on NRTs early on; however only BWHBC continues its activity today and is especially vocal around issues of embryonic stem cell research and cloning. NWHN actually published the first article on success rates of infertility treatment about 20 years ago. The organization also testified at Food and Drug Administration hearings on the long-term effects of infertility

drugs like Luprone and ovarian stimulation links to ovarian cancer. Their activity however, has since ceased.

Reproductive Health Technologies Project was the most engaged with NRTs, which is not surprising given their role as an advocacy organization that works to improve the US political and commercial climate so that better reproductive health technologies can be delivered to women. They are a very influential organization that works behind the scenes to influence thought leaders in various sectors of the advocacy playing field, including leaders of feminist organizations concerned with women's reproduction. As Arielle Lutwick, Planning and Policy Associate, Reproductive Health Technology Project explained, "Our audience is leaders of other organizations. We educate them and bring them to the table to talk about issues. Together we decide what needs to be done and who needs to do what." Therefore, RHTP acts as a policy entrepreneur for feminist organizations that deal with reproduction and tends to bring cutting edge issues, or in their words, "issues that are still in the pipeline" to the attention of the feminist organizations they serve. RHTP is very aware of NRTs and in recent years has hosted two meetings on cloning, one meeting on NRTs in general and one meeting on pre-implantation genetic diagnosis. Some of the issues raised under the NRT umbrella have included IVF, ICSI, and multiple births. The needs and interests of women and couples using these technologies were also addressed at that meeting.

While some organizations have begun to think about the ways the NRTs impact women, there is no cohesive, or sustained approach to NRTs and the challenges the technology poses for women's reproduction. The reality remains that little is being done to address the issue area and the problems it poses for women. While it is encouraging to

learn that an organization like RHTP is beginning to foster conversation around this issue area, the reality remains that little has been done so far and feminist organizations, and more importantly the women they represent, still do not have a voice in the public debate or in the policies that are taking shape around these issues. The interviews revealed a variety of explanations behind each organization's decision to remain inactive on NRTs.

Issue Salience: NRTs are just not a priority

A dominant explanation as to why feminist organizations have not focused more of their attention on NRTs is that they did not regard NRTs as a salient enough issue for their organizations or their constituents to warrant a place on their agenda.

To begin, there was a shared perception among organizations that NRTs are only used by a limited few and are therefore not a concern for a majority of women or something that would interest their constituents. According to Judy Norsigian, Executive Director of the Boston Women's Health Book Collective, "There is a sense that NRTs are used by a minority of women—that they only help some women." Feminist organizations, which have limited resources, therefore are not going to address an issue that they think only impacts a small segment of their constituent population.

The lack of feminist organizations' attention to NRTs may also have to do with the perception by organizations that NRTs are a luxury of the elite and primarily used by wealthy women. Kelly Blanchard, the Executive Director of Ibis, conveyed a sense that NRTs are a rich women's issue and stated, "Upperclass women are the people using these technologies. People with money get what they need." However, Blanchard went on to say that should NRTs become more readily available and less expensive Ibis might be

interested in the technology and might possibly work to make the technology available to more women around the world. Ironically, Blanchard revealed that Ibis is currently conducting a study to measure infertility across countries; a study, Blanchard explained, that came from the recognition that infertility is “growing concern among women that is under-recognized.” She concluded that Ibis may be persuaded to work more on the issue depending on the results of the study and “...the extent and scope of infertility.”

Given that NRTs alter reproduction, a core concern of these organizations, why do they not view NRTs as a salient issue? The rationale behind feminist organizations’ non-involvement with NRTs, when in theory they support family planning and recognize the right of women to access any reproductive services that they may need, is best explained, I think, by feminist organizations’ continued sense that NRTs are distinct from other reproductive services. They tended to parcel NRTs out of the larger reproductive framework. In other words, the organizations made a distinction between NRTs and reproductive issues in general and did not view NRTs as part of the reproductive or family planning spectrum with which their organizations or members were concerned. Feminist organizations simply did not see the relevance of this technology to women’s lives or how it relates to the larger reproductive framework, the work they are doing on reproductive issues like abortion, and reproductive issues facing women today.

There is clearly a disjuncture; feminist organizations do not see NRTs as a modern reproductive issue or see how it is intertwined with the work they are currently doing in other reproductive areas, like abortion. For example, although all of the feminist organizations included in this study are concerned with reproductive rights, equity in access, and the treatment of women and their health concerns by the health industry, they

have not yet made the connection between NRTs and these issues. And even though these organizations emphasized the importance of family planning and women's ability to access a full range of reproductive health services, especially abortion and emergency contraception, they still tended to overlook the role that NRTs play in these areas.

Instead, organizations viewed NRTs in a separate category distinct from other reproductive issues facing women; a tendency which may in part be explained by feminist organizations' emphasis on reproductive issues that involve the prevention of births. The emphasis on the prevention of birth comes from a long history of women's organizations fighting for birth control and abortion rights for women. Indeed, Ellie Smeal believes that, "a large portion of the women's movement is interested in controlling birth, not creating more," and when it comes to reproductive health and women's equality, she went on to say, "people come out on the control side." After all, states Smeal, "you can't have these two things if you have ten children." Indeed, all of the organizations included in this study have address a wide range of issues facing women, a large portion of their work focuses on abortion and contraceptives. In fact when asked to rank thirteen issues in order of importance for women, the majority of respondents identified abortion, emergency contraception, and family planning as the top three issues for their organizations and the women they serve. The survey results clearly reveal that family planning and the prevention of unwanted pregnancies continue to dominant feminist organizations' agendas.

Table 4
Top Issues by Organization

Organization	1 st Issue	2 nd Issue	3 rd Issue
Boston Women's Health Book Collective	Abortion	Family Planning	Emergency Contraception
Feminist Majority	Abortion	Emergency Contraception	Family Planning
Ibis Reproductive Health	Abortion	Emergency Contraception	HIV/STD Prevention
Planned Parenthood	Abortion	Family Planning	Emergency Contraception
National Organization for Women	Abortion	Emergency Contraception	Family Planning
National Women's Health Network	Abortion	Emergency Contraception	Family Planning
Reproductive Health Technologies Project*	Emergency Contraception	Abortion	NRTs

*This interview subject ranked the following issues as the third most important issue for her organization: infertility, genetics, sex selection, egg and sperm donation. Because all of these issues fall under the umbrella of NRTs I have listed NRTs as a general category instead of listing each individual technology.

Not surprisingly, abortion continues to be one of the top priority issues for all but one of the organizations included in this study. Abortion was perceived as the most pressing issue confronting women today and there was a great sense of urgency among the organizations to continue focusing on abortion as they felt that abortion is in a very frail state, under constant attack and in need of continuous defense. Therefore for most organizations, like Ibis, abortion takes precedent over other issues. When asked why Ibis has not made NRT issues more of a priority, Kelly Blanchard responded, “For us it has to do with our international focus. NRTs just aren’t an issue internationally because of their specificity and expense. Issues like abortion, where hundreds of women are dying, are more in the spotlight.” Even though RHTP is critical of the fertility industry and have listed NRTs as third on their priority, they still have not been able to be that active on NRTs as they would like. As Arielle Lutwick (RHTP) states “NRTs just have not risen

to the top of our agenda.” “It is not for political reasons,” she explained, “it just has been superseded by other priorities.”

A Tipping Point

What would make NRTs a more salient issue for feminist organizations? When asked, feminist organizations identified access as an issue that could motivate them to become involved with NRTs. Organizations’ concern about access is not surprising. Ensuring women’s ability to access reproductive services has always been a central feminist concern and all of the organizations included in this study expressed a commitment to women’s access to reproductive services and healthcare (and were easily able to verbalize this commitment). Even though the link between access and NRTs has not been clearly identified, recognized, or deemed significant enough to have already motivated organizations to pursue the issue, it does have the potential.

Susan Mack, Regulatory and Policy Analyst for PPFA said, “Although we don’t have a definitive articulated position on things like IVF, we would certainly advocate for equal access. There shouldn’t be technologies that are beyond the reach of a woman or couple simply because of a lack of economic resources. There should be some sort of parity between private insurance market and Medicaid which is very limited when it comes to infertility treatment.”

Kelly Blanchard stated that the Ibis staff would be opposed to limitations to access and might get involved if there was legislation attempting to limit access to this technology. She also explained that her organization might also get involved with insurance coverage proposals that would either limit or expand access.

Olga Vives (NOW) recognized that access to technologies is important, but had a difficult time envisioning what NOW's role would be, even though they are well versed in addressing access issues in other reproductive areas. She stated,

Well, I don't understand what we could do because as a national advocacy organization, we can only advocate at the government level. We could educate the public as to what the alternatives are, but what we really push for is for government policies to address issues of disparity and I don't know how an issue like IVF would be an issue of discrimination against women. I think access to those technologies are important. The only thing we could do, I guess in my mind, without knowing a lot about this, is push for the government and tax money to make sure that these alternate methods are funded for research and accessible for women. That is what our role would be, if we did have a role.

Ellie Smeal (FM) agreed that one of the major reasons that feminist organizations have not been involved with NRTs is that they cannot figure out what to do. Smeal stated that the key to activism is figuring out how to "operationalize" an idea. She said,

Once you have an idea you have to figure out how to make the idea something that you can organize around. This is a very difficult job. You have to figure out how to get people involved in an idea so that they can participate. You have to identify what you want the group or the public to do. Women's groups have not figured out what to do.

Smeal also believes that the high tech nature of NRTs may have something to do with the feminist organizations' inability to figure out how to operationalize the issue. Smeal thinks that feminist organizations are intimidated by the science of it and may think that they lack the understanding or feel that they don't have the credibility necessary to speak out on the issue. Smeal encountered a similar problem when trying to rally support to Mifepristone, another very scientifically complicated issue. According to Smeal, the Mifepristone campaign truly did not get under way until they had the support of scientists. Only then, after FM gained credibility through the support of the scientific community did people get involved with the issue.

Agenda Setting:

Exactly how do organizations decide what issues to pursue? Are organizational agendas largely shaped by policy entrepreneurs as some literature suggests, or do the interests of an organization's constituents play more of a role in determining what issues an organization pursues? And, to what extent does an issue's ability to mobilize resources factor into whether or not it gets a place on an organization's agenda?

In an attempt to answer these questions and find out more about how organizations set their agendas, each interviewee was asked to explain how their organization decides which issues to take on and when. The findings were interesting; although a majority of organizations stated that their membership has a major influence on determining what issues to pursue, the interviews revealed that staff and the organization's board play a more important role in setting the agenda. Resources, or money and time, are also a factor that was mentioned by each organization. A surprising finding is that policy entrepreneurs did not surface as a major influence on agenda-setting for the organizations included in this study. Another interesting finding was the role that the political environment and an organization's understanding of political opportunity had on their decision making.

As was expected, the majority of organizations included in this study stated that their constituents have a major influence on determining the issues that their organization pursues. Organizations that have a formal membership, often surveyed their members to find out which issues they thought were important. For example NWHN, which is supported by 8,000 members often conducts surveys of its membership to find out what

issues are of concern to them. The survey results are then taken into consideration when NWHN formulates its agenda. Amy Allina (NWHN) pointed out that “the agenda is set by our members” and that what her members think “is important because they are our constituency.” According to Olga Vives (NOW) also prides itself on its democratic approach to agenda setting and the role that its members play in the process. With 500,000 members and hundreds of chapters across the United States, NOW has the largest membership base of all of the organizations included in the study. According to NOW, its members “elect leaders, set policy, and determine our agenda” (National Organization for Women). Each year members who are chosen as representatives from local chapters attend a national conference where they help shape policy. During the conference members debate policy and determine key action items that NOW will add to its agenda for the coming year. Olga Vives said, “we certainly take our members opinions very seriously and use them to form the foundation of our organization’s work.”

Although BWHBC does not have a formal membership, its agenda is still influenced by an outside constituency. As Judy Norsigian of BWHBC stated, “Issues are brought to our attention by real living and breathing women.” In fact, BWHBC has always relied upon women and its readers to inform its work. Early editions of BWHBC’s famous text, *Our Bodies, Ourselves*, were critiqued and responded to by ordinary women. Their concerns and critiques were then incorporated into later editions. Ordinary women who read *Our Bodies, Ourselves* had such an influence on the text that women’s health movement researcher and historian Wendy Kline stated that BWHBC readers, “played a critical role in the development and articulation of health feminism...”

and shaped the development of the women's health movement" (2005, 81). BWHBC continues this approach today.

BWHBC also relies upon experts, researchers, and physicians who specialize in women's reproductive health issues to bring their attention to issues. Norsigian revealed the interaction BWHBC has with its experts, "They will say, 'there is no good data' and we need to shine a light on it and if the issue is a controversy we cast our net further and talk with other groups, experts, etc."

PPFA is another organization that primarily relies on its own experience and the opinion of experts when constructing its agenda. Although PPFA has more than four million "supporters, activists, and donors" nationwide, they admit that their agenda is largely shaped by internally by "senior level management and strategic staff" and state in their annual report that "Planned Parenthood's real world experience as a provider of health care services informs our policies and advocacy" (Planned Parenthood Federation of America). Organizational leadership, board members, sexual health, medical, advocacy experts primarily drive the direction of the organizations and decide what issues the organization will pursue. A few select donors who give upwards of \$100,000 become members of the Leadership Council which functions as a donor advisory board to the president of PPFA. Once decisions are made, PPFA mobilizes its activists in support of its goals.

Indeed, an organization's staff and board do seem to exert the strongest influence on an organization's agenda-setting process. The interviews revealed that organizational staff and board members' personal values, interests, and expertise influence their organization's decisions about what issues to pursue. For Ibis, as Kelly Blanchard

explained, “the main drive in the issues we pursue is the staff and then what is funded.”

When asked how the staff decides what issues to pursue Blanchard explained that “Ibis has core competencies that the staff builds upon and the staff is motivated by personal interests” and are hired because of their expertise in areas that Ibis would like to pursue.

Ellie Smeal, who has also served as the President of NOW believes that at most organizations, “the people doing the work have the most influence over an organization’s decisions.” It is the people working on the projects, “the hands-on people,” she said, “that have tremendous influence.” She stated she ran NOW that way even though it was a democracy. FM, “which is not a democracy,” she said, is still very influenced by its board. According to Smeal,

It is the board that develops policy. We have twelve members, but the active members, about eight put in the time and participate in decision making in the day to day level as well as at the policy level.

Decisions over what issue, or aspect of an issue, to pursue is driven by “someone in the field, or done because someone on the board thinks it is important,” Smeal said.

Interestingly, no one individual or a single policy entrepreneur emerged as a significant factor in any of the organizations interviewed. Instead, the organizations relied on a variety of staff members who are “in the trenches” and viewed them as an invaluable resource in the agenda-setting process because of their first hand knowledge of the issues and the politics surrounding the issues. Board members were also identified as influential to agenda-setting, especially because of their role in identifying funding sources.

The absence of a policy entrepreneur driven approach to agenda-setting may be due in large part to feminist organizations’ understanding of themselves as part of a larger

movement. The organizations in this study saw themselves as a part of a coalition and this perception clearly influenced the way they made decisions. These organizations do not make decisions in a vacuum; instead they take the work that is being done by other feminist organizations into account when formulating their own agendas. Organizations also shared knowledge with each other and sought input from other organizations especially when launching public campaigns. For example, FM reached out to local and national women's organizations in the initial stages of their Afghanistan campaign. Smeal explained, "we do briefings to other organizations if we do a public campaign. They give input which affects our thinking and sometimes we form a formal partnership." This, Smeal said, is the way things should be done if you are a part of a movement. Smeal went on to explain,

I don't believe there should be a lot of organizational preeminence. For example, I am on NOW's board, the National Council for Research on Women's board and the National Council for Women's Organizations board. I don't believe that you can do this kind of work with one organization. I believe in redundancy and duplication---anything important should have duplication. What I mean is that is if you want to fly in a plane you better have twin engines. If one of them goes out, you have the other. You always need to have a backup.

There is a strong sense of interconnection among the organizations which fosters collaboration, rather than competition.

Although no single policy entrepreneur emerged as a significant influence on the agendas of individual organizations included in this study, one could argue that the RHTP functions as a policy entrepreneur for the reproductive rights community. RHTP's mission, according to Arielle Lutwick, "is to improve the commercial and political climate in the United States so that more and better reproductive health technologies are available to women." The organization is unique in that it does not provide services, has

no membership or affiliates, and is not a part of a grassroots network. Rather, RHTP works behind the scenes, as Arielle Lutwick described, “to set the agenda and to influence thought leaders at other organizations and in various sectors of the advocacy playing field.” RHTP’s audience is leaders at other organizations. She went on to say, “we educate them and bring them to the table to about issues and to decide what can be done and who needs to do what.” Lutwick gave cloning, an issue which has been largely shaped by conservative and anti-choice leaders but has not yet been sufficiently tackled by feminist organizations, as an example of her organization’s influence. RHTP saw cloning as a challenging issue for feminist organizations and were concerned that these organizations were not adequately engaged with cloning politics. To address cloning, RHTP held a series of meetings from 2000 through 2003 that brought a variety of organizations together to discuss how cloning relates to the work each organization is doing on reproduction. Lutwick described the meeting below,

We held the meeting on cloning, which is appropriate for an organization that brings new questions to the table. We brought in the experts, on science, politics, and policy, really just to educate ourselves in a safe space about what these technologies are, how far they have come, and where they are going. Our purpose was to educate, but also to listen and hear the difference concerns women’s groups are raising. It is these ongoing conversations with our coalition partners and those relationships that have helped inform the position we take and the way we get involved in emerging issues. These meetings have helped shape the way RHTP and organizations move forward in a policy environment.

As a policy entrepreneur, how does RHTP set its agenda? RHTP agenda, like other organizations, is largely staff driven, especially when it comes to identifying new priority issues. The board, which represents, as Lutwick stated, a “really diverse set of interests, expertise, and constituencies,” functions as a sounding board for the staff and helps to shape the way staff approaches an issue. Lutwick explained, “We work closely

with the board to flush things out. We always get their gut reaction about how we can move forward and who we can link up with.” Lutwick also reveals that her organization is what she calls “opportunistic,” when it comes to setting their priorities and that they will often pursue an issue because it is the subject of new research, a newly developed technology, or is in the reproductive technology pipeline. Interestingly, RHTP does view NRTs as an important and relevant agenda issue and the organization would like to bring NRTs to the attention of the organizations they serve. RHTP ranked NRTs as the third most important issue area for their organization and plans on doing more work on issues like infertility, genetics, sex selection and egg and sperm donation in the near future. However, NRTs are still taking a backseat to their work on emergency contraception and abortion, which they see as two of the most pressing issues of the moment.

Political Opportunity:

Political opportunity is also central to the agenda-setting process of feminist organizations included in this study. All of the organizations involved in this study were very attuned to the political arena and their sense of opportunity was a key factor in determining whether or not they would pursue a particular issue. Having knowledge of the political arena and knowing when political opportunity occurs was particularly important for these groups because they have broad missions and too few resources to achieve all of their goals. In an effort to get the most “bang for their buck” organizations have had to be very strategic about the issues that they pursue and have carefully shape their agendas around issues that they know they can have some impact upon.

This perhaps explains why an organization's staff and board play a more important role than constituents when it comes to agenda-setting. As became evident in the interviews, one of the key functions of an organization's staff and board was to assess the political arena and identify opportunities where the organization can utilize their resources most effectively. Assessing opportunity also includes understanding what is needed on a particular issue at the time, making sure the organization's skills match, and knowing what other organizations are doing so that they can complement the effort or move away from the issue so as not to be redundant.

NWHN provides an excellent example of how their assessment of the political arena and political opportunity influences the issues the organization decides to pursue. After many years of advocating for more funding for contraceptive research, NWHN decided to abandon lobbying on this issue because they knew had little chance of succeeding under the Bush administration. Instead, they decided to spotlight what they saw as the "politicization of science" that was occurring within many of the scientific organizations in the government like the National Institutes of Health and the Food and Drug Administration.

It is clear that understanding and taking advantage of political opportunity is a critical component of feminist organizations' work. Given that the organizations included in this study seemed to be very adept at monitoring the political arena and did not give the impression that they had any difficulty monitoring or accessing the political arena, why did they not capitalize upon the opportunity to become involved with NRTs? What I found through the interviews was interesting. While some organizations have not addressed NRTs at all because of a lack of interest, other organizations revealed that they

have been involved with the issue in the past, when in their view, involvement was more opportune. Their involvement with NRTs however, has since waned for a variety of reasons including the sense that the opportunity to effectively engage with the issue has since passed; that today the technology is so much a part of our culture it is hard to critique, and the opportunity to influence the public's consciousness about NRTs is no longer present.

For example, Cindy Pierson, Executive Director of the National Women's Health Network explained that feminists and feminist organizations were involved with NRTs very early on and pointed out that her organization, NWHN, actually published the first article on success rates of infertility treatment about 20 years ago. NWHN also testified at a Food and Drug Administration hearing on the long-term effects of infertility drugs like Luprone, an ovarian stimulant that was linked to ovarian cancer. Pierson also stated, however, that there has not been much opportunity to testify since because the drugs have been approved. She also pointed out that concerns of feminists in the United States were responded to with more accurate information and more disclosure about the risks of treatment. On the other hand Pierson argued, feminist concerns about the experimental nature of treatment were not responded to by the medical and drug research and safety community. Despite the many questions that remain, Pierson felt that critiques of the technology has become more difficult as the technology "...has become routine in our culture and there is no more consciousness about what we are doing and who is getting hurt." Pierson also noted that the argument that the technology is unhealthy for all children born from NRTs is also more difficult to make because so many singletons are doing well and "actually ending up smarter than children who are born without the

technology because they have parents who are well-off and well-invested.” However, Pierson went on to note that, “in the US it is clear that multiples aren’t doing well and feminist critical energy has to be aimed here. It is easy to make this argument. Multiples, especially triplets, are hard to gestate and carry full term.” Despite this recognition little is currently being done to address these problems.

Judy Norsigian of BWHBC commented that personal experience may also play a role in tempering feminist critiques of NRTs. “We all know someone who has become a mother and is happy,” stated Norsigian. “It is hard to be critical of something that makes your friends happy.” Norsigian also feels that there is also compelling rhetoric to make NRTs available for people who value a biological connection to their offspring. However, her organization remains very critical of NRTs and is concerned, that women get adequate information, that women’s points of views are represented, and that the odds and the emotional roller coaster that accompanies these procedures are understood by women.

Norsigian also felt that the public perception that NRTs are just like other medical procedures has curbed opportunities to critique them. She argued that information about the experimental nature of NRTs is not well distributed giving the public a sense that NRTs are safe. “Although NRTs are experimental,” Norsigian stated, “there is a sense that they are a medical procedure like any other when they are in fact treated very differently than other areas of medicine which are more regulated. Yet, NRTs are *not* regulated.” The widespread use of NRTs, their growing popularity, and their location within the medical arena has really insulated NRTs from critique and led much of the public to accept their use without question.

This explains why some feminist organizations, like the NWHN and BWHBC have not been involved with NRTs even when there appeared to be numerous opportunities to do so. These organizations' lack of involvement was not due to not being unaware of opportunities. Instead the organizations were aware of the attention NRTs were receiving, however, they critically assessed the political environment and decided that it was not in their organization's interest to pursue NRTs at that time.

Organizations also did not capitalize on an opportunity if they thought the opportunity or was not in line with their organization's mission and goals. For example, in recent years, there have been a number of legislative proposals that would, in effect, expand access to NRTs by mandating insurance coverage of this technology.²⁸ RESOLVE, a national infertility advocacy organization, has been the driving force behind this legislation. There have been numerous opportunities for involvement with this issue, even if it was just co-sponsoring on a proposal. And one would think that feminist organizations might join this effort because it would expand women's ability to access an additional facet of reproductive healthcare. Additionally, most of the feminist organizations included in this study recognized that access issues are present in NRTs and stated that access was an important issue that is in line with their organization's work.

NWHN was one organization that was aware of the access issues posed by NRTs and current legislative efforts to expand access to treatment. However, NWHN was

²⁸ Recent legislation includes the federal *Family Building Act of 2005* (HR 735) which requires all group health plans that cover obstetrical treatments to also provide insurance coverage of infertility treatments (including up to 4 IVF cycles/attempts); *HR 1418* requires plans participating in the Federal Employee Health Benefits Program (FEHBP), which covers federal employees and military personnel to cover infertility treatments; and *HR 969* requires Medicare coverage of infertility treatments. *The Equity in Fertility Coverage Act of 2003* (HR 1852) which required health plans that cover Viagra and like medications to also cover infertility treatments failed to make it out of committee.

reluctant to support access efforts because of safety concerns. Even though one of NWHN's top three long-term goals is to expand access to health care, the organization has not supported access efforts for NRTs because of unresolved questions about the safety and effectiveness of infertility treatments. Although Cindy Pierson believes that "egalitarianism is part of the feminist argument," and "reproduction should be a right for all women, not just rich women," she did not support efforts to include access to NRTs in legislation she was working on in the late 1990s when part of the Women's Health Network. It was during this time that RESOLVE, an infertility advocacy organization that was also a member of the Network, began to develop a strategy to argue for insurance coverage of NRTs. Pierson did not agree with pushing for legislation when safety concerns over NRTs were still unresolved. She stated, "We were really at odds over this, and we did not approve of including it because the risks were unknown. RESOLVE left and is now working to get infertility covered on a state by state basis."

NWHN has continued its skepticism of NRTs and still has not worked to argue for access because of unresolved questions about safety, effectiveness, and regulation of the technology. Amy Allina made the following statement explaining why her organization, although aware of an opportunity to expand access to NRTs, chose not to get involved in the effort,

NRTs give women false hope and exposure to drugs and treatments that are both unproven and potentially unsafe. So while we would support fertility services that were proven effective in general and we see having children as an important part of health care, we are really reluctant, hesitant and in some cases opposed to supporting things that we don't think have been well researched and that we think do a disservice to women.

The Current Political Environment

The current political environment has also influenced the way feminist organizations shape their agendas. The organizations that I spoke with characterized the current political environment as being shaped by a strong social conservative movement that was anti-choice and opposed to progressive agendas, including the feminist agenda. They viewed the current political environment as hostile to the work that they want to do and void of the kind of opportunities that would allow them to move their agendas forward into more progressive terrain. And this had a negative effect on their agenda-setting capabilities. Organizations felt that most of the work that they are currently doing is in response to the actions of the conservative movement. Instead of proactively defining their agendas, feminist organizations are finding themselves in the position of constantly needing to defend past feminist achievements, like women's right to abortion, from attacks and rollbacks initiated by the conservative movement. The organizations are aware that their agendas have been reactive and are concerned with what they see as a loss in their ability to define their own agendas. Amy Allina talks about the impact that the current political environment is having on NWHN's ability to reach their long-term goals. She said,

We have been letting politics be a barrier. We have been saying we are never going to get this, why should we work on it, but we still need to pursue long-term goals. We have made a conscious decision to say yes, the political environment today is not supportive but this is a long term goal, this is a long term value of the organization and we need to figure out what we can do even in the current political environment to keep the ball moving in that direction so that 15-20 years from now we can have this.

For example, NWHN stopped lobbying the National Institutes for Health for more contraceptive research funding, an issue that they believe is really important, because

they felt that they could not get it through Congress and did not want to waste their resources on something they felt had a little chance of succeeding. Instead the organization decided to focus its energy on exposing what they call the “politicization of science” that is occurring under the Bush administration. As Allina revealed, focusing on an issue like the politicization of science was an example of their strategy to “identify some of the things that are happening under the administration that we think are problematic and we think don’t have public support.”

PPFA also finds itself struggling to establish a proactive agenda in the current political environment. Susan Mack of PPFA talked about the importance of having control over the direction of one’s agenda, she commented,

It is critical not to be defined by others, you have to define yourself and part of doing that is having your own proactive agenda and not crafting your message in response to something else that someone have put on you.

However she went on to admit that in this environment, PPFA’s agenda has been “more reactive than proactive” and that under the Bush administration “the reactive nature has tended to dominate the agenda-setting process.”

Perhaps the best example of the way the current political environment has shaped feminist organizations’ agendas is the abortion issue. As was stated earlier, constant attacks on abortion from the Bush administration and the conservative movement have forced feminists into a defensive state where they are required to react to the actions of the Right. As a result, abortion continues to dominate feminist organizations’ agendas. Many interest groups and social movement would argue that threats against a hot topic issue like abortion actually works in the interest of feminist organizations, because it gets the attention of constituents and helps mobilize resources. The theory suggests that

feminist organizations would actually welcome these attacks because it allows them to generate the resources necessary for the organization's survival. However, this is not the case. Rather than embracing abortion as a great resource mobilizer, feminist organizations stated that they would like nothing more than to secure abortion for women so that they could move onto to other important issues. So while organizations continue to vigorously defend women's right to abortion, there is a great sense of frustration among organizations about the continued need to focus organizational resources on the abortion, an issue that was granted as a right for women over thirty years ago. There is also a sense that little progress is being made in other areas because so much time is being spent on the abortion issue. Ellie Smeal of FM suggested that one reason feminist organizations have not focused on issues like NRTs is because all of their resources are being spent on defending abortion. She stated, "We run into such opposition to choice. It has taken so many resources to fight them that we almost have nothing left." Olga Vives of NOW, commented "we find ourselves battling the same things that we were battling 20 yrs ago, which is really discouraging." However she did admit that "NOW flourishes in bad times" as constituents tend to give more to the organization when they sense a threat to abortion by the conservative Right. However, even though the abortion issue generates much needed resources and constituent engagement and support for organizations like NOW, interview subjects across the board expressed a great desire to move beyond the abortion issue and focus their time and energy on other issues. They continued to focus on abortion out of necessity, not choice and would happily forgo the resources abortion generated if they could once and for all "win" the abortion battle. When asked what issues they would focus on if they could, feminist organizations named

issues like childcare, HIV/AIDs, access to health care, cervical health, reducing barriers to contraceptive use, and economic/wage conditions as areas where they would like to be more actively engaged.

Resource Mobilization:

The role of resource mobilization as a determinate of feminist organization's behavior is rather complex. Resource mobilization theory suggests that resource attainment is the primary determinant of a group's behavior and presumes that groups will focus on issues that will mobilize resources. Conversely, the theory suggests that groups or organizations will not pursue issues that do little to mobilize resources. Money was certainly identified by the organizations in this study as a factor in determining what issues they pursue, however, it was not as significant of a factor as one would assume, and as the abortion example demonstrates, feminist organizations are motivated by goals and ideals that go beyond resource attainment.

While organizations stated that they were more likely to pursue an issue if financial resources were available to support their work, money was not the ultimate or sole determining factor of whether or not an organization would pursue a particular issue, especially if they felt it was an issue that needed their attention. In other words, organizations would not forgo pursuing an issue just because it wasn't a great resource mobilizer, nor would they pursue an issue just because of the resources it would generate. For example, FM pursued two issues that really were not on the radar of their members or the American public, the plight to of women in Afghanistan and Mifepristone, also known as the "abortion pill." FM took on the issues before there was public knowledge

or interested in them. As Ellie Smeal stated, “We made them issues, they didn’t exist as ‘issues’ in any sense of the word before we raised interest in them. Take the Afghan campaign, no one even knew where Afghanistan was.” In the case of Mifepristone, Smeal commented that FM was doing a mass educational campaign on the importance of it before anyone could even pronounce the word. She said,

Mifepristone was not a hot issue and it wasn’t like we had a donor waiting in the wings to fund this- but you have to do things that need to be done. We chose this issue because we thought it was important and no one else was doing it. We create it as an issue and got everyone on board—we took a leadership role. Now it is a hot issue that generates resources.

While resource attainment is not the ultimate determinate of an organization’s work, Smeal did say that money is playing an ever-increasing role in the decisions of feminist organizations. The role of funding and resource mobilization on organization’s decisions is complex. Smeal said that in the past, money did not play as big of a role in an organization’s decision:

We didn’t give a damn if we had money for it or not. If we thought it should be done, it would get done. But it is changing because the cost of running an organization is greater than it used to be. I have been doing this for forty years and we used to run organizations off of kitchen tables. Now there is money in the decision. But I think it shouldn’t matter if you have a big budget or no budget, the most important thing is the people and the work that you want to do. If you want to do something you figure out how to get the money. Having said that, it was easier to do things in the old days because you had the barter system and you didn’t need as much. Now things are more complicated and more expensive so money plays a bigger role. I think it plays too much of a role and I won’t let it be the determining thing. We do a lot of things that we have no budget for. Now a lot of organizational leaders will not allow that. A lot of my colleagues, if they don’t have money for it they will not allow it. I feel that takes the spirit out of the movement.

One way that Smeal and FM cope with the rising influence of money on their organization is to make sure that they always have at least five sources of funding at any

given time. Members are often at the center of giving and FM focuses a lot of their efforts towards direct mail, large email operation, small gift participation and donor education. Major donors, grants for the Feminist Majority, and products, like Ms. Magazine, also are important sources of income.

Finding a Feminist Position

Although it was clear that NRTs were not at the top of organizations' agendas and that they were not yet addressing NRTs, I wanted to find out what each organization's position would look like if they were to become involved NRTs. To that end I asked a variety of probing questions that were designed to draw out organizations' perspectives on the issue. The interviews revealed that developing a NRT message has presented a challenge to feminist organizations and that feminist organizations are having a difficult time developing and articulating a position on NRTs for three reasons. First, the constantly evolving, high-tech nature of NRTs makes it difficult for some organizations to know what kind of position to take, which is necessary to do before an organization can even think about how to operationalize an idea. Second, there is no one feminist position on NRTs. And finally, organizations that are critical of NRTs have difficulty articulating their concerns because of their commitment to choice discourse.

One reason given as to why feminist organizations have not been engaged with NRTs is that they are having a really difficult time developing a position on the technology. Part of this difficulty is due to the high-tech nature of NRTs and the fact that this complex bundle of technologies is still evolving. Some of these technologies are still in an experimental stage, and the effects of older technologies, such as IVF are only

beginning to be recognized and studied. The constantly evolving nature of NRTs makes it difficult for some feminist organizations to know what kind of position to take. For example, when asked why her organization has not articulated a position on NRTs, Susan Mack of PPFA said that in some cases, “there wasn’t enough science to inform the position,” and that “articulating a position in advance of science was uncomfortable.” Mack also acknowledged that the rapidly developing nature of NRTs is challenging to organizations like PPFA because they often do not have enough time to thoughtfully consider the implications of this technology. “Sometimes,” Mack commented, “it feels like technology is racing ahead and the promise of technology is so great that again, it is hard to figure out where you are when there are some many variables that aren’t determined or are unknown.”

Another factor that may be steering feminist organizations away from becoming more involved with NRTs is that there is no “one” feminist position on these technologies. In fact, there are differences among feminist organizations and also within organizations when it comes to NRTs. Some feminist organizations are strong proponents of regulating NRTs. Cindy Pierson of NWHN, for example, stated that the NWHN would be in favor regulating fertility clinics, and limiting the number of embryos implanted during IVF. She also said that egg donation is “the women’s health equivalent of the poverty draft,” and the sale of eggs should be prohibited. Judy Norsigian of BWHBC, also thinks that regulatory oversight of NRTs is necessary, however, she thinks that the kind of regulation “is a more detailed conversation.” Other feminist organizations, however, cringe at the slightest mention of regulation and would argue any

against regulation on the basis that regulation limits women's reproductive autonomy and may lead to greater restrictions in other areas of women's reproductive lives.

The fact that feminist organizations do not have a unified approach to NRTs is a significant challenge because feminist organizations included in this study are part of a formal coalition that, many would argue, represents the larger feminist reproductive rights movement. Indeed, the feminist organizations included in this study are aware they are part of a coalition and that they, therefore, must be careful when articulating a position because it can reflect upon the larger coalition and may be posited as "the feminist position." They are also aware of the complexity of reproductive politics and the potential impact that any articulation around reproduction can have for women and for feminist reproductive politics as a whole. Therefore, care must be taken when formulating positions.

The complexity of coalition politics is illustrated by the following example. Judy Norsigian of BWHBC released a statement formally stating her organization's opposition to cloning. By making a formal public statement, Norsigian, in effect, forced other organizations to formulate a position on cloning even though they did not want to and disagreed with the position that BWHBC took on the issue. This example demonstrates how interdependent feminist organizations really are; action by one organization tends to impact all organizations and can have severe ramifications for the work that they do and the way they are perceived by the public.

The interdependence of feminist organizations working on reproductive issues is further complicated by the fact that they share in a common discourse. The reproductive rights/choice discourse has been a unifying framework of the feminist reproductive rights

movement since the 1970s and has largely governed feminist organizations' discourse and politics ever since. Again, feminist organizations are very aware of the role that this discourse plays in their work and are leery of taking a position that may be perceived as challenging the mantra of reproductive rights and choice that has govern feminist reproductive politics for so long. Feminist organizations that take a critical stance towards NRTs are especially leery of articulating their concerns because of the fear that critical positions on NRTs, which may argue for regulation, or question a women's "right" to sell her eggs or buy surrogacy services from another woman, might compromise or weaken the "choice message" which characterizes so much of current day feminist political discourse.

The interviews have revealed that current feminist reproductive discourse has constrained feminist organizations' ability to engage with NRTs. Indeed, a commitment to choice messaging was definitely identified as a barrier by the organizations included in this study. Susan Mack of PPFA, illustrated the challenges that feminist organizations face when they try to balance their critique of NRTs with their need to adhere to choice discourse when she talked about internal debates that her organization was having over the cloning issue (that they were forced to take a position on because of the action of BWHBC). She said,

Look at the cloning debate for example. There are some who would say how could we not support reproductive cloning when you look at our mission and our articulation that every woman has the right to decide whether and when and basically how to bear children versus those who have a visceral response to cloning and can't move beyond that because of the possible dangers associated with it.

NWHN, which has perhaps one of the most critical perspectives on NRTs, has also found that their ability to publicly critique NRTs has been constrained by the current choice discourse. Amy Allina of NWHN explained,

Our approach to healthcare is to say that we want the diversity of women's needs to be recognized and we don't see it as one size fits all and we really do believe in supporting informed decision making so that more women could choose to try a new technology and another could choose not to based on other reasons. That makes it a complex message and complex advocacy agenda. I don't think that it would be a simple campaign to do and it would be easily misunderstood. Hormone replacement therapy is not a bad example. Even though we have a lot of really good information about the health risks associated with hormone replacement therapy there are some women for whom it is the right choice.

Both quotes illustrate the conundrum that feminists find themselves faced with when trying to balance their critique of particular issues with their commitment to "choice". Indeed, feminist organizations that have critical positions on NRTs really struggle with messaging because of feeling obligated to protect the choice message at all costs, even when they disagree with its application to a particular issue. Even though NWHN is quite critical of NRTs and hormone replacement therapy and feel that these technologies do more harm than good, they cannot come out and stake such a critical position for fear that to do so would be to compromise the feminist message of choice. Instead, they must engage in double speak, articulating their concerns but then undercutting them by stating that the use of a technology is really the personal choice of an individual woman.

It is clear that the choice framework is constraining feminists' ability to engage with the very issues that they should be concerned with. Much of this constraint, Susan Mack of PPFA suggested, is due to pressure within the pro-choice community to appear

absolute in their commitment to a woman's choice. This pressure seems to have been intensified by the well-defined messaging of the anti-choice countermovement. Mack stated,

I think that the anti-choice groups have carved out a very absolute position for themselves. There are those that are very absolute in the pro-choice community as well and then there are those who might articulate a more nuanced position. I think our challenge is to be absolute without seeming absolute.

While "absolute" commitment to choice may work for abortion, it is not conducive to other issues that may require complicated or more nuanced positions. NRTs are one such issue. It is clear that NRTs are a complicated technology that warrants a more nuanced position than "choice" message can afford.

It is apparent that feminist organizations are not yet addressing NRTs. However, how can we explain this behavior given that these organizations are suppose to address reproductive issues that impact women? And how well do theories on agenda-setting and interest groups explain feminist behavior in this case? The interviews revealed that feminist organizations' inaction on NRTs was not due to external factors, like an inability to monitor and access the political arena or bias in the media. Nor did the lack of a policy entrepreneur with an interest in NRTs contribute to organizations' decisions not to pursue NRTs. The interviews revealed that organizational staff often decide what issues their organization pursues. And while the ability for an issue to generate resources did factor into what issues an organization pursues, it was not the main motivating factor.

Organizations' non-involvement with NRTs however, can be attributed to a number of other factors. Feminist organizations' understanding of political opportunity was one such factor and explains why the few organizations that recognized the important of NRTs have not recently been active on the issue. For example, a few

organizations believed that the opportunity to effectively engage with NRTs had passed because the technology is now so commonplace in our culture and they felt there was little chance of influencing the public's perspectives of the technology.

Feminist non-engagement however, is perhaps best explained by two factors. The first is difficulty feminist organizations have fitting NRTs into their existing framework which emphasizes reproductive rights and choice. For example, when asked what their position on NRTs would look like if they were to get involved, a number of organizations expressed difficulty establishing a "feminist" position on this technology and they attributed this difficulty to the inability of their existing framework, which frames most reproductive issues in terms of rights and choice, to accommodate the issues that NRTs raise. Feminist organizations also revealed that coalition politics make articulating a position even more difficult, especially if they were to take a position that was critical of the use of NRTs and depart from the framework of rights and choice.

Another explanation for feminist inaction on NRTs is that the majority of organizations included in this study did not view NRTs as a salient issue or see its relevance to their work on reproduction. Instead, organizations tended to view NRTs as outside of the reproductive spectrum with which they were concerned. This is best explained by the fact that feminist agendas are narrowly defined and continue to be dominated by abortion. Survey results and interviews revealed that feminist agendas continue to be dominated by abortion and emergency contraception. Because their concentrate on just one side of the reproductive spectrum, feminist have difficulty addressing a broader range of reproductive issues, and tend to not see the relevance of NRTs to their work.

The role that abortion and the current feminist reproductive framework which emphasizes rights and choice play in the narrowing of feminist organizations' agendas will be further explored in chapter six.

CHAPTER 6: How Choice Has Narrowed the Feminist Agenda

The interviews revealed that abortion and the current feminist reproductive discourse are obstacles to feminist work on other issues, like NRTs. Abortion continues to dominate feminist organizations' agendas and has been identified by organizations as an issue that has narrowed their agendas and prevented them from doing work on other issues. Organizations also revealed that their current discourse of rights and choice do not give them the tools that they need to critically engage with the issues that NRTs present. In this chapter I demonstrate how abortion and the feminist reproductive discourse of rights and choice have narrowed the feminist agenda. I argue that the rights and choice framework is no longer working for abortion and is one reason why abortion is still on feminists' agendas. The continued need to focus energy and resources on abortion narrows feminists' agendas and prevents organizations from addressing larger reproductive issues facing women today, including new reproductive technologies. I also argue that the reproductive rights and choice discourse further narrows feminist reproductive politics because it does not provide feminists organizations with the language or framework necessary to critically engage with a wider range of issues. I specifically demonstrate how the choice discourse is unable to accommodate feminist critiques of NRTs. I argue that a reformulation of the feminist reproductive discourse is necessary for feminist success with abortion. A reformulated discourse that succeeds in securing abortion would than allow feminist organizations' agendas, and therefore

politics to expand. And finally I suggest that NRTs provide feminist organizations with the opportunity to reframe their discourse.

I begin this chapter by outlining how a distinct feminist reproductive discourse was crafted to argue for the legalization of abortion. I then look at how this discourse was deployed by feminists and how reproductive rights discourse, which was largely shaped in the 1970s continues to shape the discursive landscape of feminist reproductive politics today. I ask, “How has this discourse, developed in response to the particular issue of abortion, been deployed by feminists? And how has this discourse shaped the discursive landscape of feminist reproductive politics today?”

Abortion: A discursive opportunity presents itself

To understand what is happening today it is important that we go back to the beginning of the contemporary feminist movement and look at critical moments that informed the politics of the movement and helped to shape feminist reproductive discourse for years to come. The late 1960s and early 1970s, when the legalization of abortion became a publicly debatable issue, is one such moment. During this time, feminists, in arguing for the legalization of abortion, began to formulate a reproductive discourse based upon rights and choice. The reproductive rights discourse that was used to frame the abortion debate continues to dominate feminist reproductive politics of today.

Abortion remained in the shadows of American life from 1890, when it was banned in nearly every state, through the first half of the twentieth century. During this time there was virtually no public discussion of abortion. The silence around abortion

was ended by two media events that occurred in the early 1960s. The first event was a series of exposés the Saturday Evening Post ran beginning in 1961 that featured dramatic narratives of women who had suffered at the hands of illegal abortion providers. The second event was the story of Sherri Finkbine, a married, pregnant, white, middle class mother of four, who had taken Thalidomide and as a result faced the likely prospect of bearing a severely deformed child. Both of these stories were in the media for several weeks and are credited with establishing abortion, and its consequent reform, as a publicly discussible topic (see Ferree et al 2002; Condit 1990).

The media coverage of these stories and the public debates that they generated laid the groundwork for the abortion reform movement. During the mid-1960s an abortion reform movement emerged. Although the movement was comprised of a “loose coalition of women’s movement, single-issue ‘abortion’ movement, and population movement activists and organizations,” (Staggenborg 1991, 3) feminists took a lead role in the effort to legalize abortion and played a key role in keeping abortion on the public agenda. The feminist influence on the movement was profound; feminist strategies and tactics were an important part of the movement and helped to change the way women thought about their reproduction. Feminist groups dramatized the abortion issue, thus keeping it on the public agenda, through creative direct action tactics. Throughout the country these groups held demonstrations for abortion rights and “speak-outs,” a public event where women talked about their personal experiences with abortion. During this time a distinct feminist perspective began to emerge and begin to be articulated. Suzanne Staggenborg writes, “feminists were publicly declaring the social acceptability of abortion and asserting an unconditional right to legal abortion” (1991, 45). A clear

reproductive discourse centered upon “rights” had begun to take shape and would influence the way feminists thought and talked about reproduction for decades to come.

It is a Matter of Rights and Choice: A feminist discourse emerges

During the late 1960s and 1970s, advocates of legal abortion mostly used the term rights when arguing for the legalization of abortion (see Solinger 2001, 4). Feminists in particular connected reproductive freedom with the right to self-determination. They argued that women could only exercise self-determination if they could control their own bodies and their own reproduction. Advocates argued that women had a right to control her body, especially in regards to reproduction, and the right to determine whether or not to have a child was indivisible from the more general right to self-determination. This premise was central to the abortion discourse that arose during this time. A second wave feminist explained,

When we talk about women’s rights, we can get all of the rights in the world—the right to vote, the right to go to school—and none of means a doggone thing if we don’t own the flesh we stand in...if the whole course of our lives can be changed by somebody else that can get us pregnant by accident, or by deceit, or by force. So I consider the right to elective abortion...the cornerstone of the women’s movement...Without that right, we’d have about as many rights as a cow put in the pasture that’s taken to the bull once a year...[I]f you can’t control your body you can’t control your future (qtd in Solinger 2001, 4).

The movement’s appeal to rights made sense in the US context. Because the US was informed by a strong liberal tradition since its earliest days, notions of individual rights, freedom, and liberty are built into its ideological and judicial landscape. And as Ferree and Gamson point out, citizens in the liberal tradition are especially “rights regarding” (Ferree and Gamson 2002, 297). In addition, the contemporary abortion

debate was taking place in the legal arena where claims to rights, equality, and freedom are privileged concepts. If abortion reform was going to be achieved, advocates for the legalization of abortion would need to appeal to the language of the courts, while at the same time garnering public support. Fortunately for the feminist movement, the Civil Rights Movement had already laid the foundation for the rights discourse that feminists would employ. The Civil Rights Movement had already made many Americans' cognizant of civil rights issues and successfully put concepts like rights, freedom, and equality on the public agenda. The media was also friendly to rights discourse and was most likely to cover voices that represented these claims (see Ferree et al 2002). Rights language worked in the American context; "rights" were already a part of American discourse and if feminists were going to be successful at garnering public support for the legalization of abortion they would need to find a way to frame abortion within these terms.

Feminists were successful in framing abortion as a rights based issue.²⁹ Feminists argued that women had a right to control their own bodies and therefore their reproduction. Women, they argued, had a right to control if and when they became pregnant. Women also had a right to prevent pregnancy and to terminate a pregnancy as well.

²⁹ A study conducted by Ferree et al., 2002 examined abortion discourse in the US from 1960 to 1994 and found that when US women's groups (either specifically feminist or broader women's movement organizations) talked to the media they framed abortion as an "individual right-one that reflects more general principles of privacy, freedom, and personal liberty free from state interference that would apply to individuals regardless of gender" the majority of the time (2002, 140). Feminist groups also tended to talk about abortion specifically as a woman's right to reproductive self-determination, although claims that were more overtly "gendered" were less likely to be represented in the media. Researchers found that these groups framed abortion in a non-gendered form 62% of the time. They also found that US abortion rights organizations that do not explicitly identify as feminist, which they identify as the ACLU, NARAL and Planned Parenthood, are even less likely to use gender-specific frames (see page 140). They also note that specifically feminist groups, like the Feminist Majority and other small, less mainstream organizations like the now defunct R2N2 are more likely to frame abortion in gendered terms, however, these groups are not as successful at getting their voices in the media.

Feminists are also credited with creating the conditions that would substantiate the legal review of the abortion issue by the Supreme Court. Celeste Condit states,

The very fact that women have successfully voiced a compelling argument in the public realm made it difficult (although not impossible) for the justices to deny a “hearing” in the courtroom as well. This did not guarantee that the women would win their case, but the public voice encouraged the justices to allow the next step to be taken—a legal framing of the issue (1990,100).

The abortion debate made it to the highest echelons of the American judicial system when the Supreme Court finally agreed to review the case of *Roe v. Wade* in 1973.

The feminist reproductive rights discourse’s impact on the legal framing of *Roe v. Wade* is clearly evident in the majority ruling. In this ruling, the Supreme Court expands the right to privacy to include abortion, arguing that that the decision to terminate a pregnancy is a fundamental right that is protected by the privacy doctrine. Reproduction and rights became inextricably linked at this time. Choice language, which would dominate the reproductive discourse in later years, begins to appear at this time and is present in the majority decision. In fact, Justice Blackmun specifically referred to abortion as “this choice” a number of times in his *Roe* majority ruling. Feminist influence on the outcome of the case again becomes clear. Condit points out that throughout the ruling, “Blackmun repeatedly employed precise vocabulary from the Pro-Choice discourse, citing a fundamental “right to choose” and “freedom to choose” (1990, 103).

The Supreme Court’s 1973 *Roe vs. Wade* decision legalized abortion for women. Feminists had gained a victory. Their discursive strategy to frame abortion in terms of rights paid off; women would now have a legal right to abortion. However, this victory was very short lived. Although the *Roe* decision should have signaled victory for the

feminist movement and women were finally granted the right to abortion, the battle for abortion rights for women was far from over.

Instead, the American battle over abortion was just beginning. The *Roe* decision may have seemed like a victory for the abortion rights cause, but what it also did was galvanized a fledgling anti-abortion movement. With a decision in place, the anti-abortion movement now had something to work towards and immediately set its sights on over turning the decision. The anti-abortion movement quickly developed into a very powerful single-issue countermovement that would launch a series of powerful offensives against abortion rights.

Feminist organizations were forced to respond to the threat posed by the anti-abortion countermovement even though many of them would have liked to move on to other issues. According to social movement theory, the feminist movement's focus on abortion should have ended with the *Roe vs. Wade* ruling, allowing for the movement to broaden its agenda to include a wider range of issues impacting women. Organizations whose sole focus was abortion should have gone out of existence and multi-issue organizations should have gone on to pursue other issues on their agenda. However, this did not occur. Staggenborg writes, "Women's movement organizations, particularly local women's liberation groups, which had never viewed legislation of abortion as an end in itself, were anxious to push forward with their multi-issue agenda..." (Staggenborg 1991, 66). Yet they could not, instead they were forced to defend the newly won right to abortion.

Not only were feminist organizations forced to defend abortion at the expense of moving their own agendas forward, they often had to do so on terms set by their

opponents. Staggenborg argues that movement activists were “...tightly constrained by countermovement offenses,” and often were forced to defend abortion rights “...on battlefields chosen by the opposition” (1991, 108). As a result, the feminist movement became increasingly narrow in response to the single-issue countermovement and the defense of women’s right to abortion would dominate the women’s movement’s agenda for years to come.

Abortion is Still an Issue

Abortion remains key issue for feminist organizations today —30 years post *Roe vs. Wade*. Cases such as *Webster* and *Casey*, recent Supreme Court appointments, and recent challenges to late term abortion techniques have intensified this struggle and have required feminist organizations focus their organizational energy and resources on the defense of abortion. The need to constantly defend abortion has occurred much to the dismay of feminist organizations themselves; as the interviews revealed feminist organizations would very much like to shift their organizational focus from the abortion issue to what they see as other pressing issues for women.

Despite constant engagement with the abortion issue over the last 30 years abortion continues to be in a precarious state and feminist organizations are further than ever from permanently securing abortion for women. In fact, the anti-abortion countermovement continues to chip away at abortion rights for women little by little each year. Feminist organizations have expressed frustration with the continuing need to focus their energy and organizational resources on the abortion issue. While much of this frustration is aimed at the relentless, well-heeled anti-abortion movement and their

constant attacks, and the current conservative climate that reaches into the highest levels of US government and courts, many also blame abortion's precarious state on the original decision to frame women's ability to access abortion in terms of rights and choice.

Discursive Constraints

Although the reproductive rights discourse that developed early in the abortion movement was critical to securing abortion for women, many now see it as a detriment and one of the reasons why feminists are still engage in a battle over abortion. One could argue that the discourse was fatally flawed from the very beginning and that the discursive limitations of a feminist reproductive discourse centered on rights became apparent almost as soon as it was formed. The weakness of using rights language to secure women's ability to have an abortion became apparent in *Roe v. Wade*. Because in the liberal tradition a rights bearing individual is conceptualized as a non-gendered person, within the Rights framework women's distinct relationship to reproduction was never overtly recognized nor could it be the primary basis for the legalization of abortion. Consequently in *Roe*, the right to abortion was grounded in privacy rights, a non-gendered concept, and was never granted specifically to women. Instead, as Blackmun put it the right to privacy was granted to an abstract "pregnant person." Although *Roe vs. Wade* is specifically about the right to abortion, a procedure that applies to women only, women and women's rights are never specifically named as being at stake in this case. While the use of rights language did help feminists create a reproductive discourse that had a broad appeal and ultimately won women the legal right to abortion, the gender

neutral aspects of rights discourse foreclosed feminists' ability to talk about larger issues particularly affecting women and their unique relationship to reproduction.

Not only was rights language limiting feminists' ability to argue specifically for women's unique relationship to reproduction, but it was also a language that the anti-abortion movement could use in their favor. The non-gendered aspect of rights discourse appealed to the anti-abortion movement because it did not necessarily privilege or even recognize the perspective and position of women in relation to reproduction. This allowed the anti-abortion movement to make a philosophical leap and argue that fetuses also have rights, specifically "the right to life." The anti-abortion movement quickly co-opted rights language and deployed it against women. The movement used rights discourse to argue for the extension of rights to fetuses, essentially putting fetuses, and the women that carry them in direct competition with each other. The counter movement's strategy paid off, so much so that they eventually renamed themselves the "Right to Life" movement.

As Right to Life movement strengthened and its "right to life" discourse gained support, feminists began to temper their own rights language and reframed their argument around the notion of choice. The shift to choice was not difficult; notions of choice were already built into rights discourse. In arguing for a woman's right to reproductive self-determination, an argument which essentially centers upon a woman's right to choose whether or not to become mothers, feminists had laid the foundation for the "choice" language that they would now deploy. The decision to shift their discourse from overt rights claims to one that emphasized women's right to choose was also driven by the

belief that notions of choice were less confrontational and would have a broader appeal to the public. As Solinger explains,

In a country weary of rights claims, choice became the way liberal and mainstream feminists could talk about abortion without mentioning the “A-word.” Many people believed that “choice”—a term that evoked woman shoppers selecting among options in the marketplace—would be an easier sell; it offered “rights lite,” a package less threatening or disturbing than unadulterated rights (Solinger 2001, 5).

The choice framework became more prominent in the 1980s and feminists eventually shifted from arguing for abortion rights to arguing for “women’s right to choose.” Initially the emphasis on choice boded well with the public. However over the years, choice rhetoric has done little to truly secure abortion for women revealing that choice language, like the rights discourse that preceded it, has its limitations. First, rights language lost its impact: now choice, the rhetoric du jour, is failing to have the effect that feminists want in the US political arena. The failure of the current reproductive discourse in the battle over abortion is being recognized on numerous fronts. Feminists are beginning to realize that if they are to win the abortion war, they must change the reproductive discourse that they are currently deploying. Organizations like NARAL, whose primary focus is abortion, feminist organizations with missions that go beyond abortion, and feminist academics have recognized the weakness of this strategy and have recently begun to rethink the existing feminist reproductive discourse that emphasizes rights and choice.

This recognition has motivated many to actively work on reframing the language. In the spring of 2005, abortion activists consulted George Lakoff, a noted Berkeley linguist, about how to reframe the current reproductive discourse. Lakoff found that not only was the choice framework not working by failing to address the real issue, he argued

that it was actually backfiring. He argued that choice doesn't play very well to the public because "choice" comes from a consumerist vocabulary, while "life" comes from a moral one (Rosenberg 2005). NARAL, which has been struggling to adjust its message to have broader appeal, has taken Lakoff's suggestion to heart. They have recently moved away from choice language and launched a new advertising strategy that uses the phrase "culture of freedom and responsibility."

The reproductive discourse that was developed in response to abortion in the 1970s continues to dominate the discursive landscape of feminist reproductive politics today. Even though feminist organizations have been battling to keep abortion legal for over 30 years the discursive landscape of feminist reproductive politics has remained relatively unchanged. Although a variety of feminist organizations have begun to recognize the limits of the current discourse, feminist organizations continue to talk about abortion in terms of rights and choice. It is clear that the current US feminist reproductive rights discourse is not working in the context of abortion.

The current reproductive discourse is also constrained. Although this discourse was specifically tailored for the abortion issue, it has become the totality of US reproductive discourse, leaving little room for the articulation and subsequent analysis of other pressing reproductive matters facing women today. As a result, abortion continues to occupy center stage on the reproductive agenda while other important reproductive issues recede into the shadows.

It is clear that discourse centered upon rights and choice is no longer a sufficient strategy for addressing the reproductive politics of the twenty first century. These concepts are not serving feminists well in the battle for abortion, nor are they useful

concepts to use when framing other issues either, like new reproductive technologies. The language of rights and choice clearly cannot be made to do the work of it all. The inability of the current reproductive rights discourse to accommodate issues other than abortion is part of the reason why feminist organizations have not actively engaged with new reproductive technologies despite a long history of critical feminist writing and thinking on this issue. Sarah Franklin, a feminist scholar who specializes in science and technology is surprised that so little has been done about NRTs given the centrality of reproductive issues to US feminism and writes,

In spite of having emerged in the midst of a very powerful feminist movement, which has become increasingly international and to which reproductive concerns were central, reproductive technology has proved a difficult area in which to formulate effective feminist change (1995, 324).

A key explanation, she suggests, for the lack of feminist attention to NRTs is that feminists themselves are experiencing a “loss of certainty about the preexisting feminist strategies, slogans, and frameworks, particularly those grounded on notions of choice.” (Franklin 1995, 325).

A discourse of rights and choice does not provide feminist organizations with the tools that they need to critically engage with many reproductive issues, especially NRTs. Not only are the concepts of rights and choice not useful when framing this issue but they are actually antithetical to feminist critiques of the technology. The choice paradigm, for example, rests upon the idea that individuals have “free choice” and does not take into consideration all of the social, political, or economic conditions that constrain women and the amount of choices that are truly available to them. Instead of recognizing the reality of women’s life and the constraints that they face, the choice framework conceives of an individual as a consumer who is free make any choice in a marketplace of options. In

doing so, choice masks that the role that capitalism plays in structuring the reproductive decisions that are available to women. Here, “choice” ultimately becomes tied to the possession of resources; those that have more resources have more choices. Furthermore, because choice is essentially tied to the possession of resources it creates a hierarchy among women (see Solinger 2001).

Choice is especially problematic framework to apply to NRTs because of role that capitalism has played in the creation and deployment of this technology. Although NRTs are essentially a medical treatment for infertility, unlike other medical treatments, NRTs remain located in a private, for-profit sector known as the fertility industry. As a result, the costs of treatment are exorbitant and often out of the reach of average Americans. Therefore, not all women can really choose to access treatment, and only those that have resources, either through insurance coverage or personal wealth, will be able to truly choose to use this technology. Most disturbing however, is that the choices of the privileged often depend upon the desperation of those less fortunate, as is often the case with egg donation and surrogacy arrangements.

The choice perspective also makes it difficult to articulate a critical perspective on women’s use of dangerous drugs and technology. Feminist organizations have had difficulty criticizing women’s use of dangerous drugs and technology and often remained silent instead of raising their concerns about the impact that such drugs or technologies were having on women’s health because of the concern that such criticism fundamentally conflicts with the notion of choice. Indeed, feminist organizations have gone so far as to oppose restrictions on certain drugs or technologies because they viewed them as interfering with women’s “right to choose.” For instance, despite the poor safety record

and known risks associated with Norplant (which was eventually removed from the market) and Depo-Provera, mainstream feminist organizations have never put these contraceptives technologies or the issue of informed consent on their agendas (Smith 2005). Quite the opposite. In her 1994 book *The War on Choice*, Gloria Feldt, the president on Planned Parenthood, equates opposition to Norplant and Depo-Provera as opposition to “choice” (2004, 34 & 37). NARAL and Planned Parenthood also opposed sterilization policies, despite the history of abuses associated with the practice, because they saw such restrictions on sterilization practices as interfering with a woman’s right to choose (Nelson 2003, 44).

The choice framework also makes it difficult to develop nuanced positions with regard to NRTs and some of the practices that the technology makes possible. For example, NRTs allow for the genetic screening of disabilities. Within the choice framework a woman’s decision whether or not to use genetic screening comes down to an issue of individual choice. Focusing on a woman’s choice whether or not to have a child with disabilities limits the debate to the individual, obscures questions about the ethical use of NRTs and does not allow for a conversation about the broader context which conditions individual decisions, like the fact that society views children with disabilities as a detriment and does not provide adequate resources to support people who may want to have them.

Sex selection is another technology made possible by NRTs. Again, the choice framework’s focus on the right of the individual obscures questions about the ethical use of a technology that allows families to pre-determine the sex of their child. The implications of this technology is already evident; families that use this technology favor

the reproduction of boys over girls, including in the United States. The larger social and economic context, which conditions families to prefer boys over girls, does not come into focus because choice starts and ends with the individual.

Choice also forecloses conversations about the regulation of NRTs, which in some cases may benefit women. Take for example the rising rate of multiple births, a side effect primarily due to increased use of NRTs. Since the inception of NRTs, the multiple birth rate in the United States has increased dramatically. One can assume that the percentages keep increasing with each year as the popularity of fertility grows. The astounding increase in multiple births is due to two NRT techniques, either the use of ovary stimulating hormones that cause the release of multiple eggs that are then fertilized during intercourse or in vitro fertilization, a procedure that is controlled by a fertility doctor. Both techniques are largely under the discretion and control of the treating fertility doctor. For example, the number of embryos that are re-implanted in women undergoing IVF is a decision made by an individual fertility doctor. As a result, the number of embryos transferred varies widely from doctor to doctor. And because fertility clinics and their doctors are under pressure to produce good pregnancy success rates, and fertility doctors believe that transferring higher numbers of embryos increases the chances of a resulting pregnancy, doctors often transfer at least 3 to 4 embryos. However, physicians who transfer multiple embryos also run the risk of increasing the multiple birth rate. Although multiple implantations are widely practiced by infertility clinics the resulting multiple births are not viewed favorably by the medical community and are often understood as one of the biggest drawbacks of the IVF procedure. A consequence of the tendency to transfer numerous embryos is that many women end up

becoming pregnant with not one, but two, three or four fetuses at one time. Despite the current approach of the more embryos transferred the better, studies have shown that a “less is more” approach may result in similar rates of pregnancy while at the same time limiting the number of multiple births. In fact, the American College of Obstetrics and Gynecology, which is concerned about the increase in multiple births and considers them “a public health concern” because of their impact on women’s and children’s health, has gone so far as issue professional guidelines requesting that fertility clinics limit their transfer rates to one or two embryos at a time.³⁰ These professional guidelines, however, remain voluntary and the continuing increase in the rate of multiple births seems to suggest that few clinics are complying with ACOG’s request. As a result, multiple births continue to be a common result of infertility treatment in the US, even though they could be easily controlled by limiting the number embryos implanted during IVF.

IVF is an excellent example of a current NRT practice that could justifiably warrant regulation. And evidence suggests regulation of this procedure could actually benefit women in very real ways. To begin, requiring a two embryo limitation rate would cut down on the rates of multiple births, without decreasing pregnancy success rates, and in doing so decrease the rate of disabilities of children born as multiples and the economic, psychological and social costs associated with having large numbers of children at one time. In addition, insurance agencies, which currently shy away from

³⁰ The guidelines, which are contained in the publication “Nonselective Embryo Reduction: Ethical Guidance for Obstetrician-Gynecologist” were developed by the ACOG Ethics Committee and released in 1999. Numerous studies have found that multiple birth infants are at a significant risk for “preterm delivery, low birth weight, congenital malformations, fetal and infant death, and long term morbidity and disability among survivors.” Long-term disability among survivors includes problems in the functioning of their lungs, heart, and “particularly their brain.” Twins and triplets are also at a higher risk for developing cerebral palsy. One study found that triplet pregnancies produced a child with cerebral palsy 47 times more often than a singleton pregnancy. An annual summary of U.S. statistics in 1996 found that twins are 5 times as likely as singleton infants to die during the first year. Triplets and higher-order infants run an even greater risk of death, as they are 13 times as likely as singletons to die during the first year.

providing coverage of IVF because of the astronomical costs associated with the healthcare of multiples, might be more likely to cover IVF treatment if multiples became an exception rather than the norm. In the twelve states that have mandated insurance coverage, insurance companies serving those regions have joined the embryo implantation limit bandwagon. Insurance companies have become proponents of embryo limits because their investigators have found that multiple gestations are very expensive and disrupt the cost effectiveness of fertility treatments. To improve the cost effectiveness of infertility treatments several investigators have suggested reducing multiple gestations by “transferring fewer embryos and using multifetal reduction procedures to reduce prematurity rates” (Van Voorhis et al, 1998, 999). Since most insurance companies make decisions based on cost effectiveness models, unless multiple births are reduced they will continue to deny patients access to infertility treatment coverage.

Feminists have historically been leery of any talk of regulation, especially in regard to reproduction, because of fears that any regulation will ultimately limit women's reproductive autonomy and freedom. Such a sweeping approach to regulation, however, overlooks that fact that some regulation might benefit women by providing safeguards for women's health and safety. And in the case of IVF, regulation may very well benefit and expand women's options, rather than restrict them. Regardless of their view of regulation, feminist organization have a vested interested, and should be involved in, any and all conversations occurring around the regulation of NRTs. Feminist organizations, and the women they represent, cannot afford to remain silent because an allegiance to “choice” forecloses all conversation.

It is clear that the current discourse is not working in the case of NRTs. Choice rhetoric evokes consumer and market imagery and in doing so does little to address the complexities of the fertility industry and obscures the way that social and economic conditions differently structure and constrain women's reproductive options. The choice framework also makes the development and articulation of nuanced positions, which may include a critique of the impact of NRTs on women and the ethical use of the technology NRTs very difficult. In addition, adherence to the ideology of choice often limits feminists' ability to publicly question practices that may harm women's health and safety and cause blind opposition to regulation that may actually safeguard women's interests.

In addition to constraining feminist organizations' ability to engage in the NRT debate, the current choice framework is also too narrow to accommodate a multitude of reproductive issues that are facing women today, including abortion. And although the choice framework was originally developed as a response to abortion, the evidence suggests that it is no longer working. The failure to of choice in the most recent phase of the abortion battle has ramifications not only for abortion, but also for larger reproductive politics. The lack of success in the struggle over abortion has a circular effect; the more feminists are forced to defend abortion, the less time and resources they have to address other reproductive issues. Therefore a change in messaging is critical if feminists are to be successful in advancing their agenda. If feminists continue deploying choice discourse, they likely will not only continue to lose ground in the abortion battle, but will also miss out on forming the reproductive discourse of the future.

NRTs: Another discursive opportunity presents itself .

There are plenty of feminist issues present in NRTs to warrant feminist engagement with this issue for its own sake. NRTs are an issue that affect a growing number of women and they contain key feminist issues, such as equal access, health, safety, regulation, and women's autonomy and women's interests aren't currently being recognized or represented. As a result, the safety of NRTs are not being address, women's health is being compromised, and the fertility industry continuously engages in exploitative and sometimes discriminatory practices. Women would ultimately benefit from feminist organizations engagement with NRTs. If feminist organizations were to engage, they could serve as advocates for women and could bring these issues to the table. They could also help keep the industry a little more honest by serving as watchdogs.

Clearly, NRTs warrant attention by feminist organizations because of the issues they contained and their impact on women. Perhaps even more importantly, NRTs present a discursive opportunity for feminists to reshape or expand the current feminist reproductive discourse. Afterall, NRTs alter reproduction and in doing so, are a part of the reproductive continuum. Not only are NRTs a part of the reproductive continuum, but because they enhance conception rather than prevent it, NRTs provide a unique new entry point into reproductive discourse. Feminists, who have been longing for a way to retool their current discourse and reach more women, can do so through engaging with NRTs. NRTs provides them with the perfect opportunity to broaden their discourse to include all aspects of women's reproduction, not just methods of preventing pregnancy.

I would also argue that NRTs are not just a discursive opportunity, engaging with NRTs is a discursive necessity, especially when one realizes that what happens with this technology could have ramifications for other reproductive areas. Take abortion, for instance. Even though NRTs assist reproduction, instead of preventing it, they have a direct impact on abortion. Indeed, NRTs have revolutionized reproduction and pushed the frontier of reproduction science and knowledge to the earliest stages of human conception. They have drastically altered the reproductive process and in doing so have dramatically altered the public's perception of when life begins. For example, arguments over the status of embryos did not exist before the advent of NRTs. Prior to NRTs, moral arguments over when life began stopped at the fetus. NRTs have pushed that debate to the level of the embryo, a stage in the reproductive process that was only made relevant by the ability to move embryos outside of the body and to and from wombs, a feat that is only made possible by NRTs. Cryopreservation, or the ability to freeze and store embryos for later use, has also sparked public debate over the morality of this practice. As reproductive science and technology moves closer to making cloning a reality, so too they move the debate to an even earlier stage in the human formation process. The regulation of NRTs could also set the precedent to the regulation of other reproductive areas and should be a concern to feminists.

Despite the discursive opportunities that are present in NRTs and their relationship to, and impact upon, other pressing reproductive matters of concern to feminists, feminist organizations, as this dissertation shows, still are not addressing these technologies. Instead, they continue to remain largely silent, letting the opportunity to shape reproductive politics and discourse pass them by.

The anti-abortion movement however is not letting the opportunity that NRTs present pass them by and instead are using NRTs to their advantage. In fact, the anti-abortion movement has long recognized NRTs' role in US reproductive politics, especially in regards to its impact on the abortion debate, and they have been busy exploiting it. They are now using NRTs to strengthen their arguments against abortion. NRTs have become the new tool of the anti-abortion movement in their effort to change public perception of when life begins. Just as the anti-abortion movement used the imagery made available from ultrasounds to argue for the personhood of fetuses, they are now using the science of NRTs to argue for the personhood of embryos. They have been publicly critical of embryo storage practices and they have developed alternative options such as "The Snowflake Embryo Adoption Center." President Bush also held a birthday party at the White House for children who were born from adopted embryos. They are also taking a lead on the cloning debate. And all of their efforts are widely covered by mainstream media. As a result of engaging with NRTs, the anti-abortion movement is successfully shaping the discourse and policy around NRTs, and by extension, other reproductive areas. While feminist organizations have been busy defending abortion in the same old ways, the anti-abortion movement has move on to another reproductive front—NRTs. They are successfully laying the groundwork for the next stage of reproductive politics in the US. It is a struggle that I believe will be situated within NRTs, and the conservative and anti-abortion movements will dominate this stage unless feminist organizations become involved soon.

In this chapter I explore the role that abortion and choice discourse have on feminist organizations' politics and point to the ways that they have narrowed feminist

organizations' agendas. I demonstrate how the current feminist reproductive discourse has failed in winning the public's support of abortion and argue that this failure is a significant reason why abortion continues to be a main focus of the organizations included in this study. I also argue that the focus on rights and choice furthers narrows feminist politics, because these concepts do not provide feminists with the language or framework necessary to address a wider range of issues. I then demonstrate the limitation of this discourse in the case of NRTs. Finally, I argue that a reformulated discourse that succeeds in securing abortion would help expand feminist organizations' agendas and politics.

CHAPTER 7: Where do Feminist Organizations go from here?

In this concluding chapter I reflect upon what this study has taught us about feminist organizations' inaction and briefly summarize my main findings. I also consider what this study has contributed to our understanding about which factors influence organizations' decisions about which issues to pursue, or not pursue. In particular, I discuss the significant role that discourse has on defining feminist organizations' agendas and the implications this has for feminist reproductive politics and the larger feminist reproductive movement. I also consider the implications of this finding for scholarship on interest groups and agenda-setting.

This study began from a curiosity about why feminists were missing from the public debate surrounding NRTs. It was early in the new millennium and stories about NRTs were circulating in mainstream media on an almost weekly basis. Scientists, sociologists, bio-ethicists, religious leaders, conservatives, politicians, Oprah, and everyday people who were using this technology were all weighing in on the revolutionary bundle of technologies known as NRTs. Yet, feminists, and more importantly, feminist perspectives, were missing from the public conversation. I found the absence of feminist perspectives on NRTs quite startling. After all, reproduction has always been a core concern of feminist movement and reproduction is central to the most of the major feminist organizations operating in the United States today. I was even further surprised by this absence because I knew there was a large body of literature that encapsulated thirty years of critical feminist engagement with this technology. Therefore, one would reasonably expect feminists, especially feminist organizations that

were working on reproductive issues, to be present in the public debate over NRTs. However this was not the case. Feminist organizations were not involved with NRTs and this study set out to understand why.

This study revealed that feminist organizations' absence was not due to external factors, such as lack of opportunity to become involved with the issue or being shut out of the public or political arena. Rather, feminist organizations' lack of involvement was due to their own accord. The organizations included in this study generally did not see the relevance of NRTs to their work on reproduction. And although NRTs alter women's relationship to reproduction in very profound, and often very negative ways; as they often serve as a vehicle for exploitative and discriminatory practices of the for-profit, unregulated fertility industry; contain accessibility issues of concern given that few women can afford access to these technologies; and currently are under consideration for regulation, feminists *did not* recognize NRTs as a salient issue that warranted their attention or resources.

The question was why? Given all of the core feminist concerns that are contained in NRTs why weren't feminist organizations seeing the relevance of NRTs to their work on reproduction? The answer to this perplexing question became evident during the interviews. It became clear that there was a disjuncture between NRTs and what feminist organizations conceptualized as reproduction. Rather than seeing NRTs as a part of the reproductive continuum, they instead tended the view NRTs as a separate category that was distinct from other reproductive issues facing women today.

The tendency of feminist organizations to view NRTs as outside of the reproductive spectrum was due in large part to the fact that their reproductive agendas are

narrowly defined. Today feminist organizations primarily focus their energy and resources on one end of the reproductive spectrum, on controlling and preventing reproduction by ensuring women's access to birth control, emergency contraception, and abortion. In fact, when asked to rank a list of thirteen reproductive issues in the order of importance, organizations listed abortion, emergency contraception, and family planning, as their top three issues. Abortion clearly dominates the agendas of feminist organizations. The focus on abortion is no surprise. Feminist organizations have been battling a very powerful anti-abortion countermovement that arose almost as a *Roe v. Wade* was decided. Constant attacks on abortion rights for women have forced feminist organizations to concentrate much of their resources on the defense of abortion, which meant that they could not spend those resources on other issues. And not only were feminist organizations forced to defend abortion at the expense of moving their own agendas forward, they often had to do so on the terms set by their opponents. As a result, the feminist movement became increasingly narrow in response to the single-issue countermovement and the defense of women's right to abortion would dominate feminist organizations' agendas for years to come.

Although abortion is an excellent resource generator, feminist organizations have expressed frustration at the continuing need to focus their energy and organizational resources on this issue. And while some of the blame for the feminists' inability to fully secure abortion for women is aimed at the anti-abortion movement, feminists have also identified their current reproductive discourse, which focuses on rights and choice, as a major explanation for their failure to fully win the abortion battle. Indeed, the current feminist reproductive discourse is no longer working. The reproductive discourse, which

was developed in response to the abortion issues in the 1970s, continues to dominate the discursive landscape of feminist reproductive politics today. And while the political landscape has changed, the feminist discourse on reproduction has not. The discourse continues to emphasize rights and choice even though these concepts no longer resonant with the American public. This discourse is failing to win public support for abortion which has grave implications not only for the abortion battle, but also for feminists' ability to address a broader spectrum of reproductive issues confronting women today, including NRTs.

Feminists are beginning to recognize that the reproductive discourse that they have relied upon for so long is no longer working. The realization that they can no longer count on rights and choice discourse as a cornerstone of their reproductive politics has finally set in. If they continue to rely on old strategies and frameworks they will not only continue to lose ground in the abortion, they will also miss out on the opportunity to form the reproductive discourse of the future. It is crucial to broaden their messaging to appeal to more people and I believe that NRTs present the discursive opportunity to do so.

NRTs present a discursive opportunity for a variety of reasons. First, NRTs alter reproduction and in doing so are part of the reproductive continuum. And because they enhance conception, rather than prevent it, NRTs provide an entry point into the other end of the reproductive spectrum. In addition, NRTs touch upon key feminist concerns, including equal access, reproductive health and safety, regulation, and women's reproductive autonomy. The use of NRTs are becoming increasingly popular among women and women's interests are not yet being represented in this area. And perhaps, most importantly, NRTs are already a part of the public conversation.

Engaging with NRTs is not just an opportunity, it is a necessity if feminist organizations want to remain relevant in reproductive politics of the future. NRTs alter reproduction and hold the potential to fundamentally alter reproductive practices and politics. Further, what happens with this technology can have ramifications for other reproductive areas, including abortion. The anti-abortion movement has recognized NRTs' role in reproductive politics and they have begun to capitalize on the opportunity that this technology presents. NRTs have become the new tool of the anti-abortion movement in their efforts to change public perception of when life begins. They are currently trying to establish the personhood of embryos and they have taken a lead in the cloning debate. By engaging with NRTs, the anti-abortion movement has begun to shape the discourse and policy for NRTs and by extension other reproductive areas as well.

While feminist organizations have been busy defending abortion in the same old ways, the anti-abortion movement has move on to another reproductive front—NRTs. They are successfully laying the groundwork for the next stage of reproductive politics in the US. It is a struggle that I believe will be situated within NRTs, and the conservative and anti-abortion movements will dominant this stage unless feminist organizations become involved now.

Feminist organizations must also recognize that continued silence on issue of NRTs will have consequences for feminist reproductive politics. They must break their silence and begin to shape the reproductive discourse of the future by engaging with NRTs. After all, language shapes reality and is a key weapon in the struggle over reproductive politics in the US today. As Myra Ferree and David Merrill point out, the way one frames a discourse can produce fundamental social change (2000). They state,

Framing as a process challenges, even as it is constrained by, discursive logics. Movements confront meanings that are embedded in institutional discourses, but also use innovative framing tactics to challenge and change them. Such new words may lead to new worlds (Ferree and Merrill 2000, 461).

Changing the terms of the debate, however, will be difficult. As Baumgartner et.al found, dramatic reframing of an issue is rare, because changing the definition of an issue is so difficult, especially in the short term (forthcoming 2009). One of the primary reasons they found as to why reframing is so difficult is that efforts to reframe are usually met with resistance by opposition groups who will seek to preserve their interests. Baumgartner explains, “neither side is going to sit idly by and let the other redefine the issue without a concerted attempt to push such efforts off to the side (2009, 19). “Sunk costs,” or institutional investments in a message as well as the history of frame serve to make them fairly stable as well. Coalitions provide an additional constraint in the sense that any change of messaging may need to be discussed and negotiated with members of the broader coalition. The political climate also plays a role and must be taken into consideration as it may be more or less friendly to a particular frame at any given time. All of these conditions are present in the case feminist reproductive discourse and when combined make organizations’ attempt to reframe the feminist choice and rights discourse a difficult task indeed.

While reframing is difficult, it is not impossible especially if the political climate is “ripe” for change. NRTs are radically changing the reproductive landscape and are creating new questions and new debates about reproduction which in turn offer feminist organizations an opportunity to shift the existing terms of debate into new terrain. Engaging in the formative stages of the debate, which is taking place now, would give

feminist organizations the opportunity to shape reproductive discourse and ultimately reproductive politics of the future

So where do feminist organizations go from here? The organizations included in this study are at a critical moment in reproductive history. Feminists must reformulate their discourse so they can win the abortion battle once and for all. Expanding their discourse would also allow them to address a broader range of reproductive issues impacting women, including NRTs. The good news is that feminists are beginning to recognize that their current discourse is no longer working and efforts to reformulate the existing feminist reproductive discourse are currently underway. Organizations are now consulting with strategists, media consultants, and linguists to figure out how to reframe their message so that it appeals to the American public. In 2005 feminist organization staff and leaders and abortion activist gathered to discuss their faltering message and began strategizing ways to improve it. Individual organizations are also working to reframe their messages. NARAL, one of the country's largest abortion rights organizations, reframed their message and are now talking about women's ability to access abortion as an issue of freedom and responsibility, instead of as an issue of choice. And there is also recognition among the organizations included in this study that a change is desperately needed. In fact, during an interview Arielle Lutwick, Programs and Policy Analyst at Reproductive Health Technologies Project talked about the women's reproductive rights community efforts to reframe their reproductive discourse so that it appeals to a broader spectrum of women who may be concerned about issues other than abortion. Lutwick explained,

There is an increasing effort to identify proactive initiatives that value pregnancy. I don't know how much you have been following the reproductive rights conversation about messaging debate, but here is a growing effort in our community to show that we care about women and pregnancy and a shift in that direction has been a focus on prevention. Its not that we just care about abortion, we also want women to have access to birth control and emergency contraception. A next step beyond that will be not just helping women not get pregnant but what are we going to do for the women who do want to get pregnant but are having trouble because they waited until they were in their 30s or 40s. Those women's questions and needs may become more of a focus.

RTHP's statement is perhaps signaling that change is near, that feminist organizations included in this study have begun to rethink their discourse and may soon expand their agendas to include reproductive like NRTs.

Understanding inaction and its implications

This study demonstrates that what gets left off the agenda may be as important as what gets included in revealing the politics of a group. By understanding why feminist organizations failed to act on NRTs, an issue that they would seem likely to pursue, we learn more about factors that influence the agenda-setting process and constraints groups face in their decision-making processes. As this study shows, the agenda-setting process is complex and influenced by a variety of factors including a group's perception of political opportunity and an issue's ability to mobilize resources. Coalition politics even further complicates the agenda-setting process. This study reveals that these factors influence feminist organizations in ways similar to other groups and helps support the applicability of agenda-setting theories to groups that may hold an "outsider" or "challenger" position in the interest group universe. This study, however, also contributes some unique insights of its own. The most important finding is the

significant influence feminist rights and choice discourse has played in constraining feminist organizations' agendas and politics. Here we find that rather than feminist politics and issues shaping organizations' discourse the reverse is true. Discourse, in this case, has narrowed the scope of issues that feminist organizations pursue. Because this discourse does not provide feminist with the language necessary to win public support for issues like abortion, feminist organizations continue to unsuccessfully focus on the same issues over and over again. Feminist organizations end up spinning their wheels which prevents them from expanding their agendas and moving their politics forward. The influence of discourse on agenda-setting is so significant that it warrants further exploration especially in regard to the way that social movement discourse impacts the actions of organizations that eventually function as the institutionalize arm of the movement.

This study also has implications for our understanding of the way interests are represented in the interest group universe. Feminist organizations failure to address NRTs raises questions about just whose interests are being represented by these organizations. While these organizations claim to represent "women," by focusing primarily on abortion, and not on a broader range of reproductive issues including NRTs, they are only representing a small number of women and not their more broadly defined constituency. The breadth of NRTs and its particular impact on disadvantaged women, and the propensity of the fertility industry to exploit women should warrant feminist organizations' attention to this issue. Instead, they continue to focus primarily on abortion, and do not allocate their advocacy in ways that benefit the greatest number of women. This raises important questions about feminist organizations ability to

effectively represent a more broadly defined constituency, including those who are disadvantaged and most vulnerable. This finding suggests that some groups of women, and their interests, are perhaps marginalized within the very organizations whose purpose is to serve as one of the few vehicles that represent their interests (also see Strolovitch 2006). If feminist organizations are not representing disadvantaged women, then who is? This is an important question that warrants further exploration.

Appendix A

INTERVIEW QUESTIONS

1. Tell me about your organization. What do you see as its primary goals or missions?
2. Describe what you are doing in terms of advocacy and education for issues involving women and reproduction?

-Can you walk me through that process? What happened when you x?

3. NRTs (see if they define an issue area)—

Then ask specifically:

- Infertility
- In vitro fertilization
- Multiple births
- Stem cell research
- Genetic engineering
- Cloning

- 3.5 Which of these are you spending the most time on?

4. When you talk about infertility what issues do you raise? What is your argument?
5. Do you talk to the media, your members, policy makers or other organizations about NRTs? Do you have a special message?
6. Rank the following issues in order of activity/importance for women:

- Abortion
- Emergency contraception
- Family planning
- Contraceptive insurance coverage
- Infertility
- In vitro fertilization
- Stem cell research
- Genetic engineering
- Sex selection
- Cloning
- Egg and sperm donation
- Multiple births

Top three issues for:

- Members?
- Board?
- You personally?

7. How does your organization decide which issues to take on and when?

Where do these ideas come from?

What issues would you like to be more active on?

What prevents you from being more active on them?

Money?

Membership?

Politics?

Time?

Final question: One topic that I'm especially interested in is NRTs, such as x, x, x, and x. Is there any reason why your organization has/not made these types of issues a priority?

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CURRICULUM VITAE

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Education

- Rutgers University**, New Brunswick, NJ (October 2008)
 Ph.D., Department of Political Science
 Dissertation: *Understanding Inaction: Feminist Organizational Responses to New Reproductive Technologies*
 Committee: Susan J. Carroll (Co-Chair), Cynthia Daniels (Co-Chair); Beth Leech, Rose Corrigan
- The Graduate Faculty of Political and Social Research, New School University**, New York, NY (May 1999)
 M.A., Gender Studies and Feminist Theory
 Thesis: *Gender is Not a Category: A Critique of the Exclusion of Gender From Hate Crime Legislation*
 Advisor: Morris Kaplan
- Bloomsburg University**, Bloomsburg, PA (May 1997)
 B.A., Political Science; Minor: Women's Studies
 Honors Thesis: *The Battered Women's Movement: An Examination of Strategies for Change*
 Advisor: Marla Brettschneider

Professional Experience

- Assistant Dean, Global Academic Programs**
 Douglass College, Rutgers University, New Brunswick, NJ
 (August 2005-present)
- Coordinator, Public Leadership Education Network (PLEN)**
 Douglass College, Rutgers University, New Brunswick, NJ
 (September 2001-2005)
- Outreach Director, American Anorexia/Bulimia Association**
 New York, NY
 (September 1998-September 1999)
- Events Specialist, Celebrate '98 Inc. (150th Anniversary of the First Women's Rights Convention)**
 Seneca Falls, New York
 (April 1998-September 1998)
- Research Assistant, Department of Gender Studies and Feminist Theory**
 The Graduate Faculty of Political and Social Research (New School University), New York, NY
 (January 1998-December 1998)

Teaching Experience

Adjunct Faculty, Rutgers University

Designed and taught the following courses:

<i>Human Rights Theory & Practice</i>	Spring 2006
<i>Foundations of Leadership</i>	Fall 2005
<i>American Government</i>	Summer 2005, 04, 03
<i>Women & Public Policy</i>	Fall 2003
<i>Nature of Politics</i>	Summer 2003, 2002
<i>Politics and Culture</i>	Spring 2001

Teaching Assistant, Rutgers University

Department of Political Science

Courses:

Nature of Politics (Ben Barber, Spring 2000; Stephen Bronner, Fall 2000; Gordon Schochet, Spring 2001)

Instructor, Douglass College

Rutgers University, New Brunswick, NJ

Course

Shaping a Life (1999, 2000)

Publications

“The Grimke Sisters.” *The International Encyclopedia of Revolution and Protest*. Malden, Massachusetts: Wiley Blackwell (Forthcoming 2009).

Conference Participation

“Developing Living Learning Communities with a Global Focus,” presented at the Rutgers University conference, “The Fusion of Living Learning Communities: Learning and Working Together” New Brunswick, NJ November 2006.

“A Global Village in a Global Society,” paper delivered to the National ACUHO National Living Learning Conference, Syracuse, New York, October 2006.

Selected for participation in the “Feminist Scholarship Conference,” The Women and Politics Institute, American University, Washington, D.C., August 2005.

“Accounting for Inaction: Feminist Organizations and the Politics of New Reproductive Technologies,” paper delivered to the Midwest Political Science Association Annual Conference, Chicago, Illinois, April 2005.

“Feminist Organizational Responses to New Reproductive Technology,” paper delivered to the Northeastern Political Science Association Annual Conference, Boston, MA, November 2004.

“Developing Leaders,” presented at the Douglass College conference, “Challenges for Educators on Issues of Gender” New Brunswick, NJ, November 2001.

“What Can We Expect From the State When it Comes to Multiples, Motherhood, Medicine, and the Market?” paper delivered to the Association of Politics and the Life Sciences Annual Conference, Charleston, SC, September 2001.

"Knowledge Maker, Knowledge Taker and Baby Makers," paper delivered to the Center for the Critical Analysis of Contemporary Culture Annual Conference, New Brunswick, NJ, May 2000.

Professional Service

Rutgers' Women and Business Leadership Initiative, Spring 2006-present
Residential Colleges Subcommittee- Rutgers' Transforming Undergraduate Education Committee, Spring 2006-present
Overall and Individual Campus Programming Subcommittee-Rutgers' Transforming Undergraduate Education Committee, Summer 2006-present
Douglass College Strategic Planning Committee, Fall 2005 to present
Center for American Women and Politics Award Committee, Fall 2001-present Douglass College Fellow