

NOVEMBER 1982

PLEXUS

FRANCISCO BAY AREA WOMEN'S NEWSPAPER

Feminist Clinic Here Offers Unique Insemination Service

by Claire Willms

A "ground breaking" sperm bank and artificial insemination program to help prospective parents "regardless of their lifestyles" celebrated its grand opening at the Oakland Feminist Women's Health Center on October 5.

Barbara Raboy, co-founder of the sperm bank and public relations director for the center, calls the new program "a breakthrough in Northern California."

According to Raboy, there are only two sperm banks in Southern California and this will be the first in Northern California.

"This is a reproductive freedom of choice program," she said. "The center wants to provide a comfortable environment for treatment, not a sterile white office, and we won't check to make sure you're married."

Since one out of every five couples is considered infertile, the program expects to serve many childless heterosexual couples as well as a number of lesbian women and single straight women who want to have a child without the entanglement of a relationship.

The sperm bank will also store the sperm of men who are faced with sterility or who are planning vasectomies. They can have several specimens frozen to be retrieved if they want a child in the future.

So far, about 15 women, most of whom are lesbian and one of whom is

infertile, have expressed interest in the program.

Raboy anticipates that there will also be some backlash from the community and a few threatening phone calls. "People will say, what are those crazy feminists doing on Pill Hill now," she said.

About the possibility of artificial insemination weakening the nuclear family, Raboy believes that a family can be "an extended family, three women, a black woman and a white woman, or all gay men," and doesn't have to exist inside the traditional framework of marriage.

Over 70 men who want to be donors have already contacted the clinic. They are motivated by "knowing they're helping someone have a child," Raboy said. A nominal \$1-25 fee paid to donors will dissolve the man's legal claim to paternity, order to avoid possible lawsuits.

A sliding-scale fee ranging from \$75-150 pays for a gynecological exam and fertility awareness class. Each insemination will cost additional \$50.

Public reaction to the sperm bank so far has been a mixture of "curiosity and encouragement," said Raboy. "People say this is really wonderful. Keep doing it."

Raboy feels that there has been a lot of "hype from the media" about "super-duper geniuses" produced from Nobel Prize winners' sperm. "We're not going to be looking for Ph.D's," she said. The center will

give I.Q. tests and will accept donors who are "reasonably intelligent," basing their evaluations on "general conversation."

Raboy also stresses that the sperm bank wants a variety of donors (not just "blue-eyed, blond-haired men"), so that women will be able to find a donor with characteristics that resemble her partner's, or that are close to her own preferences.

If a woman has a specific donor in mind, he can go to the clinic and donate and she can request his sperm.

Otherwise, she can look through the "donor catalog" which will have a page for each donor listing character-

Valley Women's V

FEMINIST SPERM BANK

The first feminist-run sperm bank opened in October as part of Oakland's 10-year-old Feminist Women's Health Center. The aim of the bank is to serve a broader group of women than traditional sperm banks. Requirements for recipients are broad: good health, a desire to have a child. The v

DALLAS MORNING NEWS 10/10/82

California feminists open sperm bank

By Michael Dorgan

Special to The News

OAKLAND, Calif. — Feminists in Oakland, Calif., have invested in their future by beginning the first feminist-run sperm bank.

Opened last week as the latest program of the 10-year-old Feminist Women's Health Center, the sperm bank will perform the same services as the dozen or so other sperm banks that have been established in the nation. But the center aims at making the services available to a much broader group of women.

"Most sperm banks are geared toward the medical indication of infertility, where you have a woman and a man and the poor couple should have a baby," said Barbara Raboy, assistant director for the center.

"This is the first program that is really geared toward different populations, including lesbians."

The only requirements imposed by the center are that the woman is healthy and wants to have a child, Ms. Raboy said. Her marital status, lifestyle and sexual orientation are not considered.

"We're saying that any kind of family situation is OK, not just the nuclear family," Ms. Raboy said. "It doesn't matter how a child comes into the world, primarily, what's important is that it's wanted.

And that's what this program is about."

Since the sperm bank opened in August, Ms. Raboy said the clinic has received about 300 calls from potential recipients. Only about a third of those women were interested in artificial insemination for medical reasons, while the vast majority were interested for reasons of "lifestyle and sexual preference."

Of the women within the "lifestyle and sexual preference" category, Ms. Raboy said about half were heterosexuals without partners and half were lesbians.

Women who wish to be artificially inseminated are shown a donor category, which shows such things as height, weight, race, eye and hair color, and the occupation of each donor. Just as there are no conditions imposed on who can have access to the sperm bank, neither are there conditions imposed on the reasons for choosing a particular donor.

If a woman selects a donor solely because he is 6-foot-8 or has blue eyes, that's fine. "If a woman is really hooked on blue eyes, she can have blue eyes," Ms. Raboy said.

Insemination is done with fresh sperm if the logistics and timing can be worked out, or with thawed sperm that has been stored in 1cc vials in tanks of liquid nitrogen. The cost to the woman for a medical exam, a "fertility awareness" class, the

insemination visits and a follow-up pregnancy test ranges between \$50 and \$150, determined by her income. The cost of the semen is extra, usually between \$40 and \$50.

Donors at the sperm bank also will represent a broad range of economic, social and racial groups.

"Most donor banks screen medical students and college students (as donors)," Ms. Raboy said. "They're looking for intelligence as a significant factor and they equate intelligence with how much education a person has. We don't necessarily believe that at all. Many of our donors are involved in trade work and have high school degrees. Some of them are Third World, some are gay. They come from different kinds of cultural and economic backgrounds."

Donors can trade their sperm for medical care at the clinic or be paid a nominal amount, usually \$1 to \$25. Most of the more than 200 potential donors who have contacted the clinic are not interested in compensation, Ms. Raboy said.

"They support this program because they are feminists themselves," she said. "They really believe in reproductive freedom for women."

Asked at what point the feminist goal of reproductive freedom for women will be achieved, Ms. Raboy said she wasn't

sure. Would test tube babies be the next logical step?

"I don't know if I'm prepared to make a comment on that because I don't know how I feel about test tube babies," she said. "I just don't know."

Ms. Raboy anticipates she will be plenty busy in coming months defending the clinic from criticism.

"We expect complaints not on medical procedures, but from those who really feel threatened that women are having these babies and the father is not involved . . . from people who feel threatened by women who are having that kind of freedom."

While there may be complaints regarding the politics or ethics of artificial insemination, particularly as practiced by Oakland feminists, there can be no complaints that it doesn't work. According to statistics collected by the center, more than 300,000 children have been conceived by artificial insemination since World War II.

One of the estimated 15,000 to 20,000 children to be so conceived this year, a cute one-week-old girl named Leila, was presented for press inspection at the opening ceremony for the sperm bank. She is the daughter of the Feminist Women's Health Center director Laura Brown.

OAKLAND
TRIBUNE / TODAY

JNDAY

October 3, 1982/Oakland, California

Women's center opens sperm bank in Oakland

By Abby Cohn
Oakland Tribune/Eastbay TODAY

A women's health clinic in Oakland has opened a sperm bank in response to numerous requests from lesbians and other single women who want children, but not through the usual means.

The bank operated by the Oakland Feminist Women's Health Center, 2930 McClure St., got its first two donations last week.

Organizers hope to get enough specimens to begin artificial inseminations in the next few months.

"The impetus came from wanting to have an alternative fertilization program for women," said Barbara Raboy, a clinic administrator. She said the bank will be open to couples experiencing fertility problems, men undergoing vasectomies and single and lesbian women.

"A lot of people want babies but don't want to do it through traditional means," Raboy said. "We're billing it as the unique program in Northern California."

About 15,000 to 20,000 children are born in this country each year through artificial insemination.

Donors at the Oakland bank will be paid on a sliding scale, perhaps from \$1 to \$25, for semen specimens.

Deposits will be limited to ensure variety in the gene pool, Raboy said. Recipients will be charged a fee estimated at \$50 per insemination.

Women wanting to get pregnant will be allowed to shop for their donors by leafing through a detailed catalog that lists everything from a man's eye color to his educational background to his medical history.

"We really plan on getting a cross-cultural catalog," Raboy said, adding that she opposes the idea of restrictive sperm banks, such as the one in the Los Angeles area that gathers deposits from Nobel Prize laureates.

Although several sperm banks operate in Southern California, Raboy said she thinks the Oakland bank is the only one in the Bay Area. In a highly publicized case in 1975, a San Francisco sperm bank went out of business when air leaked into its storage jars and destroyed the specimens.

See SPERM, Back page



Tribune/TODAY photo by Roy H. Williams

Barbara Raboy checks tank containing stored sperm deposits.

Sperm

Continued from Page A-1

Raboy expects no such problems. All sperm samples will be placed in vials and stored in a 35-pound metal tub filled with liquid nitrogen, which keeps the specimens at about 384 degrees below zero.

The sperm clinic consists of a small waiting room with a couch and coffee table, a restroom and a storage area for the tank. Raboy said the equipment cost about \$1,000.

The identities of the donors will remain confidential, Raboy said. All depositors must agree to waive rights to any resulting offspring.

Raboy said recipients will undergo gynecological examinations and take a fertilization course, but she said no attempt will be made to restrict who gets inseminated.

"Who are we to judge?" she asked. Lesbian mothers, she said, are "no different from any other mother."

Raboy said 12 or 15 women already have signed up for insemina-

tions. Most are lesbians, she said.

The idea for the bank started when the non-profit clinic, which offers gynecological exams and family planning services, got repeated inquiries from single and lesbian women who wanted to get pregnant but were unable to find doctors willing to artificially inseminate them.

The clinic already performs occasional inseminations with "fresh" semen, but lacked the supply to handle the demand.

After placing an advertisement last year in a San Francisco women's newspaper about the insemination services, "We got probably 200 calls," Raboy said.

"Believe it or not, it's not very hard" to open a sperm bank, she added.

A spokesman for the state Department of Health Services said Friday he knew of no laws governing sperm banks.

"It's nothing we regulate," said spokesman Pete Weissner.



profound effect on the ministry of health care in Catholic hospitals." His list, which is summarized below, is particularly telling in one respect: most of the issues he raises have had an equally profound effect on attitudes in the American health care system in general. The events and attitudes that McCormick cites are:

- A lack of even a modicum of consensus on the abortion debate, which has paralyzed ethical thinking on a number of other health care issues, including "the place of prenatal diagnosis, experimentation on the fetus and newborn, in vitro therapy and surgery, in vitro fertilization, and certain forms of birth control."
- The search for the "perfect baby" and the "contrived neglect" of defective newborns, which may lead to an era of "positive eugenics" and "planned breeding."
- The growing involvement of the courts, which has its place, but can also lead to defensive medicine, to depersonalized patient-management decisions, to a confusion of morality and public policy, and to a growing exclusion of the family.
- The establishment of commissions to offer ethical guidance to the federal government, which indicates that we are moving away from the individual decision maker with limited knowledge and toward the "interdisciplinary task" of making larger structural political and moral decisions.
- The revolt of nurses, which will threaten the foundations of good hospital care, unless hospital policy is revised to give respect to nurses and reflect their contributions.
- The hospice movement, which is "of enormous ethical importance" and will significantly affect the debates over euthanasia and a more humane use of life-support technology.
- The debate over nuclear disarmament, which symbolizes the physicians' concerns about matters of public responsibility.
- The emergence of the Catholic hospital as a community working toward one primary goal: "to bring Christ's healing comfort and power to all."
- The conflict within the church over sterilization, which reflects differences between official doctrine that sterilization is wrong, and the experiences of Catholic hospitals, which sometimes find that sterilization is in the best interests of their patients.

• Escalating costs and the need for cost containment, which will force some "agonizing and even nasty decisions" concerning allocation of resources. Offering as examples end-stage renal disease and effective uses of intensive care units, especially neonatal intensive care units, McCormick asks: "Must we begin to exclude some categories of newborns from these sophisticated services?"

• Human sexuality and the "increasing sexual intimacy among the very young," which raises questions about the family, marriage, and medicine's appropriate role in the care of the sexually active adolescent.

Last on the list of issues that affect attitudes toward health care, McCormick cites President Ronald Reagan, whose economic policies he describes as "a challenge to the basic assumptions of the welfare state." "Government cutbacks will severely compromise the ability of the Catholic hospital to be a genuine Christian community," he says, "an example of outreach to the poor and underserved that can be recommended as exemplary to the broader society."

—J.B.

The Best Little Doctors' Investment in Winnemucca

Sylvia Binder, a French woman who has operated three brothels in Winnemucca, Nevada, recently put up her business for sale. Prostitution is legal in Winnemucca, a little town of 4,000 residents 150 miles from Reno. However, according to U.S. Naturalization Service regulations, it is a "deportable occupation," and as a non-citizen Mme. Binder faced deportation for her activities.

According to a UPI report (*New York Times*, December 17, 1982), a group of California doctors came up with the \$2.5 million purchase price. Their background will have to be checked by the police before the license transfer is approved, and if they pass the test, their names will be made public.

The investment broker who arranged the deal said that "it makes a lot of sense, financially." But is it ethical? That question seems not to have come up. —C.L.

The Birth of a Feminist Sperm Bank: New Social Agendas for AID

A sperm bank run entirely by women and dedicated to the ideals of feminism has opened in Oakland, California, for the purpose of serving "all women, regardless of their race, marital status or sexual orientation." According to the Oakland Feminist Women's Health Center's statement of philosophy, "Lesbians, single women and women with infertile partners are encouraged to participate." The sperm bank's founder, Laura Brown, explains that, unlike many traditional facilities, the Center will do genetic and medical screening, but no social screening of applicants. "It's not up to us to decide who can and can't have children," she says. "We don't do racial matching, and we have no standards for economics or intelligence."

Down the California coast in Escondido, The Repository for Germinal Choice has been operating with a radically different philosophy since 1979. Established expressly for the purpose of producing "a few more creative, intelligent people who otherwise might not be born," this sperm bank screens out those who do not meet its narrow intellectual requirements. In April 1982 the Repository announced the birth of its first baby, the offspring of a high-IQ mother and a sperm donor who was a Nobel Prize winning mathematician (*Washington Post*, May 25, 1982). Unfortunately, it later turned out that the mother and her husband had served time in a federal prison for fraud and the husband had been charged with neglecting her children from a previous marriage.

The issue of who should qualify as a recipient for artificial insemination by donor (AID)—and how such decisions should be made—is taking on added significance as the demand for AID continues to grow. Though the various societies that monitor fertility do not have hard data, the Oakland Feminist Women's Health Center estimates that 15,000 to 20,000 children are conceived by AID each year. Since the National Center for Health Statistics reports that out-of-wedlock births peaked in 1982 (*New York Times*, December 5, 1982) and since one out of ten AID recipients appears to be unmarried or lesbian (*New England Journal of Medicine*, March 15, 1979), an

increasing number of AID applicants may well fall into this category. That consideration has led some critics to ask whether society is behaving responsibly in allowing children to be born into homes without fathers or to women without the resources to care for them (see "Artificial Insemination and the Single Welfare Mother," p. 22-23 this issue).

In *The Artificial Family*, R. Snowden, a British researcher with a long-standing interest in family planning, and G.D. Mitchell, a professor at the University of Exeter, caution that "AID could become a means of dispensing with marriage and the inconvenience of a husband, and, of course, with a father too." They are also concerned about the "anxiety and uncertainty" that "normal families" may feel when confronted by the children of single women and lesbians who cannot easily conceal their AID origins. "Will this not be an additional stimulus to children to question their own origins?" they ask. "Can they be certain they are the children of their parents?"

Snowden and Mitchell advocate public discussions of the ethical and legal questions surrounding AID, including its effect on the well-being of the child, the role of marriage in society, and general family welfare. Believing that decisions about AID are too important to leave to individual doctors or to women who want AID babies, their object would be to develop workable regulations and a professional code of practice.

Aside from religious objections to AID per se, clearly the issue of who should qualify as a recipient reflects deep divisions within our culture about the role of marriage and the traditional family. Laura Brown, who advocates a laissez-faire approach, remembers being raised "in a family that was well below the poverty level—but we had lots of good times together." She is unmarried and recently gave birth to an AID daughter of her own.

Is the traditional family necessarily a better environment for a child to grow up in? Do heterosexuals generally make better parents than lesbians? Is money or a high IQ an important ingredient in raising children who will contribute to the moral fiber of society? Is there a difference between AID as a treatment for infertility in a married couple or as a means of social engineering? Should such questions be a matter of public policy or should they be left to individual conscience? —J.B.

"Words, words, words! I'm so sick of words!" Surely we hope that Eliza Doolittle's complaint to Professor Higgins in "My Fair Lady" does not reflect the sentiments of readers of the *Hastings Center Report*. But the preparation of the Index for 1982 (tucked in the back of this issue) inspired us to try a more quantitative approach.

Instead of more words about the words we have already published (which stand on their own), a few statistics about 1982's issues may put the *Report's* scope into a different perspective.

Our six issues (288 pages, approximately 288,000 words) are divided into three main categories: articles (45); features, such as "In Brief" (25 items), "Law and the Life Sciences" by George J. Annas (six), "Case Studies" (six), and "Reviews" (14); and departments: "At the Center," "In the Literature," and "Calendar and Announcements" (six each).

The total number of authors published during the year was 83. Of these, 61 were men and 23 women. Eight were staff members: 12 were Fellows; four had some connection with a Center project, which led to the article; and 59 had no particular ties to us. They represented at least a dozen disciplines, including medicine, philosophy, social work, history, political science, psychology, law, journalism, religion, education, biology, and sociology. Fifty of the authors were newcomers to the *Report's* pages.

We published 26 letters in our "Correspondence" section, along with an almost equal number of responses by the authors who had been praised and (mostly) criticized. "In the Literature" brought 175 books, articles, or other publications to the attention of our readers. Readers also learned of 40 meetings announced in the "Calendar" and a dozen announcements of job openings, fellowship possibilities, calls for papers, and the like. We listed, with thanks, the nearly 1,000 contributors to our Friends program and the 37 corporate contributors as well.

Our subject index lists 21 broad categories, alphabetically arranged from "Abortion" to "Technology." "Environment," "Professional Ethics," and "Social Science and Ethics" are new categories this year, and "Technology" has been revived after an absence. Looking back for comparison at the Index for 1977, we have broadened our interests quantitatively by six categories, and qualitatively in other ways. We have followed some issues, such as abortion and death and dying, for many years; others, such as neonatal intensive care and occupational health, have come into greater prominence in the past few years. Some issues are new in our pages: physicians' responsibilities in preparations for war, for example, and the moral uses of "spare" embryos.

All the articles and book reviews (solicited and unsolicited) underwent a review process that involved at least three and usually five to eight readers. To supplement the readings of our internal review committee and staff members, we invited 30 experts to review manuscripts for us. We received a large number of unsolicited manuscripts for review; of these, six eventually were published or accepted for publication. The balance of the published articles were solicited; a few were developed from presentations at project meetings.

One final statistic: In 1982 we used six different color combinations for the *Report's* cover, to be repeated in 1983. So, since the cover of this issue is brown and gold, it must be February.

—Carol Levine

Copyright of Hastings Center Report is the property of Wiley-Blackwell and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.