

Commercial Interests and New Reproductive Technologies

by Laura Sky

L'auteure explique que le récent rapport de la Commission royale sur les nouvelles technologies de reproduction est contradictoire et incomplet. Elle affirme que les recommandations de la Commission n'offrent aucune solution et aucune protection contre les excès capitalistes.

Public perceptions towards infertility are considered in the light of a pervasive notion of an epidemic of infertility, promoted by the media, the medical establishment, and pharmaceutical corporations.

In 1987, the National Action Committee on the Status of Women (NAC), joined a Canada-wide coalition calling for public education, broad social debate, and action on the important social issues raised by reproductive and genetic technologies. In October 1989, the federal government announced the creation of the Royal Commission on New Reproductive Technologies (the Commission), whose mandate was to examine the many implications of the most important scientific, medical, and technological developments of this generation, namely the power to create and manipulate human life in the laboratory. The Commission was charged with recommending what policies and safeguards should be applied to these technologies in light of the public interest. Its original reporting date of October 31, 1991 was first changed to October, 1992, and then July, 1993. Finally, on November 30, 1993, the Commission released its 1,200 page final report entitled Proceed With Care. Early in 1994, 15 research volumes were released at a cost of \$500.

Although human infertility is not a new phenomenon, there is a current public perception that infertility and genetic imperfection are resolvable, or at least manageable, through the use of drugs and new technologies. A marketplace has been created by the suppliers and doctors who are its gatekeepers. The implication is that the consumer has the right and the ability to make an informed choice. This "choice" brings women to the front door of the reproductive supermarket. However, the foundation of informed choice or informed consent is the information that is available to the patient/consumer. It is in this arena that the drug and technology companies exercise so much control by eradicating the boundaries between education and marketing.

For many doctors working in the area of assisted repro-

duction and genetic determination/intervention, the entrepreneurial possibilities cannot be ignored. In their article entitled "The Increasing Concern with Infertility," Aral and Cates point to

an increased number of physicians with an interest in infertility as a result of technical improvements and the ability to diagnose and treat infertility, a decline in demand for obstetrical services, and, in the United States in particular, a recognition of the profitability in this area of practice (Ford 12).

It is very important to examine the relationship between the new reproductive technologies (NRTs), commercial and industrial interests, and the state. The multinational pharmaceutical/biotechnology industries are currently among the most profitable manufacturing sectors in the world. In Canada alone, this industry currently ranks first in manufacturing growth and profitability. We have been witnessing the creation of a reproductive and genetic marketplace, motivated by the pharmaceutical industry and facilitated by a business-centered federal government.

With the casting of infertility as chronic illness, disability, or the assertion of reproductive choice, the most widely and actively promoted solutions are medical, pharmacological, and technological. Public perceptions towards infertility are considered in the light of a pervasive notion of an epidemic of infertility, a notion promoted primarily by the media, the medical establishment, and the pharmaceutical and biotechnology corporations. The concept of an epidemic puts the question of infertility onto crisis footing—a collective and individual crisis that places infertility firmly into the realm of chronic illness. And, as feminist and women's health activist Anne Rochon Ford has pointed out in one of the research papers submitted to the Royal Commission on New Reproductive Technologies, for pharmaceutical companies, a chronic illness is a potential gold mine. Referring to *in vitro* fertilization (IVF) doctor Arthur Leader who "builds a case for the argument that medical professionals working in the area of assisted human reproduction are simply giving women and men what they are demanding" (cited in Ford and Sandberg 1446), Ford suggests that many doctors also play a role in reinforcing the notion of a market created by the demands of the chronically infertile.

Ford further discusses the notion of infertility as disability. If we accept infertility as a disability how can we deny those who are disabled the right to services and treatment? The political focus of disability is, of course, access. Access is the rallying cry for IAAC (Infertility Awareness Association of Canada) in Canada and RESOLVE in the U.S., two support groups for the infertile that champion fertility

rights. Both organizations have received significant grants from the Ares-Serono Group.¹ Dr. John Jarrell has stated that the Society of Obstetricians and Gynecologists of Canada "...recognizes the presence of infertility as a physical handicap which is appropriate for the cautious use of medications to induce ovulation" (Ford 15). Those medications are the tip of the marketing iceberg.

The Ares-Serono Group is not alone in providing funds to infertility support groups, professional organizations, medical journals, research programs, and clinical educational events. Mass media and professional journal advertising is only one among the myriad of public relations

in fact, should be alarmed, by the Commission's proposed solution to the danger of commercialization. The solution offered is fundamentally problematic.

The Royal Commission recommends that all evaluation, regulation, and control of commercial applications of new reproductive technologies be entrusted to a national reproductive technologies commission, the primary function of which would be the protection of "vulnerable" individuals and communities from the commercial interests and agendas of the corporate sector. The problem is that the report marries the "ethics of care" to a centralized federal structure. The proposed Commission would have the power and authority to monitor and manage genetic and reproductive research and practice. We see this as an opportunity for corporate interests to gain control of the regulatory process.

Although the Royal Commission warns us of the risks of allowing the marketplace to determine the direction of scientific and medical research, it proceeds to "recommend in some cases that commercial interests be encouraged or required to contribute resources to public research funds" (712). It asks us to believe that a national reproductive technologies commission would be able to protect the research community from abuses or conflicts of interest on the part of the pharmaceutical/technology companies. Hence

[w]ith these boundaries and guidelines in place to protect vulnerable interests, however, [the Commission] believe[s] that commercial interests can play a legitimate role in developing and providing products and services that might not otherwise be available and that can be of benefit to many Canadians (698).

Two central legislative/commercial pillars of corporate incursion into medicine and reproduction are Bill C-91 and the North American Free Trade Agreement (NAFTA). Neither is mentioned in the Royal Commission's report. This is a fundamental omission since the globalization of the pharmaceutical industry sets the context for the globalization of reproduction.

Bill C-91² has enormous implications for the companies that produce the cornucopia of both current and future NRT pharmaceuticals. The potential for increased profits is enormous. Bill C-91 further enhances the market position of the multinational drug industries which have, since the early 1970s, consistently rated first in profitability among all manufacturing industries in Canada.³ Of the 130 drug manufacturers in Canada, 80 per cent are subsidiaries of multinationals. Not only is there no reference to Bill C-91 in the report, but the text that deals with the market share of NRT drugs minimizes the profitability value of reproductive drugs to the pharmaceutical companies.

With regard to the market in pharmaceuticals, the Commission was informed by one of its own researchers that hormone related drugs are experiencing one of the

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tools these companies use. As well, they produce print and audio-visual "educational" materials that are the major source of information for patients, and also a significant source for doctors. For the consumer/patient, the sources of information are dominated by the suppliers and by the doctors as the gatekeepers of information and services.

Chapter 24 of the Commission's report deals specifically with NRTs and commercial interests. On preliminary reading, this chapter has all the familiar earmarks of a progressive criticism of the commodification of reproductive and genetic functions. It declares that the "[c]ommissioners believe that the development and dissemination of reproductive technologies cannot be left to market forces and corporate goals..." (698). Its authors assert that "ethical principles...together with the ethics of care require that our recommendations ensure that any use of the technologies does not commodify human beings or commercialize reproduction" (695).

The report further warns all Canadians of the great risks of the diffusion of corporate funding into the academic and clinical research arenas. That is,

[i]f commercial interests were able to determine priorities for medical research in Canada, the resulting priorities would be distorted. The possibility of private capture of the public research process is something to which society should be alert and against which society should seek to guard itself (710).

While these statements look like something any progressive woman would support, they must not be taken at face value. NAC believes that they are cleverly designed to address the anticipated response of those who are critical of the commercial sector's intrusion into the women's health field. However, critics should not be satisfied and,

highest rates of growth of all categories of prescription drugs in Canada (Ford 27). The 1990 annual report of the Ares-Serono Group states that "the global human fertility market is worth approximately half a billion dollars with strong growth projected through the end of the century" (Ares-Serono Annual Report 1990). Ares-Serono is expected to release a new collection of fertility drugs onto the Canadian market in the fall of 1994.

The Commissioners would have us believe that IVF drugs and genetic technologies are negligible in terms of profit potential. The Commission assumes what can, at best, be described as a misleading position when it refers to the limitation of the Canadian market for these drugs. Moreover, it is blatantly foolish to separate IVF, contraceptive, fertility enhancing, and hormone replacement therapy drugs from the large and profitable constellation of pharmaceutical and technological goods and services that deal with all hormone therapies and reproductive technologies. Most of the major drug companies that are involved in reproductive drugs are interested in a market that supplies these products to women from puberty to the grave.

NAFTA is conspicuously absent from the chapter on commercial interests in the Commission's report. Not only has NAFTA already radically altered manufacturing and trade, it is also transferring the control of regulation from the state to the corporate sector. With provincial governments limiting health coverage of IVF, and the increasing privatization of reproductive clinics and services, such sentiments are certainly not limited to the

Americans and are reinforced in Canada by NAFTA.

Health care activist Colleen Fuller has written that: "[t]he underlying premise of NAFTA is that all aspects of North American society must conform to the free market principles embraced by the corporate community.... Most of the growth in the private sector has occurred in the biomedical, biotechnology and medical devices industries" (16).

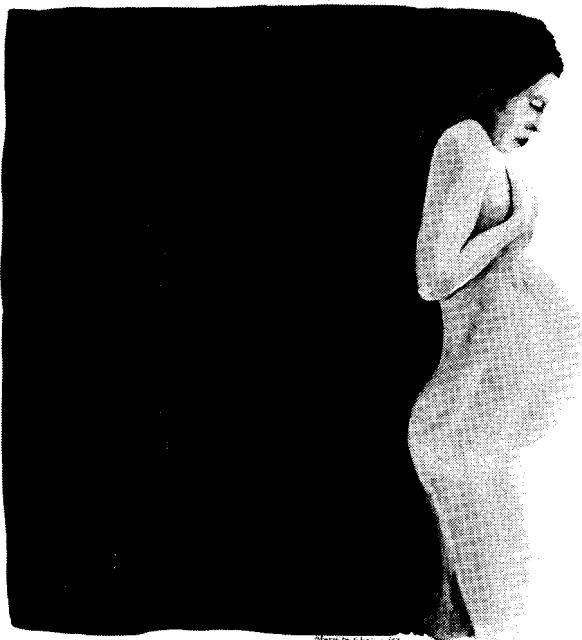
In its *only* reference to the implications of globalization in the pharmaceutical and technology industries, the Commission concedes that many Canadians are concerned with

inadequate provisions for ethical review and monitoring in industry-based research involving human subjects and that corporations may avoid Canadian research guidelines by conducting product testing in countries with less stringent regulations regarding safety and informed consent (696-697)

Later, in the same chapter, the Commission states that it was unable to find evidence or documentation regarding abuses of testing practices for contraceptives in developing countries. One wonders about a process that co-opts the concern and issues of the Canadian women's movement, but at the same time ignores its systems of research and information.⁴

The Royal Commission engaged in curious practices with regards to its use of research funds. Its research practices raise serious questions about whose voices were heard and whose were excluded. NAC believes that certain research was either altered or completely excluded from the final report (see Eichler, Anonymous). At the same time, NAC knows that the Commission included research material from organizations and corporations who stand to benefit from the activities and recommendations of the Commission.

The Royal Commission hired Burson-Marsteller, a public relations and lobbying company, to play a number of specified and unspecified roles in their research. In its public relations literature, Burson-Marsteller's states that they are "innovators in health care communications, helping clients speak strategically and efficiently to diverse influencers about corporate integrity and priorities and the safety, efficacy, value and differentiation of products and services." In chapter 24 of the Commission's report, J. Rowland, N. Saby, and J. Smith are cited for a paper entitled "Commercial Involvement in New Reproductive Technologies." This is a report which was prepared by the authors who, at the time, were in the employ of Burson-Marsteller. In addition, the company received two contracts to prepare documentation on industrial/commercial interests involved nationally and internationally in the research, development, and dissemination of the NRTs. The first contract, worth \$42,000, was awarded to respond to the direction that "[t]he Commission [was] particularly interested in the collection of recommenda-



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tions... as to what the Commission should do and/or recommend with regard to the industry." The second contract, with a value of \$18,000, was to "advise the Commission on what the major issues and trends are within the industry and what other organizations and interest groups should be consulted to ensure that the Commission has a well-rounded and balanced understanding of the industry" (see research sources published by the Commission).

The significance of this is that Burson-Marsteller is the largest public relations and lobby organization in the world today, and more specifically, it is the largest organi-

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zation of health care "advisors" in the world. The following is a list of Burson-Marsteller clients during the time span of the Royal Commission (1989-1993): The Pharmaceutical Manufacturer's Association of Canada, The American Medical Association, The British National Health Service, The German Ministry of Health and Social Services, Sandoz (not only a major drug manufacturer, but also very active in agricultural chemicals), Ciba-Geigy, Genentec, Glaxo, Hoffmann-La Roche, Johnson and Johnson, Phyzer, Squibb (later Bristol Myers Squibb), Warner-Lambert, Hoechst-Roussel (the manufacturers of RU 486), Bayer, Rhone-Poulenc Rorer (huge producers of agricultural drugs and chemicals and half owned by the government of France), Eli Lilly (this company owns Provel, manufacturers of bovine growth hormone), Nutrasweet (owned by GD Searle, which is owned by Monsanto), Abbott, The Food Safety Advisory Council (the front group for the bovine growth hormone companies), Smith Klein Beacham (active in animal drugs), Merck, Mead Johnson (a division of Bristol Myers Squibb which produces among other things Enfalac infant formula), Pioneer Seeds (the largest seed company in the world, now specializing in hybrid production) Monsanto, Dow and Eli Lilly (all of which, directly or through their subsidiaries manufacture bovine growth hormone) and The Royal Commission on Reproductive Technology (*O'Dwyre's*).

Joyce Nelson in an article in *Canadian Forum* in March, 1993 reveals that Burson-Marsteller was hired by the government of Mexico to handle its public relations for NAFTA. Burson-Marsteller established a NAFTA speakers bureau, produced speeches, and saturated the media with positive NAFTA coverage. It encouraged corporate contacts to submit columns to newspapers and other media outlets in support of the agreement. This company specializes in

crisis management including that of: Three Mile Island, Union Carbide's 1984 Bhopal disaster, the Exxon Valdez oil spill, the AH Robins Dalkon Shield IUD, the Dow Corning silicone breast implant (20).

Considering the concern about conflict of interest that the report outlines in this chapter, it is somewhat surprising to find such a large and undeclared conflict of interest in the Commission's own research methods. Seemingly, the Royal Commission saw no conflict of interest in contracting the services of a huge multinational public relations and lobbying firm, which at the same time was representing the corporate and political interests of the world's largest and most powerful pharmaceutical, chemical, and biotechnology companies.

The report's contradictions and omissions, in particular in chapter 24, should set off warning bells for those alarmed by the marriage of reproduction to the marketplace. While explicitly stating its concern about commodification, nothing in this chapter addressed the mechanisms by which the process of commodification could be halted. This report may, in some instances, echo the concerns of women's groups, but through its contradictions and omissions, it offers no substantive solutions and does all concerned Canadians a disservice. The report names the problems, flags the issues, encompasses our reasons for alarm, and would have us believe that a highly centralized and very powerful federal commission on new reproductive technologies will protect us from the excesses of the corporate agenda. It is NAC's belief that this solution will facilitate the proliferation of the pharmaceutical and biotechnology industries, and in fact, contribute to the commercialization of human reproduction.

After a careful reading and analysis of the Commission's final report, *Proceed With Care*, NAC has concluded that the Commission failed in its responsibility to fully consider the protection of the public interest. In order to address the concerns which led to the call for the Commission in the first place and to provide for genuine public discussion, currently NAC is asking for a moratorium on all new IVF clinics and newly developing reproductive and genetic technologies. The purpose of this moratorium is not to limit women's access to clinics and technologies, but rather to halt the growth of these industries until a regulatory structure is in place. In addition, NAC is asking for one per cent of the budget provided to the Commission and the release of all research and data commissioned and collected by the Commission. This would allow NAC to facilitate and coordinate a regional and national process of active, genuine discussion and debate regarding the new reproductive and genetic technologies, the need for regulation and the consequential impact on all women and society in general.

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member of the Feminist Alliance on New Reproductive Technologies, a member group of NAC. Laura holds the position of secretary on the NAC executive and is an active member of NAC's new reproductive technologies committee. She has been instrumental in drafting NAC policy on the new reproductive and genetic technologies.

¹The Ares-Serono Group is one of the largest manufacturers of hormone drugs in the world today. Serono's fertility drugs on the Canadian market at present include Serophene, Pergonal, Profasi-MP, and Metrodin.

²Bill C-91, introduced and passed while the Commission was in progress, guarantees up to 20 year patent protection on name brand drugs. This law was the result of a long-term patent protection battle waged between the Canadian owned generic drug companies and the multinational drug corporations. These protections are also guaranteed by the provisions of North American Free Trade Agreement (NAFTA). The Pharmaceutical Manufacturers' Association of Canada (the organization that represents the interests of the multinational drug companies in Ottawa) was the major lobbyist for the passage of this bill as well as for the successful passage of NAFTA.

³As found in "Corporate Financial Statu: Detailed Income and Retained Earning Statistics for 182 Industries," Statistics Canada. In 1986, hormones rated as the sixth highest category of drugs prescribed in the country.

⁴The testing and marketing of Norplant provides a good example of this process. See Women and Pharmaceuticals Project, Women's Health Action Foundation. "Norplant: Under Her Skin." WEMOS, 1993.

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