



Newsletter

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From the Desk of your Coordinators:

We regret to inform you that Hilde has come down with a serious case of Sydney-lust. It was brought on by cruising Web sites in preparation for this letter, and while she is badly infected, we predict a cure in November, when the FAB 2004 Congress convenes in that beautiful city. For your own browsing pleasure (and just to pass along the infection), we recommend two sites: <http://www.picturesofplaces.com/Oceania/australia/sydney>, with photos by Paul Hofman, and <http://www.terragalleria.com/pacific/australia/sydney>, with photos by Q. T. Luong. Once you have gazed your fill, move on to the FAB page (<http://www.fabnet.org>) and click on “registration Web page” to get to the practical information about the Congress. Don’t forget that all visitors to Australia other than New Zealand citizens require Visa permits (or in the U.S. 977 Business ETA permits) for entry. If you need a formal letter of invitation to the conference to facilitate this process, please contact Erin Cahill (erin@uow.edu.au) with your full name, paper title, and mailing address.

It’s a full program, with 55 submitted papers or panels, ten plenary talks, and one plenary panel. On Sunday, which is devoted to the theme of public health, we’ll hear talks with titles like “Counting and Screening Embryos,” “Gender, Justice, and Life Expectancy,” “Don’t Let Them Eat Cake! Obesity as a Public Health Issue,” and “The 32 Million Missing Girls of India.” On Monday, the theme of indigenous health is played out in such papers as “Research Ethics Policy and Oppressed Groups,” “The Process of Developing a Female Physicians’ Organization: Turkey’s Example,” and “Indigenous Health Issues in Mexico.” And on Tuesday, when we share the day with the IAB, the theme of reconfiguring the body receives these variations: “Banking of Bodies,” “Face Transplantation,” “Making Up Our Minds about Making Up Our Bodies,” and “Out of Body Gestation: In Whose Best Interests?”

Our days will be very civilized, with tea taken in the Aussie manner both mornings and afternoons, and plenty of time in the evenings to see

the bright lights of the city. Equally if not more enticing to many of us is the prospect of conversation and renewed friendships with FAB members we seldom see. Hilde notes that even though both she and Rosie Tong are from the U.S., they haven’t spent any time together for almost two years, and Sue is in a similar way with some of her Australian colleagues. And then there are the many new friends to be made—people who are working on the same topics or facing the same political problems or who just plain like each other at first sight. All in all, it promises to be an exciting Congress, and we very much hope you can come.

FAB has a venerable tradition of publishing papers from our congresses. *Embodying Bioethics: Recent Feminist Advances*, edited by Anne Donchin and Laura Purdy (Rowman & Littlefield, 1999), published papers from the 1996 FAB Congress (San Francisco). *Globalizing Feminist Bioethics: Women’s Health Concerns Worldwide*, edited by Rosemarie Tong, Gwen Anderson, and Aida Santos (Westview Press, 2000), published papers from the FAB Congress in 1998 (Tokyo). And *Linking Visions: Feminist Bioethics, Human Rights, and the Developing World*, edited by Rosemarie Tong, Anne Donchin, and Susan Dodds (Rowman & Littlefield, 2004), which will be launched at the Sydney Congress, includes papers based mainly on presentations at FAB congresses in 2000 (London) and 2002 (Brasilia). We’d like to see the papers from the Sydney Congress published too, and are looking for editors. Any volunteers? If you’re interested, please e-mail Sue Dodds (susan_dodds@uow.edu.au) and Hilde Lindemann (hlinde@msu.edu).

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Country Report from Canada

STANDING ON GUARD FOR WOMEN'S HEALTH: A REPORT FROM CANADA

The showing of Canadian feminist bioethicists in boardrooms, classrooms, public hearings, and published work has been excellent over the past couple of years. It more than rivals the Canadian showing at the Summer Olympics, that's for sure. Here are highlights from individual reports I received from Canadian members of FAB.

Policy Work

Françoise Baylis was among those who testified for years before relevant House and Senate committees about new legislation (finally!) passed in Canada that governs assisted human reproduction. The legislation, called Bill C-6, "An Act respecting assisted human reproduction and related research," addresses such issues as sex selection, commercialization of sperm and eggs, preconception arrangements, creation of embryos for research purposes, and the lack of a publicly accountable system for managing reproductive technologies. Among practices that are prohibited by the Act are sex selection, selling human gametes, payment for contract pregnancies, cloning, and the creation of hybrid organisms. The Bill also requires that a regulatory body be set up to protect the health and safety of Canadians using reproductive technologies.

Presentations and Publications

The second edition of *Health Care Ethics in Canada* (Harcourt Brace 2004) is now out, and edited by at least two FAB members, Françoise Baylis and Susan Sherwin, with entries by other Canadian FAB members.

Jennifer Parks has published *No Place Like Home: Feminist Ethics and Home Health Care* (Indiana UP, 2003); and Elisabeth (Boetzkes) Gedge has organized a panel on the book for this year's Canadian Bioethics Society meeting. The panelists will be Elisabeth and Jennifer, as well as Alison Miculan and John Baker.

Samantha Brennan has done a special edition of the *Canadian Journal of Philosophy* on feminist moral philosophy (supplementary volume 28), and included papers by Sue Sherwin on feminist policy-making about reproductive technologies, by Christine Overall on the concepts of life span and life stages, and by me (Carolyn McLeod) on the concept of objectification in feminist work on sex and reproduction.

Further, Roxanne Mykitiuk's volume, co-edited with Margrit Shildrick, and entitled *Ethics of the Human Body: Challenging the Conventions* is forthcoming with the MIT Press.

Among many other presentations and publications done recently by Canadian FAB members are Abby Lippman's and Roxanne's presentations on justice and gender at a conference on genetics and society, Carolyn Ells' paper, "Foucault, Feminism and Informed Choice," published in the *Journal of Medical Humanities*, and Elisabeth Gedge's piece, "Collective Moral Imagination: Making Decisions for Persons with Dementia," forthcoming in the *Journal of Medicine and Philosophy*.

Research Funding

Many research projects are under way, with funding, by FAB members from Canada. The funding comes from various sources, including the Canadian Institutes of Health Research, the Social Sciences and Humanities Research Council of Canada, the Stem Cell Network, the American Medical Association, the Australian Research Council, and the Munk Centre for International Studies at the University of Toronto (where I am currently a research "fellow").

Teaching

Among notable endeavors by Canadian FAB members in the area of teaching is Carolyn Ells' role on a team contracted by the Ministry of Health and Social Services in Quebec to develop a research ethics education program for research ethics board members and support staff.

Awards

Lastly, it is with great pleasure for me, as a former student of Sue Sherwin's, to announce that she has been named Woman Philosopher of the Year by SWIP, the (American) Society for Women in Philosophy. The honor is *big*, because it acknowledges the value of Sue's work not only for feminist bioethics, but for feminist philosophy as a whole. Hip-hip-hooray for Sue!

Carolyn McLeod, *FAB Country Representative for Canada*

FAB Nominating Committee Report, August 2004

General information: FAB Officers serve a two-year term. The individuals listed below are presented for your consideration for the term beginning January 2005 and ending December 2006. All members who have either paid their dues or requested a waiver for those dues should have received an election ballot by mail. This ballot was enclosed with your 2005 membership renewal form.

In accordance with FAB policies, the nominating committee proposes the following slate for the positions of FAB Co-Coordinator and FAB Advisory Board Members.

Co-Coordinator:

Françoise Baylis, Canada (BA, Ph.D.) is Professor in the Departments of Bioethics and Philosophy at Dalhousie University. As a member of the Canadian Feminist Health Care Ethics Research Network, she was a co-author of *The Politics of Women's Health: Exploring Agency and Autonomy* (Susan Sherwin et al.). She served as a consultant on many stages of Canada's long-awaited legislation on assisted human reproduction. Her current research focuses on novel genetic technologies, research involving humans, women's health and feminist ethics. Of particular interest are issues of justice, community and identity.

Susan Dodds, Australia (BA, Ph.D.) is current co-coordinator of FAB and an Associate Professor in Philosophy (University of Wollongong, Australia), where she teaches feminism, bioethics and political philosophy. She has published work on research ethics, reproductive technology, aged care, and post-colonial theory. She is currently examining theories of democratic decision-making as they apply to bioethics policy. She is co-editor (with Rosemarie Tong and Anne Donchin) of *Linking Visions: Feminist Bioethics, Human Rights and the Developing World* (2004).

Advisory Committee:

Rachel Ankeny, Australia, is Director/Senior Lecturer in History and Philosophy of Science, University of Sydney. She holds masters degrees in phi-

losophy and bioethics, and a Ph.D. in HPS, all from the University of Pittsburgh. She has several collaborative projects with other FAB members, and is an advisory board member, grants committee chair, and co-country representative for FAB. She has been on the conference planning committees for IAB and FAB for the 2004 World Congress of Bioethics.

Debora Diniz, Brazil, holds a Ph.D. in Anthropology. She is one of the founders of ANIS, a Brazilian NGO on feminist bioethics. Presently, she is part of the group responsible for the proposal for abortion constitutional amendment in transit at the Supreme Court in Brazil. She develops ethnographic research on genetics and reproductive technologies, as well in the area of traditional midwifery. She is on the board of directors of the IAB. She has won six research prizes. Presently, she is a professor at the University of Brasilia.

Shanthi Krishnaraj, India (MA, Ph.D.) is FAB Country Representative for India. She is Professor of Economics at University of Chennai, India. Her personal research is on gender issues with specific reference to gender and health, gender dimensions in labor migration and women and poverty. Publications include "Reflections on the Bioethical Implications of Misuse of Reproductive Technologies in India," "Feminist Bioethics in India: Issues, Perspectives and Challenges" in *Contemporary Feminist Bioethics and Challenges* and "Feminist Bioethics and Reproductive Rights of Women in India: Myth and Reality" which is about to appear in an anthology of work by FAB members: *Linking Visions: Feminist Bioethics, Human Rights, and the Developing World*, Rosemarie Tong, Anne Donchin and Susan Dodds, eds.

Laura Purdy, U.S.A., (BA, MA, Ph.D.) has taught since 1979 at Wells College, where she is currently Professor of Philosophy in Public Affairs: Ethics, Politics, and Social Policy. She has also been a bioethicist at the Joint Centre for Bioethics in Toronto,

where she was Professor of Philosophy in the Philosophy Department. She is co-editor (with Helen B. Holmes) of *Feminist Perspectives in Bioethics* (IUP, 1992), (with Anne Donchin) of *Embodying Bioethics* (Rowman and Littlefield, 1999), and (with Wanda Teays) of *Bioethics, Justice, and Health Care* (Wadsworth, 2001). Cornell UP has also published a collection of her writing in reproductive ethics, *Reproducing Persons* (CUP, 1996).

Arleen L. F. Salles, Argentina, U.S.A., (Ph.D.) is an Assistant Professor of Philosophy at John Jay College of Criminal Justice (CUNY) and is a docent in the Master Program in Applied Ethics at the University of Buenos Aires, Argentina. Her research and teaching focus on ethical theory and applied ethics. Recent publications center on emotions in ethical theory and the notion of autonomy in the Latin-American context. She has co-edited, with Maria Julia Bertomeu, *Bioethics: Latin American Perspectives* (2002), and with F. Luna *Bioetica* (1998) and *Decisiones de Vida o Muerte* (1995).

Jackie Leach Scully, Switzerland. After a first degree in biochemistry and Ph.D. in molecular pathology, she researched the molecular biology of breast cancer for several years before switching to public education and then to ethics. She now works in the Unit for Ethics in the Biosciences at Basel University. Research interests are feminist ethics, disability and anomalous bodies, genetic medicine, moral evaluations of 'lay' people, and qualitative research methodologies.

Rosemarie Tong, U.S.A., holds a Ph.D. in Philosophy from Temple University and is currently the Distinguished Professor of Health Care Ethics and the Director of the Center for Professional and Applied Ethics at the University of North Carolina at Charlotte. Activities with FAB include: 1992-1994: Editor, FAB Newsletter; 1994-1998, 2002-2004: Advisory Board Member; 1998-2002: Co-coordinator of FAB; 2001: Co-editor, *Globalizing Feminist Bioethics: Crosscultural Perspectives*, with Aida Santos and Gwen Anderson; currently (in production): Co-editor, *Linking Visions: Feminist Bioethics, Human Rights, and the Developing World*,

with Anne Donchin and Susan Dodds.

Ana Cristina Gonzalez Vélez, Colombia (General Medicine, MD with postgraduate studies on Social Health Research) is currently appointed as General Director of Colombian Ministry of Social Protection's Public Health Division. Her research has focused on Colombian Health Reform and its impact on gender equity projects sponsored by WHO, the Rockefeller Foundation, and the Council on Health Research and Development. She was consultant and Director of Research Projects of PROFAMILIA, Colombia and at PAHO's Women and Gender issues unit, as well as at the Ford Foundation. She has published widely on sexual and reproductive health, sexual reproductive welfare, adolescent sexual reproductive health, gender and gender equity issues, advocacy, health sector reforms and bioethics.

FAB Country Representatives

FAB Country Representatives are a vital part of the FAB network. Our reps are responsible for disseminating information about FAB, recruiting new members and encouraging FAB-related activities in their countries. These activities can range from distributing newsletters to organising dedicated FAB sessions at conferences, as well as sending in news and information for the newsletter. Our newest country rep is Eyal Katvan of Israel, whose doctoral thesis is investigating compulsory medical examinations.

Country rep appointments run for two years, with the current appointments due to finish in December 2004. Please consider volunteering as a rep, especially if there is no current rep in your country. I'm happy to provide more information to anyone who is interested. The Countries' Representatives panel at the FAB conference offers an opportunity to meet our reps and hear news of international developments that are significant for feminist bioethics. I hope to see many of you there!

Wendy Rogers, *Country Representative Coordinator*

Book Review Section

A Review of **Health Expectations for Older Women, International Perspectives**, edited by Sarah B. Laditka. New York: The Haworth Press, Inc., 2002. 196 pages. (Co-published simultaneously as *Journal of Women & Aging*, Volume 14, Numbers 1/2 2002.)

Preparation for the support (or at least maintenance) of an expanding, aging population is a predominant topic both for individuals and policymakers in the early 21st century. Societies require projections and quantified information from analyzed data in order to make sensible, logical, and, preferably, life-affirming policies for this group of people. Thus, researchers must define categories and compare response codification. This is not easy multivariate work, but is crucial to the remainder of our lives — especially if you, like the reviewer, are approaching or overshooting the usual age of retirement. In parallel news, the media tell me that the younger workforce expresses concern about elder support of “baby boomers,” who outnumber the younger workers 6:1. (A snapshot diagram of numbers of Americans in each decade of their lives looks like a pyramid with a fat midriff.)

This collection of studies will be a valuable collection, containing what factors and variables have been studied, what has been tabulated and analyzed for trends and discrete variables, and what schema of analysis seem most useful. Not “an easy read,” the articles rightly speak the language of the intended audience(s). To the worldwide community of gerontologists, demographers of international aging, biostatisticians and bioeconomists, public health and world health policy makers — and many allied and interdisciplinary fields — this book is likely to be a frequent reference.

The first and last articles, written by the editor and associates, discuss the complex uncertainties associated with forecasting the demand for long-term care services. This invites the reader into the core of the volume, where studies are reported from USA, Netherlands, Canada, Japan, and Fiji, as well as the 191 Member States of the World Health Organization. Included is information from both developing and developed countries.

Rather than filling this review with a list of authors and titles here, I’d like to provide some compilations, reactions, and responses.

Why is this volume a needed resource? In a market-driven, capitalistic worldwide economy, health care is Big Business. Not only the pharmaceutical, transplant and appliance industries, but also for-profit healthcare facilities and short term transferable healthcare personnel are managed by statistical methodologies. Competing claims for tax funding raise the odd question of “inefficiency”: suppose

we have not only enough, but too much, healthcare delivery? Is such “redundancy” wasteful, or saving for the inevitable rainy day? Those are ethical stances, but political and economic realities demand that each be justified quantitatively.

Also, gender differences are collected and analyzed here. It is a fact that there are more older women than older men, and mortality and disability patterns differ.

Expectations have shifted within a few generations, at least within the United States and other developed countries. Authors report a U.S. National Institute on Aging study that found 50% of 65 to 69 year olds, and 33% over age 70 years, consider themselves in their middle years. The control of infectious diseases and the improvements in public health and sanitation of the early 1900s through the 1940s, enhanced by decreases of fatality from stroke and heart disease, mean once fatal diseases now may be chronic. Expansion of the “patch, patch, patch” years results in more “fragile elderly,” who are quite elderly, and who may be severely disabled. These are beloved people perhaps, who are increasingly complaining that they feel “warehoused” in a technological, fast-paced society that more and more has as a norm commercial assisted-living facilities.

Consequently, the authors grapple with definitions and statistics of the health expectancy of a variety of populations. These articles tell us that health expectancy is derived from life expectancy, and as such can be described as a status of disability-free active life, or a dyadic status of living-with-disability, defined as inactive life. The latter can be subdivided into 1) treatable disability (e.g. CPAP for sleep apnea, ophthalmologic and surgical aid for changing sight, drug treatments for diabetes or arthritis, etc.), and 2) health difficulties that lead to increasing and terminal disability (e.g. emphysema, macular degeneration, cognitive impairment.) (Cancer seems under-discussed in this volume.)

In other classification schemes, active life expectancy can be considered the same as, or distinguished from, healthy life expectancy. As Laditka and Laditka point out, (p. 164) “It is possible for an individual with health problems to remain free from serious physical or cognitive impairment. It is similarly possible for a disabled individual to be free of significant health problems.”

Other author teams distinguish and quantify major diseases vs. risk factors, which may be even more significant as the era of testing for genetic susceptibilities widens.

The topics of this volume are not specific to a feminist worldview, but they are of interest to feminists, and they can be informed by feminist insights. Although probably not a major goal of these studies, the book provides useful data summation that lets feminist critique be grounded in

reality. Our critics cannot deflect us by asking “What’s the evidence?” or “How confident can you be that your policies and visions are realistic?”.

It’s interesting to read (p. 177) that most benefits of increased education of women have already been achieved in various parts of the world. It’s interesting to read (p. 12) that never married women have a lower disability rate than women who have been married. Were such observations widely validated, shifted emphases would be timely. For instance, educating men worldwide in contraception and respect for women and increased job development and job skills become higher priorities. What, then, of women’s rights and responsibilities?

Likewise, where younger women benefit from childhood vaccination and better sanitation, resulting in diseases of excess such as obesity and eating disorders, and resulting in sports that “push the limits” of the immature human body, healthcare needs could soon shift to an acceptance of disability by early middle age. Then this book could become recognized as a Watershed, a standard to which later collections of data and analysis could be compared.

Regretfully, we continue to recognize that simultaneously, many countries suffer from malnutrition as a result of war, famine, and unequal distribution of food and work opportunities. These elder women may at best experience public health and sanitation like that in the United States of the early 1900s through the 1940s. Feminist concern and activism for ethics of caring and justice continue to be global.

Perhaps it’s a quibble to suggest more sources of data and interpretation toward policy setting, but: Do results collected by feminist organizations such as Older Women’s League or the National Women’s Health Network concur with the information here? For data on men as well as women, would the American Association of Retired People (AARP) and Gray Panthers be synchronous? I didn’t detect such advocacy organizations in the Index or papers.

Betty B. Hoskins, *Massachusetts College of Art*

A review of **Mental Health Issues for Sexual Minority Women: Redefining Women’s Mental Health**, edited by Tonda L. Hughes, Carrol Smith, and Alice Dan. Binghamton: Harrington Park Press, 2003. 155 pages.

The literature of medicine often forgets — or misunderstands and misrepresents — lesbian and bisexual women. In 1999, the Institute of Medicine (IOM) identified a number of limitations of the existing studies, among them lack of random samples and adequate control or comparison groups, lack of studies on subgroups within the lesbian population, and limited numbers of subjects. Most research is, furthermore, conducted in large urban centers, often in

places that are comparatively rich in resources for sexual minorities. The IOM recommended increased research on 1) the physical and mental health status of lesbian and bisexual women, 2) sexual orientation, especially on the diversity of the lesbian population, and 3) barriers to access to health care services. There is also a great need for research on bisexual women in general, since information on this group was inadequate to support developing more specific priorities.

Mental Health Issues for Sexual Minority Women: Redefining Women’s Mental Health begins to fill in these gaps. It comprises nine papers that explore the mental health needs of lesbian and bisexual women. Most of these are original studies, while some explore the existing social science literature. Each paper is significant in its own right, and each plays a role in shaping the dialogue within the book. The selection of papers represents several subgroups that often remain invisible, such as disabled lesbians and African-American lesbians. They address a wide variety of mental health issues, including disability, traumatic victimization, body image, oppression, and internalized homophobia. Several of the studies address barriers lesbians face in accessing adequate mental health care. For example, sexual minority women often have to “educate” service providers about their concerns during their paid appointment time — an ethical problem to be sure, but one that could go undetected if clinicians don’t recognize their own unfamiliarity with their clients’ needs. Another common problem is that many researchers and clinicians conflate sexual identity and sexual behavior. However, as Scheer, et al. found, these dimensions of sexual orientation are not always consistent, and using one dimension without the other can frustrate outreach efforts for such problems as substance abuse and sexual victimization (pp.78-79.)

The studies are notable for their methodologies as well as for their scope. Many of them recruited subjects from multiple sources to maximize diversity. Additionally, three of the studies used an innovative system to acquire comparison groups. Researchers asked each lesbian who participated to recruit a heterosexual woman who resembled her in age, level of education, work role, etc. Studies that used these matching subjects yielded more similarities between the lesbians and their heterosexual counterparts than earlier studies would have predicted — an interesting finding that merits additional investigation.

This collection is an excellent resource not only for social scientists and philosophers but also for care providers. As Matthews, Tartaro, and Hughes note, lesbians are more likely than heterosexual women to receive mental health care (p. 110). At the same time, according to Rogers, Emanuel, and Bradford, medical and mental health care providers’ unfamiliarity with the mental health needs of sexual minority women often results in inadequate care (p. 129.) This book can help to change that. In fact, I found myself trying to decide which of my social worker friends to loan it to first.

Though the book fills in some notable deficits in the literature, it highlights others. Its studies demonstrate the

diversity of the sexual minority population, which indicates the need for further exploration of such demographic features as age, race, income level, and location. For example, one study (Hughes, et al pp. 51-68) found that African American lesbian women report more indicators of psychological distress (e.g. receiving medication for emotional problems) than African American heterosexual women. Additional research is needed to supplement their findings, as well as to elucidate the experiences of sexual minority women of other races. Likewise, several studies indicated that sexual minority women might experience more mental health problems during adolescence than later in life. This may be simply a common feature of adolescence, or it may be related to the coming-out process. The aging experience for sexual minority women has also been relatively unexplored.

As noted, a limiting feature of most studies in this area is lack of diversity in subjects and small sample sizes. Thus, future studies should compare the mental health needs of sexual minority women at different locations. The experiences and needs of sexual minority women are likely to differ in urban, suburban and rural settings. Likewise, differences are likely to emerge between cities that have a history of support for sexual minorities and those that do not.

Finally, most research on sexual minorities, including several of the studies in this collection, has not included enough bisexual subjects to permit separate analyses. Additional research is needed to paint a richer picture of the experiences and needs of bisexuals. One of the studies in this collection (Matthews, Tartaro, and Hughes, 101-114) revealed many similarities between the experiences of lesbians and heterosexual women in committed relationships. However, committed relationships are likely more complicated for bisexuals than for heterosexuals or homosexuals, since bisexuals have to choose one partner to the exclusion of their other sexual preference, or commit to two partners and the additional complexities that entails.

This book made me ask questions I had not asked before — “Gee, I wonder if politically conservative lesbians and bisexual women experience more cognitive dissonance than politically liberal sexual minority women ...” — and then realize that there probably are no data out there to answer them. With this book as inspiration, maybe soon there will be.

Annette Mendola, *University of Tennessee, Knoxville*



A review of **One of Us: Conjoined Twins and the Future of Normal** by Alice Domourat Dreger. Cambridge: Harvard University Press, 2004. 208 pages.

Alice Dreger challenges us to reexamine our concepts of normalcy and identity through interesting historical narratives about conjoined twins. The result is twofold: an uncovering of assumptions about individuality and anatomy as well as an impetus to investigate further the implications of what she uncovers.

Dreger notes at the end of her introduction that “[w]hat I am attempting to do here, with stories, history, and analysis, is to suggest that there is another way to think about ‘deformity’ other than as a medical tragedy that needs fixing” (16). The stories and history that she provides in the first three chapters suggest that some, if not most, of the stimulus for viewing conjoined twins as deformed, in need of physical normalization, and requiring that we occasionally sacrifice one conjoined twin for another, is rooted in a view of singleton identity. This view of identity holds that for an individual to have a healthy psychological identity, the individual must also have a singleton anatomy.

Dreger suggests that this view of identity is false. In Chapter 1, Dreger examines in detail the story of Chang and Eng Bunker, perhaps the most well known conjoined twins, as well as other stories. Each story points out that conjoined twins develop individual identities when they remain conjoined, a result that one would not expect if the singleton identity assumption was true. In Chapter 2, she examines whether conjoined twins want to be separated. Again and again we see that conjoined twins prefer their state of conjoinment, a result inconsistent with the singleton assumption. In Chapter 3, she examines cases where a separation surgery will result in the sacrifice of one of the twins. The stories highlight the idea that while medical necessity is clearly an important issue in such cases, the reasoning behind choosing medical separation places too much value on singleton assumptions about healthy bodies being ‘normal’ bodies. Chapter 4, while mostly about unusual anatomies in general and not conjoined twins in particular, indicates that the medical field ignores the interests of those with unusual anatomies. This is not surprising given that current medicine objectifies unusual anatomies, thus ignoring the subjectivity of those with such anatomies. Finally, in Chapter 5, Dreger argues that the real problem with conjoined twins, and anyone with an unusual anatomy, is rooted in social acceptance of the singleton assumption. Since the root of the problem is social, she suggests that there is no difference in kind between those with unusual anatomies and those normally associated with civil rights movements (such as women and minorities who also have ‘abnormal’ bodies). Taken together, the chapters expose the problems with the singleton assumptions about a healthy identity and a ‘normal’ body.

The strongest parts of the book are the narratives, especially the narratives in Chapter 3 about sacrificial surgeries. Dreger’s ability to tell these stories provides more valuable

insight to the cases than traditional case study approaches. By examining the cases through narratives, Dreger provides us with a rich and finely detailed understanding of the assumptions that are made about conjoined twins. This is especially true in the case of Rosie and Gracie Attard. Dreger provides details about why their parents did not want to separate the children and how each judge determined that the sacrifice of Rosie was morally permissible against their parents' wishes. While it is clear that medically both would have died without performing the surgery, the judicial decisions used the singleton assumption that "a life conjoined is an unjust, unworthy life" to justify such a course of action (103). Through these narratives Dreger successfully uncovers the way that our views related to conjoinment are skewed due to our acceptance of the singleton assumption.

The book, however, is not perfect. Interestingly enough, even the faults of the book should be seen as adding to what I take to be Dreger's positive conclusion: further investigations into identity and unusual anatomies is needed. Dreger points out "that uncertainty is pervasive when it comes to evidentiary questions" surrounding conjoinment and normalization surgeries (63). However, throughout the book Dreger makes strong empirical claims, such as "Parents whose child displays an uncertain identity ... suddenly find themselves unsure about their *own* social and familial role" without providing either reasons or empirical evidence for accepting such a claim (57). Another shortcoming of the book is that it does not connect her observations to some of the philosophical literature that would help her case. For example, since most of the separations surgeries have been performed on minors, it would be nice to connect this fact with the literature on surrogate decision-making. Furthermore, since there is so much discussion of the relationship between identity and anatomy, it would be nice to connect this observation with the work on embodied minds and embodied objectivity. These faults only point out that the book is a success. She has provided to us, through wonderful narratives, reasons to think that looking at unusual anatomies will intersect with established areas of inquiry in interesting ways.

In short, both the strengths and the weaknesses of the book lead me to the same conclusion—I want to learn more about conjoined twins and the narrative, philosophical, social, and empirical issues that are affected by the individual people who live lives of conjoinment.

J. M. Okapal, *Southern Methodist University*



A review of **Home Bound: Growing up with a Disability in America**, by Cass Irvin. Philadelphia: Temple University Press, 2004. 232 pages.

In 223 pages, Cass Irvin has created a book that burrows through her life story and, in the process, peers persistently into questions of justice and civil rights, feminism and political activism. Irvin's language is clear and unfettered; her convictions stem from life experience. *Home Bound* is an autobiography in which Irvin voices concern about the failure of American society to understand—and sufficiently address—the realities, needs and identities of disabled persons.

The social commentaries embedded in Irvin's first-person narrative are compelling. Irvin's opinions are shaped by her own experiences, by lessons from the civil rights movement, and by lessons from feminist philosophy. *Home Bound* contains a range of themes apposite to feminist philosophy and bioethics, such as the issue of embodiment, particularly with reference to reproduction; the medicalization of illness and life processes, and the powerlessness of being a patient; and the desire for equal opportunity in education, politics, and the workplace. Amidst Irvin's account of her childhood and evolution as an activist, I found three recurrent themes in *Home Bound* that are particularly relevant to academic explorations of disability, feminist theory, and ethics.

The first theme is foundational to *Home Bound*: Irvin maintains that disability is a *social* problem, and that individuals with disabilities suffer as a result of unjust social frameworks. "From my experience," Irvin writes,

"to grow up with a disability in America is to live with unconventionality, confinement, and oppression. We have to acknowledge that part of our culture has been oppressive—physically, emotionally, educationally, institutionally—an oppression not often acknowledged but real nevertheless" (12).

She identifies specific elements of this oppression: "for so long we have viewed our problems as medical or personal, rather than as the societal effects of exclusion and discrimination. We were taught to believe that each disabled person's situation was unique, 'special'—any problems we faced were due to our own specific disability, rather than to group treatment like denial of accommodation. Everybody had been taught this, disabled and nondisabled people alike" (159).

Irvin's descriptions of societal prejudice are particularly vivid. They point to a range of injustices, including (but not limited to) prohibitive economic costs of care, lack of access to various buildings and public places, and stigma against disabled persons in the workplace.

Second, Irvin assesses concepts such as self-sufficiency/independence and need/dependence. She believes that "it is hard for people, even today, to hold in their minds the contradictory thought that a person can be powerful and valuable to society, and at the same time, be 'helpless'

and dependent on others” (94). Irvin suggests that self-sufficiency is ultimately illusory for *all* persons:

“Looked at realistically, everybody needs assistance. We have personal assistance to be born; we will have assistance when we die... The only real difference between the secretary fixing coffee for a business meeting and my attendant fixing coffee for my friends is their respective wages—and society’s perception” (67-8).

Third, Irvin lobbies for a strong relationship between disability rights and feminist philosophy. She believes that feminism must attend to the situations of *all* oppressed, marginalized and overlooked groups. Thus, Irvin insists that feminism should directly address disabled persons’ realities, and she comments that disabled women are doubly disenfranchised. Her treatment of this topic is evocative of feminist/disability discussions that have gained momentum within the past few decades.

Irvin divides the book into five parts, each of which loosely accords with important events, phases or places in her life. In the first, she locates the physical, psychological and conceptual vantage point from which she writes—through the image of the bedroom in which she grew up with a disability and to which she returned as an adult. The second chapter discusses Warm Springs, a “true home,” where she received treatments for polio as a child and came to admire (with a few caveats) the legacy of Franklin Delano Roosevelt. In the third chapter Irvin explores “attendant vibrations,” or the hurdles and benefits of personal assistance for disabled persons.

Chapter four chronicles Irvin’s self-professed “radicalization,” which includes her education and work/volunteer experiences. Relationships also figure prominently in her radicalization: Irvin experiences fulsome societal prejudices, as epitomized by her student-teaching supervisor who commented, “I don’t know whether to give you an A or a B... an A is for perfection and you, after all, are handicapped. So I feel obliged to give you a B” (110). On the other hand, certain people also teach Irvin to follow her dreams; they support her physical needs; and they encourage her fortitude against injustices. Irvin concludes the book by tracing important moments in her adult life and revisiting some ethical and political convictions (chapter five).

There is abundant thematic crossover among the chapters. Irvin’s casual—at times colloquial—style of writing lends itself to the reappearance of various tropes, personalities, and opinions throughout the book. And like an enthusiastic conversationalist, Irvin is happy to meander into a sub-story or digression before resuming her main trajectory. (Some poignant—and biting—moments lurk in these unpretentious usings, though others seem to be ancillary.) In addition, at several points in the book Irvin mentions personalities and events without providing much (if any) background data, which left me wondering if those persons or events had been mentioned before (they hadn’t).

Admittedly, I was at first disoriented by this particular

style of writing. Yet my confusion also prompted me to consider that Irvin’s narrative style might depict the natural flux of her relationships and life events. Irvin comments: “I have learned from [these experiences] and have tried to tell the stories as we lived them” (vii). Because of this narrative honesty, and the ways in which personalities emerge, fade and then reappear, Irvin draws the reader into the cadence—at times the cacophony—of her life.

Granted, some readers may not like the particular style or voice in which Irvin writes. Further, because *Home Bound* is an autobiography, it lacks systematic argument on key themes. This can be a strength, since social critiques emanate from Irvin’s experiences; but it is also a weakness, since Irvin does not always provide nuanced accounts of important concepts. One example of the latter is Irvin’s professed goal of living “a regular life” (79). She suggests that to “have a normal life... is all I ever wanted... with resources—I could be whatever I wanted to be” (170). It would have been helpful for Irvin to reflect further on whether her sense of “normal” conflicts or coalesces with society’s concept of “normal.” Anita Silvers, for example, has criticized the “tyranny of the normal,” in which the elevation of one narrow ideal serves only to “privilege images of how the ‘normal’ woman functions, magnifying these until they become standards of womanhood against which disabled women shrink into invisibility.”* It seems likely that Irvin wants a “normal” characterized by “the right to determine how we”—that is, each of us as individuals—“want to live” (175). Yet I found myself wanting to know if Irvin considers the term “normal,” or the impulse toward having “regular life,” double-edged.

The absence of academic jargon in *Home Bound* is a final feature worth mentioning. Worries and frustrations over inaccessible buildings or insufficient wheelchair ramps, the discomfort of waiting all night to relieve her bladder, the insecurities of applying for jobs, the challenges of moving into new living spaces or hiring new attendants—such are the particularities from which Irvin generates clear and enduring questions. What are the ways in which society fails to accommodate the needs and rights of its disabled citizens? Why does American society place such a high value on self-sufficiency? How might we reconfigure notions of “need,” “burden” and “care” to more accurately reflect the realities of all persons—disabled and nondisabled alike?

I cannot state strongly enough that the questions and critiques in *Home Bound* are always grounded in personal experience. Irvin’s narrative is self- and culturally reflexive, and at times it is downright philosophical. Her societal and ethical challenges loom large and require sustained attention. Cass Irvin deserves much credit for thoughtfully and provocatively rendering her story.

Christiana Peppard, *Yale University*

*Note: Silvers, A. “Disability.” In *A Companion to Feminist Philosophy*, edited by A. Jaggar and I. Young. Oxford: Blackwell, 1998. Page 330.

A review of **Bodies of Technology: Women's Involvement with Reproductive Medicine**, edited by Ann Rudinow Saetnan, Nelly Oudshoorn, and Marta Kirejczyk. Columbus, Ohio: Ohio University Press, 2000. 461 pages.

The status of reproductive technologies is ambiguous. Some see them as enslaving and damaging, others as choice-increasing and society-enhancing. The aim of *Bodies of Technology* is to address specific issues raised by the development, implementation, and use of these technologies. The authors' intention is clear: to encourage thinking about the cultural and political meanings of the technologies, about how they come to possess those meanings and about how technologies and gender reshape one another. The volume is intended as a counter to the tendency to see technology in fixed terms, as having a "true nature" and its own inevitable consequences. Reproductive technologies have crossed cultural borders and the heterogeneity of contexts and of the needs of people in those contexts imposes different demands on the technologies.

The sixteen essays included were developed from talks given at a joint meeting of the Society for Social Studies of Science and the European Association for the Study of Science and Technology in 1996. The selection is broad and interdisciplinary, and written by authors from several countries, including Canada, Italy, Norway, Great Britain, United States, and The Netherlands.

The collection opens with Ann Rudinow Saetnan's articulation and clarification of the conceptual issues in the articles that follow. The other fifteen essays are arranged in three parts, each considering a different kind of technology.

Part I concerns the prevention of conception and the representation of users. It is led by Adele Clarke's piece on the historical development of contraception. Clarke identifies those reproductive scientists that have researched on and developed contraception as "mavericks," for they moved in wholly new directions and often faced the possibility of losing scientific recognition. Her piece highlights the controversial nature of contraceptive practice and the fact that contraception has not been developed to wholly meet the needs of female users.

The view that reproductive technologies have typically conceived women as "virtual users" and not as "embodied agentic actors" is evident in many of the essays that follow, including Jessika van Kammen's that focuses on the development of immunological contraception. In her chapter, Lara Marks tries to dispel the myth that oral contraception was created by a few male scientific experts by showing the role that women played in its development. Nelly Oudshoorn takes up the influence of gender representations on gender identities and on the determination of the legitimacy of some practices. Oudshoorn focuses on the feminist, scientific, and journalistic constructions of masculinities to argue that they play an essential role in articulating the cultural feasibility of male contraceptive technology.

Part II of the volume is focused on the issue of the cultural, political, and economic contexts that regulate the practice of IVF and techniques that assist reproduction. It includes papers that present an overview of the regulatory

debates in countries like The Netherlands, Italy, and India. The papers show how the use of IVF requires negotiation not only about forms of regulation and clinical practice, but also about the meaning of gender. Here, Marta Kirejczyk illustrates such a process of negotiation by examining how different representations of women and men as potential users play a role in determining who are the legitimate users of the technologies and what are the health risks that should be considered. Federico Neresini and Franca Bimbi examine the debate over assisted fertilization in Italy and call for some kind of regulation. Since the article was written, the Medically Assisted Reproduction Law was passed in Italy. Yet, although in need of some updating, Neresini's and Bimbi's article offers a useful account of the kind of debates that preceded the new law, and the role played by the different actors. Jyotsna Agnihotri Gupta takes up assisted reproduction in India and the conflict that arises between patriarchal cultural values on one hand, and a profit oriented market on the other. Like Neresini and Bimbi, Gupta concentrates on the role that women play in the discussion. In the remaining two essays of the section Naomi Pfeffer casts light on different kinds of regulatory mechanisms, while Francoise Laborie considers gender in the development and use of reproductive technologies.

Finally, Part III draws our attention to fetal diagnostics and its users. Issues that emerge include the potentiality of these technical options to undermine the visibility and autonomy of women, the possibility that they might be experienced by women as forms of coercion, and the implication they have for women's confidence in their bodies and in their knowledge of their bodies. Here, Lise Kwande considers the different themes, modalities, and emphasis of the Norwegian media discourse on ultrasound in the last ten to fifteen years. Saetnan offers a careful examination of interviews with Norwegian women who had to decide whether or not to use ultrasound technology. She shows that although women are systematically confronted with particular constructions of the relation between gender and obstetric ultrasound, some women construct gender, pregnancy, and ultrasound differently. The articles by Lynn Morgan, C.H. Browner and H. Mabel Preloran, and Lisa M. Mitchell and Eugenia Georges show how the meaning of fetal diagnostics and of technoscientific practices in general is importantly shaped by culture. Finally, Debora Blizzard draws our attention to fetoscopy. She examines whether an analysis of other reproductive technologies might be helpful in allowing a deeper understanding of fetoscopy.

The diverse contributors agree on one thing: in order to assess the cultural appropriation of technology, it is necessary to understand the role played by users in its development and practice. The focus on users gives *Bodies of Technology* cohesion, however at times it also makes it a bit redundant. Still, this volume does a nice job of underscoring the links between technology, culture, and genders and showing that a careful reflection on reproductive techniques is sharpened by attention to the details of specific contexts.

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FAB CONGRESS DRAFT PROGRAM

As of 1 September 2004

** Program subject to change **

	Sunday 7 th November	Monday 8 th November	Tuesday 9 th November
THEME	FAB CONFERENCE PUBLIC HEALTH ETHICS	FAB CONFERENCE INDIGENOUS HEALTH AND ETHICS	FAB CONFERENCE RE-CONFIGURING THE BODY
8.00am – 8.45am	FAB Registration / INFORMATION DESK		
8.45am – 9.00am	* Welcome * Welcome to Country	FAB Registration / INFORMATION DESK	IAB Registration / INFORMATION DESK
9am-10.30am	PLENARY SESSION Hilde Nelson "Feminism in the Age of Bioethics" Brenda Almond "Reproductive Choice: whose rights? whose freedom?" *respondents <i>tba</i>	PLENARY SESSION INDIGENOUS HEALTH AND ETHICS Indigenous Women: Health Ethics Panel: Jennifer Baker Terry Dunber Sandra Eades Sue Green Tamara	CONCURRENT SESSIONS 3 rooms RE-CONFIGURING THE BODY – Themed papers Non-themed papers
10.30am-11am	MORNING TEA	MORNING TEA	MORNING TEA
11am-12.30pm	COUNTRY REP REPORTS AND CONCURRENT SESSION PUBLIC HEALTH ETHICS – Themed papers Non-themed papers	CONCURRENT SESSION INDIGENOUS HEALTH AND ETHICS – Themed papers Non-themed papers	PLENARY SESSION Refiguring the Body Margrit Shildrick 'Beyond the Body of Bioethics: Reconfiguring the Conventions' Jackie Leach Scully "Normative ethics and non-normative embodiment" respondents <i>tba</i>
12.30pm-2pm	FAB LUNCH	FAB LUNCH	FAB AGM & Lunch Biomedical Theatres IAB Registration
2pm-3.30pm	PLENARY SESSION Public Health Theme Ana Cristina González Vélez <i>public health theme title tba</i> Wendy Rogers <i>public health theme title tba</i> *respondents <i>tba</i>	PLENARY SESSION Peggy Battin "The Risk to Vulnerable Groups: Physician-Assisted Dying in Oregon and the Netherlands." Debora Diniz <i>Title tba</i> *respondents <i>tba</i>	FAB/IAB COMBINED PLENARY RE-CONFIGURING THE BODY Welcome – IAB President, FAB Co- ordinator Plenary Address: Catriona Mackenzie 'Refiguring the Body' Respondent: Ros Diprose
3.30pm-4pm	AFTERNOON TEA	AFTERNOON TEA	AFTERNOON TEA
4pm-5.30pm	CONCURRENT SESSIONS PUBLIC HEALTH ETHICS – Themed papers Non-themed papers	CONCURRENT SESSIONS 3 rooms Non-themed papers	FAB/IAB COMBINED CONCURRENT SESSIONS Total 14 rooms, FAB/IAB crossover, Re- configuring the body theme and "Strong Indigenous Women" panel
5.30pm -7:00pm		PLENARY SESSION Anne Donchin "The Expanding Landscape: New Directions in Feminist Bioethics." *respondents <i>tba</i>	
7:00pm-9:00pm	FAB Reception Dinner	Book Lunch	Free Night fo Congress Attendees

		SUNDAY 7 th November	SUNDAY 7 th November	SUNDAY 7 th November
THEME		PUBLIC HEALTH THEME	COUNTRY REPRESENTATIVE REPORTS	NON-THEMATIC PAPERS
FAB CONGRESS DRAFT PROGRAM - CONCURRENT PAPERS	11am-12.30pm	<p>(1) Reproduction, Justice and Care</p> <p><i>Counting and Screening Embryos: Individuals, Relationships, and the Scope of Harm</i> - Samantha Brennan</p> <p><i>Chinese Birth Control Program in the Feminist Perspectives: Toward a Women-Centered Population Policy</i> - Nie Jing-Bao</p> <p><i>Justice and Caregiving in the Context of Globalization</i> - Lisa Eckenwiler</p> <p><i>Caring in Public Health: Confucianism and Feminism</i> - Xiao Wei</p>	<p>(2) Informed Consent, Decision Making and Practice</p> <p><i>Putting Theory into Practice: Nurses Negotiating Informed Consent with Vulnerable and Compromised Patients</i> - Samantha Brennan</p> <p><i>Refocusing Respect for Persons and Shared Decision-Making</i> - Jane Changers-Evans and Carolyn Ells</p> <p><i>Fetuses with Neural Tube Defects: decision Making Rationales for Clinical Ethics Practice at the Individual, Institutional, and Societal Level in Turkey</i> - Hanzade Dogan</p>	<p>(3) Country Representative Reports</p> <p>[10 reports from among...] Jyotsna A. Gupta, Netherlands Silvia Woods, Argentina Serap Sahinoglu, Turkey Ana Cristina Gonzalez, Colombia Carolyn McLeod, Canada Giovanna Ruberto, Italy Ruth Groenhout, USA Rachel Ankeny and Gail Tullock, Australia Dafna Feinholz, Mexico Carolina Valdebenito, Chile Svitlana Vekovshynina, Ukraine</p>
	4pm-5.30pm	<p>(1) Gender, Disease and Death</p> <p><i>Gender, Justice, and Life Expectancy</i> - James Dwyer</p> <p><i>Health HIV/AIDS and Women in Africa</i> - Pamela Ateka</p> <p><i>A Feminist Utilitarian Standpoint on Euthanasia</i> - Gail Tulloch</p>	<p>(2) Public Health - Public Policy</p> <p><i>Public Policy, Racial and Ethnic Differences, and Pluralist Understandings of Health</i> - Ruth Groenhout</p> <p><i>Don't Let them Eat Cake! Coercion, Cost-Effectiveness and Choice: Obesity as a Public Health Issue</i> - Robin MacKenzie</p> <p><i>Public Health and Women's Mental Health. A Critique of the Dominant Conception in Argentina</i> - Silvia Woods</p>	<p>(3) Panel: The 32 Million Missing Girls of India</p> <p>Wendy Rogers, Chair Krishnaraj Shanthi Heather Draper Sukanva Srinivasan</p>
THEME		PUBLIC HEALTH THEME	PUBLIC HEALTH THEME	PUBLIC HEALTH THEME

As of 1 September 2004

** Program subject to change **

		MONDAY 8 th November	MONDAY 8 th November	MONDAY 8 th November
FAB CONGRESS DRAFT PROGRAM - CONCURRENT PAPERS	THEME	INDIGENOUS HEALTH THEME	NON-THEMATIC PAPERS	NON-THEMATIC PAPERS
	11am-12:30pm	(1) Indigenous Health Issues	(2) Genetic Issues	(3) Public Policy and Its Impacts
		<i>Research Ethics Policy and Oppressed Groups: Listening to Indigenous Voices in Australia and Canada</i> - Susan Dodds	<i>Bodies, Connectedness and Knowledge: A Contextual Approach to Genetic Medicine</i> - Lori D'Agincourt-Canning	<i>Genomics and Benefit Sharing in Developing Countries: Still a Long Way to Go, Particularly for Women</i> - Dafna Feinholz
		<i>Ethical Assessment of Indigenous Health Research in Australia: Case Studies of Human Research Ethics Committee Approaches to Decision-Making</i> - Terry Dunbar and Margaret Scrimgeour	<i>Risk Perception and Predictive Genetic Technologies: Broadening the Gaze of Bioethics</i> - Rachel Ankeny	<i>GATS and the Consequences for Women in Health Care Services</i> - Viola Schubert-Lehnhardt
		<i>Indigenous Health Issues in Mexico: Escaping Epistemic Imperialism</i> - Sylvia Marcos	<i>The Impact of NRTs on Concepts of Genetic Relatedness and Nonrelatedness and How They Affect Women's Rights and Social Structures</i> - Heather Widdows	<i>The Process of Developing a Female Physicians' Organization: Turkey's Example</i> - Buken Ornek Nuket and Serap Sahinoglu
		<i>Policy Decision-Making and the 'Politics of Difference'</i> - Vicki Smye		
	THEME	NON-THEMATIC PAPERS	NON-THEMATIC PAPERS	NON-THEMATIC PAPERS
	4pm-5:30pm	(1) Freedoms: Reproduction and Donation	(2) Theory and Practice	(3) Alternative Moral Views: Listening and Reflecting
		<i>Five Cultural Stereotypes that Distinguish Surrogacy from Other Reproductive Freedoms</i> - Lisa Engelstein	<i>Relational Autonomy and Medical Education</i> - Susan Sherwin and Toni Suzuki Laidlaw	<i>Wise Trust</i> - James Lindemann Nelson
		<i>Frozen Egg Disputes: On Asymmetry and Reasonableness</i> - Tsachi Keren-Paz	<i>Feminist Ethics and Bioethics in India: Overview and Issues</i> - Amar Jesani and Sunita Bandewar	<i>Enhancing Reflection</i> - Marian Verkerk
<i>Living Related Donation: A Feminist Ethical Approach</i> - Els Maeckelberghe				

As of 1 September 2004

** Program subject to change **

				TUESDAY 9 th November	TUESDAY 9 th November	TUESDAY 9 th November	
				THEME	REFIGURING THE BODY THEME	REFIGURING THE BODY THEME	REFIGURING THE BODY THEME
FAB CONGRESS DRAFT PROGRAM - CONCURRENT PAPERS				11am-12.30pm	(1) Panel: Tissue and Body Banking Wendy Lipworth Susana Sommer Giovanna Ruberto	(2) Defining Self, Other, and Difference <i>Genetic Science and the Creation of New Kinds of 'Other'</i> - Maggie Airncliffe <i>Prescribing the Self</i> - Kane Race <i>Bare Life: Devoid of Value or Valuable Tool? A Look at Non-Treatment Procedures Performed on Children and Incompetent Adults</i> - Marie-Andree Jacob <i>Different(ial) Diagnosis, Observation and Discrimination: On compulsory Examinations and their Connection to Women Oppression</i> - Eyal Katvan	(3) Bodies, Narratives, and Morality <i>Refiguring Bodies: Moralities and Moral Characters of Nurses' Images in the Media</i> - Mauren Alexandra Sampaio and Dirce Guilhem <i>Stories of Innocence and Experience: Bodily Narrative and Rape</i> - Fiona Utley and Lesley McLean <i>Our Bodies Ourselves: Disability and Standpoint Theory</i> - Mary B. Mohowald
					THEME	CROSSOVER IAB/FAB REFIGURING THE BODY THEME	CROSSOVER IAB/FAB REFIGURING THE BODY THEME
FAB CONGRESS DRAFT PROGRAM - CONCURRENT PAPERS				4pm-5.30pm	(1) Bodies in Conflict <i>Accompanying Hunger Strikers on their Way to Death: An Experience from Turkey</i> - Didem Gediz Gelegen <i>Philosophical Assumptions and Presumptions about Trafficking for Prostitution</i> - Donna L. Dickenson <i>Ethics Shapes Our Body: Socio-/Cultural Values and Anorexia</i> - Simona Giordano <i>Trafficking in Persons and Prostitution</i> - Lenore Kuo	(2) Embodiment, Reproduction and Sex <i>The Ethic of Pleasure in Sexual Education Programs</i> - Claude Verges <i>Postmodern Bodies, Assisted Reproduction and Women's Agency</i> - Jyotsna Agnihotri Gupta <i>Recovering Corporeality: Liberal Eugenics, Ethical Self-Understanding and the Biotechnical Body</i> - Catherine Mills <i>Contagious Relations: Sociability, Excess and Political Change</i> - Niamh Stephenson	(3) Modifying Bodies <i>Face Transplantation: Surveying the Preliminary Ethical Issues</i> - Julie S. Woodley and Richard Huxtable <i>Self Harming: The Body as Communication</i> - Renee Kyle <i>Making Up Our Minds about Making Up Our Bodies: Cross-Disciplinary Perspectives on the Interplay between Social structure, Agency and Autonomy in the Study of Cosmetic Surgery</i> - Shelley Eriksen and Sara Goering
					THEME	(4) Bodies in Genetics/Reproductive Technologies	
FAB CONGRESS DRAFT PROGRAM - CONCURRENT PAPERS				4pm-5.30pm	<i>Bodies in Genetics/Reproductive Technologies: Can Embryos Really be Commodified?</i> - Carolyn McLeod and Francoise Baylis <i>Regulating Inheritable Genetic Modification or Policing the Fertile Scientific Imagination: A Feminist Response</i> - Roxanne Mykitiuk and Isabel Karpin <i>Out of Body Gestation: In Whose Best Interests?</i> - Rosemarie Tong		
					THEME		

As of 1 September 2004
** Program subject to change **

Get Involved in FAB

To JOIN FAB

Members receive the semi-annual newsletter which contains helpful announcements of upcoming events and opportunities, book reviews, and articles of interest to those working in feminism and bioethics. To join, send a request for a membership form with your name and address, either by mail or electronically to Lenore Kuo (address on Contact page). Or print a membership form from the FAB website: www.fabnet.org

To CONTRIBUTE TO THE NEWSLETTER

We welcome contributions of all sorts: articles, announcements of upcoming events, information about articles or books you have published or find useful, reviews of books. Book reviews are organized by Lisa Eckenwiler. Any other contribution should be forwarded to Toby Schonfeld (both addresses on Contact page). Starting with the April 2005 newsletter, the FAB Newsletter will be electronic! Be a part of this exciting transition by contributing an article or book review. **Deadline for submissions to the next newsletter is February 15, 2005.**

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