

HB

509



# Alaska State Legislature


## HOUSE OF REPRESENTATIVES

Official Business

P.O. Box V  
State Capitol  
Juneau, Alaska 99811

### MEMORANDUM

To: Representative Johnny Ellis, Chairman  
House HESS Committee

From: Representative Mike Miller 

Re: Scheduling request for HB 509, "An Act prohibiting abortions sought solely because of the gender of the fetus"

Date: 3/7/90

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I believe most Americans are shocked to hear that a baby would be aborted simply because it is of the wrong sex; however, this practice does take place and according to numerous publications, the practice is becoming increasingly acceptable in the United States. Although gender selection may not be a large problem now, given the way things go in this country, it could be trendy in five years and routine in ten according to Tabitha Powledge, of the prestigious Hastings Center, Institute of Society, Ethics and the Life Sciences in Hasting-on-Hudson, N.Y.

While nationwide polls indicate a majority of Americans do not support a total ban on abortion, these same surveys show varying degrees of support for restricting abortions under certain circumstances. In a poll conducted by the Gallup Organization for Newsweek Magazine in 1989, 80% of the respondents indicated abortions for the purpose of selecting sex should be illegal. With this in mind, I introduced HB 509 to focus discussion on this topic.

I respectfully request that HB 509 be scheduled for a hearing before the House HESS Committee at the earliest available date. If you have any questions regarding this request, please contact me at x-4976.

## Americans and Abortion

**F**or all the heat the issue raises, Americans take a measured view of abortion: a majority endorses the right to end a pregnancy, but only for the most compelling reasons.

### Do you think abortions should be:

	LEGAL ANY CIRCUMSTANCES	LEGAL CERTAIN CIRCUMSTANCES	ILLEGAL ALL CIRCUMSTANCES
Current	27%	50%	18%
1981	23%	52%	21%
1975	21%	54%	22%

### Should abortions be legal or not legal in each of the following circumstances?

	LEGAL	ILLEGAL
Woman's life endangered	89%	8%
Rape or incest	81%	16%
Woman's health would be impaired	75%	17%
Chance baby will be born deformed	67%	31%
Mother unmarried	37%	56%
Can't afford child	35%	59%
Parents don't want a child	30%	68%
Parents want different sex	15%	80%

### If the Supreme Court should overturn *Roe v. Wade*, would the following be true or false?

	TRUE	FALSE
More women would die because of illegal abortions	75%	19%
There would be more widespread use of birth control	67%	25%
Most of the unwanted babies would be adopted	58%	33%
There would be more mistreated children	56%	34%
Only rich women would be able to get abortions	37%	58%

### If state legislatures are permitted to make abortions illegal, would you:

56%	Consider a candidate's position on abortion one of many important factors when voting
17%	Not think it should be a major issue
14%	Always vote for a candidate who opposed abortions
9%	Never vote for a candidate who opposed abortions

For the Newsweek poll, The Roper Organization interviewed a national sample of 764 adults by telephone April 12-13. The margin of error is plus or minus 3 percentage points. Some 14% of all respondents omitted The Newsweek poll. ©1983, Newsweek, Inc.

MAY 30  
1985  
NEW YORK  
TIMES

# Selecting a Baby's Sex: Still No Certain Method

By SANDRA BLAKESLEE

**F**OR most couples, pregnancy is a time of anticipation: Is it a boy or girl, is it healthy, who will it resemble? A small number of couples, however, want to take the mystery out of pregnancy. They want their child to be a particular sex, and they are willing to pay thousands of dollars, listen to anybody or try any method that promises to change the odds of conceiving a boy or girl.

By using special douches, charting body temperatures or having sperm treated before the mother is inseminated, the couple is told, a child of the coveted sex will be born. According to an informal survey of obstetricians, fertility experts and experimental geneticists from around the country, these couples are mostly being fooled by false promises.

No sex preselection method has yet been proven effective according to the rigorous standards of professional medical journals. And those who promote the various techniques say that none are guaranteed.

Techniques that rely on separating sperm "have not been shown to work in humans," said Dr. Kurt Hirschhorn, chairman of pediatrics at the Mt. Sinai Medical Center in Manhattan. Methods that require women to follow set regimens prior to conception do not succeed either, according to the American College of Obstetrics and Gynecology.

But if a sex-selection technique ever is perfected, medical experts say, the ethical and social consequences could be disturbing.

## Some experts say efforts to perfect techniques raise troubling concerns.

According to the demographer Dr. Charles Westoff of Princeton University, studies show that most Americans want a boy and a girl in that order.

"If we had a technology available to predetermine the sex ratio of children it would not have any dramatic effect on the sex ratio overall," Dr. Westoff said. "But the order of birth would change dramatically."

The number of male firstborns with little sisters would double, he said. "The implications are anybody's guess," Dr. Westoff said. Birth order is widely believed to affect personality, academic achievement and later success in life.

An effective sex preselection technique would have even greater consequences in countries where the desire to produce male heirs is paramount, Dr. Westoff said. Many families would choose not to have girls, resulting in a rapid over-

Continued on Page C6

# Selecting the Sex of a Baby: S

Continued From Page C1

supply of boys. In general, he said one of the strongest preferences for boy babies is found in the Chinese culture.

Today many couples spend as much as \$250 per month on treatments in an attempt to determine the sex of their children. They explain their needs in letters such as these, which were addressed to Gametrics Ltd., a center in Sausalito, Calif., that promotes a procedure to separate sperm in an attempt to insure that male conceptions are more likely to occur.

From a farmer's wife:

"I dearly want another child. But my husband doesn't want another girl. He farms and would love to have a son to farm with him. This would definitely be our last child."

From a woman with five sons:

"My desire to have a daughter is still very much a part of me. I guess it has been my life's dream. I guess if there's any way to have one, I would."

From the mother of three girls:

"We wanted a boy all three pregnancies. As much as I love our girls, I feel something is missing. When I see my husband's eyes when he sees a little boy with a baseball cap on or football shirt, I ache for him. He coaches midget football. He loves to hunt and he collects guns. He always used to say, 'I'll save this one for my boy.'"

From a distraught woman:

"My husband is from the Middle East. I have had three pregnancies and two girls. With the third pregnancy we had an amniocentesis and it was a girl so it was aborted. The pressure from my mother-in-law and my husband's sisters to have a boy is unbearable."

Because a couple's reproductive wishes and choices are usually kept private, it is hard to know how many couples today want to alter the odds in favor of having a child of a particular sex. Nan Chico, a sociologist at California State University at Hayward, says that such a desire seems to be the exception rather than the rule. Professor Chico has catalogued more than 6,000 letters written to Gametrics over the last 10 years. A third of the letters gave specific reasons why the couples wanted to choose the sex of their next baby.

The vast majority of couples, Professor Chico said, have two or three children of the same sex and want one more of the opposite sex. Only 17 couples indicated they wanted to choose the sex of their firstborn (11 elected boys and 6 wanted girls). Many couples had had children by previous marriages and wanted just one more, of a specific sex, in their current marriage.

Professor Chico said many couples "think modern medicine can do anything." There are embryo transfers, test tube babies, genetic engineering

and prenatal diagnostics, she said, "So why not sex preselection?"

Dr. Ferdinand Beerink, an obstetrician-gynecologist at Advanced Reproductive Services in Berkeley, Calif., which also offers the same sperm separation procedure developed at Gametrics, said many of his clients, some of whom come from abroad, face cultural pressure to produce a male heir. This is particularly true, he said, of Asians, East Indians, people from the Middle East and Nigerians.

Worldwide, 106 boys are born for every 100 girls. Despite their slight advantage at birth, however, boys have a higher infant death rate, so girls soon outnumber boys.

The promise of sex-selection techniques is that couples can alter those odds. Two books on the subject have just been revised.

One of the books, "How To Choose the Sex of Your Baby" by Landrum Shettles and David Rorvik is based on a finding made 25 years ago by the Dr. Sophia Kleegman of New York University Medical School. She discovered that, for reasons still unknown, more boy babies are born to women who conceive as a result of artificial insemination given on the day of ovulation or the day before ovulation.

Dr. Shettles, a specialist in reproduction, and Mr. Rorvik say that the same results may be obtained by women who conceive naturally at the

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# Still No Method That's Certain

time of ovulation. They advise charting body temperature to know when ovulation occurs and to douche with liquids that are said to create a favorable environment for either male or female sperm. Critics of this method say that Dr. Kleegman's findings are not relevant to natural conception.

The other book, "Boy or Girl?" by Elizabeth Whelan, appears to contradict the advice of the first book. According to the book, written in 1977, girls are more likely to be born when conceived close to ovulation. Boys are favored when sperm are introduced earlier in the cycle, the book says.

A spokesman for the American College of Obstetrics and Gynecology says that such "rhythm" techniques do not provide consistent, predictable results.

Even Dr. Whelan, who has a Ph.D. in public health, has had second thoughts about raising the hopes of couples who want to determine the sex of their baby. "The honest to God truth is that we don't have an answer," she said in a telephone interview. Her research, she said, shows a slight correlation to skewing the 50-50 odds in a way "that could only warm the heart of a statistician." "I try to warn people not to accept false promises from someone wanting to make a quick buck," she said.

Another method aimed at sex selection involves separating sperm, which are produced in two varieties,

X and Y. When an X-bearing sperm fertilizes an egg, a girl is conceived. A Y-bearing sperm produces male embryos. Sperm separation techniques try to collect sperm of one variety over the other and artificially inseminate a woman with the sperm of the desired sex.

Dr. Ronald Ericsson, founder and president of Gametrics, was the first to offer such a service. His semen filtering technique favors the collection of X sperm, which generally swim faster than Y sperm. He has licensed his method to 36 clinics around the world and says that of a total of 198 successful pregnancies, 156 were boys and 42 were girls. He says that the sample size is too small to prove the validity of his technique, but he expects to gain more evidence as his centers expand. Dr. Hirschhorn, of the Mt. Sinai Medical Center in Manhattan, said the technique has "not received a proper scientific trial in man."

No sex selection technique will be accepted by the medical profession until scientific papers present the methods and results in a journal that requires a review by other professionals before publication, Dr. Hirschhorn said.

Nor do genetic counselors advise their patients who may carry defective genes that are only expressed in boy babies (hemophilia is an example) to try techniques designed to favor the birth of a girl. "There are

potential hazards in manipulating sperm," said Dr. Michael Kaback, director of the prenatal diagnosis and genetic counseling center at Harbor-UCLA Hospital in Los Angeles. Sperm could be damaged while being handled outside the body, medical experts say.

Other experts expressed ethical concerns. Dr. John Fletcher, assistant for bioethics at the clinical center of the National Institutes of Health in Bethesda, Md., is an expert on sex selection issues. He said his views are his own and that the Federal agency has no policies on these matters.

"I worry that these techniques could set a precedent for eugenics," he said. "One should use medicine to treat diseases and conditions that are profound. Gender is not a disease. We live in an era when we ought to be careful about drawing lines in human genetics and reproduction."

Second, he said, if everyone could choose the sex of their baby, "it would be bad for girls." "If the preponderance of firstborns are boys," Dr. Fletcher said, "they would get the lion's share of attention."

Finally, he said "it might lead to more abortions for sex choice." "While there is no evidence to support this," he said, "some people committed to predetermination might be interested in making sure of what they got."

References: 1. Silva SE, Griffin J, Hardin R, et al. Final report on the United States multicenter trial comparing ranitidine to cimetidine as maintenance therapy following healing of duodenal ulcer. *J Clin Gastroenterol* 1985;7(6):482-487.  
2. Gough KR, Norman MG, Bardhan KD, et al. Ranitidine and cimetidine in prevention of duodenal ulcer relapse: A double blind, randomized, multicentre, comparative trial. *Lancet* 1984;ii:659-662.

**ZANTAC® 150 Tablets**  
(ranitidine hydrochloride)  
**ZANTAC® 300 Tablets**  
(ranitidine hydrochloride)

**BRIEF SUMMARY OF  
PRODUCT INFORMATION**

The following is a brief summary only. Before prescribing, see complete prescribing information in ZANTAC® product labeling.

**INDICATIONS AND USAGE:** ZANTAC® is indicated in:

1. Short-term treatment of active duodenal ulcer. Most patients heal within four weeks.
2. Maintenance therapy for duodenal ulcer patients → reduced dosage after healing of acute ulcers.
3. The treatment of pathological hypersecretory conditions (eg. Zollinger-Ellison syndrome and systemic mastocytosis).
4. Short-term treatment of active, benign gastric ulcer. Most patients heal within six weeks and the usefulness of further treatment has not been demonstrated.
5. Treatment of gastroesophageal reflux disease (GERD). Symptomatic relief commonly occurs within one or two weeks after starting therapy and is maintained throughout a six-week course of therapy.

In active duodenal ulcer, active, benign gastric ulcer, hypersecretory states, and GERD, concomitant antacids should be given as needed for relief of pain.

**CONTRAINDICATIONS:** ZANTAC® is contraindicated for patients known to have hypersensitivity to the drug.

**PRECAUTIONS:** Symptomatic response to ZANTAC® therapy does not preclude the presence of gastric malignancy.

Since ZANTAC is excreted primarily by the kidney, dosage should be adjusted in patients with impaired renal function (see **DOSAGE AND ADMINISTRATION**). Caution should be observed in patients with hepatic dysfunction since ZANTAC is metabolized in the liver.

False positive tests for urine protein with Multistix® may occur during ZANTAC therapy, and if urefere testing with sulfosalicylic acid is recommended.

Although recommended doses of ZANTAC do not inhibit the action of cytochrome P-450 enzymes in the liver, there have been isolated reports of drug interactions which suggest that ZANTAC may affect the bioavailability of certain drugs by some mechanism as yet unidentified (eg. a pH-dependent effect on absorption or a change in volume of distribution).

Lack of experience to date precludes recommending ZANTAC for use in children or pregnant patients. Since ZANTAC is secreted in human milk, caution should be exercised when administered to a nursing mother.

**ADVERSE REACTIONS:** Headache, sometimes severe, seems to be related to ZANTAC administration. Constipation, diarrhea, nausea/vomiting, and abdominal discomfort/pain have been reported. There have been rare reports of malaise, dizziness, somnolence, insomnia, vertigo, tachycardia, bradycardia, premature ventricular beats, and arthralgias. Rare cases of reversible mental confusion, agitation, depression, and hallucinations have been reported, predominantly in severely ill elderly patients.

In normal volunteers, SGPT values were increased to at least twice the pretreatment levels in 2 of 12 subjects receiving 100 mg qid IV for seven days, and in 4 of 24 subjects receiving 50 mg qid for five days. With oral administration there have been occasional reports of reversible hepatitis, hepatocellular or hepatocellular or mixed, with or without jaundice.

There have been rare reports of reversible leukopenia, granulocytopenia, thrombocytopenia, and pancytopenia.

Although controlled studies have shown no antiandrogenic activity, occasional cases of gynecomastia, impotence, and loss of libido have been reported in male patients receiving ZANTAC, but the incidence did not differ from that in the general population.

Incidents of rash, including rare cases suggestive of mild erythema multiforme, and, rarely, alopecia, have been reported, as well as rare cases of hypersensitivity reactions (eg. bronchospasm, fever, rash, eosinophilia) and small increases in serum creatinine.

**OVERDOSAGE:** Information concerning possible overdosage and its treatment appears in the full prescribing information.

**DOSAGE AND ADMINISTRATION: Active Duodenal Ulcer:** The current recommended adult oral dosage is 150 mg twice daily. An alternate dosage of 300 mg once daily at bedtime can be used for patients in whom dosing convenience is important. The advantages of one treatment regimen compared to the other in a particular patient population have yet to be demonstrated.

**Maintenance Therapy:** The current recommended adult oral dosage is 150 mg at bedtime.

**Pathological Hypersecretory Conditions (such as Zollinger-Ellison Syndrome):** The current recommended adult oral dosage is 150 mg twice a day. In some patients it may be necessary to administer ZANTAC 150-mg doses more frequently. Doses should be adjusted to individual patient needs, and should continue as long as clinically indicated. Doses up to 6 g/day have been employed in patients with severe disease.

**Benign Gastric Ulcer:** The current recommended adult oral dosage is 150 mg twice a day.

**GERD:** The current recommended adult oral dosage is 150 mg twice a day.  
**Dosage Adjustment for Patients with Impaired Renal Function:** On the basis of experience with a group of subjects with severely impaired renal function treated with ZANTAC, the recommended dosage in patients with a creatinine clearance less than 30 ml/min is 150 mg every 24 hours. Should the patient's condition require the frequency of dosing may be increased to every 12 hours or even further with caution. Hemodialysis reduces the level of circulating ranitidine. Ideally, the dosage schedule should be adjusted so that the timing of a scheduled dose coincides with the end of hemodialysis.

**HOW SUPPLIED:** ZANTAC® 300 Tablets (ranitidine hydrochloride equivalent to 300 mg of ranitidine) are yellow, capsule-shaped tablets embossed with "ZANTAC 300" on one side and "Glaxo" on the other. They are available in bottles of 30 (NDC 0173-0393-42) and unit dose packs of 100 tablets (NDC 0173-0393-47). ZANTAC® 150 Tablets (ranitidine hydrochloride equivalent to 150 mg of ranitidine) are white tablets embossed with "ZANTAC 150" on one side and "Glaxo" on the other. They are available in bottles of 60 tablets (NDC 0173-0344-42) and unit dose packs of 120 tablets (NDC 0173-0344-47).

Store between 15° and 30°C (59° and 86°F) in a dry place. Protect from light. Seal caps securely after each opening.

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**Glaxo**

Glaxo Inc., Research Triangle Park, NC 27709

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U.S. policy overdue

# Fetal Sexing:

Bar Harbor, Maine—U.S. geneticists need to grapple with the ethics of determining the sex of healthy fetuses at the request of parents who may opt for abortion on the basis of sex, say concerned experts.

A small but growing number of couples ask about their fetus' sex, and 60% of U.S. medical geneticists surveyed in 1985 said they'd do the test or refer the couple to someone who would. Ten years ago, only 1% of medical geneticists approved of testing for sex. Though the geneticists' attitudes haven't translated into practice, pressure is mounting to "start some dialog," notes Dr. Elizabeth Short, chairman of the American Society of Human Genetics public policy committee.

Policy decisions will be needed within the next few years, she said at the annual genetics course held at the Jackson Laboratory here. Though the capability for fetal sexing has been limited to amniocentesis, first-trimester chorionic villus sampling could become readily available at the conclusion of the multisite National Institutes of Health trial comparing the two procedures.

But Dr. Haig Kazazian, commenting from the audience after Dr. Short's



*Dr. Fletcher expressed concern that geneticists who agree to fetal sex determination may be swayed by the notion that parents have a right to shape their own perfect child.*

# Is It Ethical? When?

presentation, called sex predetermination a nonissue. The prenatal diagnosis clinic that he heads at Johns Hopkins has received no overt requests for the procedure during the past 10 years. A single disguised request was unmasked.

Eight other prenatal diagnosis clinics contacted by MWN reported some demand. UCLA gets about 50 overt requests a year, and both Boston University Medical Center and the University of Michigan Hospital in Ann Arbor report rare inquiries. Three of the eight centers, in addition to Hopkins, reported at least one case in which parents had used concern about maternal age or heritable disease to conceal their desire for sex selection. None of the respondents knew whether healthy fetuses had been aborted.

The Genetics & IVF Institute in Fairfax, Va. has performed 1% of its 2,000 CVS procedures because "parents wanted to know the fetal sex and had no medical indication for testing," says its president, Dr. Joseph D. Schulman, a professor of human genetics, pediatrics, and ob-gyn at the Medical College of Virginia.

**Son wanted.** Even if a clinic gets only two requests a year, "the impact per case is high because they make everyone quite uncomfortable," says Dr. Short, who practiced in California before joining the Association of American Medical Colleges as deputy director for biomedical research policy. Most requests come from couples in which "the husband wants a son."

Ten years ago she would not have performed amniocentesis in such situations. But now that CVS is on the scene and prenatal testing facilities are more widely available, she says, "I

might do sex selection once in a while."

Lacking legislative or professional guidelines, most genetics clinics have elected not to test for sex alone. However, on request they reveal the sex of a fetus tested for a medical reason.

Given the opportunity, about 75% of parents choose to learn their unborn children's sex, says Beth Fine, president of the National Society of Genetics Counselors (NSGC). At Chicago's Michael Reese Hospital, where she counsels patients, tests are refused those who ask outright for determination of sex.

The NSGC has no official position on sex selection, though Fine told MWN that she and many of her colleagues find the practice "abhorrent." She's also concerned that withholding sex information obtained during a test for medical reasons might be as legally problematic as failing to report a tumor discovered during tests for another ailment.

But ethicist John C. Fletcher sees "a very important moral line between using knowledge to diagnose and treat disease, and using it to alter the normal state of affairs." Chief of bioethics at the NIH clinical centers in Bethesda, Md., he urges U.S. medical geneticists to adopt a uniform policy—as their West German and British colleagues have done—of "not informing parents about the sex of the child until 24 weeks," except when sex is diagnostic for a hereditary disease. The policy should be developed by the American Society for Human Genetics, he says.

Dr. Short, who chairs the ASHG public policy committee, agrees, but she says the organization has no official position on sex determination and is not in the process of drafting one.

Neither wants state or federal lawmakers setting the policy, but Dr. Fletcher thinks legislation may prove necessary. For a decade, consensus conferences and major statements on genetic testing have promised that clinical geneticists "intend to use genetic knowledge in an ethically acceptable way," he told MWN. "If they can't keep that promise, then other people are going to have to do it for them."

In a 1985 survey of 1,070 clinical geneticists, Dr. Fletcher posed a hypothetical sex-selection case in which a couple with several daughters requested fetal sex determination but had no maternal age risk or other indication for testing. The couple planned an abortion if the test was refused. Of 295 U.S. geneticists surveyed, 32% said they would perform the test and 28% said they would refer the couple.

In 16 of 19 countries where the survey was conducted, more than 75% of geneticists said they would neither test nor refer. "American geneticists are out of step," observes Dr. Fletcher.

He expressed surprise at the U.S. results and doesn't think they reflect actual practice. In a 1975 survey, 1% of medical geneticists approved of using prenatal testing to determine sex. By 1977, the proportion had risen to 21%.

**Eugenics seen.** Dr. Fletcher calls sex predetermination "a precedent for eugenics." He's concerned that geneticists are being swayed "by the notion that parents have a right to shape their own perfect child."

Washington attorney Andrew Kimbrell, policy director for the Foundation on Economic Trends, speaks more bluntly. "If children are viewed as a commodity, then sex selection becomes like choosing Pepsi over Coke."

Public policy should be formulated now while demand is low, before people assume that fetal sexing is a right and before the testing becomes an important source of revenue to prenatal diagnosis facilities, he argues. ■

# Genetic choice and

By John J. Fried  
Knight News Service

The woman, about 15 weeks pregnant, was nervous as she faced the genetics counselor at a large medical center. She and her husband were already the parents of two girls. They didn't want another girl. The mother wanted the center to help determine the sex of her unborn child so that she could decide whether to continue her pregnancy.

The counselor, firmly but politely, refused.

The woman was not the first to come to the center, nor would she be the last. Across the country, university-based medical centers, genetic counselors, and many obstetricians are finding that parents, determined to control the gender of their next child, are trickling in for help.

The trickle, some experts believe, may become a steady stream, especially as techniques to determine the sex of a fetus are simplified. "It (gender selection) may not be a large problem now," said Tabitha Powledge, of the prestigious Hastings Center, Institute of Society, Ethics and the Life Sciences in Hastings-on-Hudson, N.Y. "But, given the way things go in this country, it could be trendy in five years and routine in 10."

Currently, a "diagnosis" of fetal sex is made with the help of amniocentesis. A needle is inserted into the womb and used to withdraw amniotic fluid containing cells sloughed off by the fetus. The cells are then grown (or "cultured") and their hereditary material analyzed.

Amniocentesis was developed not to determine sex but to help diagnose potential hereditary diseases in the fetus. Since there are many congenital defects stemming from the chromosomes that determine sex, analysis of the fetal cells automatically yields information about the child's gender.

If parents then decide the child is of the "wrong" sex, they can turn to abortion to end the pregnancy.

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**Although physicians in virtually every major medical center speak of gender control with abhorrence, some will admit they have performed amniocentesis to provide information about sex**

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Some parents seeking to find out the sex of a fetus know that amniocentesis, because it is a complicated and somewhat risky procedure, is made available only to parents who carry hereditary disease, to women over 35 (who run a high risk of bearing a genetically defective child) and to women who have previously had a child born with a hereditary problem.

"There is no hard data because people who are doing it don't want to talk about it," Powledge said. "But you hear from geneticists that they are getting more and more requests (for fetal gender identification)."

Those physicians and geneticists who do overcome their reluctance to discuss the issue insist that moral and ethical considerations — on their part and on the part of parents and other medical professionals — are keeping gender control from becoming anything more than a sometime aberration.

"It is not a serious, untreatable hereditary condition to be a boy or a girl," said Dr. Michael M. Kaback, associate chief of the division of medical genetics at Harbor-UCLA Medical Center. "It goes beyond my limits as a person and a physician to use (amniocentesis) to determine the sex of a child and terminate the pregnancy on that basis."

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"It is not a serious, untreatable hereditary condition to be a boy or a girl," said Dr. Michael M. Kaback, associate chief of the division of medical genetics at Harbor-UCLA Medical center. "It goes beyond my limits as a person and a physician to use (amniocentesis) to determine the sex of a child and terminate the pregnancy on that basis.

"There have been families that have come in naive fashion and have asked for this. And when you sit down and talk you find out that the issue is not gender, but that they may not even want the child and they are using this as a way of rationalizing not continuing with the pregnancy.

"But if you help them think through the moral and social implications of what they want to do, in my own experience, those families elect not to do anything."

Despite the hostility with which the topic of gender control is met, there are indications that opposition to the practice is anything but total — or consistent. Although physicians in virtually every major medical center speak of gender control with abhorrence, some will admit they have performed amniocentesis to provide information about sex.

"Over the last 10 years I have done it in about 12 cases," Dr. Barbara Crandall, an associate professor of pediatrics and psychiatry at UCLA, said. "I have done so because I had a subjective feeling that these were psychiatrically sound, sensible people who had thought things out. And in those cases, none of the parents, as far as I know, chose to go ahead with an abortion."

Those medical center experts who will not participate in gender identification efforts will, nevertheless, refer patients to laboratories or obstetricians in private practice who will.

"I hope to talk them out of it," Kaback said. "But if they insist on pursuing it, I will give them a list of facilities that will do it."

Moreover, some medical centers that until now have refused to involve themselves in gender identification are cautiously changing their policies. Until six months ago, Johns Hopkins University Medical Center genetics counselors would not deal

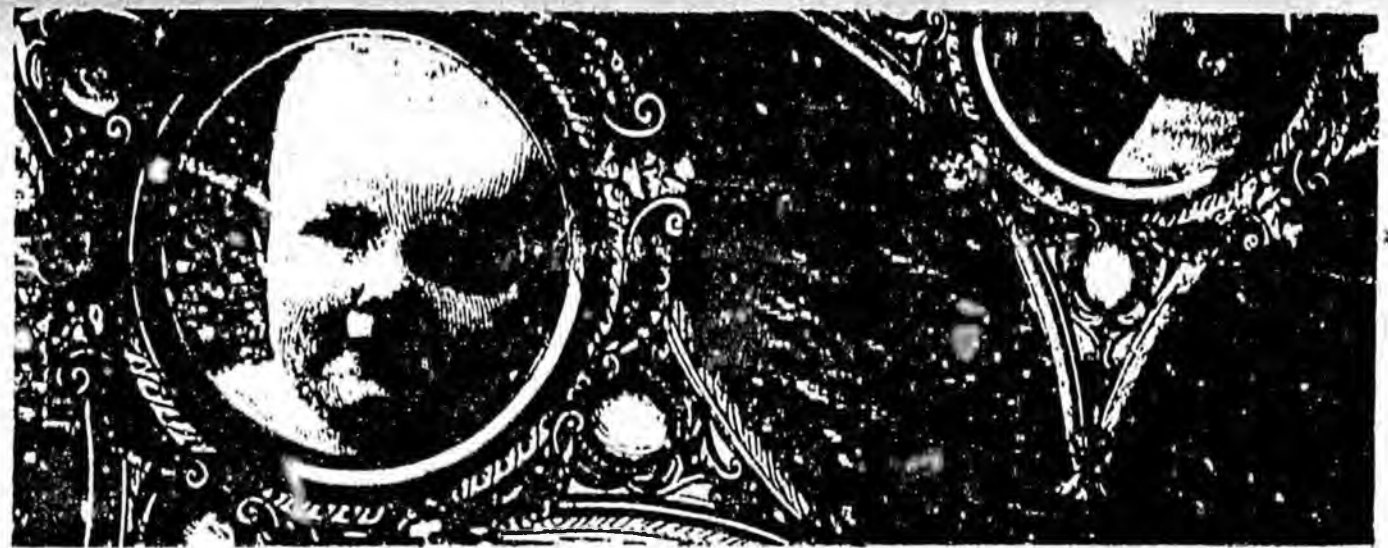


Illustration for The Globe by Karen Watson

with parents who wanted to know the gender of their next child.

But after some soul-searching in-house debates and discussions with John C. Fletcher, a medical ethics expert at the National Institute of Health, Johns Hopkins genetic experts decided to offer counseling and amniocentesis for gender selection on a limited basis.

To a large extent, parental attempts to practice gender control have been limited because amniocentesis has been considered a rigorous procedure best left to the experts at large medical centers.

But an increasing number of medical scientists are coming to believe that amniocentesis, after a decade of use, should now be looked upon as a medical tool ready for widespread use.

Thus, the procedure is already being carried out in small community hospitals. And, more and more obstetricians are not only learning to do amniocentesis, but are performing the technique in their offices.

"As a result, amniocentesis is likely to be used increasingly for gender identification because women who now go to medical centers for that purpose and get turned off will go to private doctors," said Powledge.

Amniocentesis is performed between the 14th and 16th week. And, usually there is a three-week waiting period before the test results are known.

As a result, if parents learn that their unborn child is the "wrong" sex and want to abort it, they are faced with terminating the pregnancy after the 18th or 19th week — a time when the risk of injury or death to the mother is high. This in itself, some experts say, is sufficient to discharge people intent on gender control.

But researchers are passing ahead to find new procedures that will allow physicians to identify fetal characteristics earlier and earlier in the pregnancy and to do so without submitting the mother to the rigors of amniocentesis.

Stanford scientists, for example, have found that cells of the fetus can be found circulating in the mother's blood stream as early as the 15th week of pregnancy. And although they have not yet found a way of "culturing" the fetal cells obtained from the blood stream, researchers have learned that these cells can be used to determine the sex of the child.

## Genetics and the future

### ★ GENDER

Continued from Page 41

A simple blood test, in other words, could yield information now only available through amniocentesis.

"Conceivably, identification of gender will be done earlier and earlier," Powledge said. "And, while their work has not been duplicated here yet, Chinese researchers have reported that they have managed to scrape fetal cells from the (vaginal wall) as early as seven weeks into the pregnancy."

These cells too would yield clues to the child's sex, Powledge points out.

Because the technology for gender control already exists and because it is likely to be vastly simplified within the next five to 10 years, many experts believe that the medical community and the public at large must start facing up to the issue's moral and legal implications.

Thus, doctors who will perform abortion on demand, argued Fletcher, who is special assistant for bioethics to the director of the National Institutes of Health, cannot take a self-righteous view toward the use of abortion and amniocentesis for gender control.

"It is inconsistent for physicians to perform abortion for other reasons and then refuse sex choice cases on the basis that this is a trivialization," Fletcher told the Journal of the American Medical Assn. "If you accept the Supreme Court's decision on abortion, then you must ac-

cept sex choice as a valid reason for the procedure."

(In essence, The Supreme Court has ruled that abortion is a woman's choice and that it is not subject to regulation by the state, the woman's partner or her parents.)

The opportunity to choose the child's gender, population experts point out, could have explosive implications in a society that still seems to prefer male to female children despite strenuous efforts by women, educators and sociologists to dispel sexist attitudes.

The issue, Fletcher concludes, cannot be avoided. "We have to think about the long-range implications of sex selection," he said. "The problems of large-scale use of sex selection techniques are scary."

"The struggle between the sexes is hard enough without exacerbating it with something like this."

## Abortion

# Signs of trouble ahead

New research and changing public attitudes may have opened a Pandora's box of potential problems—some of them as yet only dimly seen.

by JOAN BECK

A sad irony now confronts the feminists who fought so hard and so long to make abortion on demand legally available: Abortion is increasingly being used to end the life of healthy unborn infants just because they are not of the sex their parents prefer. And almost all of the unborn babies being aborted for no reason except that they are of an unwanted sex are female.

This ultimate discrimination against females is expected to increase rapidly in the next few years. Cheap and highly accurate methods of learning the sex of unborn infants early in pregnancy will become widely available in one to two years. These methods will replace the complex and expensive techniques now required for the purpose. Couples willing to resort to abortion will then find it easy to produce only sons or daughters in the precise order they desire.

### Girls Not Wanted

There is every indication already that such prospective parents—from well-educated Americans to Third World peasants—do not want girls, at least not until after one or more boys.

Reprinted, courtesy of the Chicago Tribune

Sex is determined at the instant of conception by whether the ovum (with its female X chromosome) is first penetrated by a sperm with an X or a male Y chromosome. An ejaculation contains millions of each kind of sperm.

Every cell in the body of the newly conceived child will then have the female XX pattern or the male XY blueprint. It is relatively easy to determine whether a cell has XX or XY chromosomes. The difficulty in the past has been to obtain cells from the unborn baby to examine.

Now it's done by amniocentesis, a technique developed to detect and treat Rh disease before birth, and now used to diagnose Down's syndrome and about 70 other genetic disorders. Amniocentesis can't be done until about the thirteenth week of pregnancy and requires inserting a needle into the uterus of the pregnant woman to withdraw fluid surrounding the unborn infant for testing. The fluid contains cells sloughed off from the baby.

Chinese scientists have developed a new method of obtaining fetal cells from the placenta by means of a cervical smear, almost as simple as a Pap test. So far it's only 80% to 90% accurate, compared to 99% for amniocentesis. But it can be done as early as seventh or eighth week of pregnancy, when a first trimester abortion is still a possibility.

Still another new method locates and



tests fetal white blood cells in the mother's blood stream. Both techniques are expected to be easily available here within a few years.

Not much further into the future are improved ways to tilt the odds of conceiving a child of the desired sex by artificially handicapping either the X- or the Y-bearing sperm in the race toward the ovum. Theoretically, this is possible because of the infinitesimally small differences in the weight, mobility, and life span of the X and Y sperm.

Possibilities include diaphragms that permit passage of only Y-bearing sperm, spermicidal creams that would kill either X or

Y sperm, and separating the two types of sperm by electrophoresis and using the desired kind for artificial insemination. Abortion would backstop failures.

### Ugly Predictions

So sure are some scientists that sex selection of children will soon be widespread that they are worrying with psychologists and sociologists about how it will affect the world. Almost everyone agrees that most parents will opt for boys, at least at first.

In the most hopeful views of the selected sex world, parents will also choose to have a girl later on then stop with the idealized two-child family, reducing the birth rate. This family pattern, psychologists say, locks males into typical first-child leadership patterns, with females typecast as second-place followers from infancy on.

In uglier predictions, couples continue to prefer boys to girls, knocking the male-female balance permanently askew and resulting in a male-dominated world with more violence, wars, and homosexuality and in serious disruption of traditional family life. Women might become little more than queen ants, useful chiefly for sex and reproduction.

It's a Pandora's box of potential trouble—and it was abortion, with the insistence on the legal right to eliminate human beings unwanted for any reason, that opened the lid first. ■

### Drug Addict

Continued from Impact/1

to get hold of the drugs they need. For this reason, if you find it necessary to

"made," what a particular doctor prescribed, how "easy" he was, and what drugs they noticed in his office.

Doctors' cars, usually with special insignia, are easy to identify. Some physicians

scussed tooth, he makes full use of it. He goes from dentist to dentist asking for pain medicine and antibiotics, visiting doctor's offices and hospitals as well. Most dentists and physicians will give a narcotic when

A friend of mine has porphyria of the acute intermittent type. I think it is hard to diagnose and that a physician has to send a urine specimen away somewhere to be analyzed, which takes time. Several of my

# HEALTH AND BEHAVIOR

REPORTS ON THE SCIENCES, PLUS EDUCATION, RELIGION AND LAW

## The debate over uses of prenatal testing

By Christopher Farley  
USA TODAY

In a break with past medical attitudes, more geneticists are open to identifying gender for expecting parents early — so they can decide whether to abort.

The change has ethicists debating where a parent's right to information ends and the rights of the unborn begin.

A recent national survey of 202 medical geneticists found 20 percent approved of performing prenatal testing for sex selection. In a 1973 survey, only 1 percent approved.

One reason for the growth: The increased availability of prenatal testing equipment.

Many experts aren't welcoming the shift. "If you're willing to use human genetics to control gender in this generation, we may later misuse the knowledge in other cases to try to control for intelligence or skin color," says John Fletcher, an ethicist at the University of Virginia and one of three experts behind the recent survey.

Aborting because of gender, or "sexing," is still very rare. Fewer than 1 percent of all abortions are because of sexing, estimates Dr. Lawrence D. Platt, a geneticist at the University of Southern California, Los Angeles, who was also on the survey team.

Prenatal diagnosis, through amniocentesis or chorionic villus sampling, is typically used as an early warning for such disorders as Down's syndrome, Tay-Sachs disease and hemophilia.

"Probably 99 percent of non-medical requests for prenatal diagnosis are made because people want a boy," says Dr. Mark Evans, an obstetrician and geneticist at Wayne State University, Detroit, and the survey team's third member. Some experts are concerned about the societal impact.

### Another issue in the battle

Fetal sex selection provides yet another battleground in the ongoing struggle between anti-abortion and pro-choice groups.

"One of the interesting aspects to this debate is that it's girl babies being killed," says Dr. John Wilke, president of the National Right to Life Committee. "It's bad enough that abortion violates the human rights of babies, but when it tilts like this, feminists will have to start thinking about their unborn sisters' rights."

However, pro-choice advocates are wary of limiting a woman's right to information about her own body.

"The information about a woman's pregnancy has to be made available to her," says Barbara Radford, executive director of the National Abortion Federation. "We can't legislate what a man or woman will do with medical information. Physicians with problems with the way a patient will use information they give them should let the patient know so they can go elsewhere."

Evans turns down non-medical sex-selection requests. "Being female," he says, "is not a disease."

Prenatal diagnosis "was not designed to identify and destroy healthy fetuses," says Dr. Thomas Murray, director of the center of biomedical ethics at Case Western Reserve University, Cleveland. "I'm very uncomfortable with the quest for a perfect child. We need to be concerned about whether prenatal diagnosis is being used frivolously or seriously."

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# Making Baby's Sex Parental Option

By Douglas Colligan

In many ways, the two couples couldn't be more different. One is a long-distance truck driver and his wife from a small town in Oklahoma. The other is a Wall Street lawyer and his wife who live in an affluent suburb of New York. Yet both had one thing in common. Each couple wanted a son desperately. Acting on that wish, each did something once considered science fiction: They decided what the sex of their next child would be.

The Oklahomans visited a California clinic where a unique sperm treatment plus artificial insemination gave them the boy they wanted. The father, who already had eight children—all girls—was amazed, and relieved.

The New Yorkers had three girls when the wife became pregnant again. "We decided this had to be a boy or we wouldn't have it," she recalls. Sixty days after her fourth month of pregnancy, she found out the sex of the developing fetus by amniocentesis, a genetic screening test. The fetus was female. The woman had an abortion.

Although sex control is now being used on a small scale, it could become more widely practiced in the next few years. And as it becomes more common, experts are debating what it may do to the family and to society.

Probably the most futuristic technique is the one used by the Oklahoma couple. It was developed by reproductive physiologist Dr. Ronald Ericsson as a way to increase a man's natural fertility and boost a couple's chances of having a boy. Scientists have long known that it's the Y chromosome that determines the sex of a child. Theoretically, every male produces equal numbers of two kinds of sperm, the one bearing the X chromosome that will produce a girl and the Y chromosome that's responsible for boys. When it has managed to tilt these sperm in favor of boys.

Using the discovery that female X chromosomes are slightly slower swim-

*Choice of a boy or a girl may become feasible—with profound impact on family patterns*



This mother's face reflects the joy of holding her new baby. Scientists now are developing techniques of controlling the sex of a child.

merated a method that essentially is a sperm race between the two. He drops a specially prepared woman sample into a solution of albumin, a chemical drawn from blood plasma. He waits a certain amount of time and then pulls out the sperm that managed to swim from the top to the bottom of an albumin-filled glass tube. Most of these are the faster Y sperm, which

can then be administered to a woman by artificial insemination.

The dense albumin solution traps weak or abnormal sperm, says Ericsson, raising the natural fertility of the semen sample. By racing the sperm through layers of albumin "screens," he can also reduce the Xs and increase the male Ys to as high as 75 percent, giving a couple the odds of four chances of

one boy to one girl. For more information on his method (a list is available by writing him at Genometrics Ltd., 180 Harbor Dr., Sausalito, Cal. 94965.) Still considered experimental, his sex preselection technique has produced 17 children so far—13 boys and four girls.

One of the centers is the East Bay Fertility Ob-Gyn Medical Group in Berkeley, Cal., where the Oklahoma couple went to have their son. There Dr. Ferdinand Beermink tells parents the process is still considered experimental. "I explain that we're not guaranteeing anything," says Beermink. "And I tell them that, at worst, their chances of having a boy are 50-50 but that we're confident there is some gain over that." So far his score is four boys to two girls.

No one knows what the score is on the other technique of sex control, called selective abortion. Much more controversial and risky than the Ericsson method, this offers 100 percent sex control. By this method, a woman who is already pregnant asks her doctor for amniocentesis. Developed to spot birth defects, the test screens a sample of amniotic fluid drawn out of the mother's womb for inheritable diseases. Since some of these diseases—such as muscular dystrophy or hemophilia—can only be passed on to male babies, it checks for the sex of the child as well. If the fetus turns out to be of the unwanted sex, some women have an abortion.

How many women are doing this is not known. Few doctors will do the test just to discover the sex of the fetus. But some women don't tell their doctor the real reason for requesting the test.

"A woman could come to me and say, 'I want amniocentesis. My first child had Down's syndrome and died,' and I'd cooperate with her," acknowledges Dr. Maurice Mahoney, director of prenatal diagnosis at the Yale University School of Medicine. "I don't have any way to check the veracity of her statement."

Mahoney's belief, shared by other doctors, is that this form of sex selection is not widely used yet. Doctors are reluctant to do it: It is expensive, costing hundreds of dollars, and it can be tricky.

Tabitha Powledge of the Hastings Center, Institute of Society, Ethics and the Life Sciences in Hastings-on-Hudson, N.Y., believes that sex selection by amniocentesis is likely to increase, despite the risks and the cost.

*continued*



Dr. Ronald Warner of East Bay Ob-Gyn Medical Group performs the procedure in process used to increase chance of a male birth.

### BABY'S SEX

... health recently adds another dimension to the debate. The sex of a child is not just a matter of personal preference, it's a matter of national policy. The government is looking for ways to control the sex of a child, and what can be done to help the parents.

Some physicians advise a "male" diet. This is a diet rich in potassium, calcium, and zinc. It is believed that this diet can increase the chance of a male birth. However, this is not a proven method, and the results are mixed.

Some believe sex control will be as common a practice in the future as birth control is today. (And it may be a little more democratic—Ericsson has already begun work on a method for producing more girl babies.) The questions are how will it be used, and what effects changes might result?

Dr. Boylston has observed that one of the inquiries he receives from members of ethnic groups of diverse origin is a high value on sons, such as East Indians and Orientals. More and more studies show there may be a male bias at work in all of sex selection. One study points out that of 100,000 women surveyed by the National University of Population Research, slightly less than half would be willing to use a method of sex selection. An interesting side-light was how they would use it. In a two-child family, 65% would have one of each—but if a girl second, in a three-child family, the first and third would be

boys and the second child a girl. This means that a sex-controlled society would have a predominance of first-born boys.

California State University psychologist Linda Fidel, who got similar results in a similar survey, found a possible solution. In women who are stressed, the sex of a child tends to be more female—and more successful. This suggests a generation of sex-controlled families would face still more women.

There are other genetic problems being studied. Geneticists predict sex control could mean a sharp increase in low babies—especially in Third-World countries, where male values predominate. The United States, he believes, might face an exaggeration of male influence, which could be reflected in increased homosexuality, higher crime rates and more prostitution. Much of the softening effects of women—their influence on culture and education, the moral training of the young—will be gone. The result could be a coarser, more troubled society.

Dr. Ericsson says most inquiries seem to him so far are from women who already have families, mostly girls, and who are not worried about the sex of their firstborn. Dr. Paul Dmowski of the University of Arkansas has had a similar experience. Typically, the couples he sees have two or more girls already. "So we're not talking about an imbalance," he points out. "Actually, what we're trying to do is return some balance to these families."

How far the move to balancing families will go is uncertain, and no one is offering predictions. All we know for sure is that for the first time in history, sex control is here.

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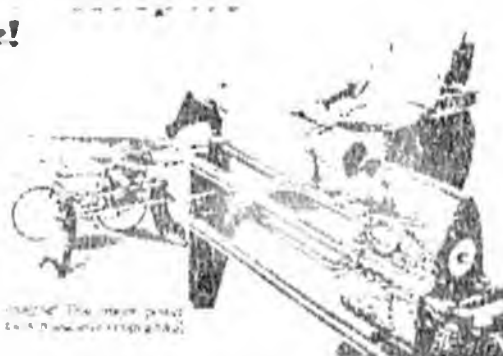
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Monday, March 12, 1980

Can airport security devices detect a potentially exploding bag? Page 3

The issue goes way beyond abortion by choice. For many families, it's

## CHOICE BY ABORTION

By JENNIFER BAGGER-FRENCH  
Fort Worth Star-Telegram

About 1.5 million fetuses are aborted in the United States each year. Some are aborted because of teen-age pregnancies or economics, others because of anticipated quality of life or risks to the mother. Some are simply unwanted.

And others because they are female. There are no records to show the numbers of gender abortions, but it is occurring.

Dr. Michael Roth, a Detroit obstetrician, estimated it to be a hundred or so annually in the United States. He will do an abortion for the purpose of sex selection.

"By law a woman is entitled to have an abortion on demand,"

Roth said. "You have a million abortions done every year. The majority are healthy. The reason they are terminated is because the woman has a reason and in most cases it is not because of the baby's health."

"So why shouldn't a 16-year-old who comes in with her husband and wants an abortion for fetal sexing have that option?" he said.

"Why is that any less of a good reason than a 19-year-old coming in for her fourth abortion and she's not smart enough to stay on the pill?"

The issue is not about the Roe vs. Wade decision by the Supreme Court legalizing abortion, but about the right to terminate a pregnancy based on a fetus' sex.

In the Texas Legislature, a bill was introduced in January to at-

least one ABORTION on Page 1.

## Abortion / From Page 1

tempt to deal with the issue small but influential issue making it a stand-alone item. It is to do with the performance of an abortion with the knowledge that the abortion is because of the sex of the fetus.

Illinois is the only state with similar legislation.

The Texas House bill, introduced after legislation enacted in Illinois two years ago, has not been assigned to a committee. It passed as written, the bill would take effect Sept. 1.

In 1977 only 1 percent of pregnancies had abortions. Last year that number rose to 1.5 percent, a proportion exceeding the number of pregnancies that are still term.

Dr. Eugene Pergament, a professor at the University of Texas at Dallas, said that the number of abortions is expected to rise to 2 percent by 1985.

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abortion in general," Ferguson said. "And it is voluntary and makes it sound like women take abortion very lightly."

"It's a totally bogus issue."

Bill Prior, president of the Dallas-based Texas Union for Life, insists the issue is not "feminists vs. a bill" on the issue of fetal sex selection for the primary target.

"Two thirds of Americans prefer to have boys as first children," Prior said. "People are now taking advantage of the ability to determine the gender of unborn children earlier and earlier in their development."

"Suddenly it's not just a matter of common occurrence. But obviously this is a real ethical dilemma, particularly for those who support abortion. It is not just a matter of convenience."

"Some will be able to determine the sex of the fetus — the sex of the fetus."

"I have never in my seven years here had anybody base an abortion decision on any kind of sex. It's a disgrace."

— Bill Prior, president of the Dallas-based Texas Union for Life

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Two tests originally developed to detect birth defects, amniocentesis and CVS (chorionic villus sampling), also reveal the sex of the fetus. In some cases, test results are being used to determine sex for the purpose of terminating a pregnancy.

In most cases, doctors said, these being aborted, are female. Many of these occur in the first trimester, based on sex chromosome patterns that show a higher ratio on males.

"I think the emphasis on fetal sexing is a little bit misplaced," Pergament said. "I've got a few years where there is a cultural aspect. In certain cultures a female is less highly prized than a male. There is an emphasis in certain cultures on having a male, and fetal sexing is used as a means to determine outcome. There has already had to be fetal sexing in certain situations."

"Several hospitals in Texas practice amniocentesis with additional testing to reveal fetal sex. The procedure is not used as a means to determine outcome. There has already had to be fetal sexing in certain situations."

"I have never in my seven years here had anybody base an abortion decision on any kind of sex. It's a disgrace."

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And squats the reality of a handful of cases with a reason many find reprehensible.

The risk is in these abortions being used to outlaw fetal sexing for everyone.

And there are legitimate medical reasons for performing sex before birth. In Detroit, such as Birmingham, a pregnant woman who is a carrier can pass the condition to a male fetus but not a female.

"People were doing it for legitimate reasons in other countries and the government stepped in," Pergament said. "And we have our own problems here so that the government could step in and use these examples to prevent an entire population from getting these services," he said.

"The great majority of women are not looking for sexing — sex there are a few for legitimate reasons — a small number of women."

The first survey of geneticists published in 1978 by James B. Ferguson, a geneticist at the University of Texas at Dallas, said that the sexing of fetuses is a practice.

In that survey, a professor at the University of Texas at Dallas and medical geneticist at the University of Texas at Dallas said that the sexing of fetuses is a practice.

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