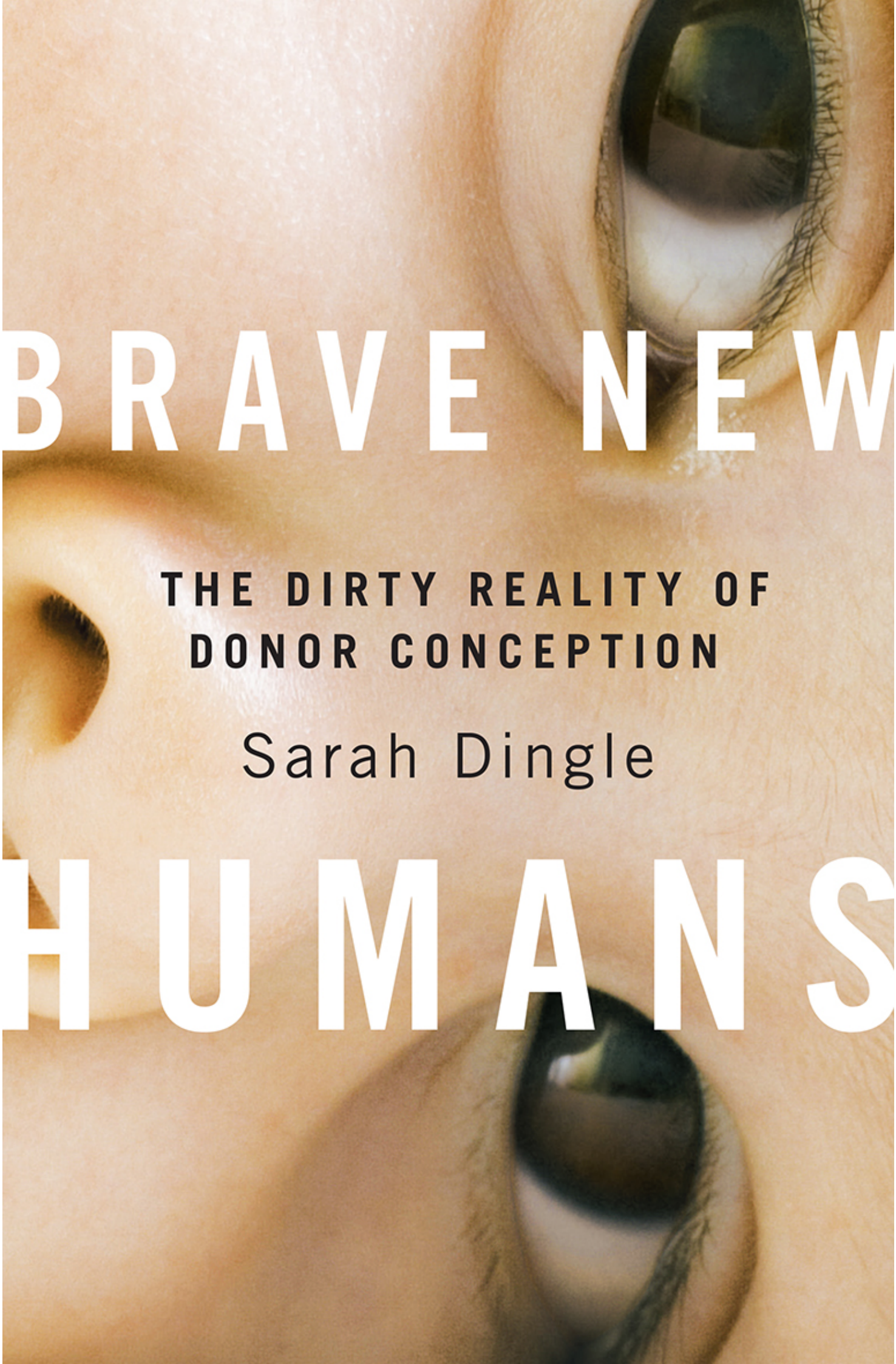
BRAVE NEW
THE DIRTY REALITY OF
DONOR CONCEPTION
Sarah Dingle
HUMANS

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THE DIRTY REALITY OF DONOR CONCEPTION

Sarah Dingle

Hardie Grant
BOOKS

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Hardie Grant acknowledges the Traditional Owners of the country on which we work, the Wurundjeri people of the Kulin nation and the Gadigal people of the Eora nation, and recognises their continuing connection to the land, waters and culture. We pay our respects to their Elders past, present and emerging.

PROLOGUE

It was easter. I'd brought her flowers, and we were sitting in a Vietnamese restaurant, metres from Oxford Street on a Saturday night.

At twenty-seven, I was vaguely aware that there was no longer infinite time. I loved my job. I didn't want children any time soon. But I didn't want all options to vanish while I filed stories. My mother's not always my first port of call for advice, but she's lived a lot longer. And she had me.

'Mum, you know how you had me late,' I said cautiously. 'Did you have any problems conceiving me?'

Her eyes flickered. My mother was in her sixties. She is Malaysian Chinese, with short salt-and-pepper hair.

'Why do you ask, Sarah?'

'Because,' I explained, aware it was an unusually personal question between us, 'because I don't know if I want to have children now, or at all, and I was wondering how late to leave it. If there was a deadline I should know about.' (Such a journalist.)

She moved in her seat. 'Maybe this isn't the right time to tell you.' Shrug. 'But your father is not your father.'

What?

'You're joking, aren't you,' I said.

'No. We had … we had problems conceiving, and it turned out your father couldn't. So we used a donor.'

WHAT?

'You're joking! Mum – are you joking?'

'No, no.'

Half a beat —

'But the only difference it makes,' she said quickly, a burst to finish what she had to say, 'the only difference it would make to you at all is your medical history. Knowing your medical history, that's all. Because your father is your father. He loved you like his own daughter. You couldn't ask for a better father. He was a fantastic father to you.'

My mother now looked anxious. 'It doesn't make a difference, does it, Sarah,' she said.

I felt like the pressure in the room had dropped. The lights and walls were very yellow, but other sounds had faded. My brain danced around what she'd just told me, refusing to engage.

In that pause, something happened. It's hard to be completely in the moment when you're a journalist: some external self is always standing at a distance, noting, nodding. And so, despite my shock, I'd automatically picked up the flow of power in the conversation.

This was a moment when her guard was down. She wasn't actually asking me. She wanted reassurance. And she needed to hear it straight away.

I wanted to scream, to rip the tablecloth off, to smash something, to go to the bathrooms and cry.

'No,' I said. 'It doesn't.'

That was my first lesson in what it's like to be donor conceived: your feelings about the whole business come last.

CHAPTER 1

Before that night – before the lights turned yellow and the background noise dropped and the world shattered into many pieces – this is what I knew about myself: I grew up in Sydney in the 1980s. I had no siblings. It was just me, my dad and my mum.

We travelled a lot. We went to Malaysia, every year, to see my mother's side of the family in Kuala Lumpur. My father was a travel agent, which was a hell of a lot more important before the internet. Before I was born, he ran tours through the USSR, driving a tour bus and telling clients to bring extra pairs of American-style jeans they could sell to the locals. Later, after the breakdown of the Soviet Union, my father mostly concentrated his business on Eastern Europe. We lived in Moscow for a month while he set up an office there. We went to China, to my uncle's home, and on the Silk Road, road testing potential guesthouses.

I'm not sure why Dad became fixed on Eastern Europe and Central Asia, but it was definitely a world apart from where he grew up. Dad came from white middle-class Adelaide. In his childhood, he had a horse in the Adelaide Hills. He was a Boy Scout. He was from a generation where the ability to play tennis and squash was an important social currency. My dad's family are all still in South Australia. Every year, at Christmas, we drove from Sydney to Adelaide to see them, which for me meant fourteen hours in the back seat with the dog at my feet.

My dad was good looking. He was tall, with wavy brown hair and blue eyes, and a loud juddering laugh like a lawnmower starting.

He liked to look smart. He impressed on me the near-unassailable merits of wearing navy blue. My dad and I, we didn't look alike. But this never rang any alarm bells for me. I can only say to you: mixed-race children, we never quite fit. We never look like our parents. We never fully belong to anyone, except, occasionally, to one another.

One reason, perhaps, that the physical disconnect between my father and me never bothered me was because, temperamentally, we were so similar. We understood each other. We could make each other laugh. When I was too young to go to school, he woke up early and left me drawing exercises. He took me to sport and to work with him on weekends. And when I started high school, he was very strict. I get annoyed every time someone raises the (racist) stereotype of the tiger mother, because it was my white father, not my Chinese mother, who decided that success was not optional.

Dad never went to university. He left high school early. He regretted both, I think, and consequently he was obsessed with my education. He was something of a helicopter parent, in pre–helicopter parent times. He made sure I played hockey and basketball. He made sure I learned piano. He even found me a piano teacher while we stayed in Moscow so I could keep it up.

Dad monitored all my school results. He argued with me about my subject choices. He bought me novels at the drop of a hat and wrote in each one, noting the date and the place and the pretext for the gift.

When I was fifteen, and studying German in high school, I asked to go on a three-month student exchange to Germany. I was pretty blasé about the enormity of it until the last minute.

But at the airport, I suddenly felt a lurch at the thought of leaving my parents and all that familiarity: all that family.

'I'm afraid,' I blurted.

My dad hugged me. 'Don't be afraid. Never be afraid.'

That was the last thing he said to me, face to face.

On a white Christmas day in Germany, I got a phone call. Apparently, my father had fallen off a ladder and broken his arm. But my mother's voice shook on the phone. I was to come home.

I was angry, an extremely unhelpful adolescent response, at having to cut short my exchange. I packed up all my stuff and my host parents took me to the airport.

We made it to the departure gates, and my German host mother, who until now had been extremely no-nonsense, squashed me in a hug and started to cry. I put the tears down to her being an unexpected softie. In Singapore, I had a seven-hour stopover to try to work out what on earth had just happened. My exchange was over almost before it had begun. How would I explain this to my friends? Teenagers: chronically self-absorbed.

I flew into baking hot Adelaide. My mother and my godfather picked me up from the airport. My mother didn't recognise me until I stood right in front of her saying her name: it seemed I'd grown.

In the car, I told them I had a present for Dad. A huge twist of boiled aniseed lollies, bought at the airport in Germany. Dad loved liquorice with the fever of an addict.

'When can I give it to him?' I asked.

I saw my godfather, driving, and my mother in the front passenger seat exchange a glance.

'Maybe later,' one of them said.

We pulled up at the hospital.

As usual, my parents were staying at my grandfather's place for Christmas. My grandfather was in his nineties and still living at home. Something had gone wrong with the electricity in the house. My father was asked to go up on the roof and take a look.

My father was electrocuted. He fell off the ladder. (There were, as it turned out, broken bones.) He was rushed to hospital. When I arrived from the other side of the world, a day or so later, he was still in a coma.

I think he hung on for me.

His skin had a sick mustard tinge, and there was a strange smell to it. He kept sweating, and my mother kept wiping his brow: a painfully silent loop of activity. Other than that, he looked more or less normal. I think I found out later that, under the blankets, on his body, there were entry and exit burns where the current had passed through, but I don't know: those days were a haze.

I went to his bedside, feeling self-conscious, and started to speak to him. At some point I promised him that I'd do well in my final year of school. I had the distinct impression that was what he really wanted to hear.

He never woke up. The machine monitoring his vital signs flatlined that evening.

My father died when I was fifteen. I have no siblings. Only my mother is left in my immediate family. Or so I thought.

CHAPTER 2

What happened in that hospital room would mark me indelibly for years. Everything there was alive and remarkable in some way – the sounds too loud, the colours off – except, in the end, my father. But there was another layer to everything too, one which I couldn't see.

Despite the evidence of all my senses, what happened there that day was not the full story. That would take another twelve years to emerge, in that restaurant on a Saturday night.

After that Easter dinner revelation, I went home that night in a daze. I don't know how I got there. In my flat, I curled up on the couch and bawled. There's no other word for it.

Somewhere in the middle of it, I rang my then-boyfriend, who was overseas, and choked out what had happened.

'She said he's not my father,' I mumbled.

'She WHAT?'

'He's not my, my father.'

'What does she mean? Did she have an affair?'

'They used [*hiccup*], used a donor.'

'WHAT?'

On the line, my boyfriend fell silent.

'I don't know what to say,' he said eventually.

I wailed some more. He comforted me. Then I said what was really on my mind: 'He's not my father,' I hiccupped. 'Dad, he's not … he's not mine.'

I'm no shrink, but I now know that when you find out you're donor conceived, there are a number of common emotional stages. As with all processes, it depends on the individual. You may skip some or linger in others.

My first stage was grief. The man I thought was my father had died when I was fifteen. Now, twelve years later, I was back at the funeral, in baking hot Adelaide, with cicadas screaming. The scene was the same, but I was different. I was an interloper, because: *he was never mine in the first place.*

I'd always believed that when someone dies, if you love them, they are yours forever. Until now, it had been a comforting thought.

I had been tricked. I felt like a fool. I had lost even that.

OVER THE NEXT few months, I carried on as normal. I went to work. I was then a reporter with the ABC's *7.30*, a national TV current affairs show. It was a job I'd wanted for years. It was also a demanding job at the best of times. This was not the best of times. I tried to keep my shit together. I told a select few people. Mostly, I didn't tell people.

I was a mess.

In the mornings I looked at myself in the mirror and I didn't know what I saw. I didn't recognise myself. When you grow up Asian in Australia, it's easy to forget how different you look to those around you. Most of my friends are white. My partner is white. Advertisements, magazines, newspapers, everything on Australian television from the news to the trashiest reality TV show is overwhelmingly white. Even my workplace, the public broadcaster, is still an extremely white institution. In photos or TV footage from work, surrounded by mostly white people, I'm sometimes surprised by how much I stand out. But there had always been a magnetic connection to my own face: *I am different, but I am who I am*.

Now that connection was broken.

The mirror was different: it was worse. I now didn't understand what I saw, as if my brain couldn't decode it. My face had become just colours and mass. Its shape was meaningless. It was not a face: it was a thing. I knew nothing about myself.

Standing in front of the mirror and struggling, I thought: maybe being only half Chinese can help me work my way back to some sort of solid ground. Because it's obvious that my biological father was not Chinese. Maybe he was Anglo-Saxon, like I'd always believed. Maybe he wasn't.

I studied my face again. I tried to separate the Chinese (the known) from the other (the unknown). It was impossible.

A whole is greater than the sum of its parts. Unfortunately, the flipside of that is: a whole cannot be broken down into those parts and still retain its meaning. With only one known biological parent, trying to work out *what* came from *whom* is like trying to reduce a cake to its original ingredients after the whole mess has already been baked.

Some mornings, I thought about it in mathematical terms: if I have the answer, can I work out what the equation is? Of course I couldn't. The equation could be anything. I could be almost all my mother's child, or virtually none. I have dark hair. I have dark brown eyes. I have light skin which can tan quite dark. I am of medium height. I have a straight nose. All of those traits could have come from either my mother or my father.

How do you take something away from a face and expect to understand what's left?

All of these thoughts would scream their way through my head every morning in front of the mirror, and then I'd go to work, where I was supposed to make stories about the big issues facing our nation. It wasn't ideal. On top of all that, I was managing a chronic pain condition.

Six months before I'd learned about my conception, I'd been vacuuming at home in the flat with the music cranked up loud. Suddenly, there was a bolt of extreme pain across my hips like an iron bar. Black came down over my eyes. When it passed, I staggered to the bench where my phone was. I called my mother and told her something was wrong, that she had to come and find me. Then I passed out.

I woke up on the floor. The music was still going. I tried to get up, but I couldn't raise a single limb without a giant wave of pain and fear going off in my brain. It made me pass out again, and when I came to, I just lay there. I knew I wasn't paralysed because I could move my fingers and my toes. After what I think was a couple of

hours, my mother and some paramedics broke in. They got me up, and into bed.

Over the next weeks, months, years, from MRIs, CTs, physio, osteo, chiro, acupuncture, massage, neurosurgery and pain clinics I learned that I had a herniated disc. It's a common injury, although less common among people in their twenties. The disc which had 'slipped' (such an awful term) was also desiccated – it had lost its sponginess. The muscles around it had gone into spasm, and this was something that I'd have to manage ongoing.

Unfortunately, chronic pain is not purely physical: to a certain extent, it's inextricably linked to your state of mind. Finding out that my father was not my father, and failing to recognise my own face in the mirror, meant that I was in a lot of mental and therefore physical pain. I was extremely depressed. The pain was coalescing with all the grief I still felt for my dad. When Dad died, I thought maybe that was the worst thing that would ever happen to me in my life.

It seemed ridiculously unfair that someone could die twice.

I had to leave *7.30*. Every few months, it seemed, I would be back on the floor again, paralysed, immobile for a week or more. When I was mobile and able to work, I couldn't do more than four hours a day without crippling pain. I moved to radio current affairs, trudging home early each day to spend my afternoons in agony, feeling useless. I wasn't even thirty and my life was over.

But a few things saved me. For a start: I did new things. Working only half days, I was bored out of my mind, so I enrolled in a creative writing course at night, making things up (which, after years of journalism, felt like a holiday). I dealt with the pain by lying on top of a row of desks at the back of the lecture room, while the rest of the group sat at the front. It was weird, but they bore it admirably: writers are very forgiving of idiosyncrasies.

I had heaps of leave, so I terrified myself by abandoning my support structures and went on a six-week trip to Italy to get away. If I couldn't have my dream job ever again, I was definitely going to eat good food, and if my life was over I decided I'd rather spend the rest of my cash in Euros than on miserable things like MRIs. To get around the pain, I planned wacky short flights to get there with many stopovers. I did

stretches on the ground in airports, train stations and car parks. I spent a lot of time in various Italian Airbnbs, flat on my back in the room, either resting or meditating. Back in Sydney, I ended my relationship of around seven years. I moved out on my own, into share housing with strangers. I had decided that being afraid and exhilarated was better than being stuck in the wheel of sameness and sadness.

And, behind it all, I was still thinking about what my mother had told me.

My thirtieth birthday was approaching. I'd changed a lot of stuff, ended a lot of stuff, but what did I need to put in place?

In a classic Type A personality moment, I drew up a list. (It was titled 'Fuck My Life: Things to Do.') All items on the list were in caps, with boxes to be ticked. There were short-term goals (roll over super) and very, very long-term ones (buy house). At the bottom of the list was: find biological father. I stuck the list on the wall.

Journalism is the first draft of history, as the cliché goes, but maybe a better way of putting it would be: journalism is a running update on society. Anything that happens to a journalist is grist for the mill. I didn't know who I was: I didn't know anything about my life, or my future anymore. So, I decided, I would *journalism* my way out of this hole.

I would investigate.

THIS IS A book about the maelstrom of donor conception – stranger than you thought and more widespread than you probably realise. It is not a book about the desires of would-be parents. It is not a book about couples engaging in fertility treatment using their own biological material. This is a book about the human beings born of *third-party* material. This is a book about creating life from collected human tissue, not social relationships.

This is a book about breeding humans.

CHAPTER 3

Even if you've never set foot in a fertility clinic – or thought about doing so – you've probably seen the billboards, heard the radio ads, or been served the promotions online. Fertility treatment is marketed as something shiny, delivered to middle-class couples in white-walled clinics by calm, smiling professionals. But conception is never guaranteed. Pregnancy is not calm and controlled. Birth is messy as hell. And human fertility treatment is pure animal husbandry – at least, the part that involves selective, mechanical breeding. Ongoing care for the resulting animal is absent.

The first documented case of human artificial insemination occurred not in the 1970s, as you might assume, but in fact the 1770s. In London, there lived and worked a certain Dr John Hunter. He would become one of the most famous British surgeons of his age, if not all time.

John Hunter lacked the proper schooling to become a medical student himself, so his first job was to procure human corpses for students to dissect. At the time, the only lawful way for Hunter to do that was by cutting down a murderer after a public execution, because murderers' bodies were the only corpses allowed to be dissected for science. This restriction was supposed to be an extra deterrent to any would-be murderers. But as anatomy schools grew, this hung-murderers-only rule really throttled the supply of cadavers. There just weren't enough bodies to meet scientific demand. What to do?

A disturbing trade in body parts arose. The practice of digging up fresh graves, stealing the bodies, and selling them to anatomy schools

flourished. Until the UK passed the *Anatomy Act* in 1832, which allowed the bodies of those who had died in other circumstances to be dissected, some say the majority of corpses in anatomy schools were from grave robbers.

Hunter was eventually allowed to become a student at the anatomy school and then a teacher. Strange rumours of his conduct persisted long after his death. One was that Hunter deliberately infected himself with a sexually transmitted disease, more recently revised to have likely been someone else that he deliberately infected (well, that makes it all right).

Here is John Hunter: probable body-snatcher, STD-curious, and in 1776, doctor to a linen draper who came to him for help. The draper had hypospadias, a condition where the opening of the urethra is on the underside of the penis. It's a common birth defect which affects about 1 in 150 male babies and can be associated with infertility.

Hunter had previously successfully fertilised the eggs of moths – yes, moths – and decided he could therefore assist this human couple conceive. Semen from the draper was collected in a syringe which was then injected into the woman's vaginal canal, after which she became pregnant. This technique may sound alarmingly basic. In fact, it is still used by practitioners of animal husbandry today, as well as by fertility specialists for humans, although the latter now inject directly into the uterus.

It's widely recorded that Hunter's artificial insemination procedure on the draper's wife resulted in conception – but it's not similarly confirmed that the draper's wife then gave birth to a live child. The distinction is worth noting. Here, the story of Hunter illustrates another fundamental aspect of fertility treatment, which still holds true: treatment does not mean baby, and not all results are equal. To the scientist, a pregnancy is a result to be counted. Many clinics will advertise their pregnancy rates. To the customer, the only real measure, in such a business transaction, is the rate of live births, not pregnancies. The only outcome which matters is the birth of a living child.

But the first instance of AI creating just such a child, documented beyond all doubt, wasn't far off. Shortly after Hunter and the linen draper, a Catholic priest achieved a live mammalian birth. The priest, Italian Lazzaro Spallanzani, was also a natural scientist, and in 1784 he

successfully artificially inseminated a female dog. A couple of months later, that bitch had three live puppies. The first live AI litter had been born. The race was on.

In 1868, a paper was published reporting a successful human artificial insemination on a couple in France. According to the paper, the insemination had in fact been performed decades earlier, in 1838, by a Dr Girault on a young countess, who gave birth to a son the following year.

But it was in the 1880s that a key milestone was reached, one which would have profound consequences for millions of people around the world. In 1884, an American doctor successfully treated a woman with artificial insemination resulting in a live birth. The woman was married. But crucially, the sperm used was not her husband's. It was sperm from another man – a donor. It is likely that this was the first documented instance of successful donor conception and the birth of the first donor-conceived child.

With this birth, human reproduction entered the age of third-party material, more than one hundred years before I was born.

The circumstances of this first donor-conceived baby set the tone of what was to come. For the doctor in question, it was a career triumph. For professional medical ethics, it was an ill-fated start. The first donor conception featured disturbing doctor-patient dynamics and a whole bunch of lies.

In 1884, Professor William Pancoast was working in the Sansom Street Hospital of Philadelphia. He had as two new patients a married Quaker couple – the wife thirty-one years old, the husband forty-one, and both apparently healthy, yet unable to conceive. What happened next was revealed years later in a 1909 letter to the editor of *Medical World* by a former student of Pancoast's, the unfortunately named Addison Davis Hard.

Professor Pancoast invited a select group of students from his senior class to attend his consultation with the couple. The professor assumed the problem was the woman's. However, after a group examination which was 'very complete', no issue was discovered. The student Addison Davis Hard says of the procedure: 'During this examination was discovered for the first time, as far as I know, the suction function

of the uterus, which takes place during orgasm.' (I note here it is possible for rape victims to orgasm: orgasm alone is not an indicator of consent.) Having ruled out the woman as the problem, by whatever method, the professor discovered her husband had an extremely low sperm count, probably due to gonorrhoea. The professor believed he could treat the husband. But after two months of unspecified 'careful attention', nothing had changed.

In a scene more reminiscent of a men's locker room, one of Pancoast's class joked, 'The only solution of this problem is to call in the hired man.' In the words of Addison Hard:

'The woman was chloroformed, and with a hard rubber syringe some fresh semen from the best-looking member of the class was deposited in the uterus, and the cervix was slightly plugged with gauze. Neither the man nor the woman knew the nature of what had been done at the time.'

'Subsequently,' Addison Hard writes, 'the Professor repented of his action and explained the whole matter to the husband.' Not to the wife, whose body it was. 'Strange as it may seem,' Addison Hard continues, 'the man was delighted with the idea, and conspired with the Professor in keeping from the lady the actual way by which her impregnation was brought about.'

The wife gave birth to a boy, who, like his mother, presumably never knew the truth of his biological parentage.

Not much has changed.

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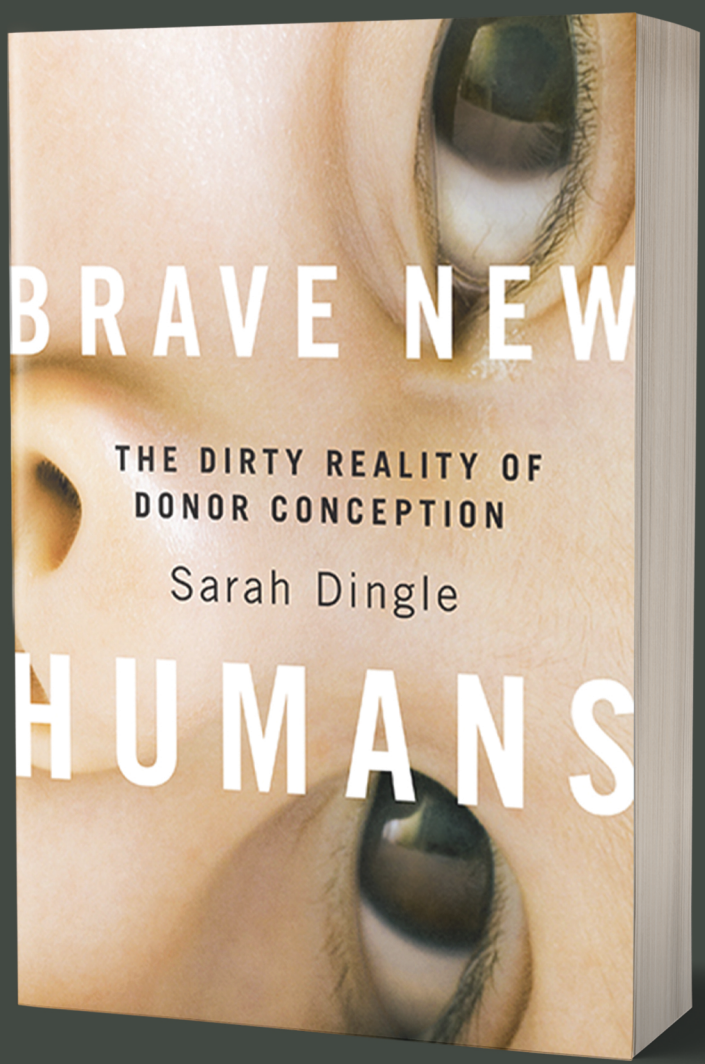

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