

The Oracle

Special Issue

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Democracy or technocracy? Digital technology, government data, and Britain's 'desirable babies'.

It is an unseasonably hot day in September, and I am sitting in a West London kitchen. The house belongs to Clara McCullough and her husband, Christopher, and it is full of the buzz of a family with young children enjoying the last of the summer holidays. On the outside, it seems this young and affluent couple have the ideal urban lifestyle. They thought so too—until recent leaks by an anonymous whistleblower within the Department of Health revealed some incredibly distressing information about their children. These leaks indicate that women across the country using so-called 'fem tech' apps to manage their reproductive health were pushed towards having children, based on their 'desirability'.

"I actually could not believe it," says Clara, as we sip lemonade made from the bulbous yellow fruit growing in their spacious garden. "I know you hear that all the time. But I mean, I literally could not be-

lieve it. My mind could not comprehend what I was being told. And then I began to realise what this meant. That my kids, my whole reason for being, were effectively the product of technological devices and political agendas."

Christopher rubs his wife's back as she holds her head in her hands. I ask her if she wants to stop, but she says no, she is determined for her voice to be heard. She wants everyone to know the truth of what has happened.

But what exactly is the truth? This is what journalists, politicians, the general public and the UK's judiciary are trying to work out. What we know is that, in the early hours of the 2nd September, a series of documents were published on the web from within the Department of Health, but not traceable to any particular employee (despite ongoing efforts by the Department and the Metropolitan Police). These documents caught the attention

of Professor Simon Layton, of the University of Oxford, who specialises in digital regulation and cybercriminology.

"At first, I was looking at the documents because, well, I was bored!" laughs Professor Layton. "We actually see leaks pretty regularly from within government, and often it's small-scale stuff that gets swept under the rug. But it can sometimes contain interesting information if this is your kind of thing, which it is mine. Once I actually read these documents thoroughly, it began to dawn on me what the Department of Health was being accused of, and that the evidence looked worryingly convincing."

The Department of Health is currently refusing to comment, but confirms that its public inquiry (launched just 48 hours after the leak) is ongoing. In the meantime, the contracts between the Department and the 'fem tech' services implicated in the scandal have been

paused indefinitely. There are also no representatives to be found from these services willing to offer comment, with rumours circulating of gag orders and NDAs. So, in the absence of governmental comment, I ask Professor Layton: what exactly do the leaks reveal?

"Essentially," he explains, "there appears to have been a sort of leakage between the Department of Health data, and data gathered by the companies contracted by the Department to provide 'fem tech' services. These data should have been stored completely separately and then selectively combined when needed to provide certain services – for example, automatic reminders for women about their next smear tests. This selective, context-specific blending of data is then processed in such a way that makes it non-identifiable, stopping anyone using the combined data as a key to unlock either of the separate data

The Oracle

sets that the information originally came from. This process seems to have failed, or was never properly instituted in the first place. So, app users became identifiable to the private fem tech apps, beyond their contracted remits.”

If you are struggling to keep up, you are not alone. Professor Layton is patient with me, and explains this several times. But once I think I’ve grasped it, he drops a bombshell.

“The really worrying thing is that, once the datasets had bled into each other and all user anonymity was forsaken, they were then shared with private advertising services. These are the advertising services that have existing relationships with the fem tech apps. We’re talking all the social media services you can think of, and then some. Whether it was an accident or not, that’s what we’re trying to establish. At the very least, this is gross digital negligence in the highest degree. At the very worst, it’s deliberate digital eugenics by the British government.”

It is through this sharing of data that

women like Clara have been impacted in ways she sees as beyond dystopian. “It is disgusting to think about. The idea that my children are a product of politics and technology, and not of my own free will and desire to be a mother. Every night since this news broke, I’ve lain in bed at night thinking, ‘did I really want these children? Are they really *mine*? Or are they some...some *project* that belongs to the government?’”

Ten years ago, Clara and Christopher were recently married, and were not yet considering children. “We knew we wanted them at some point,” Christopher tells me, “But not for a long while. We were going to wait until 35 at least. But then, something changed.”

Clara became more open to the idea of having children early. “It started slowly, and then it escalated,” she tells me. “It was like, once the idea was planted in my brain, I just couldn’t stop thinking about it. I saw babies everywhere—on the telly, on social media, on adverts. I thought it was just what they say, you know, that once you want something, you become really aware

of other people having it, and you want it even more. My friend had miscarried three years ago, and she said that after the miscarriage, all she could see were pregnant women. I thought it was like that. But now...now I’m questioning everything. Now I know that it wasn’t an accident or a misperception. They *wanted* me to see those babies. They wanted me to have them. And I did what they wanted, without even knowing it.”

If the leaks are to be believed, then Clara is right. It is no accident that she was shown these adverts, recommended these television shows, or encountered these social media accounts of young mothers and their happy, healthy babies. The leaks indicate that these were shown to Clara deliberately, to encourage her to start a family with Christopher. Furthermore, through the data supplied by the ‘fem tech’ apps, these sites knew when to ramp up the messaging, based on when Clara was ovulating, thus maximizing the chances of her and Christopher conceiving.

The sharing of data by apps claiming to

champion women’s health is not new. In a 2035 landmark case, shortly after the nationwide ban on abortion in the United States, the Supreme Court found that ‘fem tech’ apps contracted by the Mississippi State Police Department committed no legal wrongdoing in sharing app users’ data. The case was brought to the Supreme Court after 17 Mississippi women, including an 18-year-old high-schooler, were convicted of first-degree murder in the month following the abortion ban. These women were found to have had abortions, with key evidence stemming from the data they inputted into their ‘fem tech’ apps. The Mississippi State Police Department contracted the apps to share data of ‘significant interest’, including (but not limited to) women whose periods stopped for 6 weeks or more, and then resumed.

Clearly, these apps are not as benevolent as they portray themselves. Indeed, responses to the leaks have certainly not been unilaterally supportive of the women affected. “What do they expect?” commented

The Oracle

one user on our online coverage of the story. “If you put something on the internet, it’s there forever, and it’s defiantly [sic] not private anymore!! I am not shocked at all that the gov has done this. Of course they are in league with the big tech companies. It is all part of one big plot to control us.”

While this kind of rhetoric may induce eyerolls across our readership, I would implore you to continue reading. Because the most shocking part of the leaks is *why* Clara was pushed towards having babies in the first place.

“What we appear to see,” explains Professor Layton, pouring over the leaked documents (which he has printed out and covered in annotations), “is that the Department of Health actually chose who they wanted to push towards conception. They combined all the data they had regarding these women’s health and their bodies, and their family histories and such like, and they determined their desirability as producers of the next generation. And if that’s true, then that,” he tells me, leaning back in his chair with an

expression of genuine horror, “is eugenics.”

The increasing digitisation of health information has been a project of successive governments for decades, since the early 2000’s sequencing of the human genome. But the focus on genomics as a key with which to unlock the secret to health, and thus healthy populations, has intensified in the last decade.

“What we’ve seen is a massive uptake of this idea that the more information we have about people, the healthier we can make them,” says Doctor Brooks-Johnson, former Chair of the government’s Emerging Science and Bioethics Advisory Committee from 2031-2034. The Committee was originally established in 2012, but was disbanded in 2014, only to be re-established 15 years later, remaining an important regulatory body.

“There’s this perspective that if we just keep digging, if we keep mining deeper and deeper for all the data that the human body contains, then we can get at the secret of health. But that’s a fundamental misconception. People are far, far more

complex than that – and they’re products of their environments, too. But the government doesn’t want to hear that, and neither do the tech firms that are getting more and more involved. They think we’re just information – that at our core, we’re just data. A massive, spiralling, infinitely complex network of data, that can ultimately be ‘worked out’. Because that’s what they understand, and that’s what they feel they can control. They don’t believe there is anything uniquely special about being a human person at all.”

The leaks indicate that it was data, and lots of it, that made Clara a target for the pregnancy and conception messaging. “My immediate and extended family are, on paper, extremely healthy,” says Clara. “We’ve got no history of diabetes, no mental illness, no dementia, even. Same as Christopher – only one of his grandparents has passed away, and that was in a car accident. They’re all over 100 years old, and still mentally and physically active. But that doesn’t mean that our families haven’t had struggles, just that they weren’t the

kind that get recorded at the GP.”

So, if the leaks are to be believed, then Clara and Christopher were targeted for pro-conception messaging because the information held by the Department of Health indicated that they would be likely to produce extremely healthy children. “Obviously, healthy children are a good thing,” clarifies Doctor Brooks-Johnson, “but using technology to effectively produce healthy children, as if they are an economic output instead of human beings, is more than unethical. It’s morally deplorable.”

And it also begs some much bigger questions. For starters, what about the other parents impacted by this? What about the other Clara’s and Christopher’s? It has been, and will continue to be, extremely difficult to ascertain how many babies were born as a result of these targeted campaigns, and not just because we have scant information to go on. It’s also because it requires us to determine how much of these parents’ desire to have children was influenced by this messaging. It requires us to quantify free will.

The Oracle

In my mind's eye, I return to Clara and Christopher's airy West London kitchen, with its flagstone tiles and immaculate garden. They are, undoubtedly, very wealthy. They are also white, well-spoken, and well-educated – Christopher's Cambridge University graduation photo hangs up in their downstairs toilet. And while the leaked documents do not indicate that direct measurements of class (such as income or education) were used to generate the metrics of desirability, the disaggregation of health from class is a complete fallacy, argues Fatima Alwi, journalist and author of the best-selling book *Not-so-Public Health: The private sector's hidden health agenda*.

"The thing is, maybe these people are going to produce really healthy babies. And that's not a bad thing – in fact, it's a great thing, for them and their families. But as much as we need to support and advocate for those women who have been pushed and pressured to conceive by their own government, we also need to look at *why* they were so desirable. We need to be having an urgent

conversation about *why* these women and their partners were so healthy, going back generations. Because that will tell you a lot about the kind of people this government want to see more of – and, more importantly, it will tell you even more about the kind of people it wants to see *less* of."

I ask Fatima if she is referring to wealth. She smiles wryly. "Yes, wealthiness absolutely matters, especially with the NHS being privatised at such an alarming rate. If you can afford good healthcare, you're definitely going to look better in their statistics, because you're more likely to access high-quality, effective care, which includes preventative medicine. But wealth is more than that, especially in this country. If you have a 'clean sheet' of health conditions going back generations, it means you've managed to access the best of the best for centuries. Things like diabetes, ischemic heart disease, mental illness, they're all linked to... well, to simply having worse lives.

"And who are the people that have historically had worse lives? The working

class, the immigrants, the people of colour, the LGBTQ community. And then we've got to ask, who are the people who have had the best lives? It's the land-owning, native-born white people, the upper class, the people whose families have been part of the 1% for as long as they can remember. Those are the people who look good in these health-based statistics, who are desirable. The government might not have directly designed this system to make rich, white babies, but that's what it's doing. It's not just engineering the next generation to be as healthy as possible, which is obviously a disgusting violation of these women's bodily autonomy, by the way, regardless of their privilege. It's actively selecting what this next generation will look like, talk like, act like. This government wants more of the kind of people that voted them into power in the first place."

Fatima's claim that health is linked to all kinds of social markers is certainly verifiable. According to a 2041 NHS report, type 2 diabetes is up to seven times more likely to affect BAME

Britons than their white counterparts. LGBTQ British youth are, on average, 43% more likely to experience hospitalisation as a result of mental illness than their peers. And health services in working-class communities are routinely found to be underfunded and understaffed, with significantly lower numbers of GPs per 10,000 of the population in poorer areas of the UK, particularly those areas identified as areas of 'rural poverty' by the Department of Health's 2040 survey.

Which leaves me to question, what about the other side of the coin? What about those marked 'undesirable'? The focus has thus far been on women like Clara – those who were targeted without their knowledge or consent, and who had children (at least partly) as a result of this. But while they are certainly victims in this scandal, perhaps there might be another kind of victim too. The hidden women, those chewed up and discarded by the algorithm. Those who were deemed 'undesirable'.

What about these women, whose health did not quite match the government's

The Oracle

standards? What about these women who were not chosen, were not seen as special or valuable or suitable, who were not encouraged to be part of raising the next generation? Are they disproportionately working class, poor, immigrants, queer? By virtue of their invisibility, we might never know. But as more and more women come forward, believing themselves to have been targeted as ‘desirable’ reproducers, and as more and more of their suspicions are confirmed as experts like Professor Layton interpret the profound complexities of the leaked documents, I feel an ominous sense that I know what these ‘desirables’ will look like. They will look like Clara. They will look like me.

There is space, I think, to hold these two conversations at the same time. The one that uplifts the identifiable, knowable victims, and the one that interrogates their privilege. In Clara and Christopher’s kitchen, I sip my homemade lemonade and watch Clara hold back tears. “It makes me feel like they’re not my kids. When I think about it too

much, I feel like they’re not even human. They’re just... data, and politics, and the result of someone in some office telling me that this is what I should be doing.” She wipes her eyes, and smiles tremulously. “But then I go and watch them sleep. They’re still just young enough to share a room, so I watch them sleep. I just stand there for hours. And I know that, whatever else they might be, they’re my babies most of all.”

As she says this, the children come running in from the garden, having broken loose from their harried nanny. They spill over the table onto their parents, the family collapsing into a giggling, tearful bundle. I realise that Clara is right. These children cannot be reduced to data, or political targets. They are her babies, most of all.

Rebecca Sinnott