WOMBS FOR RENT?

Gestational Surrogacy and the New Intimacies of the Global Market

by Rachel Blatt

Submitted in partial fulfillment of the requirements for

a Bachelor of Arts with Honors in Anthropology

Brown University

April 2009

First Reader: _____

Lina Fruzzetti, Ph.D.

Second Reader: _____

Sherine Hamdy, Ph.D.

Excerpt from the website of the Malpani Infertility Clinic in Bombay, India:

"*Infertility, Artificial Insemination & Surrogate Mother in Hindu Mythology*
by Dr. Devdutt Pattanaik

In the Bhagvata Purana, there is a story that suggests the practice of surrogate motherhood. Kans, the wicked king of Mathura, had imprisoned his sister Devaki and her husband Vasudeva because oracles had informed him that her child would be his killer. Every time she delivered a child, he smashed its head on the floor. He killed six children. When the seventh child was conceived, the gods intervened. They summoned the goddess Yogamaya and had her transfer the fetus from the womb of Devaki to the womb of Rohini (Vasudeva's other wife who lived with her sister Yashoda across the river Yamuna, in the village of cowherds at Gokul). Thus the child conceived in one womb was incubated in and delivered through another womb."

Introduction

In the spring of my junior year at Brown I enrolled in Sherine Hamdy's Bioethics and Culture class, an introduction to medical anthropology that engaged the social and ethical implications of medicine and biotechnology. I couldn't have known when I registered how important the class would be for me. It changed my understanding of this discipline, of the anthropologist's role in society, of the intersections of our bodies, policies and economies, and more than most classes at Brown, it left me hungry to read, witness and learn more. That semester, I was introduced to many of the contemporary medical anthropologists you will see cited in this thesis. I realized that identifying bioethical problems is important not only for one's understanding of scientific and medical realms, but also for one's understanding of society as a whole. Questions surrounding abortion, amniocentesis, disability, conceptions of motherhood, conceptions of the body, as well as the commodification of the body, were central to our in-class discussions. During the final project for the class, I became particularly interested in women's health, the global trade in human body parts, and the transnational inequalities on which reproductive policies and practices increasingly depend. It was during my search for a bioethical problem that encompassed these issues that I first learned about international commercial surrogacy and the burgeoning surrogacy market in India. "India Nurtures Business of Surrogate Motherhood," an article

printed in the *New York Times* in March 2008, was the jumping off point for my research. India's rapidly expanding commercial surrogacy industry is dependent on "gestational carrying" arrangements, in which the surrogate mother is not genetically related to the child she carries. Rather, the sperm of the intended father fertilizes either the ovum of a donor or the ovum of the intended mother, and the resulting embryo is implanted in the gestational carrier's womb.

This type of surrogacy is made possible through in vitro fertilization technology (IVF)—literally "in glass" fertilization— where an embryo is created outside of the womb. Before the introduction of IVF procedures in 1987, however, surrogates were impregnated with the sperm of the intended father through artificial insemination. In this arrangement, called "traditional surrogacy," surrogate mothers contributed their own ovum and did bear a genetic connection to the child they bore. The anthropologist Rayna Rapp has pointed out that even this so-called "traditional" surrogacy is "surely a plausible oxymoron" (Ragoné and Twine 2000: xv). In this particular socio-cultural context, any third-party form of reproduction, requires individuals to reconceptualize procreation, reproduction, kinship and family.

Before my introduction to Indian surrogacy and the anthropological discourse on reproductive technologies in the U.S., I had, of course, been exposed to the surrogacy business through other popular media outlets, including the work of American comedians. Recently, Tina Fey's film *Baby Mama*, featured a successful, single businesswoman who discovered she was infertile and hired a working class woman to be her surrogate. The arrangement, as well as the class/education differences intrinsic to it, initially strained their relationship, but they eventually became friends when they learned they both had the potential for "natural" mothering, after all. The film simultaneously

poked fun at, but reaffirmed, the "traditional" ways to make a baby, and there was a clear favoring of "natural" childbirth over surrogacy. As Fey's character realized that she, too, could biologically have her own child with the man she loved, her absolute joy implied that the other way would have been less "legitimate."

Before *Baby Mama,* Larry David, in an episode of his HBO sitcom *Curb Your Enthusiasm,* had made a mockery of himself and American kinship ideology when he attended a baby shower for a child being born through surrogacy and upset everyone by bringing two gifts—one for the intended parents and one for the surrogate mother. "What?" he said, looking at the surrogate. "You're the one carrying the baby. That's your baby." By suggesting that the surrogate could have formed a legitimate parental connection to the child through the act of "carrying" it, David had made a social faux-pas. Like *Baby Mama*, this scene depicted a cultural ambivalence about the way surrogacy has asked people to reconceptualize notions of family, parenting, and relatedness.

I had off-screen encounters with new reproductive technologies as well. Alongside notices for pizza delivery and spring break specials, Brown's campus publications regularly print ads soliciting college-age egg donors. A $60,000 pitch goes: "Pay off your student loans, covergrad (sic) school tuition, study abroad or get a head start on your career goals" (Kay 2004). Another, for $75,000, lists characteristics of the desired donor: "Attractive, intelligent, Jewish, SAT score of at least 1370, 21-29 years of age, at least 5'4" tall and no more than average weight" (Kay 2004). These ads provide another example of cultural ambivalence toward new reproductive technologies. Donated eggs could be used for gestational surrogacy, but they could also be used for something that seems its reverse. An intended mother could be implanted with someone else's egg and therefore be able to "carry" a child that is not

genetically her own.

Selling human ova is prohibited in America, but it is legal to "donate" eggs in this manner and be "compensated" for the invasive hardship. While I've read the ads for four years now and occasionally fantasized about what $75,000 could do for me (cover my loans, fund my wildest travel and research projects, the list continues) I had never allowed myself to imagine how becoming an egg donor might change my perceptions of my self, my body and of life and birth, in general. But then this fall, perhaps only to rouse me, a close friend asked if I would be interested in donating my eggs to his uncle, who had been trying to conceive a child through surrogacy for some time. He and his partner had decided they were looking for "Brown eggs." Due to their perceived superiority, a female Brown student's eggs are highly-coveted genetic material. If it didn't work out, my friend told me, his uncle was also looking into the "less-expensive Oberlin eggs."

They didn't get their first or second choice eggs, but months later, they found a donor from a bank in California and a gestational surrogate in Texas to carry a child for them. I had the opportunity to talk to them throughout their search and their experiences informed my questions and ultimate conclusions in this thesis. I also conducted interviews with the counselors at the New England Fertility Institute in Stamford, CT, one of the East Coast's leading clinics for third party reproduction. In March 2009, I attended one of the Institute's information seminars on gestational surrogacy and there, I met and conducted short interviews with four infertile American couples who were considering hiring surrogates within the U.S.

As my research turned to the burgeoning transnational surrogacy industry, the Internet proved a valuable resource for finding news sources and conducting interviews. Through email I was able to interview a young

Indian filmmaker who is currently at work on an animated documentary about surrogacy in India. I also emailed with three graduating journalism students from the Wee Kim Wee School of Communication and Information in Singapore who recently published a 45-page book based on their firsthand investigations of the surrogacy industry in Mumbai and Gujarat, India in December 2008. I supplemented these interviews with secondary source material from American and international newspapers as well as ethnography and medical anthropology texts.

Commercial surrogacy, which has been dubbed "reproductive outsourcing" and "rent-a-womb" by popular media, provides a rich terrain for debate in the U.S. and elsewhere because it provokes yet another disturbance of the imagined public/private sphere divide. Commercial surrogacy, like commercial adoption, abortion, or sex work, places things that are normally relegated to the private sphere (procreation, the maternal body, the feminine body) into the public sphere (the capitalist market). When an element of reproduction becomes a commercial service, issues of bodily exploitation and economic opportunity are immediately called into question. And when the service crosses national borders, as gestational surrogacy has in the last decade, with transactions between women and families of different cultures and vastly unequal social and economic statuses, questions of power, consent and opportunity are even further complicated. It is impossible to disentangle questions of culture, politics, and biology from the topic of reproduction. However, my goal in this thesis is to develop some kind of analytical framework to examine their intersections, specifically as they pertain to surrogacy.

In the 1980s and 90s, surrogacy stretched and contested the definitions of biological relatedness and parenthood in the U.S. Today, as surrogacy extends into the global economy, it raises many of the same ethical issues

that are present in the U.S., but it also presents new contexts for examining choice, empowerment, social worth, and personhood. In the article *Displacing Knowledge: Technology and the Consequences for Kinship* (1995), anthropologist Marilyn Strathern wrote that "there is no vacuum in people's practices and habits of thought; there are only existing practices and habits of thought on which the new will work" (Ginsburg and Rapp 1995: 346) Keeping in mind that the past informs the present, my goal in this thesis is to explore and understand the bioethical uncertainties and cultural logics surrounding the genealogy of surrogacy, from its onset through artificial insemination in the U.S. in the late 1970s to the newly emerged transnational surrogacy industry in India.

In what follows, I address these questions as they pertain to surrogacy's present and past.

- *What is the genealogy of surrogacy in the United States?*
- *In the U.S., how has third party reproduction altered, but also been altered by, American kinship ideologies?*
- *What happens when these biotechnologies leak into the porous boundaries of the new global economy?*
- *What are transnational surrogacy's implications for gender, class, and conceptions of "personhood"?*
- *What global dynamics are involved? What new contexts have been raised for the judgment of what is right and what is wrong?*
- *How can earlier works by feminist anthropologists shed light on these issues?*
- *What are the obstacles to regulating the transnational surrogacy industry? What is the role of anthropology in such a task?*

A Road Map for Readers

The first chapter of this thesis will follow the genealogy of the American surrogacy industry, from the onset of informal "traditional" surrogacy arrangements through artificial insemination in late 1970s to the emergence of gestational carrying through IVF technology in the late 1980s. I will look at the ways medical advances worked in tandem with "traditional" American kinship ideologies to enable, justify, and sustain gestational surrogacy, to the point where this type of arrangement has all but replaced "traditional" surrogacy as the main form of surrogacy in the U.S.

The second chapter will explore gestational surrogacy in transnational context. In the wake of legal controversies over "traditional" surrogacy in the U.S., gestational surrogacy arrangements, which offered infertile couples more options for having a genetic connection to their child, proved more in line with American kinship ideologies. As the gestational surrogacy industry developed its own bureaucratic machinery in the U.S., it became heavily regulated and normalized. In the last decade, however, gestational surrogacy arrangements have proliferated into the global economy, accompanied by a dearth of regulations and a whole host of new ethical concerns. In this chapter, I will discuss the development of the surrogacy industry in India, with consideration of the tensions and uncertainties raised by new global flows of people and technology in the twenty-first century.

The final chapter of this thesis will look closely at a recent controversy in India that has highlighted the need for transnational surrogacy regulation to take specific cultural contexts into consideration and not just model itself after American precedents. In this chapter, I will also compare the international surrogacy industry to the international trade in human organs in order to

draw conclusions about the effects of biotechnology's expansion into the new social, cultural, and economic contexts of the global market.

Chapter 1. From ''Traditional'' to ''Gestational'': A Genealogy of Surrogacy Arrangements in the U.S.

On March 19, 2009 at the Crowne Plaza Hotel in White Plains, NY, thirty prospective parents waited for Dr. Gad Lavy, the founder and medical director of the New England Fertility Institute of Stamford, CT, to introduce his panel on gestational surrogacy, a reproductive technology that is now more than two decades old. Every year Dr. Lavy hosts two information panels for couples interested in surrogacy; one focuses on gestational surrogacy, the other focuses on egg donation. He welcomed the audience, affirming these new technologies. "Today more people are understanding exactly what these reproductive technologies are and are more open to it."

The couples in the room had learned about the conference in different ways, some were on the Institute's mailing list, others said it had been recommended by a medical professional or by other infertile couples they knew. All the couples in the room were heterosexual, though New England Fertility does sometimes work with gay couples. No one appeared to have come without a partner.

I had come to the conference as a researcher and I sat quietly in the back of the room with a journalist from the *Stamford Advocate* who was covering the event. After the conference, a woman from the audience approached me and asked if I was a college student. "So you are researching surrogacy?" she stated, more than asked. "Good. I think this is a very interesting thing to

be writing about." Everyone I talked to encouraged my research and no one seemed surprised by the presence of a college student.

Despite a history shrouded in legal battles and social taboos, surrogacy is now increasingly gaining a foothold in the world of reproductive medicine. Shirley Zager, director of the 23-year-old non-profit The Organization of Parents Through Surrogacy has estimated that surrogates have given birth to 28,000 babies in the United States since the mid-1970s (Kuczynski 2008: 3). This figure is only an estimate, as some of the surrogacy arrangements in the U.S. are informal. The Center for Disease Control recorded 1,012 gestational surrogacy attempts in 2005 (Teman 2008: 1). In the U.S., as the number of couples using surrogacy has risen, the "surrogacy industry," a collection of agencies that combine the administrative, legal and medical aspects of this reproductive technology, has acquired its own standards and bureaucratic machinery to oversee the exchanges and relationships of the actors surrogacy involves. Conferences like the one presented by the New England Fertility Institute are becoming commonplace, as are media coverage and academic research on the issues they encompass.

Such conferences give the impression of surrogacy as a routine, normalized procedure, one of many ways in which people can now "choose" to have children. Today, surrogacy is dependent on various fields of expertise including reproductive medicine, psychology, and law. In the U.S., the complex of actors involved in surrogacy are now heavily regulated by an established system that has set medical, legal and psychosocial standards for its arrangements. In its early years, however, the American surrogacy industry was in an obvious and constant state of flux, subject to controversy, legislative changes, and rapid advancements in reproductive medicine.

It was during this period, in the late 1980s, as reproductive technologies

were expanding in capacity and geographic reach, that the anthropologist Helena Ragoné began collecting data for her ethnography *Surrogate Motherhood: Conception in the Heart*, (Westview Press, 1994) a definitive anthropological account of both 'traditional' and gestational surrogate motherhood in the U.S. While American surrogate motherhood was, itself, transforming alongside rapid developments in reproductive medicine, Ragoné sought to understand how it was also transforming and/or reaffirming people's cultural assumptions and ideologies about family, motherhood, fatherhood, and kinship. She came to view surrogacy "less as a departure from than as a reaffirmation of the importance of the family, parenthood, and biogenetic relatedness" (Ragoné 1994: 2) Among the upper-middle class American families who employed surrogate mothers, Ragoné found that though the means of achieving a family had changed, the motivations for having a family had not.

In addition to advances in reproductive medicine, there were social explanations for the surrogacy industry's evolution during the late 1980s. Later marriages and a growing tendency for middle and upper-middle class women to want children later in their reproductive lives, because they were entering the workforce, had contributed to a rise in infertility, and had thus increased the demand for reproductive technologies during this period. Looking back even earlier, some have suggested that in the 1970s, the separation of intercourse from reproduction through new birth control methods such as oral contraceptive pills may have also opened the door for the social acceptance of surrogacy (Ragoné 1996: 353). If you could have intercourse without making a baby, you could now make a baby without having intercourse.

In "traditional" surrogacy arrangements, only the father was able to obtain the genetic link to the child. However, in the late 1980s, the development of gestational surrogacy through IVF technology offered a possible genetic

connection for the intended mother, too. Even if medical reasons prevented her from carrying a child to term (having a malformed uterus or recurrent IVF failures, for example), she could still be its biological mother through IVF if she could produce a functioning ovum, to be fertilized in a lab, and carried to term by another woman.

In 1987, the first gestational surrogate child was born in America. In 1989, the first gestational surrogate child produced from a frozen embryo was born in America. This meant that a couple who had previously produced an embryo and cryopreserved it for transfer at a later date, for the first time, successfully implanted it in the womb of a surrogate. A couple might choose to freeze and store an embryo to avoid having to go through numerous IVF cycles in the future. Two years later, in 1991, the first frozen embryo was shipped from England and implanted into an American surrogate's womb.

Around this time, as Ragoné began her research, "traditional" surrogate motherhood became the subject of considerable media attention, much of it negative, as the result of the 1987 "Baby M" case. This landmark surrogacy case pitted the Sterns, a wealthy New Jersey couple, against their hired "traditional" surrogate, Mary Beth Whitehead a married mother of two. After giving birth, Whitehead decided that she wanted to keep the baby, who was a product of her own ovum and Mr. Stern's sperm. After months of debate and deliberation during which time the baby was in Whitehead's custody, the New Jersey Superior Court upheld the surrogacy contract and severed Whitehead's claims to the child.

The case received over a year of media attention, for it had somehow raised all the worst possible scenarios of surrogacy: a surrogate who breeches a contract, a custody dispute between two individuals who are both biologically the parents but have only a contractual relationship, and all-out moral ambiguity

in the absence of legal guidelines. During the trial, the combined coverage of surrogacy by the *New York Times, Los Angeles Times,* and *Washington Post* totaled 270 articles (Markens 2007: 20). The sociologist Susan Markens used these figures to quantify "surrogacy's arrival as a social problem" in the US. In her words, the case "served as a critical discourse moment in the public understanding of surrogacy as a social problem, and this horror story affected how the problem [of surrogacy] came to be framed" (Markens 2007: 104).

Immediately following the trial, twenty-six state legislatures introduced seventy-two bills on the issue of surrogacy. Hundreds more bills were introduced in the following years, split fifty-fifty on whether to permit or prohibit all forms of surrogacy (Markens 2007: 22). Elsewhere, some countries like France had already prohibited surrogacy altogether. Along with moves by state legislatures, surrogacy arrangements, which had begun just as contractual arrangements between a couple and a woman, were becoming increasingly mediated by third parties. By 1988, Ragoné found that an emerging set of informal "industry guidelines" were becoming important in the ongoing formation of U.S. surrogacy policies. These guidelines were "the product of the industry as a whole, developed and refined over the past several years in response to negative publicity such as that generated by the coverage of the Baby M case" (Ragoné 1994: 15). They included public relations strategies to protect the industry from potential negative publicity by "averting situations that might be perceived as immoral, exploitative, or transgressive" (Ragoné 1994: 15). These guidelines were largely unwritten rules, accepted, only informally, by the directors of surrogacy programs.

In the years that followed the Baby M trial and the introduction of IVF to surrogacy, the practice of gestational surrogacy (as opposed to "traditional" surrogacy) in the U.S. increased from less than 5 percent of surrogate births to

more than 50 percent in 1994 (Ragoné and Twine 2000: 57). These numbers continued to increase, as more and more couples who could not reproduce "naturally"—that is, through procreatively-oriented sexual intercourse— opted to have children who were completely or at least partially genetically related to them (Ragoné and Twine 2000: 57). While legal factors and industry guidelines certainly contributed to the significant rise in rates of gestational surrogacy, Ragoné thought what was really at work here was people's adherence to "traditional" American kinship ideology and ideas of biological relatedness.

While there is not enough space in this thesis to fully address people's relationships to adoption, which was the immediate alternative to infertility prior to surrogacy, it seems necessary to discuss how adoption fits into our discussion of kinship, biogenetic relatedness, and the proliferation of gestational surrogacy. According to Ragoné, the majority of couples who turn to surrogacy have either attempted or considered adoption. Most often, she wrote, these couples viewed the process of adoption "as one that is riddled with problems and that has been, in most cases, unable to provide them with a suitable child" (Ragoné and Twine 2000: 57). Of the major obstacles these couples encountered during the adoption process, the most common were long waiting periods and discriminatory practices. More importantly, however, along with these bureaucratic obstacles to adoption, Ragoné found that Americans were also still chasing after the "blood tie." She wrote, "regrettably, biological children continue to be considered preferable to adopted children, since adoption is most often understood as a last resort for those who are unable to fulfill a genetic dictum" (Ragoné and Twine 2000: 60). In other words, the option of being genetically related to your child made gestational surrogacy preferable to adoption.

In 1994, Ragoné pointed out that the "traditional" surrogate mothers

she talked to disavowed the importance of their own "blood tie" (or biological link) to the surrogate children they gave birth to, and instead chose to emphasize the intended mother's "nurturing" qualities. In this way, the biological relatedness of motherhood was downplayed and motherhood was interpreted primarily as an important "social role." In this sense, the advantage of "tradtional" surrogacy over adoption was the control it offered intended parents, the ability to in some way, experience the pregnancy from conception to birth. In contrast to this downplay of biological relatedness, when Ragoné talked to gestational surrogates—I will use "surrogates" here to mean surrogate mothers— she found that they fully-acknowledged the biological link to the child in "traditional" surrogacy. In fact, they said the very reason they chose to be gestational surrogates, and not "traditional" surrogates, was because it eliminated the issue of genetic relatedness. Here, we see a direct contradiction. "Traditional" surrogates ignored their biological relatedness to the babies they gave birth to. Gestational carriers played up the biological connection in "traditional" surrogacy and avoided it, as a way of emotionally safeguarding the surrogacy experience for all of the actors involved.

These justifications contradict each other, and yet, they both seem to fall in line with traditional American mythologies and ideologies of family and kinship. Lesley Sharp has argued that David Schneider's assertions on the symbolic value of biological connectedness in American kinship ideology are useful for understanding these justifications of surrogacy. More than forty years ago, Schneider wrote in his study of kinship, of the "unalterable nature of the blood relationship" (Schneider 1968: 25). Though Schneider could not have anticipated the way new biotechnologies have come to alter human procreation today, Sharp has pointed out that "[In gestational surrogacy] we

are witnessing yet again the social fact that *shared blood engenders sameness*" (Sharp 2006: 202).

In 1996, Ragoné described this form of parental desire as "chasing" the "blood tie." And she wrote in 2000, "The ability to create a child who is genetically related to both parents is the primary reason that gestational surrogacy continues to grow in popularity." Today, gestational surrogacy has became the more popular option because it seemed to "go with the flow" more than "traditional" surrogacy (Ragoné and Twine 2000: 60). Sharp has argued that this mode of thinking reflects some disjuncture of the emotive and the biological. She wrote, addressing Ragoné's work, "particularly intriguing here is the manner in which biogenetic principles of American kinship transcend older notions of reproduction...in the context of gestational surrogacy, the contracting mother can trump the child bearer by asserting her biogenetic parentage" (Sharp 2006: 202).

Those who hired gestational surrogates seemed to be focusing mostly on the aspects of surrogacy that fell in line with traditional ideas of relatedness, privileging their connection to their child through primary genetic material over their surrogate's connection to their child through the womb, the process of gestation, and delivery of the child. Gestational surrogacy implies that it is ovum, not the womb that makes a mother. "Traditional" surrogacy, like adoption, implies that the social role of "mothering" (that is, neither ovum nor womb) is what makes a mother. Both adoption and "traditional" surrogacy rely on the American notion that "motherhood" can be a social role, but at the onset of the surrogacy practice in late 1970s, "traditional surrogacy" offered an advantage over adoption, the chance for social-bonding at an earlier stage (at conception vs. after the birth of the child). In the late 1980s, however, as IVF technologies proliferated and became more reliable, gestational surrogacy

arrangements became more common than "traditional" surrogacy in the U.S. Anthropologists like Ragoné wondered what cultural logics and conceptions of relatedness were responsible for making both surrogate mothers and hiring couples favor gestational carrying over "traditional" surrogacy.

I propose that the Baby M case in 1987 was the impetus for this way of thinking. In the context of what could go wrong with "traditional" surrogacy, reactions to the Baby M case framed gestational surrogacy as a safer, more "normal" alternative, that biologically distanced the third-party carrier from the "traditional" family. In light of the custody battle between Mary Beth Whitehead and William Stern, both of whom were genetically related to Baby M, the arguments that were needed to make "traditional" surrogacy align with Euro-American notions of reproduction and kinship appeared unsustainable. More to the point, important legal and social institutions were already entrenched in the notion that biological relatedness was what engendered "legitimate" kinship. And the arguments and cultural elaborations needed to make "traditional" surrogacy align with these American kinship ideas were easily overridden. The case showed how fragile and tenuous these elaborations were. This, coupled with rapid advancements in IVF technology, was therefore responsible for the proliferation of gestational carrying and its replacement of "traditional" surrogacy during this period.

At the 2009 New England Fertility Institute conference in New York, Dr. Lavy reinforced the idea that gestational surrogacy offers people "emotional security" by ensuring that the surrogate has no genetic connection to the child she bears, thereby reaffirming the notion that bonding or claims to motherhood fall along genetic lines. According to anthropological studies of kinship, for example, Peter Parkes's work on "milk kinship" in the Muslim Hindu Kush, a pre-Islamic Arabian custom of sending children away to be raised by a

wet nurse (Parkes 2001) and Jessaca Leinaweaver's work on "informal" child migration in Peru, an organizational strategy in which Andean children are sent by their parents to live in other households for socioeconomic reasons (Leinaweaver 2009), Euro-American notions of kinship ties are certainly not universal concepts of connectedness or relatedness. Lavy's words at the conference, however, treated the notion of "blood tie" kinship as though it were natural, taken for granted, and self-evident.

He told his audience of prospective parents that gestational surrogacy is the most common form of surrogacy used today because "traditional surrogacy, like in the Baby M case, might be simple technically speaking, but it is complicated legally and ethically." In other words, the larger obstacle is not the technical hurdles of bringing the "right" sperm and egg together, but rather, the social, cultural, and legal elaborations needed to justify these arrangements. There is some irony that the mechanically/physically "easier" form of surrogacy is forsaken for one that is a more costly, medically invasive, and biomedically risky procedure– this shows the importance of understanding the cultural ideas of kinship, which in this case are driving the technologies more than the other way around. Even a gay male couple will hire a gestational surrogate and use a donated ovum from another woman to avoid the problem of having their surrogate mother be genetically related to the child she bears. The custody battle over Baby M seemed to embody all that could go wrong with "traditional" surrogacy. Stressing gestational surrogacy's departure from Baby M's well-known horror story therefore normalizes the practice and puts prospective parents more at ease.

Anne Kottick, who heads psychological support at the Institute, corroborated this sentiment during the panel discussion. She told the audience "when I first started here I imagined all of these Mary Beth Whiteheads [Baby

M's traditional surrogate], but now I'm really amazed at how few problems there are with surrogate mothers and families." It was implied in her statement that the ova/womb separation in gestational surrogacy had cleared up most of the early ambiguities of third party reproduction. When an audience member asked "Up to what point can a surrogate change her mind about keeping the baby?" Kottick said "You know, we just really aren't seeing that any more."

Fifteen years ago, in the wake of Baby M and during the proliferation of IVF techniques in reproductive medicine, anthropologists like Ragoné and Sharp wondered whether "traditional" cultural definitions of biogenetic relatedness might be changed by the phenomenon of gestational surrogacy. These anthropologists ultimately concluded that the "traditional" Euro-American notions of relatedness were not being changed by, but rather, being reaffirmed by surrogacy. Interestingly, there were other attempts to challenge the predominant ideologies of "blood tie" kinship that were sustaining gestational surrogacy as an industry. In the late 1980s and early 90s two studies on reproductive technology, the British government-commissioned Warnock Report and a European study called the Glover report, tried to advance the argument that gestational surrogates *do* actually bear a "biological link" to the child they give birth to. The theory was, Ragoné wrote, "that ovum contribution is but one aspect of biological motherhood since without the womb, the embryo/fetus/child could not develop and survive" (Ragoné 1994: 75). The argument—that a gestational surrogate should be legally regarded as the mother of the child she gives birth to, regardless of genetic connection—ran counter to the logic of motivations expressed by gestational surrogates. It also offered a broader view of "genetic connection"—taking into account the possible lateral gene transfer between fetus and surrogate in the womb and challenging a reductive view that genetic information is entirely packed in

at the level of the fertilized egg and not subject to its nutritive environment. The argument, which was in line with a kind of "systems biology" in which the fertilized egg and carrying mother are one system that cannot be divorced, complicated the significance of the "blood tie" in traditional kinship ideology, as defined by Ragoné and Sharp. Because the argument challenged the narrow genetic determinism that is dominant in fields ranging from medicine and sociobiology to criminal forensics and bioetechnology practices, it did not gain traction in the U.S.

Today, it seems, as Ragoné predicted, that the cultural ambiguities produced by reproductive technologies have been to a large extent circumvented "through an emphasis on the genetic component of parenthood, characterizing the gestational surrogate as the vessel through which another couple's child is born" (Ragoné 1994: 112). Of course, there are other, larger reasons for this notion of the "empty vessel" surrogate. The surrogate mother is likely from a less privileged socioeconomic background than the couple who hires her. Her "labor" is made invisible through a rhetoric of altruism and her contribution is ultimately erased by a narrow focus on genetic kinship, where genes are even more narrowly conceived to be entirely contained in the reproductive material (sperm/ovum) regardless of the immediate environment. This notion of surrogate-as-empty-vessel, which effaces any biological link through the womb, has served to effectively quell the social and emotional uncertainties produced by surrogacy technologies in America, by emphasizing the biological distance of the third party carrier from the "traditional" family. And now that it has narrowed industry guidelines in such a way that surrogate births in America are now predominantly done through gestational surrogates, the advantages of this arrangement are taken to be self-evident.

Chapter 2. Rethinking Choice and Empowerment in Transnational Context

In the U.S., gestational surrogacy arrangements, and the legal and bureaucratic institutions that have come to accommodate them, now prevent the social anxieties of third party reproduction from erupting into the kind of media controversy seen in Baby M's case. Today, gestational surrogacy is heavily regulated and standardized in the U.S., however, as it leaks into the porous boundaries of the global economy and proliferates, its lack of control in these regions is becoming increasingly evident. Within a greater transnational context, with consideration of the tensions and uncertainties raised by new global flows of people and technology in the twenty-first century, international gestational surrogacy brings up a whole host of issues that are very different from what I witnessed during my participant-observation of the information session in White Plains, NY. India is the country leading the boon in this new transnational industry.

Even more so than in the U.S., in India, where 75 percent of the population lives on less than US$2 a day, and a surrogate mother can make between US$6,000 and US$10,000 for one birth, questions of economic inequality come to the fore (Lee, Nurluqman, and Xin 2009). In 1988, Ragoné reported that most surrogate mothers in the U.S. were predominantly white, working class, of Protestant or Catholic background, and married with an average of three children of their own (Ragoné 1994: 54). These surrogates, as a group, tended to view surrogacy not as a job, but as a vocation or a calling (Ragoné 1994: 54). Judy Kottick, who currently heads psychological support at the New England Fertility Institute, has corroborated this general description of American surrogate mothers. She told her audience of parents considering hiring a gestational surrogate that "Today, carriers [meaning gestational

surrogates] feel the maternal role is the most special thing they've ever done. They feel helping couples create a family is the best way they can make their contribution to this world." Though most surrogacy arrangements in the U.S. involve predominantly upper and upper-middle class couples commissioning predominantly working class women, there seems to be a large cultural denial of class inequity from all parties involved in the arrangement. Ragoné argued, in the late 1980s, that "surrogates view their decision to become a surrogate as an informed choice and do not articulate any experience of class inequity in relationships to couples" (Ragoné 1994: 54). Again, this reflects the mythology of a private/public divide that surrogacy is at odds with; the denial of class inequity is one way of keeping the two spheres pure and separate. In recent media coverage, some U.S. surrogate mothers similarly downplayed the monetary compensation they received for their pregnancies as only an "afterthought," or at most, an added "plus" (Keen 2007). In general, surrogate mothers, commissioning couples, and surrogacy program directors in the U.S. all seem to play down class inequity and play up a rhetoric of surrogate "altruism." This is similar to the organ transplant industry, where language outside of "gift" and "altruism" is strictly taboo, even if you are obviously talking about a very lucrative industry (Sharp 2000).

Unlike U.S. surrogates, Indian surrogates' expressed motivations are predominantly financial. In 2009, an Indian gestational surrogate for an American couple very openly told a Singaporean reporter "this is the fastest route to money" (Lee, Nurluqman, and Xin 2009). In 2007, another Indian woman who was considering becoming a surrogate for her second time told American Public Media's *Marketplace* "Yes, I might do this again because after all there's nothing wrong in this. We give them a baby and they give us much-needed money. It's good for them and for us." This same financial logic that

drives a woman to become a surrogate in India is present in the international market in human organs. The problem is that years later, in follow up studies, organ donors report that they have spent their money very rapidly, within the first few months of receiving it (Scheper-Hughes 2000). These studies have also reported that after donors give their organs, they are less able to work and generate income, and mostly regret the decision. Compared to that of organ donors, there is a marked absence of follow up studies on women who have worked as international surrogates. As the international surrogacy industry grows, it is accompanied by the need for more research on the subjective experiences and perspectives of women who choose or have chosen to work as surrogate mothers.

In general, the motivations of international clients who commission surrogate mothers in India are also financial. The same *Marketplace* reporter cited earlier interviewed an American woman in her 30s who was interested in Indian surrogacy for its low prices and relatively loose legal restrictions. The woman said she had come to India because of "the factor of costs." Surrogacy can reach up to $80,000 in the U.S. and she was paying roughly $25,000 for an Indian surrogate. She also gave a second, legal, justification for hiring an Indian surrogate that echoed the custody fears brought about by the Baby M case in the U.S. She told the reporter "the legal issues in the United States are complicated...the [American] surrogate mother still has legal rights to that child until they sign over their parental rights at the time of the delivery." India's surrogacy laws, she said, were much more attractive to wealthy, intended parents.

Commercial surrogacy, that is, an arrangement in which a surrogate mother receives money directly from an adoptive parent or parents, is banned in some U.S. states and some European countries. But geography can be

overcome and couples seeking surrogates can now leave their home states or countries to find third party reproductive clinics scattered around the world. In India, commercial surrogacy has become a rapidly expanding enterprise since its legalization in 2002. No fixed legal definition exists for "commercial surrogacy" in India, though the term has been used by both academics and journalists to describe, generally, the form of surrogacy in which a gestational carrier is paid to carry a child to maturity in her womb (Gentleman 2008). Though there are no firm statistics on how many surrogacy arrangements are being made in India for foreigners, anecdotal evidence from officials at Indian fertility clinics has suggested a sharp increase over the last five years (Gentleman 2008). There are 200 documented surrogacy clinics in India, though India's National Commission for Women estimates there could actually be up to 3000 clinics in practice (Kannan 2009). The *Times of India* estimates the industry to be worth US$500 million dollars (2009). That is more than some Indian textile industries are worth (Infoquest India).

Wealthy families across the globe, who cannot have children on their own, have praised this new, transnational industry for opening a more affordable doorway to third party reproduction. Some Indian gestational surrogate mothers who have been interviewed by international journalists seem enthusiastic about this new and profitable way to provide for their families (Gentleman 2008). Still, as commercial surrogacy crosses the boundaries of the growing, global economy, uniting the world's rich and poor bodies in a new, intimate way, its growth is accompanied by a dearth of regulations and a host of bioethical uncertainties. Many of these issues are part of a larger sociopolitical history of international labor exploitation and bodily control that will have to be left out of this chapter in the interest of space. Here, I will address the ethical uncertainties surrounding the new transnational surrogacy

industry in relationship to the U.S. surrogacy industry that preceded it and in light of recent theoretical shifts in anthropological approaches to the body.

Today, post-Fordist flexible economies coupled with new advances in medical technologies, and our dominant concepts of family and personhood, have created ripe conditions for the establishment and the proliferation of niche markets that fragment and commodify the body and its parts. Though the human body (and its parts) have long been a target for commodification within many different cultural settings, Lesley Sharp has written that the clinical and scientific application of "emergent biotechnologies...marks a paradigmatic shift in anthropological understandings of the commodified, fragmented body" (Sharp 2000: 287). Anthropologists have problematized the Cartesian "mind-body dualism," by asserting that body, self and personhood are, in fact, inextricably linked. Sharp has argued that in the medical realm, where this Cartesian framework is rampant, an expanding desire for cadavers, blood, organs, other transplantable tissues, and ova and sperm, has fragmented the human body and reconstructed it in such a way as to cause a "proliferation in the marketability of human body parts" (Sharp 2000: 289). This phenomenon has exposed the limitations of Cartesian dualism and thus raised new questions about the self and the body as they pertain to personhood. Sharp has asked "What do such (de)constructions say about body boundaries, the integrity of the self, and the shifting social worth of human beings? (Sharp 2000: 289)"

With the advent of dialysis (also known as the "artificial kidney"), advances in the fields of genetics and immunology, as well as rapid developments in assisted reproductive technologies like IVF and gestational carrying, Sharp wrote that we are seeing how technology has "an overwhelming capacity to challenge the boundaries between life and death, human and machine, self and other" (Sharp 2000: 297). Emily Martin has written, similarly, that in line

with the new structures of our economy, we are now witnessing "a dramatic transition in body percept and practice... the end of one kind of body and the beginning of another" that (much like our global economy) is open, flexible and without boundaries (Martin 1994: 121).

In discussing commercial surrogacy as it extends through the boundaries of the new global economy, we must therefore consider the commodified female body of the third world, its reproductive organs and processes, in light of these new market/biotechnological forces on the body and recent shifts in theoretical approaches to the body. Female reproduction raises many questions of bodily autonomy and choice, integrity and social worth. And surrogate motherhood, since it generates a by-product that is desirable to wealthy costumers, is subject to a host of forms of objectification and commodification. International media/discourse has allowed people to imagine these arrangements not as commercial exploitation, but rather, as "opportunity." But what new questions has the transnational surrogacy market raised regarding bodily integrity, social worth, ownership and personhood? And how might the medicalization of the poor female body, in the case of Indian surrogacy, be privileging some bodies while excluding others on local, national and global levels? Transnational surrogacy seems to fall in line with the "modern routes of capital" Nancy Scheper-Hughes has outlined in her work on the global traffic in human organs. Like the organ industry, in transnational surrogacy, labor flows from "Third to First World, from poor to rich, from black and brown to white, and from female to male" (Scheper-Hughes 200: 193). Transnational surrogacy involves a racial hierarchy that is beyond the scope of this thesis. But it is important to mention that a notable silence in the media and academic discourse still surrounds the question of Indian women's race in these arrangements. Given that the gestational surrogate mother's race is

effaced in these arrangements and that a great deal of effort goes into making sure her biogenetic material is not imprinted in the child she gives birth to, the racial dynamics of transnational surrogacy relations require more critical attention than they have so far received.

History has shown us that medicine has the power to transform "socially expendable" categories of people into valued objects through their involvement in medical research and advancement. Sharp wrote "We need only consider such relatively recent contexts as Tuskegee, Nuremberg, military- and prison-based research, and pharmaceutical trials in the Third World to expose a clinical and related scientific propensity to prey on the disenfranchised" (Sharp 2000: 296). Today anthropologists must ask if Indian commercial surrogacy, which generally involves a relatively wealthy couple from a developed nation paying a working class Indian woman for her gestational capacities (labor, time, blood, nutrition, gestation, birthing, delivery) is one such example of the reach of bodily exploitation via new biotechnologies and biomedicine's power to objectify humans. There is no obvious answer to the myriad ethical questions that have arisen as transnationalism has exacerbated the theoretical problems of bodily commodification and autonomy that are inherent in surrogacy.

Compared to the relationships between actors in the U.S. surrogacy industry, the relationships involved in India's growing commercial surrogacy market demonstrate far greater discrepancies in terms of class, wealth, education and informed consent. In India, most of the women who become gestational surrogate mothers are poor women with families of their own. Through surrogacy, they are able to earn up to ten or fifteen times what they would earn in a year's worth of standard work. The transnational exploitation and stratification of the reproductive body in this respect could, in some ways, also overlay preexisting local stratification; it has been reported that in some

cases, a surrogate mother may be paid an even higher fee by Indian adoptive parents or adoptive parents of Indian descent if she was born into a higher Hindu caste (Lee, Nurluqman, and Xin 2009).

The Indian press has reported much praise of the industry for the opportunity and economic empowerment it allows (working class) women (*Times of India* 2009). According to a young Indian filmmaker who is at work on a documentary about India's commercial surrogacy industry "I think it is a good opportunity for poor women to earn some money with dignity. They are helping in creating life. And helping their families financially" (personal communication: March 2009)[1]. Her mention of the "dignity" of surrogacy is interesting here, as it is not a term regularly used in popular international media depictions of Indian surrogacy. There are no studies on whether Indian surrogate mothers find their work dignifying or not.

Despite this informant's defense of the economic opportunities in surrogacy, she was not without concern for the limits this industry could place on Indian women's bodily autonomy. She added "Atom bombs can be used for mass destruction or to generate power. There are always two sides to an argument. It is a development in science and technology. It's up to us to use it for general benefit or for exploitation." When pressed, she was not sure who or what should regulate this ethical seesaw. Her answers reflected a tension between feminist notions of "the right to choose" to become a surrogate and the realities of India's abject poverty.

From a Western feminist perspective, it is easy to argue that Indian women should have the right to "choose" to enter the job market as surrogates. However, considering that the Indian women who "choose" to become

1 Direct email response to my question:
"What are your thoughts on this growing industry?"

surrogates are generally living below the poverty line, with limited educational resources at their disposal, and children and elders to care for, it is unclear if their "choices" to become gestational surrogates for money really embody feminist notions of autonomy and empowerment.

Faye Ginsburg's work has raised questions about motherhood, wage labor, reproductive technology, and choice in the U.S. that can provide a useful theoretical framework for examining the new social contexts surrounding the reproductive choices to become a surrogate in India today. Looking at abortion activism in the U.S. in the late 1980s, Ginsburg wanted to explain how the procedure, despite its legality and frequency, was continuing to "exist in a gray area on the borders of acceptable medical and social terrain" (Ginsburg 1998: 2). Ginsburg's findings demonstrated that women's choices and bodily autonomy were largely affected by the structural conditions in which they lived and worked.

With more women entering the U.S. workforce during this period and choosing to become mothers later in life, women and their families began placing new values on work and motherhood. Ginsburg described American women in the 1980s as caught in a place "between the ideals and limits of domesticity on the one hand, and the social realities of inflation and limited opportunity in wage labor and careers on the other" (Ginsburg 1998: 12). Pro-choice activists argued that women could make their most valuable contributions to society through their participation in the job market. Therefore, any limit on women's access to abortion was sexually oppressive because it hurt women's efforts to overcome deeply-rooted sexual inequalities in society. In this context, where wage labor and domesticity were at odds, the choices were either to have babies and stay at home or to control one's own sexuality and become financially independent, as men were, without ties to reproduction and

domesticity. At the same time, pro-life activists defined women as domestic, so to them, women "choosing" not to be tied to domesticity made them "like men." So did "irresponsibility" with sex (Ginsburg 1998). Pro-life activists argued that the accessibility of abortion at the end of the century represented moral disintegration and the structural reshaping of women into "men" at the hands of secularism, narcissism, and materialism.

The connection between abortion in the U.S. and surrogacy in India may not be immediately clear. However, comparing abortion and discourses surrounding "choice" (whether or not to abort a baby) to contemporary contexts for reproductive choice (how to have a baby, as third-party options/ new reproductive technologies increase in number of ways) raises interesting theoretical and methodological questions about the analysis of reproduction, kinship, and gender, as well as power and nationality. In both abortion and surrogate motherhood, women are exerting control over when and how they reproduce and towards what ends, and reproduction is no longer being imagined as "biological destiny." Also in both situations, a new and potentially empowering reproductive capability (In the U.S., abortion; In India, to become a transnational gestational surrogate) is being publically debated through the lens of "choice." However, I have cited Ginsburg's work here in order to problematize the dominant Western feminist conception of "choice" in contemporary context. Today, in Indian surrogacy, new tensions between motherhood, wage labor, "choice," and "empowerment," require more than the dominant discourses that Ginsburg critiqued in order for "choice" and "empowerment" to be fully explored.

The rubric of "choice" was foregrounded by feminists around the issue of abortion. In 1973, its legalization in the U.S. offered women the ability to choose to terminate an unwanted pregnancy and therefore be free to pursue a

career over motherhood. Today in India, where commercial surrogacy has been legal since 2002, third party clinics consider themselves to be offering women the "choice" to sell their gestational capacities as a kind of career. And many have praised the surrogacy industry as a new path to economic empowerment for women. In the U.S., pro-choice activists linked choice to empowerment, arguing that any limit on a woman's right to choose abortion would limit her ability to overcome sexual inequalities in society. The problem is that with this conceptualization, people ignored the larger issue that women's financial independence and women's reproduction were structurally at odds, and that this structure was constraining women's options. In Indian surrogacy, the debate over reproductive choice involves a different structural constraint; the problem is that poverty and structural violence are shrouded by the rubric of "choice" and "opportunity." Considering that in India it is mostly poor, under-educated women who "choose" to become surrogates and that the money they earn is used up quickly, to support their families, the link between the "choice" to become a surrogate and female "empowerment" is a tenuous one. "Choice" is problematic in both cases, as it obfuscates larger structural inequalities in both the U.S. and in India. In the case of Indian surrogacy, it has become apparent that feminists and feminist anthropologists need to develop new approaches to discussing "choice" and "empowerment" in the new sociocultural contexts of the global economy.

Sarah Franklin has pointed to this "crisis of choice" in contemporary reproductive politics (Franklin 1995). She wrote "at the same time that reproductive politics have become the focus of increased feminist attention, the meaning of reproductive politics has both expanded and diversified, resulting in a loss of certainty about pre-existing feminist strategies, slogans, and frameworks, particularly those grounded on notions of rights and choice"

(Franklin 1995: 325). Rosalind Pollack Petchesky has similarly criticized the conceptual frameworks that Western feminists have used to discuss the commercial trafficking in bodies, body parts and women's sexual and reproductive capacities. She argued that in a world where so many "choices" are constructed by poverty and the commercialization of daily life, there is a need to "rethink the meanings of ownership and thereby reclaim both a feminist idea of bodily integrity and a radical conception of property at large" (Petchesky 1995: 388). To rethink the concept in this way, she wrote that it is necessary to look at "the variety of local meanings that women in noncapitalist societies have given to the idea of owning their own bodies" (Petchesky 1995: 388). Of course, the same should be said for women living in capitalist societies (Martin 1997).

Today in India, despite commercial surrogacy's legality and growing frequency, community stigma against surrogate mothers forces many women to live in temporary apartments or keep their pregnancies secret from their extended families and neighbors (Stanford University 2009). A pregnant Indian surrogate who was interviewed by the *New York Times* told a reporter that she had only told her mother, who lives with her, that she was carrying a surrogate baby. She had told the few people who had asked her outright that she was just bearing a child for a relative (Gentleman 2008). In this instance, the existence of the surrogate's reproductive "autonomy" is debatable, given the fact that she must keep her so-called "empowerment" a secret from society.

Nancy Scheper-Hughes has written in her discussion of the global trafficking in human organs that arguments about the "right to market" a body part are based on Western notions of individual "choice" that do not account for the specific sociocultural settings in most of the developing world. The idea of consent in the organ trade is problematic when donors have few other

options to make such a significant income and limited understandings of the risks involved in donating their organs. The same argument applies to the situation of Indian surrogate mothers, in which social and economic issues, including discrepancies in scientific literacy and people's understandings of the risks involved in surrogacy, have made women's "choice" to market their reproductive capacities anything but a "free" and "autonomous" one.

Officials at India's Ministry of Women and Child Development recently voiced concerns that Indian surrogates sign their surrogacy contracts with a thumbprint because they cannot read or write and therefore probably have a weak grasp of what they are committing themselves to. One news source in Singapore reported that the doctors they interviewed do translate contracts into the surrogate mother's native language and explain what each clause means before she puts ink to paper (Lee, Nurluqman, and Xin 2009). But what is a doctor's incentive to verify a surrogate mother's consent, especially when a doctor makes monetary gains from her agreement? Rapp's studies of patient-doctor communication regarding pre-natal exams in the U.S. has shown that even when earnest attempts are made to provide women with "information" for consent purposes, disparities of understanding occur along such fault lines as scientific literacy, familiarity with genetics, and awareness of the capabilities and consequences of biotechnologies. Rapp found that the social resources available to the women making decisions about amniocentesis varied in accordance with language, ethnicity, race, class, age, gender identity, sexuality, and religion (Rapp 1999). In India, the thumbprint "signatures" heighten the question of whether the women who choose to become surrogate mothers are structurally on an equal playing ground with the other participants involved in surrogacy. Any such debate about informed consent and scientific literacy challenges notions of

"autonomous choice" and reveals a pressing need for anthropologists and lawmakers to account for the socioeconomic contexts surrounding surrogacy in India, as well as the limits on people's bodily autonomy and identities in these specific contexts.

Over twenty years ago, when surrogacy first came into popular use in the U.S., it raised its own social, legal and ethical questions that involved issues of class, education, and other related opportunities. In 1994, Ragoné mused that "if American society accorded women equal access to education, employment, and other related opportunities, fewer women would elect to participate in surrogacy as a means by which to attain satisfaction and fulfillment" (Ragoné 1994: 4). While the ethical issues surrounding Indian surrogacy are similar to those present in U.S. surrogacy, in India's case, financial desperation and vast discrepancies in education, opportunity, and scientific literacy have amplified the scope and complexity of these concerns. Additionally, the proliferation of transnational gestational surrogacy clinics has also raised a whole new set of questions surrounding privilege, exploitation, the family and the nation-state, which will demand new forms of global regulation, for which there are few social or legal precedents.

In Anand, India, in the western province of Gujarat, where many new Indian surrogacy clinics are starting up, there are signs that the genealogy of American surrogacy, and the Baby M case in particular, are continuing to structure surrogacy policies across the globe. According to a recent article in the *New York Times*, Anand surrogacy clinics insist that the ovum donor and the surrogate mother should always be different women because surrogates are "less likely to bond with the babies if there is no genetic connection" (Gentleman 2008). As a *Marketplace* story corroborated, surrogate mothers in India sign away their rights to the child and their names do not appear on its

birth certificate. This practice reflects the same Euro-American conceptions of biological relatedness and 'body-as-vessel surrogacy' that have made surrogacy through gestational carrying the most acceptable form of surrogacy in the U.S. without any sustained social science evidence about the specific Indian context. Now that assisted reproductive technologies have entered the global labor market, reordering the relations between individual bodies and the state, the ethical questions they have raised about kinship, parenting, and personhood cannot be understood entirely through American precedents.

In the next chapter, I will look closely at a recent controversy in India that has highlighted the need for transnational surrogacy regulation to take specific cultural contexts into consideration and not just model itself after American precedents. I will also compare the international surrogacy industry to the international trade in human organs in order to draw conclusions about the effects of biotechnology's expansion into the new social, cultural, and economic contexts of the global market.

Chapter 3. Regulating Indian Surrogacy

Twenty years after the Baby M case in the U.S. exposed the pitfalls of unregulated surrogacy, international media has framed a recent controversy over a baby born to an Indian surrogate as "Baby M's international equivalent." The infant in question, Manji, was born in July 2008 at the Akanksha Infertility Clinic in Gujarat. Her intended parents, the Yamadas, a Japanese couple, entered into an agreement with an Indian surrogate in 2007, supplying their own sperm and using the ova of an anonymous Japanese donor. Complications arose when the Yamadas divorced before Manji was born. Manji's intended

mother, who has no genetic connection to Manji, decided she no longer wanted her. Manji's genetic father still wanted her, but Indian law would not allow the adoption of a baby by a single father. Manji remained in legal limbo for almost half a year while the Indian Supreme Court deliberated on her fate. During this time, family friends of the Yamadas cared for her in Gujarat. European and Asian newspapers dubbed her the "first orphan" of international surrogacy. Eventually, the 72 year-old mother of Manji's father was given custody, making Manji the legal 'sister' of her genetic father. But bureaucratic debate over her citizenship left Mr. Yamada and his mother waiting until November 2008 to obtain the proper travel documents to bring Manji from India to Japan. Japanese law has now allowed Mr. Yamada to legally adopt his daughter.

When Manji's story first broke in the summer of 2008, an article from the *Times of India* stated "If the 'Baby M' case in the U.S. gave birth to a... renaissance on surrogacy laws, hopefully the Indian 'Baby M' case will be the catalyst for an Indian legislation on the issue. The sooner, the better" (Mahapatra 2008). The analogy of Baby M to Baby Manji, though imprecise, was an easy trap for journalists to fall into. In both cases, Baby M's in 1987 and Baby Manji's in 2008, people's worst anxieties over surrogacy's reconfiguration of kinship, parenthood and family seemed to have erupted—painfully—and landed an intended couple in a courtroom. Still, the circumstances of these two cases were very different and it is dangerous to draw analogies between them, as the *Times of India* did, without consideration of their local and historical contexts.

As argued earlier, the Baby M case in the U.S. showed that the cultural elaborations that were needed to make "traditional" surrogacy align with larger Euro-American notions of reproduction were too hard to sustain. As reported by Ragoné in the early 1990's, most of the "traditional" surrogates

she talked to justified their roles as surrogates by ignoring their own biological relatedness to the child they were giving birth to. Instead of focusing on their biological relatedness, they placed greater importance on the "nurturing" roles of the child's intended mother. This justification is similar to that used by women who give up their children for adoption. Though this emphasis on "nurturance" did fall in line with traditional Euro-American conceptions of family and kinship, it was at odds with another, stronger tenet of American kinship ideology: the blood tie. The "motherhood as nurturance" argument underlying "traditional" surrogacy proved tenuous in the aftermath of the 1987 Baby M trial. Because Baby M was the genetic product of her intended father's sperm and her surrogate mother's ovum, both parties seeking custody of her could claim a blood tie. Baby Manji's recent surrogacy controversy was very different from this case. It involved a gestational surrogate mother who did not share a "blood" (genetic) connection to the child she carried and she was not the one making claims on the baby.

From a legal standpoint, the Baby M case set a new precedent for the legitimacy of the surrogacy industry in 1987, by upholding the surrogacy contract, severing the surrogate mother's ties to the child, and granting full custody to the commissioning parents. But from an anthropological perspective, the case may have also heralded the death of "traditional" surrogacy in the U.S and opened the floodgates for the sustained growth of the gestational surrogacy industry in the U.S. and elsewhere.

In the wake of Baby M, emphasizing the social importance of "nurturing" as the definitive characteristic of "real motherhood" was no longer enough to conceal "traditional" surrogacy's inconsistencies with an American kinship ideology that places enormous symbolic value on blood ties. After Baby M's very public controversy, people were generally uncomfortable with "traditional"

surrogates being biologically related to the babies they gave birth to for other couples. Ragoné has documented that in the U.S., this lead to a clear industry shift and a growing preference among both surrogates and hiring couples for gestational surrogacy, in which the surrogate would be implanted with an embryo that was not made of her own ovum. In the U.S., concern over the surrogate's biological (understood narrowly in terms of genetic material) relatedness to the surrogate baby was thus eliminated through gestational surrogacy's separation of ovum and womb.

Two decades later, gestational surrogacy has spread to new regions of the global economy and Baby Manji's case in India has highlighted a whole new set of cultural and legal issues in transnational surrogacy that have not been resolved by the ovum/womb divide that originated in the U.S. For one, the fact that Indian law did not allow a single father to adopt a child is at odds with the new biotechnologies and transnational markets that allow a single father to produce a situation like Manji Yamada's. The current law in India that initially prevented Manji's father from getting custody implies that "parenthood" is not legally possible without a "mother" involved. But surrogacy still raises questions about who this "mother" is— even when the shift from "traditional" to "gestational" surrogacy was meant to clear the confusion of an earlier (Baby M) era. Manji's case and her father's custody battle for her have therefore revealed a need for the Indian government to rethink its definition of "parenthood." This is something that will have to be legally addressed if India is to keep leading in the international surrogate business, a domain where "motherhood," "fatherhood," and "parental" responsibilities can clearly be contested.

Though not an aspect of Manji's case, the entrance of gay parents as clients of India's surrogacy industry has also demanded that India rethink

its legal definition of "parenthood." As wealthy gay couples across the globe increasingly turn to gestational surrogacy, they offer a large potential market for India. Some Indian clinics do offer services to foreign gay couples, but the procedures and industry guidelines surrounding these arrangements are still unclear and vary widely.

Additionally, there is a need in India to better define the role of "gestational surrogate" to ensure that public perceptions of surrogate mothers are based on accurate knowledge of what actually happens in surrogacy arrangements. While reporting on Manji's very public case, many international news sources misunderstood the duties and responsibilities of Manji's gestational surrogate and wrongly blamed her for abandoning Manji, when really, she had no legal obligation or right to claim her. While journalists pointed fingers at the gestational surrogate mother who had taken her money and simply 'left the scene,' they demonstrated that conflicting notions of kinship, relatedness, motherhood and fatherhood clearly have not been resolved by the U.S.'s ova/womb divide in surrogacy (Mahapatra 2008).

Manji's gestational surrogate had already waived all of her parental rights nine months before Manji's birth, when she signed her contract with the Yamadas. Still, when Manji's intended mother was no longer in the picture, all maternal responsibility and blame was deferred to the Indian surrogate mother (who bore no genetic connection to Manji) and not to the Japanese egg donor (who had provided half of Manji's genetic material). Though Manji's biological paternal grandmother (on paper, she was her "mother") was eventually granted legal custody of her, the media's depiction of the case shows that there was more than a "blood tie" ideology at work here. In this case of transnational surrogacy, gender, gestation, and geography were also affecting perceptions of parental responsibility.

In the 1980s, the proliferation of gestational carrying in the U.S. was guided by legal precedents in which a surrogate mother who did not contribute her ovum toward the creation of a baby had a significantly reduced possibility of being awarded custody in the event that she reneged on her contract (Ragoné and Twine 2000: 60). In Baby Manji's case the problem is the reverse. An *intended* mother reneged on her contract and the underpinning ideology of ova/womb separation in gestational surrogacy made it impossible to place immediate maternal responsibility on anyone. And this was unanticipated because industry guidelines that were based on U.S. precedents had already worked hard to make sure gestational surrogates wouldn't claim custody of the baby they carried. Though Manji's father eventually obtained custody of Manji, the five-month legal battle exposed new complications of relatedness, parental responsibility, and international relations in transnational surrogacy that the Indian government and the informal transnational surrogacy industry will both have to respond to.

Baby Manji's controversy has brought international attention to the Indian surrogacy industry and as a result sparked new debates at the national level. On March 4, 2009 in Chandigarh, India a panel discussion was held by the Department of Laws at Panjab University to discuss the legal and ethical issues that Baby Manji's case has raised in India. The event, called "Surrogacy: Bane or Boon," brought together professors of law and sociology, local lawyers and doctors, and the chief justice of Panjab and Haryana High Court. The panel also discussed the new Assisted Reproductive Technology (ART) Bill that was recently tabled at the Indian Parliament 2009 Winter session. The bill is currently up for debate, awaiting decision in India's next parliamentary session (Kannan 2009).

This bill seeks to "provide national framework for the regulation and

supervision of ARTs and matters connected herewith or incidental thereto." It calls for the formation of a national advisory board under the central government, to administer its suggestions. If passed, assisted reproductive technology clinics would have to ensure that patients, donors and surrogate mothers are medically tested for diseases. In addition, the bill states that clinics would have to provide "professional counseling to patients or individuals about all implications and chances of success" during the procedure (ART Bill 2008).

Currently, Indian surrogacy is regulated only by loose guidelines set by the Indian Council of Medical Research. The international press has reported that many people in India seem to think stricter regulations will ensure a more successful industry. Anand Kumar, who runs an Indian fertility clinic and was a member of the "expert committee" that drafted the new surrogacy bill in India, told an Australian newspaper that the bill is necessary because surrogacy is "a bit of a free-for-all at the moment and everyone seems to be doing what they wish" (Wade 2009).

If passed, the ART bill would require that women be between 21 and 45 years old in order to become surrogate mothers. Interestingly, in the U.S., pregnant woman who are older than 35 are pathologized as more "at risk" to give birth to children with genetic disease (Rapp 1999). The new bill would allow surrogates to receive monetary compensation for their pregnancies, though it would not allow women to act as surrogates for more than three successful live births. The bill would not place any limits on the numer of miscarriages a surrogate may have. Surrogate mothers could not act as the ovum donor in a pregnancy and they would relinquish all parental rights to the child. Ovum or sperm donors would also relinquish all parental rights to the child conceived from their genetic material.

The bill also makes specific provisions for foreigners or foreign couples who don't live in India. They would have to register with their embassy before seeking surrogacy arrangements and appoint a local guardian who is legally responsible for taking care of the surrogate mother during and after the pregnancy, until the baby is delivered to the intended parents. The birth certificate of the child would bear the name of the genetic parent(s) but not the surrogate. The people who hired the surrogate would be legally bound to accept custody of the child, regardless of any abnormality. The bill would also allow for a single parent to have a child through a surrogate mother (Malhotra 2009).

Dr. Anoop Gupta, the founder of the surrogacy clinic Delhi IVF, told a BBC reporter in 2009 "genuine clinics will actually do better business because of this. Couples across the world want to come here for treatment and a law will only strengthen India's position as an outsourcing destination" (Kannan 2009). This answer makes sense coming from within an industry that was recently shaken by the Baby Manji case. Gupta seems to have the same drive to regulate business in India that U.S. surrogacy program directors had following the Baby M controversy (Ragoné 1994). However, given the tensions and uncertainties raised by new global flows of people and technology in the twenty-first century, there is more at stake in the case of Indian surrogacy than just the health of the industry itself.

While there is an undercurrent where all of this is being run by market forces, lawmakers and medical professionals must take a look at the history of biotechnologies, and their use and regulation in India, in order to ensure that the new laws will successfully protect the rights of those involved in surrogacy arrangements, and not produce a backlash of underground activity. Against the set of anxieties raised by India's new surrogacy industry, anthropologists and

bioethicists have provided an important and growing set of critical voices that should not be overlooked in the debates surrounding India's recent attempt to regulate ARTs. Those working on transnational surrogacy legislation in India should focus their attention on the local history of biotechnology's use and regulation. A comparative look at the international trade in human organs, an international industry that is heavily mystified by the same "gift of life" rhetoric that is often used to justify surrogacy, could provide a valuable historical, legal and economic precedent for those now debating the new ART Bill in India.

Nancy Scheper-Hughes has written that "while transplant surgery has become more or less routine in the industrialized West, one can recapture some of the technology's basic strangeness by observing the effects of its expansion into new social, cultural, and economic settings" (Scheper-Hughes 2000). Much like the transnational surrogacy industry, the organ trade originated in the West, became routinized, and then proliferated into the developing world, where its growth was fueled by the body parts of desperately poor and socially marginalized people.

India is a primary site for the domestic and international trade in kidneys purchased from living donors. Scheper-Hughes wrote that twenty years ago, when townspeople in India first heard through newspaper reports of kidney sales occurring in the cities of Bombay and Madras, they responded with "understandable alarm." But today, the process of selling a kidney has become a popular strategy for poor Indian families to raise money (Scheper-Hughes 2000).

In 1994, following the passage of a law that criminalized organ sales, the Indian market in kidneys that catered largely to wealthy patients from the Middle East was forced underground. According to reports by human rights activists, journalists, and medical anthropologists, the new law also produced an even

larger domestic black market in kidneys that is now controlled by organized crime expanding out from the heroin trade (Scheper-Hughes 2000). Scheper-Hughes explained the failure of these attempts to regulate the transnational organ trade as a failure by lawmakers to recognize cultural context. "The argument for regulation is out of touch with the social and medical realities operating in many parts of the world but especially in developing nations." Furthermore, she wrote, the medical institutions created to "monitor" organ harvesting and distribution are "often dysfunctional, corrupt, or compromised by the power of organs markets and the impunity of the organs brokers and of outlaw surgeons willing to violate the first premise of classical medical bioethics: above all, do no harm" (Scheper-Hughes 2008).

The trajectory of the organ trade in India, and this failed attempt to regulate it nationally, has demonstrated the need for new legal and medical strategies that are more "in touch" with the social and medical realities operating in India. Like the organ trade, the surrogacy industry has proliferated into the developing world and led to transformations of the body and the state under new conditions of neoliberal economic globalism. And also like the organ trade, surrogacy has pointed to the increasingly flexible definitions of personhood and social worth within the global economy. However, the organ trade certainly does not provide a foolproof rubric for the development of international surrogacy laws, especially since the problems of the organ trade are not resolved, but still raging. Whatever new strategies are conceived for regulating Indian surrogacy will have to comprehend the new and changing social realities of the global economy as well as the transnational inequalities on which reproductive practices, policies, and politics increasingly depend. As the Indian surrogacy industry evolves, its regulation will therefore require a continuous dialogue between policymakers and anthropologists.

> "In the context of in vitro fertilization, transnational adoption, surrogacy, and prenatal screening, it is essential to recognize not only the local, regional, or national dimensions that impinge upon a particular case study or field setting, but increasingly *also* to appreciate the international and global formations that exercise a distinctive and distinctly *cultural* influence."
>
> Sarah Franklin and Helena Ragoné, 1997

Conclusions: The Value of the Ethnographic Lens

A thread runs through the medical and feminist anthropology texts I have read in my research: the idea that new technology emerges as both determining of and determined by our complex social relations. In this thesis, I chose to explore the technologies that enable surrogacy and the uneven and contradicting dimensions of their use and "normalization." I wanted to understand the bioethical uncertainties and cultural logics surrounding the genealogy of surrogate motherhood, from its onset in the U.S. to its present, global form.

In the last thirty years, the development of new reproductive technologies brought about the creation of new reproductive service industries, through which "traditional" reproductive activities became commercialized, professionalized, and standardized. Conferences like the one I attended in March 2009 in White Plains, NY have become commonplace in the U.S., giving the impression of surrogacy as a routine, normalized procedure, one of many ways in which people can now "choose" to have children or in which surrogate mothers can "choose" to give the "gift of life."

But the professional and commercial management of conception and procreation has also spread to new regions of the global economy. And like commercial adoption and sex work, the practice of international commercial

surrogacy has provoked yet another disturbance of the imagined public sphere/private sphere and local/global divides. The growth of the gestational surrogacy industry in India has been heralded by some as a new, affordable form of third party reproduction and a new means of economic "opportunity" that poor women can "choose" to take part in. However, the industry's growth has been accompanied by a dearth of legal restrictions and a serious paucity of sustained social science research and published data on this topic.

As the industry grows and receives increasing media attention, one must wonder how the Western discourse of "choice" is at work here. India is thoroughly entrenched in global capital networks, so how has the West/Western media as well as local media/local discourse allowed people to imagine these surrogacy arrangements as "opportunity"? How has the language of "choice" also allowed Indian spokespeople, eager for foreign capital, to latch onto it? "Choice" cannot really describe what is happening as new technologies and industries emerge in the global market, so what sort of "reordering" or "redefinitions" are needed to discuss the new negotiations we are witnessing between biotechnology, neoliberalism, and the maternal body?

I realize that I have written this thesis at an interesting time for the discipline of anthropology. Definitions of biology, personhood, motherhood, and kinship are becoming increasingly "flexible" (Martin 1995), notions of reproductive "choice," "empowerment," and "labor" are also flexible, and the moment calls for new feminist and anthropological frameworks to analyze the new socioeconomic contexts of the global economy. While international lawmakers debate the new intricacies and intimacies of this global reproductive market, anthropologists are in a unique position to help them understand the denationalization of the reproductive sphere and the new labor relations it has produced.

When the Australian sociologist Catherine Waldby visited the Pembroke Center at Brown University in March 2009 to talk about the female reproductive body and stem cell research, she said that biotechnology has demanded new definitions of "labor" and new understandings of how the consent process is ordered. She said that today's biotechnologies hold the potential for "a very significant reworking of the potential of the maternal body." Stem cell research is dependent on the maternal body for "donations" of "spare" embryos, fetal tissue, cord blood and "surplus" eggs. Like the surrogate womb and the donated organ, these bodily resources are said to be "donated," justified as excess "gifts," and rarely recognized as "labor." However, these arrangements certainly constitute a kind of "labor" in which "exchanges" are made and valuable "products" are created. In the new contexts of the global market in the human body and its parts, Waldby linked this reworking of "labor" to older phenomenon in post-industrial societies (the commodification of domestic work, emotional work, and sex work in the last sixty years) in which "traditionally feminine" activities that are not recognized as "work" have been brought out of the "private" sphere of the home and into the "public" sphere of the market. She has continued this thread into the world of biotechnology, arguing that feminist scholars and anthropologists should now be at the forefront of understanding the transformative powers of biotechnology and transnational markets, as they pertain to the maternal body.

In feminist anthropology, analyses of the politics of reproduction have what Rayna Rapp has called a "hybridized theoretical genealogy" (Rapp 2000). Feminist anthropologists linked the study of kinship to gender in the 1980s (Collier and Yanagisako 1987). Crossover occurred with medical anthropology in the late 80s and early 90s. Then more works appeared investigating the reproductive life cycle, childbirth, racial formations and class locations in the

medicalization of American women's reproductive experiences (Ragoné 1996, 2000 and Rapp 1999). Later, feminist anthropologists began looking at new reproductive technologies, asking if contemporary biomedical rationality was responsible for the "reproduction" of older forms of gender, ethnic, racial and class stratification (Rapp 2008 and Ragoné and Twine 2000: xiv).

Faye Ginsburg and Rayna Rapp have redefined reproduction in this broader sense, as a site where procreation abuts political contestation and resistance, as a critical site of social stratification and national/global intersections. However, even in this relatively new anthropological project, where new reproductive capabilities have been "dragged to the center" of social analysis, traditional notions and assumptions about the biological basis of procreation and kinship have not been entirely displaced (Rapp 2008).

In 1988, for example, when Helena Ragoné began her research on surrogate motherhood in the U.S., she found that surrogacy reflected not a departure from traditional American kinship ideology, but rather, a reaffirmation of the "traditional" importance of the family, parenthood, and biogenetic relatedness. Her ethnographic research was invaluable to the understanding of surrogate motherhood and the ideologies and perceptions that sustain it.

In India, however, there is a serious lack of ethnographic research on the specific social and economic contexts surrounding the choice to become a surrogate. Kalindi Vora, a Postdoctoral Fellow at the University of California Berkeley Anthropology Department who has done fieldwork at the Akanksha Infertility Clinic in Gujarat wrote to me in an email that "Indian surrogacy is relatively new, so those of us who have conducted fieldwork haven't had time to process and publish it all yet." Vora plans to publish an article on "the western medical body and surrogacy as work" in July 2009. I asked her, what local groups or organizations might be opposing the use/exploitation

of Indian women for transnational surrogacy? While Hindutva came to mind, Vora replied that her research does not concern surrogacy and Hindutva, that is, it does not concern how movements advocating Hindu nationalism have reacted to the new surrogacy industry. She wrote "there is nothing published [on it] thus far."

When I first became interested in the Indian commercial surrogacy industry in the Spring of 2008, I was most curious about the subjective experiences and perceptions of those in India who chose to partake in surrogacy. I wondered, what ideologies are responsible for the rapid growth of this industry in India? How does (or doesn't) gestational surrogacy fall in line with "traditional" Indian notions of kinship and relatedness? Do Indian surrogates justify their participation in the industry through the same discourse of "choice" we see in popular media depictions of surrogacy? Or are Indian surrogate mothers a muted group, subject to bodily exploitation without knowing it, objecting to it, or resisting it? How else might the growth of this industry be being resisted by social movements in India, particularly the new Hindu Right?

I wasn't able to travel to India for my research and so, by necessity, this project became largely a "library thesis." Instead of studying Indian surrogacy on its own, I looked back to the genealogy of the technology and the industry in America, which was clearly influencing the way surrogacy policies are being debated and structured in India. To a large extent, my research field became my library's collection of feminist anthropology texts. Some of my most valuable informants were therefore Ragoné, Ginsburg, Rapp, Martin, Strathern, Sharp and Scheper-Hughes. At the end of this phase of my research on commercial surrogacy, not only do I now know more about assisted reproductive technologies and have more informed questions, I feel

I have also learned a great deal about the community of scholars who have devoted their careers to studying these technologies. I look forward to the work these anthropologists will produce in the future. And it is an honor to think that, with this thesis, I have made my own small contribution to that community.

R.F.B.

April 23, 2008

Acknowledgements

To the first reader of this thesis Lina Fruzzetti, thank you for your lessons on ethnographic methods, for your insistence that I read David Schneider's work on American kinship ideology, for your support in my moments of uncertainty, for your criticism in my moments of mistaken conviction, and most of all, for your time, which I know is precious.

To the second reader of this thesis Sherine Hamdy, the most honest and articulate person I have met at Brown. Your guidance during my time here has been invaluable to me as a student, a researcher, a writer, and a thinker. You have a talent that I think is rare, though incredibly important, in this field: the ability to present the complexities of anthropology to your readers and students in a way that is always interesting, accessible, and illuminating. I look forward to what you will do in the future and I am grateful for the opportunity to have known you so early in your career.

To Catherine Lutz, thank you for your advising during our Fall 2008 seminar.

To Cathy Grimaldi and Marjorie Sugrue, for knowing everything there is to know about anthropology at Brown.

To Bhuphinder Chimni, who was a visiting scholar at Brown this semester, thank you for your many efforts to put me in contact with lawyers and scholars in India.

To Zak Stone, my partner in anthropological crime. I graduate one semester before you, but I feel we are forever on the same track.

And to my mother Vicki Luria Blatt, if you are still reading at this point, congratulations! You are probably the third person to get to this page of my thesis. Thank you for your ongoing support and interest in my life; You have everything to do with my appreciation of and curiosity about motherhood. Thank you. I love you.

Bibliography

Blakely, Rhys. "'Rent-a-womb' Baby Trade Faces Curbs Amid Fears for Surrogates," *The London Times*. March 15, 2008.

Collier, Jane and Syvlia Yanagisako. *Gender and kinship essays toward a unified analysis*. Stanford, Calif: Stanford University Press, 1987.

Di Leonardo, Micaela. *Gender at the crossroads of knowledge : feminist anthropology in the postmodern era.* Berkeley : University of California Press, 1991.

Foucault, Michel. *Discipline and Punish*. Pantheon Books, 1978.

Franklin, Sarah and Helena Ragoné. *Reproducing Reproduction: Kinship, Power, and Technological Innovation*. New York: University of Pennsylvania P, 1997.

Franklin, Sarah. "Postmodern Procreation: A Cultural Account of Assisted Reproduction." *Conceiving the New World Order The Global Politics of Reproduction*. New York: University of California Press, 1995. 323-345.

Gentleman, Amelia. "India Nurtures Business Of Surrogate Motherhood." *The New York Times* 10 Mar. 2008.

Ginsburg, Faye and Anna Tsing. *Uncertain Times*. Beacon Press, 1990.

Ginsburg, Faye and Rayna Rapp. "Introduction: Conceiving the New World Order." *Conceiving the New World Order The Global Politics of Reproduction*. New York: University of California Press, 1995. 1-18.

Ginsburg, Faye. *Contested Lives: The Abortion Debate in an American Community*. University of California Press, 1989.

Kannan, Shilpa. "Regulators eye India's surrogacy sector." *BBC World News* 18 Mar. 2009.

Kay, Julia. "Woman and egg at Brown: The constant market for Ivy League eggs is hard to fathom." *Brown Daily Herald* [Providence, RI] 27 Sept. 2004.

Keen, Judy. "Surrogate relishes unique role." *U.S.A. Today* 23 Jan. 2007.

Kuczynski, Alex. "Her Body, My Baby." *The New York Times* 28 Nov. 2008.

Kumar, Nita. *The politics of gender, community, and modernity : essays on education in India*. New Delhi : Oxford University Press, 2007.

Lee, David, Muhd Nurluqman, and Tan Wei Xin. *The Indian Surrogate - A Look Into India's Surrogacy Industry* 22 Apr. 2009 <http://theindiansurrogate.com/>.

Leinaweaver, Jessaca. *The Circulation of Children: Kinship, Adoption, and Morality in Andean Peru*. Duke University Press, 2008.

Mahapatra, Dhananjay. "Baby Manji's case throws up need for law on surrogacy." *The Times of India* 25 Aug. 2008.

Malhotra, Anil and Ranjit. "Commercial Surrogacy in India - Bane or Boon." Panel Discussion on Commercial Surrogacy in India: Bane or Boon? Panjab University, Chandigarh, India. 4 Mar. 2009.

Markens, Susan. *Surrogate Motherhood and the Politics of Reproduction*. New York: University of California P, 2007.

Martin, Emily. *Flexible Bodies*. New York: Beacon P, 1995.

Martin, Emily. *Woman in the Body*. Beacon Press, 1987.

Marx, Karl. *Capital*. Pelican Books, 1976.

Petchesky, Rosalind Pollack. "The Body as Property: A Feminist Re-vision." *Conceiving the New World Order The Global Politics of Reproduction*. New York: University of California Press, 1995. 323-345.

Ragoné, Helena. "Chasing the Blood Tie: Surrogate Mothers, Adoptive Mothers and Fathers." *American Ethnologist* 23 (1996): 352-65.

Ragoné, Helena. "Of Likeness and Difference: How Race is Being Transfigured by Gestational Surrogacy." *Ideologies and Technologies of Motherhood*. New York: Routledge, 2000. 12-56.

Ragoné, Helena and Francis Winddance Twine. "Introduction: Motherhood on the Fault Lines." *Ideologies and Technologies of Motherhood Race, Class, Sexuality, Nationalism*. New York: Routledge, 2000. 1-10.

Ragoné, Helena. *Surrogate Motherhood: Conception In The Heart*. Boulder, Colorado: Westview P, 1994.

Rapp, Rayna. "Gender, Body, Biomedicine: How Some Feminist Concerns Dragged Reproduction to the Center of Social Theory." *Medical Anthropology Quarterly* 15 (Jan 2008): 466-77.

Rapp, Rayna. *Testing Women, Testing the Fetus: The Social Impact of Amniocentesis in America*. Routledge, 1999.

Rapp, Rayna. "Foreward." *Ideologies and Technologies of Motherhood*. New York: Routledge, 2000. xiii-xvi.

Scheper-Hughes, Nancy. "Global Traffic in Human Organs." *Current Anthropology*. 41 (2), pp. 191-224, 2000.

Schneider, David M. *American Kinship: A Cultural Account*. Chicago: University Of Chicago P, 1968.

Sharp, Lesley A. "The Commodification of the Body and Its Parts." *Annual Review of Anthropology* 29 (2000): 287-328.

Sharp, Lesley A. *Strange Harvest: Organ Transplants, Denatured Bodies, and the Transformed Self*. Berkely and Los Angeles: University of California P, 2006.

Strathern, Marilyn. "Displacing Knowledge: Technology and the Consequences for Kinship." *Conceiving the New World Order The Global Politics of Reproduction*. New York: University of California Press, 1995. 346-368.

Parkes, Peter. "Alternative Social Structures and Foster Relations in the Hindu Kush: Milk Kinship Allegiance in Former Mountain Kingdoms of Northern Pakistan." *Comparative Studies in Society and History* 43 (2001):4–36.

"Surrogacy is no business, it's a need: Experts." *The Times of India* 19 Feb. 2009.

"Surrogacy." Stanford University. 22 Apr. 2009 <http://www.stanford.edu/group/womenscourage/Surrogacy/moralethical.html>.

Teman, Elly. "The social construction of surrogacy research: An anthropological critique of the psychosocial scholarship on surrogate motherhood." *Social Science & Medicine* 67 (2008): 1104-112.

Thakur, Sunita. "'Wombs for rent' grows in India." *Marketplace*. Dec. 2007.

Wade, Matt. "Warning to couples on Indian surrogacy laws." *The Age* [Melbourne, Australia] 25 Jan. 2009.

Warner, Judith. "Domestic Disturbances," *The New York Times Opinions Blog*. January 3, 2008. <http://warner.blogs.nytimes.com/2008/01/03/outsourced-wombs/#more-103>

This honors thesis is printed in size 12 News Gothic MT and News Gothic Std.
It was written at Brown University during Fall 2008 and Spring 2009.
It was printed and bound by Kinko's in Providence, RI.