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COMMENTARY ON:

**Fertility and Inequality across Borders: Assisted Reproductive Technology
and Globalization**

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This paper is an interesting and timely contribution to a current topic. It fits well within the virtual conference theme 'Breaking down barriers' and addresses the sub-theme 'borders' and to some extent 'justice and human rights'. Those seeking assisted reproduction technologies often cross various boundaries - of nation, culture, legal, social and ethical. Eileen Smith-Cavros prefers the term 'travel IVF', in her words a more neutral term, to the commonly used terms 'reproductive tourism' as a specific form of 'medical tourism', or 'reproductive exile', both of which to her have certain negative connotations, such as that of escapism, or relaxation. She thinks, and justifiably so, that those availing themselves of these procedures are seriously busy with cost, emotions and risks which the procedures entail. However, the reality is that these aspects are sadly ignored to some extent in the enormous publicity of these procedures through websites which do offer assisted reproduction services couched in the language of sun, sand, and sea or other holiday attractions.

The author discusses the phenomenon of 'travel IVF' within the context of globalisation. Travel IVF flourishes on the income inequalities among and within countries and the lower cost of procedures in the host countries. In this sense it is seen as bridging inequalities to some extent – accessible ARTs for those who can ill-afford the costs in the higher income countries and increased income earning opportunities for women from the economically weaker sections in lower income countries. The push and pull factors for travel IVF include restrictive laws relating to who may or may not avail

themselves of the technologies in the home countries and little or non-existing legislation in others. In fact, the lack of legislation and oversight of clinical practices in the host countries gets little attention in the article, except for the example of a clinic in Budapest mentioned to demonstrate the unethical practices in some centres.

In several places resorting to assisted conception is mentioned as treatment for fertility by Smith-Cavros. One must remember that IVF (including use of donor eggs or services of a surrogate) is not a treatment for fertility; variations of IVF are only means to bypass the problem of infertility in order to fulfil the desire for a child, also for others than infertile couples. The literature cited regarding adoption statistics and involuntary childlessness needs updating.

The author mentions several areas for further research. While there are some recent studies on the motivations and experiences of egg donors and surrogates, the effects on their physical and mental health over a long term period also need to be studied through empirical research. Gender aspects of these technologies and procedures deserve special attention since the medical interventions take place in women's bodies – whether donor or recipient. Psychological counseling, particularly for donors and surrogates, needs to be provided. Also, as the author notes, repercussions for the healthcare system in host countries need to be researched. As assisted reproduction services are provided mainly in the private health sector, they are disproportionately attracting both human and financial resources of the country, which leaves many urgent areas of health needs neglected.

The tone for the author's position is set right in the beginning with her preference for the term 'travel IVF', which she herself calls a neutral term. In her discussion she chooses to stay on safe ground by neither demonstrating an approval of, nor really condoning or condemning the practice, although voicing some ethical concerns. She does this by not engaging in debates which are raging in this field either at the theoretical level regarding women's right to their own bodies and property in terms of ownership of their body tissues, eggs, embryos or their uteruses in egg and embryo 'donation' and surrogacy (Petchesky 1995; Andrews and Nelkin, 1998; Dickenson, 1997, 2005, 2007; Gupta, 2000, 2006, Gupta & Richters 2008; Markens, 2007; Waldby 2002), or through the use of ethnographies (Becker 2000; Inhorn 2002; Nahman, 2008) for some years now which do take a certain position. Several authors, including Dickenson (2005), Gupta & Richters (2008) and Waldby (2008) have drawn attention to the commodification and trade in (women's) body fluids, tissues, and reproductive body parts under the guise of 'donation' and women's self-determination. Also, among others Deborah Spar in 'The Baby

Business' (2006) and Donna Dickenson in 'Body Shopping' (2008) in their monographs, have also written extensively on the trade in this field.

'Travel IVF' is actually a business which operates within neo-liberal thinking, erosion of national barriers to allow the free flow of people, capital, goods and services, and global relations that are characterised by stark economic inequalities and lack of, or weak, regulation in host countries. The rapid growth of global capitalism and consumerism has created 'new regimes of consumption' (Gupta 2006), with individuals as well as infertility specialists, IVF brokers and research scientists trading in reproductive bodies and body parts for profit-making. The 'reproductive industry' is mimicking capitalist industrial production by searching new markets and cohorts of consumers, seeking cheaper labour power through practices including 'offshoring' and 'outsourcing'. While there is a disaggregation between genetic, biological and social motherhood, new configurations of motherhood, fatherhood and family are being created, as homosexual men, gay and lesbian couples, single women and men are also being drawn in as consumers, to take advantage of these technologies in order to fulfil their desire for a child. As in the words of Hochschild (2003), there is a "commercialization of intimate life".

While advocates of surrogacy point out the advantages for both childless couples and surrogates, pro-choice supporters argue for its regulation to prevent malpractice including exploitation of surrogates and to protect the interests of the child. Other women's health and rights advocates argue that the practice invisibilises women, reifies them as ovaries and wombs, commodifies them, and is just another form of organ trade and trafficking in women which should be banned. The role of civil society in the form of public debates to engage with an issue which has such far-reaching implications for people and societies we live in and the composition of future societies, therefore, is crucial. For this reason, I welcome the publication of this article and commend this initiative of holding a virtual conference on this topic.

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