

## **The science issue – reproduction medicine**

### **Or the extension of the zone of exploitation**

Issues like reproduction medicine (and the kind of tourism linked to it), the practice of making use of „egg cell donors“ or of „surrogate mothers“ are commonly seen as a bio-ethical challenge. Then there is talk about „values“ being put under menace by technological developments or in need to be reformed in a neo-liberal perspective. Spaces of autonomy and individual spaces of liberty are then talked about, which should be regulated by law or withdrawn from state interference.

These international phenomena are generally not recognized as an occasion for a critical analysis of society, neither by the parliamentary nor by the extra-parliamentary left.

This is, however, quite remarkable – given that about 15 years ago there has been a critical debate on „bio-politics (referring to specific medical, but also political technologies), which have been criticized, because of their „depriving human beings of their political capacities, by reducing them to ‚mere life‘, as e.g. in reproduction, health, vulnerability, and the susceptibility of being killed“.

Bio-politics can be understood as a core issue of an up-to-date, really contemporary critique of capitalism. In such a perspective, reproduction medicine could be used as an exemplary area, in order to address and to analyze the following developments:

a) Globalized markets of bodies have emerged, which are further expanding.

b) Rights for the valorization and control inter alia of body substances, and reproductive services, are multiplying.

c) On the global level, the well-known inequalities between Rich and Poor take the form of a polarization between those who are capable of realizing their demands for bio-medical consumption, and those who can just provide the materials and the services for which a solvent demand exists.

d) „Bio-Law“ is there in order to secure, inter alia, – within the respective societies, but mainly according to the poverty differential between Southern and Eastern Europe in relation to the richer Northern European states – such reproductive body markets – with

different legal frameworks also resulting from political conflicts determined by neo-liberal interpretations of individual liberties (of marketing and consumption), on the one hand, and conservative values as ideologies (especially concerning women and families), on the other hand.

In a critical perspective on society it would be necessary to discuss the following points:

- Health (and health related offers) is no longer just an implicit condition of all production, but it has itself become a mode of valorization (pharmaceutical industries / privatised, landscapes' of clinics and research agencies / state support for competitiveness).
- Like in other sectors recognized to be ‚productive‘, an „entrepreneurial“ subjectivity is forming within a deregulated health sector which has ceased to be focused on health and healing, and is oriented towards optimization and life management etc.. This subjectivity is declared to be „creative, flexible, self-responsible, risk conscious, and customer oriented“.
- Those who are „superfluous“ in this world (also within wealthy societies) will have to learn, in the face of capitalist valorization processes, to market their own bodies (egg cells, uterus, and other body substances), when their force of labour has ceased to be relevant.
- Faced by the circulation of body substances, especially women are called upon to donate their bodies (as a voluntary gift or against a cost compensation). At the same time, a valorization of human bodies by others has emerged (via reproduction clinics and by centers of medication), with an ensuing change in the perceptions of one-self and of others, of ways of life, bodily practices, and of subjectivities of those concerned.

All this could be summarized by talking about an extension of the zone of exploitation. The most interesting and the most difficult issue will be to determine the relation of the spheres of production and of reproduction in this respect. Is it possible to apply concepts like production, productivity, surplus-value and labour without further analysis in the area of reproductive services? Or should we rather conceive them in terms of „Leibeigenschaft/serfdom“? And what about the ‚invisible‘ labour of women which is as old as capitalism itself?

The whole dimensions of reproductive travelling is not known. The European Society of Human Reproduction and Embryology (ESHRE) estimate that approximately 30.000 treatments will be expected. This estimate is based on a prospective study. Women in 46 centers and six different states

were interviewed. The outcome: most of the travelling women are around 40 years old and want in vitro fertilization with egg cell donation. The main motive for travelling especially for German couples was the legal situation – the prohibition of egg cell donation in Germany. In spite of this they were supported by their gynecologists. Most of them went to clinics in Spain and Czech Republic. (F. Shenfield<sup>1</sup>, J. de Mouzon, G. Pennings, A.P. Ferraretti, A. Nyboe Andersen, G. de Wert, and V. Goossens the ESHRE Taskforce on Cross Border Reproductive: Cross border reproductive care in six European countries Care. In: Human Reproduction, Vol.00, No.0 pp. 1–8, 2010) These findings are confirmed by Scientists at the University in Bayreuth. Most of the couples informed themselves via internet. Most of the clinic homepages present their offers in different languages.

I would like to give you some short examples about reproductive tourism inclusive “egg cell-donation” and surrogacy :

The European Fertility Association (EFA) is situated Venlo/Netherlands, which is subsidiary enterprise of the United Kingdom Cypriot Fertility Association. The service: Egg cell “donation”, also egg cell freezing, genetic diagnostic also for sex selection (here called “family balancing”). Counseling, hormone treatment, post-care is offered in Venlo – in German and English language, in London and Liverpool there are also Turkish speaking staff. Egg cell donation – which is prohibited in Germany and in UK permitted only if the donor is known and registered – take place in Cyprus IVF Center and costs around 8.000 Euros.

Another Example: In Austria egg cell “donation” is permitted since February, but only costs for travelling and hotel are paid. Consumer’s demand is to be huge, but there are only few Austrian donors. Most of the couples still travel abroad. Prof. Nicolas Zech owns IVF centers in Bregenz and Salzburg, in Pilsen in the Czech Republic where he offers egg cell donation, in Lagos (Nigeria) where he offers egg cell donation, freezing embryos and surrogacy. In the Czech Republic there are 40 reproductive centers. Only in Prague there are a dozen centers with German speaking staff and own hotels. One of these clinics is the Europe IVF International – the head office is situated in Denmark. The “consuming” couple will not have any contact with the donor, but they can “choose” some characteristics like age, interests and hobbies. Fetimed in Boleslavova provide different alternatives: one for “patients outside the EU, one for patients inside the EU and a “Special Donor-Stimulation-Program”:

Consumers can choose date of donor stimulation: “fresh” ovules are transferred, if wanted and paid surplus eggs are frozen for later use.

Ukraine is a modern paradise, concerning these reproductive services,. In Charkow/Charkiw manager Feskov offers anonym egg cell donation – fresh and frozen embryos, if wanted in combination with a Ukrainian surrogate mother. In Petersburg (Russia?) the AVA Peter clinic cooperates with the International Agency for Egg cell donation (IDEAS). Users are involved in the decision making process concerning donor selection. Such a premium treatment costs between 8.500 up to 10.000 Euros. Albert Totchelovski is a German citizen and manager of

the Ukrainian center BIOTEX. 118 women donate during each hormonal stimulation around 20 egg cells. 155 surrogate mothers (also in combination with egg cell donation) were paid for the service “pregnancy”. In teamwork with the German embassy the newborns can leave the country with German passports. Especially homosexual couples use this kind of service.

The last example: The Spanish Society for Fertility has registered 11.000 donations in Spain, first of all in one of the 168 private clinics. The EUGIN center is creating the biggest bank for egg, semen and embryos. It provides anonym and altruistic donations. What is paid is a so called cost compensation of 1.000 Euro. Donors in Spain are unemployed women, also immigrants from Eastern Europe, precarious employees and students.

Since at least the US-American Society of Reproductive Medicine declared 2013, that freezing egg cells is no more “experimental”, more and more egg cell banks are founded. More women in the near future will donate in egg cell banks. (*John A. Roberts: Egg freezing an egg banking: empowerment and alienation in assisted reproduction. In: Journal of Law and the Biosciences, 1–24*) This is an interesting infrastructure for scientists, especially stemcell researchers. European research policy is funding these areas. But the bandwagon for reproductive travelling, egg cell donation and surrogacy – as described before – is not this kind of research. This business is stimulated by modern subjectivity (of the consumers and providers/sellers) and private clinics as well as agencies of reproductive “industries”.

What is motivating the donors? They have to go through hormone stimulation for producing 20 and more egg cells and an operation for harvesting these eggs. The European Society for Human Reproduction and Embryology (ESHRE) interviewed women in 60 centers in eleven countries. (<https://www.eshre.eu/Londen2013/Media/Releases/Guido-Pennings.aspx>) Women from Belgium, Finland and France said, they want to help other women. Money was the main motivation for women in Greece, Russia and Ukraine. I think it is very limited what one can find out via such investigations. Further journalistic and scientific investigations has shown: Especially after the so called financial crisis 2008 more and more often women in Spain donate egg cells. Or the social scientist Jyotsna Gupta discover in her investigations that especially after 2008 more and more women in India become donors or surrogate mothers – also well educated women.

[https://www.researchgate.net/publication/236825153\\_Reproductive\\_Biocrossings\\_Indian\\_Egg\\_Donors\\_and\\_Surrogates\\_in\\_the\\_Globalized\\_Fertility\\_Market](https://www.researchgate.net/publication/236825153_Reproductive_Biocrossings_Indian_Egg_Donors_and_Surrogates_in_the_Globalized_Fertility_Market)

The medical procedures are dangerous:

A possible consequence of hormone stimulation is called “overstimulation syndrome”, which means: storage of water in the body, problems with the ovaries, shortage of breath, danger

for thrombosis, abdominal pain, diarrhea, trouble with the function of liver and kidney, even death is a possible outcome.

Important to know is additionally:

Donors are chosen along ethnical, aesthetical, social, educational and medical criteria. The bodily substances are valued along these criteria. The social status of surrogate mothers is not of interest. Every woman can do this “job”. What she has to fulfill is the contract between agency, potential parents and the surrogate mother, which involves control of the whole lifestyle of donors during pregnancy such as: no sexual intercourse during a defined time, or only with the husband, no drugs, no alcohol, no smoking, acceptance of prenatal diagnostics, a certain regime of nutrition, fixation of residence etc.

Juridical and political framework:

Bioeconomy to 2030. Designation of a Policy Agenda, that is the headline of a program created by the Organization for Economic Evaluation and Development (OECD).

([http://www.oecd.org/futures/long-](http://www.oecd.org/futures/long-termtechnologicalsocietalchallenges/thebioeconomyto2030designingapolicyagenda.htm)

[termtechnologicalsocietalchallenges/thebioeconomyto2030designingapolicyagenda.htm](http://www.oecd.org/futures/long-termtechnologicalsocietalchallenges/thebioeconomyto2030designingapolicyagenda.htm))

It's seen as one of the most important policies for the future and for economic growth. In Germany this program is translated in a national strategy. Also a “Bioökonomie-Rat” has been founded. Every problem – from climate change up to health, will be solved via a technocratic illusion of economic growth capitalistic modernization. The EU-Program “Horizon 2020” is also focused on the Bioeconomy, which includes reproductive technology and -tourism and the stem cell research as mentioned. But at this very moment – concerning the dynamics of egg cell markets and surrogacy – differences in legislations inside and outside Europe are more important. Clinics in Spain, Czech Republic, Ukraine or Russia are popular destinations because of its “liberal” laws for anonymous egg donation or surrogacy, combined with poverty and high rates of unemployment.

According to European Parliament data, there are some countries, where surrogacy is prohibited, such as Germany, Italy, France, Finland, Slovenia, Sweden or Bulgaria. In six member states so called non-commercial surrogacy is allowed, including Belgium, Denmark, Greece, Netherlands Spain or UK. Outside the EU, (paid) surrogacy is permitted in Albania, Georgia, Croatia, Russia or Ukraine and outside of Europe in some US States, in Australia, in South Africa or in India.

Such a commodification of women's bodies can only be fully understood, if one takes into account the interplay between economy, ways of life, gender relations and body politics. Just to give you a short impression what this might mean: Melinda Cooper and Catherine

Waldby investigated eastern European egg cell markets and realized that there are “fertility chains” and “care chains”. (*Susanne Lettow: Biokapitalismus und Inwertsetzung der Körper. Perspektiven der Kritik. In: PROKLA. Heft 178, 45. Jg. 2015, Nr. 1, 33–49*) Eastern European women provide both: fertility and care. They are travelling in really great numbers, for instance, to Germany to take care of elderly people, very often under very precarious working conditions without any rights. They sell or give away egg cells for travelling western European couples. That is changing their social life (family life) deeply. Or Kalindi Vora reports on Indian clinics, where women learn in special seminars “a new relationship to their bodies”. They should learn to experience the womb as an empty space, which is not used and therefore rentable.

(Kalindi Vora: Potential, Risk, an Return in Transnational Indian Gestational Surrogacy. In: *Current Anthropology*, Vol 54, Supplement 7, Oct. 2013, 100. Internet:

[http://www.jstor.org/stable/10.1086/671018?seq=1#page\\_scan\\_tab\\_contents](http://www.jstor.org/stable/10.1086/671018?seq=1#page_scan_tab_contents)) Or: Along the traditional role, these kinds of services are not communicated to women as a commodification or valorization, but as an altruistic act, a donorship to help others. The side effect: As a result, the economic impacts and interests become more or less invisible.

I am not sure if we should classify egg selling or surrogacy as a kind of “work” or “service”. I would prefer to emphasize the differences between “work” and this kind of practices.

Since centuries the human body was mainly perceived and treated as a kind of „working-body“, as physical carrier of the capacity for work. Workers, slaves or people in bondage have been exploited, sometimes up to the limit of their physical existence. Nowadays the human body is transformed into an agent and means of production. This is the overall characteristic of capitalist production and a new quality of exploitation within bio-industrial societies. Concrete individuals are not only treated and exploited as „working-bodies“, but as „substance-bodies“. This kind of treatment has no historical model and is connected with a new juridical forms of „self-property“ or „self-ownership“. In the modern times of life sciences the human body can be exploited part by part: inside the sector of reproductive medicine, also in the fields of transplantation or of clinical studies. This new market of human body parts is organized as a medical tourism following the well-known divisions between the North and the South, the West and the East.

Left wing politics should not walk into the bioethical and neo-liberal trap, emptily talking about ethics or about freedom of choice. In the last instance, the task at hand will be a new elaboration of concepts concerning relevant critiques of the political economy – i.e. of the prevailing forms of labour, production, distribution, and consumption (taking account in the latter case: there are changes in individual and societal needs, and in the regimes of perception and of the conduct of life).

