

UCLA

Thinking Gender Papers

Title

Commodifying the Female Body: Outsourcing Surrogacy in a Global Market

Permalink

<https://escholarship.org/uc/item/96d633ww>

Author

Baumhofer, Emma

Publication Date

2012-04-18

Copyright Information

This work is made available under the terms of a Creative Commons Attribution-NonCommercial-NoDerivatives License, available at <https://creativecommons.org/licenses/by-nc-nd/3.0/>

Commodifying the Female Body: Outsourcing Surrogacy in a Global Market

Commodification of the human body and its services is frequently contested. However, certain forms of bodily commodification are treated differently than others and raise fundamental questions about ethics, class, race and gender, to name a few. What commonly goes unacknowledged, however, is that human bodies are already commodified on a daily basis in a myriad of ways. Not only do medical professionals routinely commodify the bodies of their patients, but many others, such as models, athletes, news casters and dancers also rely on their bodies, and the way their bodies look and function, to earn an income. What differentiates certain forms of bodily commodification, specifically of the female body, from other accepted forms? This paper explores commodification of the female body through the burgeoning trend of international surrogacy as well as the symbolic importance of non-market rhetoric when referencing accepted forms of commodification of the body. I am specifically studying the ways in which international surrogacy is portrayed and perceived in the media and the broader implications this has on western culture's acceptance of and promotion of surrogacy in the context of outsourcing gestational services to female bodies in developing countries.

Commodification of the body may be common, but differences in how it is commodified, such as whether or not a service, a detachable part of the body, or a regenerative part of the body is being sold, affect its social acceptability. Karl Marx says, "The value of labour-power is determined, as in the case of every other commodity, by the labour-time necessary for the production, and consequently also the reproduction, of this special article" (Marx 71). He also says that commodities are "the expenditure of human brain, nerves [and] muscles" (ibid 67). This can be applied literally in the case of surrogacy. Instead of the body generating wealth through its use, it becomes, in essence, a machine, producing multiple, detachable, biological commodities to be sold for profit.

Surrogate motherhood brings many of the categories of bodily commodification together. On the one hand, surrogates provide a service through the use of their bodies. However, this service also produces a non-reproducible product that can be detached

from the body and may not even be genetically related to the surrogate. Similar to prostitution or the sale of semen, surrogates can also provide gestational services multiple times, unlike the sale of some detachable biological matter such as kidneys. Surrogacy requires hi-tech procedures, constant medical monitoring, and has potentially life threatening consequences. Additionally, the process necessitates an extended time commitment, coupled with specific regulations imposed on the woman's body and lifestyle. During the surrogacy contract the woman's body is literally invaded by the genetic material of another couple. As in the case of wet nurses, surrogates give their own bodily resources to foster the growth of someone else's biological child (Sharp 294). Surrogacy quickly turns women's bodies into machines that produce highly coveted commodities.

Placing commodified bodies within a capitalist market can be troubling for people who identify closely with their body as a vital part of their identity. For Carole Pateman, "There is an integral relationship between the body and self" (Pateman 206) that cannot be ignored. Lesley Sharp also points out, however, that commodification obscures "the very sense of self-as-body" (Sharp 290). The relationship between the self and the integrity of the body is unpacked further by Margaret Radin: "our culture stubbornly insists on conceiving of the person as a moral agent, as a subject distinct from a world of objects, yet [...] at the same time our culture persistently commodifies and objectifies" (Radin 131). Science also initiates a split between self and body encouraging the segregation of the self from the ailing body and placing the self within DNA. The bodies of surrogate mothers are simultaneously objectified as baby-making machines, commodified as sources of income and victimized as an exploited group.

Surrogacy necessitates the use of the female body in particular because of its reproductive capabilities. Consequently, surrogacy raises similar theoretical questions to prostitution in relation to the sexual contract. Pateman notes the double bind surrogacy places women in: "woman can be a 'surrogate' mother only because her womanhood is deemed irrelevant and she is declared an 'individual' performing a service. At the same time, she can be a 'surrogate' mother only because she is a *woman*" (Pateman 217). Pateman further explains that an understanding of the sexual

contract reveals a similarly gendered experience for prostitutes, and there is “good reason why ‘the prostitute’ is a female figure” (ibid 192). Because of this gender specificity, the “problem” of prostitution is thus often understood to be “a problem about *women*” (ibid 193), which happens to an even greater degree with surrogacy. In this case, women, with their unique biological capabilities, are victimized by various exploitive groups.

Control of Surrogates’ Bodies

Women’s bodies have long been sites of patriarchal control. As such, surrogacy often provides another venue for men to exert control over women’s bodies. Pateman compares the surrogacy contract to prostitution, and sees it as yet another public affirmation that men are “women’s sexual masters” (ibid 208). For her, “surrogacy contracts can only be appreciated when surrogacy is seen as another provision in the sexual contract, as a new form of access to and use of women’s bodies by men” (ibid 209-10). This is especially true (as was most frequently the case in the 1980s when Pateman wrote *The Sexual Contract*) in examples of surrogacy where the surrogate’s egg is used in addition to her gestational services. In these instances, while an infertile couple may seek out the services of a surrogate together, it is really the man (with his sperm) who is entering into the contract with the surrogate. As Radin points out, patriarchal language is pervasively applied to surrogacy: “Indeed, the very label we now give the birth mother reflects the father’s ownership: she is a ‘surrogate’ for ‘his’ wife in her role of bearing ‘his’ child” (Radin 141). Thus, although genetic material from both parties is involved, because of the contract, the baby (and the surrogate’s body while pregnant) is tacitly understood to be the property of the man.

Patriarchy has also historically been built into surrogacy contracts when parental rights are contested. The famous “Baby M” case that began in 1986 is a classic example of this. Elizabeth and William Stern hired Mary Beth Whitehead to be their surrogate and they used her egg. When the baby was born Whitehead decided that

despite the contract, she wanted to keep the child. After an extended trial, Stern was awarded custody, although Whitehead was granted visitation rights. The judge claimed that he was serving the “best interests of the child” (Ollenburger and Hamlin 60). This landmark decision reinforced that “standards of love, care and general well-being will [...] be measured with upper-middle class criteria” (ibid 60). The Whiteheads were a lower working class family that constantly changed residencies, had once filed for bankruptcy, and collected public assistance. In the end, Stern’s steady upper-middle class income, the fact that he had no other children, and his desire to continue his genetic bloodline, trumped Whitehead’s right to a child that was equally biologically hers (ibid 60-61).

New Forms of Surrogacy

Radin and Pateman both grapple with the patriarchy that seems to be innately built into surrogacy and prevents the wife from participating in the contract. However, technological and scientific advances since both their pieces were written have altered the fabric of some of their primary arguments. For example, it is far more common now for both the husband and wife to contribute genetic material in the surrogacy contract. Many women who cannot carry their own children still have viable eggs, so many couples using surrogates today are both biologically related to their children. The situation is complicated further by the advent of large fertility websites where women sell their eggs to prospective couples¹. Thus, in some cases, the wife may not be biologically linked to the child, but the surrogate may not be either. In her writing, Radin draws connections between surrogacy and adoption in regards to parental rights, and these connections are less clear in light of new technological advances in surrogacy (Radin 147).

These differences alter a couple of key components when considering surrogacy in regards to patriarchy and other potential forms of “baby buying” such as adoption. For

¹See <https://eggdonor.com/> for one example of this.

one, the woman is now potentially an equal genetic contributor with her husband in the surrogate contract, undermining the traditionally patriarchal aspect of the transaction. Second, the fact that surrogates are commonly no longer biologically related to the babies they carry gives the contract fewer parallels to adoption. Without a biological connection to the children they give birth to, surrogates have less grounds to be able to change their mind and keep the babies, at least in the United States.

It is true that biological connections go a long way in the US, but it is not the same in other countries. Britain and Australia are two examples of countries who grant rights over children to the birth mother, instead of to the biological parents (Conan). Couples who have a child through a surrogate in either of these countries, whether biologically related or not, must go through a formal adoption process of the child once it is born. In discussion of his use of international surrogates on NPR, one caller, Mark, comments: "I mean, being an American [...] you have the best advantages. You can father children all over the world, and you can - all of those children can be American. That is not the case in almost any other country [*sic*]" (ibid). America provides its citizens the unique opportunity to outsource surrogacy since it grants the biological parents the right to still be able to gain citizenship for their children who are born abroad.

Surrogacy: A Woman's Contract?

New medical technology allows for women to exert more of a role in the surrogacy contract, and indeed, may help to truly make it what Pateman feared it would be falsely labeled, a "woman's contract" (Pateman 213-214). Women are now able to pass on their own genetic line through surrogacy and even enter into the surrogacy contract without a man (by buying sperm from a sperm bank) if they so choose. It is quite frequent now for women to actually be the authors of these contracts, often with a disregard to the wants of their husbands or other men. The documentary *Made in India* follows the experience of Lisa and Brian Switzer, a couple from Texas using a surrogate

in India. In the film it is Lisa who is absorbed with the idea of obtaining a biological child. It is clear that she is actually the driving force behind all of the fertility options they have tried thus far. Lisa is also the primary spokesperson for the couple when they need to coordinate things for the procedure, when they are talking in the film, and when they are interviewed on the Today Show² (Haimowitz and Vaishali). Lisa's definition of motherhood includes being a part of a biological process. The genetic connection to her children that she will have because of surrogacy is crucial to her maternal connection to them and to her feeling like she is a player in the surrogacy process.

In 2007, Oprah Winfrey aired an episode titled "Wombs for Rent," and the couple showcased, Jennifer and Kendall, proved to be quite similar to the Switzers above. Jennifer dominates the conversation on the show, and also seems to be in charge of the surrogacy contract in general (Oprah). Like Brian Switzer, Kendall's role seems to be limited to two primary features: support system and semen provider. Jennifer talks about Kendall taking a cup of his semen to the fertility center every day for a week while they are in India. The focus of the show is Jennifer's plight as a woman who cannot carry her own children, and on the gaping hole in her life because of this fact that only infertile women can relate to. It is about her journey in overcoming her own biological misfortune and her husband is only there because he happens to be necessary for *her* to do this.

In a final example, Assia, the Indian woman who works as a surrogate for the Switzers, also proves to be the one regulating her own surrogacy contract. Although her husband disapproves of the thought of her carrying someone else's child, she tricks him into signing a consent form and then goes behind his back to become a surrogate. He doesn't find out that she is pregnant until three months later, and by then it is too late and he simply asks her not to do this again (Haimowitz and Vaishali). Assia's situation and motivations are drastically different from the two American women described above. However, like them, she assesses her situation, evaluates her possibilities, and makes an informed and autonomous decision to enter into a surrogacy contract.

In all of these cases it is women entering into and negotiating contracts instead of men. While these are just a few examples, they shed new light on and bring into

² See interview here: (http://today.msnbc.msn.com/id/23252624/ns/today-today_health/)

question our understanding of the surrogate contract as being silently patriarchal. The ability of women to pass on their own genetic material allows women to engage in surrogate contracts with each other without being driven by patriarchal influences.

Choosing Surrogacy

Even considering the expense, invasiveness of surrogacy (for the surrogate but also the egg and sperm donors), as well as the implicit regulation of another woman's body, many infertile couples still prefer surrogacy to other methods of obtaining a child, such as adoption. Many couples who choose to use a surrogate also consider it to be a "last resort" or their "last chance" for a child. Surrogacy frequently follows a number of other expensive fertility options. While adoption may not be completely out of the question, it is frequently viewed as an option at the very bottom of the list, to be considered after the "last resort" of surrogacy. Distinguishing adoption from other fertility options implies that it is viewed differently by infertile couples than other options available to them, and that having a biological connection to their children, if at all possible, is preferential.

Returning to Jennifer's experience, she describes her feelings towards fertility in the following way: "I think so many of us are taught as kids by our parents that you can do anything you set your mind to. [...] Fertility is completely different. You're finally thrown into this world of, 'I cannot do this. No matter how hard I try, I cannot accomplish this.' So it's probably the worst kind of failure" (Oprah). Jennifer's description of grappling with her infertility recalls a very American, "pull yourself up by your bootstraps" mentality. For her (and she is not alone in this thinking), it was not an option to accept that her body did not naturally make babies. Her choice of the word "failure" indicates that she thinks she herself did something wrong, instead of acknowledging the fact that she's dealing with a biological problem. Despite her verbal acknowledgment that she "cannot do this," Jennifer is actually circumventing this conclusion by hiring a surrogate to carry her biological baby and deliver to her the child she would have had if her body

was not malfunctioning. Interestingly, she doesn't seem to consider that she is in the unique financial situation to be able to explore these options or that parenting a baby who she is not biologically related to would not alter the nature of her parental connection to the child. Radin takes issue with what she describes as a misunderstanding of the mother-child bond, and this will be discussed later in the paper.

The Problem of Genetics and the Consumerism of Motherhood

Genetics can be one way of defining a parent-child relationship, and while this is a real connection, becoming too focused on the biological component can imbue it with potentially too much significance. Genetic connections are thus heavily symbolic and idealized in the surrogate contract, and they are purchased within a capitalist market. Brought to the forefront by science and medicine, the "essence of our humanity" can now, to many people, be located within our DNA (Sharp 309). Sharp notes that "[t]he atomization of the body lies at the heart of this debate, raising questions about how increasingly minuscule human parts may still embody persons" (Sharp 309).

The capitalist consumerism of parenthood is further exemplified in other aspects of surrogacy. Lisa displays this in multiple ways, most noticeably during the lavish baby shower that is thrown for her before her twins are even born. The cultural tradition of "showering" the pregnant mother with gifts is given a new dimension when the woman is not actually pregnant. Because her surrogate is on the other side of the world, it is important for Lisa to mimic the rituals of pregnancy that she is so distant from in reality. Once Lisa arrives in India, the consumerism of motherhood continues to be an integral part of her experience as a new mother. When the hospital initially denies her access to her newborn children, she spends her time in the market buying piles of baby clothes and items for each child. The exercise of motherly consumerism acts as a symbolic anchor that validates her as a real new mother who is buying goods for her own children.

Jennifer shows a similar attachment to maternal consumerism. She says, "You don't know how it feels to not be able to pay for your children to go to school, to not be

able to [...] take care of your family. You don't know how that feels" (Oprah). She clings to the tangible aspects of motherhood in order to make her surrogacy process more real for her. In both Jennifer and Lisa's cases, they are not only removed from their children's pregnancies in that they are not taking place in their own bodies, but also because the bodies the pregnancies are taking place in are geographically and culturally distant as well.

Why do women work as surrogates?

Working as a surrogate can provide a potentially life changing sum of money to a woman and it can allow her to help infertile couples. It is also a uniquely female means of earning an income that might be viewed as desirable by women who have few economic options in the formal sector. In some places, India included, strong social stigmas are attached to women who work as surrogates because the women are understood to be impregnated by a man other than their husband. Because of this possible stigma, some women choose to lie to their families or communities and even go into hiding at surrogacy hostels during their pregnancies (Conan; Haimowitz and Vaishali). Deciding to work as a surrogate, especially in an international context, requires close consideration and thoughtful weighing of options.

It is common for infertile couples to find their surrogates and egg donors through websites on the internet. Planet Hospital³ (utilized in *Made in India*) is one example of a third party website that offers to facilitate the surrogacy process for western couples. In these cases, while an underlying inclination to help others may exist to a degree, the abundance of women selling services and biological matter, as well as the impersonality of the transaction, makes it hard to understand surrogacy in any terms other than business. These women are primarily, if not completely, economically motivated. Zippi Brand Frank, the director of *Google Baby*, speaks about an example from the film in which both the egg donor in America and the surrogate mother in India are selling their

³ See Planet Hospital's website: (<http://www.planethospital.com>)

gestational services and/or their eggs in order to save money for their sons' future educations and careers.

[W]e met one family in particular who's interested in surrogacy to earn the money, well, not only to educate their son - they want him to be an officer in the Indian Army - but also to build a house. And interestingly, that is the same motivation for the woman from whom they get the eggs in this. And she is from Tennessee and we also meet her online [*sic*]. (Conan)

Despite the possibility of social stigma, many women choose to use their bodies in this way because it is a viable option available to them to make money.

Altruistic Rhetoric in a Market Transaction

Even though many surrogates are economically motivated to sell their gestational services, parties involved in surrogacy frequently replace market rhetoric with language that implicates underlying altruistic motives. Although according to Marx, the *reason* why a laborer offers services to a person in the free market “has no interest for the owner of money” (Marx 70), for surrogacy, at least, the necessity of altruism can often be applied to both the roles of the surrogates and the infertile couples, depending on the circumstances.

Oprah’s “Wombs for Rent” episode clearly shows how infertile American couples are actively constructed as victims of their own biological shortcomings. These couples are painted as being forced to contend with various alternatives to natural conception and thus rely on the “altruism” of women who are willing to offer their gestational services. Jennifer and Kendall describe themselves as “giving up all dignity” to reach this goal and Oprah melodramatically points out their “arduous 25-hour journey back home” (on a plane) after their procedures in India (Oprah).

Conversely, Indian women who work as surrogates are also constructed as victims in need of the altruism of an outside party. These women are providing the coveted and supposed altruistic gestational service for infertile couples, but it is more glaring that they are motivated primarily by economic reasons rather than a sense of

philanthropy. Thus, their category of victim is constructed differently. They are seen to be collective victims of the exploitation that naturally comes along with their gender, society and interaction with westerners. Laura Agustin points out that this generalized victimization stems from a neocolonial idea that all women from poorer countries are “tremendously disadvantaged: poor, oppressed, coming from violent societies, have no choices” (Agustin 179). Further, it brings into question the reason why western surrogates are not viewed the same way, when women who work as surrogates in the west are also generally financially motivated. The surrogate from the Baby M case is a perfect example of this.

Because outsourcing surrogacy to women in developing countries like India has become such an international trend in medical tourism, it becomes very important for western couples to become the altruistic ones and justify their choices. Often a depiction of a fluid reciprocal relationship between the biological parents and the international surrogate is created and emphasized in this process. Once again quoting Mark, who is currently using a surrogate:

And, you know, the benefits to the surrogate over there are unbelievable. Five thousand dollars to a surrogate over there changes their lives, [unintelligible] buy a rickshaw. And there's another thing I'd have to contest that somebody said they don't all go into hiding. I mean, the surrogates do this openly, in many cases, with the consent of their husbands who also have to sign documents [*sic*]. (Conan)

It is important for Mark to bring attention to his own altruistic motives and make clear that he is not exploiting women overseas. Yet he frequently refers to the people “over there,” underscoring the physical as well as cultural distance that lies between him and his surrogate. Finally, his vision of a rickshaw being a completely life changing acquisition is patronizing and reveals his disconnectedness with his surrogate’s actual life and goals. The comfort that Mark draws from the symbolic rickshaw allows him to equate the complex transaction of working as a surrogate mother with a tangible item that can be purchased in a marketplace (like his baby). Oprah also rejoices in the economically life changing experience of surrogacy for women in developing countries.

As life-changing as the experience is for new parents, it is equally life-changing for surrogate mothers in India. According to Dr. Patel, each woman receives a payment of approximately \$5,000—which is equivalent to almost 10 years' salary. Lisa says the money has allowed some families to move to nice family homes and to provide a good education for their children. (Oprah)

In an odd reversal of priorities, couples utilizing international surrogates embrace the financial aspect of the transaction as a crucial part of their international altruism. They frame it as if they are trading different forms of “the gift of life” with these women. Like some sort of skewed exchange rate, the magnitude of the financial payment for gestational services is thus inflated in a weak attempt to equate it with the commodity the couple is receiving: their biological child. It is interesting that although pregnancy is the experience that these women seek so earnestly, the stories of the pregnant surrogates are replaced by explanations of money and justifications against exploitation.

Some western surrogates are also quick to distinguish themselves from surrogates in developing countries. Another caller on NPR argues:

I think the intended parents of the baby that is going to be born, I think they, you know, I think they have an ethical and moral responsibility to make sure that the surrogate who is carrying their child is not coming to surrogacy in any sort of financial duress at the expense of their own children and families. And I'm just not sure how exactly that can happen in India [*sic*]. (Conan)

For this woman, who works as a surrogate in America, being motivated by money, at least for Indian women, is out of the question. She does not state her own motivations for working as a surrogate for multiple couples whom she does not know beforehand, but she implies that she is allowed to earn money in this way because she is knowledgeable enough to make the decision but Indian women are not. She places responsibility on western clients to decide if international surrogates are motivated towards surrogacy for the “right” reasons, rather than placing it on the women who are actually contracting out their bodies to provide this service (like she is).

To take the altruism to an even further level, Lisa Ling also reports on *Oprah* that these American couples are not only acting as benefactors, but as “cultural ambassadors”:

In addition to its obvious impact for everyone involved, Lisa says this arrangement has even broader implications. 'Now this baby and this couple will have this bond with this country. And in a way, become these sort of ambassadors, these cultural ambassadors,' she says. 'It's confirmation of how close our countries can really be.' (Oprah)

Despite the rather poetic nature of this statement, it is obvious that the couples using international surrogates are enjoying the financial benefits more than the cultural encounters. In this odd reinvention of a child's "birth country" it is not apparent that the families will maintain any meaningful connection with India after this experience is over. Thus, the process of creating the illusion of a relationship between the couple and surrogate as well as the surrogate's home country acts as an American inclination to further distance oneself from the obvious business nature of this type of transaction.

Frank is candid about the cross cultural differences that exist in the international surrogacy process. She explains that, while close relationships sometimes exist in the west between surrogates and the biological parents, it is not the same elsewhere: "It doesn't exist with the Indians. We shouldn't think it exists, you know? It's pure business" (Conan). Nevertheless Jennifer insists, "This experience, doing the surrogacy, going to India and forming that bond with these people halfway around the world—it's definitely changed both of us." (Oprah).

The ethics of "baby-selling"

Much of the motivation for creating and emphasizing altruistic motives in surrogacy stems from an inclination to differentiate the transaction of a surrogacy contract with commodification of the body and capitalist market rhetoric. The use of euphemistic terminology such as, "gift of life," or "donors," dehumanizes the body and infuses the degree of altruism necessary for the practice to be socially acceptable in western terms. When the body is commodified for organ "donation," Sharp explains that the "rhetoric of gift exchange disguises the origins of commercialized body parts, silencing in turn any discussion of the commodification process" (Sharp 304). A similar

codifying process takes place in the surrogacy contract that denies the clear commodification of women's bodies, biological matter and babies. Radin explains that "baby-giving is unobjectionable [...] because we do not fear relinquishment of children unless it is accompanied by [...] market rhetoric" (Radin 139).

But Sharp also notes that commodification itself is constructed. Commodities "are not simply things in-and-of-themselves, or objects whose worth lies merely in their exchange value. Rather, as Mauss argue[s], exchange goods are frequently entangled in a host of meanings framed by sociopolitical concerns, and thus they are symbolically charged by their sociality as well as by their links to hierarchy and power" (Sharp 291). The commodification of surrogates' bodies is both constructed and denied by couples purchasing this service. Additionally, while it is tacitly accepted that the surrogate's gestational services, the donor's egg, and the child itself will be commodified, other "medically valued by-products, including the umbilical cord, placenta, and fetal brain matter and other tissues from neonates who do not survive" (ibid 300), is not seen to be acceptable for sale on the market.

While westerners shy away from the vocabulary of "baby-selling," others view the transactional aspect of surrogacy more pragmatically. Frank helps to illuminate this point. She responds to a question of whether or not surrogacy is "baby buying" with, "how is this not baby-buying? [...] I mean, yeah - you're unfortunate. You cannot do the baby, you know, under natural way, so you have to buy, you know, you have to buy a sperm, you have to buy an egg, and - or you have to buy a surrogate service, but it should - you can also look at it on this way, yes [*sic*]" (Conan). The terminology of "baby buying" does not hold the same cultural weight with Frank, nor, it would seem, with the women who are working as surrogates in India as it does for most westerners.

Cultural Perceptions of Motherhood and Parent-Child Bonding

The difficulty implicit in this description of surrogacy-as-commodification is how the financial component of the transaction effects the bond between parent and child.

Radin suggests that the “demand for surrogacy expresses a limited view of parent-child bonding, a view in which bonding is based on genetics rather than relationship” (Radin 143). Likewise, Nancy Scheper-Hughes shows how it is possible for women to culturally approach pregnancy, motherhood, and surrogacy very differently. Scheper-Hughes criticizes the widely circulated conclusions of Sara Ruddick on motherhood and points out that in “her strong case for a generalized mode of ‘maternal thinking’ Ruddick does specify that her model is based on her ‘knowledge of the institutions of motherhood in middle-class, white, Protestant, capitalist, patriarchal America’” (Scheper-Hughes 309). To this point, Radin also points out that surrogacy could possibly be a factor in reinventing the western conception of family:

It seems to me that if there is a good feminist argument for permitting surrogacy as an exception to the status-quo regime (rather than as part of a radical market-liberation approach that would permit all commissioned adoptions), it will probably start from the practice’s possible effects on the traditional conception of the nuclear family. Perhaps the practice of surrogacy—in some respects like the widespread practice of divorce—can bring about new kinds of relationships of coparenting and new kinds of relationships between parents and children. This could perhaps be beneficial in transforming the traditional conception of the family as it has been in some respects oppressive for women (and children). (Radin 150)

In this respect, Radin grapples with possible repercussions of surrogacy beyond the usual fears of gendered exploitation and patriarchy. She suggests that being open to surrogacy may actually be beneficial in empowering women beyond involvement in contract.

Scheper-Hughes’ research of Brazilian women in the shantytown of Alto d Cruzeiro is particularly illuminating to this point. Because of the extreme poverty and lack of resources, the Alto experiences a high rate of infant mortality. Women generally give birth to a number of children and expect only a few to survive past the first couple of years. Because of this fact of life for women of the Alto, Scheper-Hughes describes how “Part of learning how to mother on the Alto includes learning when to ‘let go’” (Scheper-Hughes 295). She comments that “Alto mothers protect themselves from strong, emotional attachments to their infants through a form of nurture that is, from the

start, somewhat 'impersonal'" (ibid 311). In other words, an emotional survival strategy that these women have developed toward their children does not mimic the traditional expectations of motherhood in the west. She concludes that, "Human mothers who reach the limit of their abundance can and often do become both estranged from and indifferent toward their children" (ibid 313).

Based on her experiences with these women, Scheper-Hughes writes in opposition to popular western ideals about the maternal bonding that occurs between birth mothers and their children. It is clear to Scheper-Hughes that mothers on the Alto are making hard emotional decisions based on brutal conditions. And while the decisions appear to be cruel and non-maternal to western readers, they are in fact the opposite. Alto mothers manage their emotional investments by placing them in their strong children who are going to survive. This is a survival strategy for the mothers as much as it is for the children. These experiences are particularly relevant when considered in comparison to westerners who outsource gestational services. Given the circumstances that have led many women in India to work as surrogates, these women are similarly faced with hard choices. For them, surrogacy is a business deal. Like the women in Brazil, they are able to detach themselves from the babies inside of them. It is a maternal decision that they are making on behalf of their own children.

Frank talks about the differing approaches to surrogacy taken by Indian women and western couples:

I'm not sure that the Indian women are really much connected to the babies. I mean, of course, when you're -and I myself had two babies. Like, I know what pregnancy looks like. So it's not easy to detach, but, you know, they are very much, from the very beginning, are knowing that they're just going to give it away [sic]. (Conan)

Dr. Nahnya Patel, whose clinic is featured in *Google Baby*, also takes certain precautions to help ensure that surrogates don't become attached to the babies they carry. One such measure is requiring all surrogates to already have children with their partner (Oprah). Although precautions in general are absolutely necessary to the surrogacy contract, many of these specific precautions seem aimed more at alleviating western fears about surrogates rather than more pertinent matters of regulation. These

infertile women who are obsessed with their inability to become pregnant cannot imagine not being completely attached to a child after birth, but the surrogates already have their own families and are clearly not approaching the contract with the same level of emotional investment; they are going through this process in order to bring back more opportunities to their children.

Race and Class

Cultural differences stand out in outsourced surrogacy contracts. Dr. Patel actually encourages cultural stereotypes when she describes the types of women she employs as surrogates in her clinic in India: “All of my surrogates are very humble, simple, nice females. And they are very committed, they are very dedicated, they're very religious. And they want to do their job in a very dedicated manner. These surrogates are [unintelligible] and they always deliver under my care and supervision. And this, as a clinic, we try to supervise as a whole procedure [sic]” (Conan). Dr. Patel is reinforcing the stereotypical notion of docile Asian women who are obedient and easy to work with. Because of the cheap prices and the promotion of these types of notions, it is easy to see how “India has become the world's number one capital for surrogacy” (ibid). Albert Heubner argues in relation to illegal organ trafficking that the trade “is the ‘logical’ 21st-century extension of hundreds of years of colonial exploitation. First appropriate labor and its fruits, then the body itself” (Heubner 63). The same can be argued for surrogacy, that outsourcing the gestational services of women in developing countries is exploiting people who are in a vulnerable situation.

Jennifer however, has a response to people who accuse her of exploiting poor women. She says, “someone who hasn't been in her situation should not judge. ‘You have not walked in my shoes as someone who cannot have a child. [...] [W]e were able to come together, [Sangita] and I, and give each other a life that neither of us could achieve on our own. And I just don't see what's wrong with that’” (Oprah). Once again it is questionable if Jennifer is grasping the cultural and socio-economic gulf that exists

between her and her surrogate. She continues to favor language that implies that she and Sangita made a unique reciprocal life-changing exchange, which rises above the capitalist market. Jennifer goes on to say of her time in India, "The culture shock at first was just so much, so that the first few days were really hard for me. [...] I definitely had a lot of those moments where you just kind of step out of yourself and look at your surroundings and just think, 'How did I get here?'" (ibid). India is an environment so foreign to Jennifer that merely being there makes her reevaluate her choices, as she feels so disconnected with her surroundings. Whether aware of it or not, Jennifer is stepping outside of her comfort zone to make use of an opportunity in another country for personal gain.

With fears of exploitation in mind, Radin also notes that "it would be difficult under present social circumstances to create any regime of commissioned adoption (including surrogacy) that would be egalitarian in practice" (Radin 153). This point is important to keep in mind. Scheper-Hughes cannot easily cast aside the inequality of parties involved in commodification of the body through organ trafficking. In her words, "while buyers and sellers may be about equal in their desperation, they are dramatically unequal in all other respects" (Heubner 58). Many would argue the same point for surrogacy, however striving for complete equality is not necessarily practical. The surrogacy contract is an unequal one. The goods acquired for the service performed will never balance out. Rather than striving for equality, it may be more productive to, with Radin's comment in mind, reach for fair treatment and practices within an innately unequal arrangement.

Is There a Clear Victim?

It is easy to notice the potential for racism, classism and neocolonialism to occur in a contract that entails westerners, generally white, outsourcing child production to poor, non-white women from developing countries. In casting women in developing countries as victims that need to be protected from "surrogate colonizers," people risk

becoming the colonizers themselves and isolating these women and their decisions from others. As Sharp points out, “suffering itself may be commodified: Media images may quickly reduce the weak and disenfranchised to little more than objects of pity and exploitation” (Sharp 293). Reducing these women to a simple image of exploitation ignores the multifarious experiences and motivations that really exist for them.

Like Scheper-Hughes, Bart Croughs also writes in reference to organ trafficking, however he makes a strong argument for why people should be allowed to commodify their bodies for a source of income. He acknowledges that poverty is a motivating factor for many people who commodify themselves. But he argues that poverty stricken people are motivated to do lots of things to survive and to earn money and to change their conditions. Whatever their motivations, people should have all the options available to change their position. In Croughs’ words, “By what magical means can an outsider, who knows nothing of the specific circumstances and preferences of the potential seller, be a better judge of which decision is the right one than the organ seller himself” (Croughs 50)? Just because one person cannot imagine personally making this choice does not mean that it is a wrong decision for someone else. A shortcoming in Croughs’ analysis comes from his focus on the extremes of the poverty stricken and affluent. In ignoring the existence of a middle ground, he implicitly argues that the only reason anyone would sell their body is because of their extreme poverty. In doing so, whether intentionally or not, he removes the possible legitimacy of the sale of the body for people who are not marginalized, and as a result he reinforces the deviance of commodification of the body.

Regulation and criminalization of surrogacy is often prompted by a will to protect potentially exploitable parties. However, regulations also often lead to state restrictions that, instead of protecting women’s bodies, control them even further and remove individuals’ rights to their own bodies. Furthermore, regulation becomes so focused on the “victimized” party, that in the end, the issue is not with the commodification of the surrogate’s body per se, but with the woman’s supposed imminent exploitation because of the victim status that has been ascribed to her.

The true story of commodification of the body through surrogacy is one of plurality. International surrogates are both making decisions about ways in which to use their bodies and potentially being manipulated and exploited. The middle men who profit from international surrogacy in *Made in India* plan to attend a conference on surrogacy in India at the end of the film. No women who actually work as surrogates in India will be present. In the documentary, because of an unresolved confusion in the contracts written by Rudy from Planet Hospital, the surrogate Assia received less than \$3,000 when she was promised \$7,000. It is clear that there are players in this process who are exploitive and that other players are vulnerable. But the vulnerability of certain persons within the surrogacy contract does not make up their whole identity, and this cannot be forgotten.

The Feminist Agenda of Surrogacy

Working as a surrogate allows women to save money for their children's futures. In the film, Assia's primary goal is to save money for her daughter since she is worried about the lack of opportunities open to her female child. This transaction is poignant. It is one in which Assia openly acknowledges her gendered lack of opportunity and choice, and actually utilizes that difficult space in an attempt to change the predicament for her daughter. No matter how Assia might be defined because of her gender or nationality or class, she is evaluating her surroundings and choices and making long term decisions based on her limited options. Assia bears the consequences of her own gender in order to open more doors for her daughter.

Frank describes how her feelings towards international surrogacy changed, the more contact she had with it and the more she learned about Dr. Patel's "feminist agenda":

[F]rom the very beginning, when I started the research, I thought - I was completely convinced that it's exploitation of women. And, you know, when you're looking at it from abroad or from telephone conversation, it

seems to be the worst thing a woman can go through. But when I went there and I spent, like, three times, with doctor - three excursions, three trips to India with Dr. Patel. And I learned her, you know, and I was very much intrigued by her feminist agenda behind it. And also the surrogate mothers, you know, you say - you might say these are only 5,000 or 6,000 U.S. dollar that she gets. But actually, for those women, it's a lot of money [sic]. (Conan)

It is easy for anyone to claim a “feminist agenda,” and it is certainly not a sure indicator that they actually are feminist. However, it is also possible for feminism to take different cross-cultural forms. Nicole Constable talks about what she calls the “feminist yardstick” in relation to women who enter into correspondence relationships. Constable argues that a form of discursive colonization occurs “whereby western women are the yardstick by which progress is measured” (Constable 29). It is a similar case here. International surrogacy does have the potential to have a feminist agenda in this context in India. What feels like an independent feminist action to a woman in India, may not fit into the definition held by western feminists. What’s clear is that outsourcing surrogacy is a complex experience for all parties involved and that it simultaneously opens to women opportunities to in engage in contract, while also potentially making them vulnerable.

Conclusion:

Outsourcing gestational services raises many ethical and philosophical questions about the body, gender, race and class. It also underscores cultural perceptions of parent-child bonding and it troubles traditional categories of family that in the past have been unquestionable. Recalling Radin, surrogacy, especially in an international context, deconstructs the traditional nuclear family and offers alternatives that are potentially more liberating for women. Because of new technological advances, surrogacy also provides women direct access to contract, access that has been severely limited in the past. What direction will science and technology take surrogacy in the future? Will there come a day when the female body is no longer needed to provide gestational services?

When this becomes no longer a uniquely female capability, but one that can be mimicked in a lab?

No matter what rhetoric is used to describe it, surrogacy takes place within the capitalist market and produces commodities. But it is an extremely unique version of services bought and sold. The result of the service provided and the commodity produced is truly profound, it is a new human life. While surrogacy fits into the commodifying market structure, it also creates a category of its own. Surrogacy provides a unique way for women to make use of their bodies in order to earn an income. Whether it is in the United States or in India, women should be allowed to make this choice no matter what their motivation is.

Bibliography

Agustin, Laura. *Sex at the Margins: Migration, Labour Markets and the Rescue Industry*. London: Zed Book, 2007.

Conan, Neal. "Google Baby' Follows Birth Outsourced to India." NPR.
<http://www.npr.org/templates/story/story.php?storyId=127860111>.

Constable, Nicole. *Romance on a Global Stage: Pen Pals, Virtual Ethnography, and "Mail-Order" Marriages*. Berkeley: University of California Press, 2003.

Croughs, Bart. "The Selling of Body Parts Can Benefit the Poor." In *Is Selling Body Parts Ethical?*,

Christina Fisanick, 47-56. Detroit: Greenhaven Press, 2010.

Egg Donation, Inc. <https://eggdonor.com/>.

Haimowitz, Rebecca, and Vaishali Sinha. *Made in India*. DVD. 2010.

Huebner, Albert. "The Selling of Body Parts Exploits the Poor." In *Is Selling Body Parts Ethical?*,

Christina Fisanick, 57-63. Detroit: Greenhaven Press, 2010.

The Indian Surrogate. <http://theindiansurrogate.com/?p=82>.

Marx, Karl (1867) 'The Fetishism of Commodities' pp. 67-74 in Lemert, C. (ed.) *Social Theory – Multicultural & Classic Readings* (1999) San Francisco: Westview Press.

Ollenburger, Jane, and John Hamlin. "'All Birthing Should Be Paid Labor" -- A Marxist Analysis of

the Commodification of Motherhood." In *On the Problem of Surrogate Parenthood: Analyzing the Baby M Case*, Herbert Richardson, 57-68. Lewiston, N.Y.: The Edwin Mellen Press, 1987.

Emma Baumhofer
Thinking Gender
UCLA Conference 2012

The Oprah Winfrey Show. "Wombs for Rent ." <http://www.oprah.com/world/Wombs-for-Rent/1>.

Pateman, Carole. *Sexual Contract*. Stanford: Stanford University Press, 1988.

Planet Hospital. <http://www.planethospital.com/177/Surrogacy>.

Radin, Margaret J. *Contested Commodities*. Cambridge: Harvard University Press, 1996.

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

Scheper-Hughes, Nancy. "Culture, Scarcity, and Maternal Thinking: Maternal Detachment and

Infant Survival in a Brazilian Shantytown." *Ethos* 13, no. 4 (1985): 291-317.

Today Show. "More and more couples finding surrogates in India"

http://today.msnbc.msn.com/id/23252624/ns/today-today_health/. NBC.