

## Colloquy



### VITAL LABORS: Transacting Oocytes across Borders in the Post-Soviet Space

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Feminist scholars of migration have made significant interventions into debates on labor mobilities by drawing attention to the physical and emotional tolls of transnational migration, the stratified geopolitics of care work, the gendered experience of border crossings, and the invisibilization—and often concomitant illegalization—of migrant domestic work. This scholarship has shown how law and policy serve to exclude certain forms of gendered migrant work from statutory protections through the demarcation of boundaries between purportedly public and private spheres or the revocation of legal protections to temporary migrant working women who become pregnant or marry (Constable 2020). It has revealed how the relegation of marginalized occupations to transient migrant laborers enables members of mainstream society to “imagine themselves as fully middle class” (Mackie 2010, 75). In the post-Soviet context, this scholarship has illuminated how the figuration of the migrant worker in policy and law as an unencumbered and putatively male *homo laborans* has served to exclude non-working family members from the state’s purview, and thus to “deprive [them] of the right to any life in Russia outside of work” (Nikiforova and Brednikova 2018, 143).

Adding to this scholarship, which has proved crucial in articulating a feminist critique of migration policy, this essay calls attention to the enrollment of mobile workers into forms of clinical labor that Melinda Cooper and Catherine Waldby (2014, 64) call “services in the self”: services that rely on “in vivo, biological processing and the utilization of the worker’s living substrate as essential elements in the productive process.” Public and scholarly portrayals of the post-Soviet migrant worker typically foreground a particular kind of gendered, visibilized labor power. We “see” a man in a high-vis jacket working on a construction site or hauling goods in a market, not a woman contracted as a gestational surrogate or an oocyte donor to a Moscow fertility clinic. Yet economies of debt-driven mobility, techniques of recruitment and mediation, and aspirations invested in the respective forms of financial compensation bear striking similarities across these different labor circuits. An anthropological account of this bioeconomy, I suggest, demands an expanded account of labor migration, one that moves beyond Fordist imaginaries of industrial labor power to encompass emergent forms of vital labor and their entanglement with mobile ways of life.

As Marthe Achtnich (2022) notes in her introduction to this Colloquy collection, this blind spot reflects a broader concern within Foucauldian-inspired critiques of migration to focus on the commoditization (and securitization) of migrant wage labor, neglecting the generation of surplus through the harnessing of mobile life itself. Contributing to this Colloquy’s wider concern with the economization of vitality and vulnerability across different scales, I examine the regional markets for reproductive services made possible by growing international demand for assisted reproductive technologies (ARTs), the commoditization of human gametes, and the differential transboundary mobility of prospective commissioning couples and gamete donors. This entails tracing the configuration of technologies, expertise, material infrastructures, regulatory divergences, and dynamics of debt-driven migration that enable fertility clinics in Moscow, St. Petersburg, Krasnodar or Tbilisi to recruit Kyrgyz, Kazakh, and Buryat oocyte vendors for prospective Chinese commissioning couples; or that enable Ukrainian fertility clinics to market surrogacy services to British clients by highlighting the availability of “donors from around the world” and guaranteeing that Ukrainian gestational surrogates (unlike their UK counterparts) have no legal claim to parenthood.<sup>1</sup>

This essay explores the recruitment of “Asian” oocyte vendors (*devushki aziatskoi vneshnosti*, literally, “girls of Asian appearance”) by fertility clinics in Russia, Ukraine, and Georgia to meet a growing demand for ARTs from Chinese commissioning couples. A focus on the intersection between mobility and the bioeconomy

is generative to think through what is at stake in these emergent trajectories of vital labor across scales and empirical domains. If we understand the term *bioeconomy* to denote the multiplicity of practices that are “concerned with using, trading, extracting, and generating value from ‘life itself’” (Andersson 2018, 418; cf. Rose 2007), then a focus on mobility bioeconomies enquires into the ways value is generated from the *differential* mobility and transactional value of human and non-human bodies, body parts, and even genetic material across territorial, administrative, and juridical borders of various kinds (see Green 2022, this issue). It allows us to hold together different kinds of movement (whether of, in this case, donors, surrogates, commissioning parents, or gametes) within the same analytical frame. It directs attention to the transnational infrastructuring of commercial reproductive markets: to the practices of recruitment, mediation, marketing, and exchange through which oocytes are transacted between (typically) younger, poorer and (typically) older, richer women. It enquires into the forms of biotechnical capacity on which these transactions rest and the ways that these intersect with, and piggy-back on, other circuits of movement and mediated desire—for tourism, leisure, work, study, or for aspirations to a “normal” or economically secure life.

### GAMETES ACROSS BORDERS

Studies of clinical labor in medical anthropology and science and technology studies have drawn attention to the ways that ARTs enable the elements of conception to be (partially) dislocated from one another in space and time, creating regional reproductive markets structured by intraregional regulatory divergences, economic differentials, and racialized imaginaries of beauty and vitality (Cooper and Waldby 2014). In addition to a well-established transnational market for so-called Nordic donor sperm (Kroløkke 2009), oocytes are increasingly transacted across borders, as purchasing clients seek to avoid domestic restrictions on access to ARTs or to reduce the costs of private fertility treatment by traveling internationally. Unlike semen, mature human oocytes are rare (most women ovulate around 400 mature oocytes over their lifetimes), of limited tractability, and difficult to store and transport *ex vivo*. Egg donation, as Waldby and Cooper (2008, 58) note, thus depends on the “compliance, negotiability and general agency of female populations,” as well as on their more general bioavailability, that is, women’s willingness and ability to regulate their ovarian cycle through hormonal self-medication, and to travel, often at short notice, to the clinic where egg retrieval occurs.

The resulting global “reprohubs,” as Marcia C. Inhorn (2015, 9) calls such centers of reproductive markets, have distinctive regional configurations. Spain,

for instance, has become a notable European center for the provision of reproductive services for women and couples from northern and western Europe seeking donor oocytes—the result both of specific histories of liberal regulation of the fertility market (including a de facto commercial market in oocytes and guaranteed anonymity for donors) and specific dynamics of intra-European mobility for leisure and labor (Lafuente Funes 2017). It is not incidental to the configuration of this bioeconomy that many Spanish fertility clinics are located in touristic areas close to coasts and airports (Alkorta Idiakez 2010) and that they actively recruit phenotypically white oocyte donors among eastern European women otherwise engaged in the low-wage economy in Spain.

### TRANSACTING “ASIAN” EGGS

In the post-Soviet context, reproductive services also have a distinctive regional footprint, reflected in dynamics and languages of advertising and processes of donor recruitment. Circuits of demand for reproductive treatments are shaped by cost, accessibility, and the availability of services proscribed in other jurisdictions, such as commercial gestational surrogacy, donor selection, and embryo sex selection through pre-implantation genetic diagnosis (typically framed as “family balancing” for commissioning couples who already have one child). Crucially, they are also shaped by the place of Russia, Ukraine, and Kazakhstan within the Eurasian landmass and the bioavailability of both purportedly Slavic and Asian egg donors to meet demands from commissioning couples from both western/northern Europe and East Asia.<sup>2</sup> This bioavailability is in turn shaped by circuits of donor recruitment and mobility from across the post-Soviet space, mediated through shared language (Russian) and common cultural/social media spaces, structured by durative economic differentials, and further mediated by transport infrastructures and a network of intermediary agencies (*agenstva* or *posredniki*) who negotiate contacts, contracts, and paperwork.

Donors are typically recruited online through sites such as meddesk.ru (a generic website for medical services, where surrogacy services and oocyte donation are listed in a menu between “cancer care” and “dental treatment”) or mama-poisk.ru (“mother search,” a website specializing in commercial surrogacy and oocyte vending), through social media sites such as *vkontakte*, and through small ads in free newspapers (or their online equivalents), where such adverts typically cluster alongside jobs for cleaners and sales assistants: jobs disproportionately occupied by migrant women. Prospective oocyte vendors can announce their readiness to be contacted directly by commissioning couples (there is an active direct re-

cruitment business), but the necessary techno-mediation of oocyte transfer means that women more commonly join so-called donation programs initiated directly by fertility clinics, or by agencies working on their behalf.

Notable within this configuration is the growing demand for so-called Asian or Eurasian (*evraziiskie*) donors for Chinese commissioning couples. In China, fertility treatment is restricted to married heterosexual couples and oocytes can only be donated by women undergoing IVF and willing to donate any remaining eggs following treatment (Weis 2021, 10). These legal prohibitions, alongside the lifting of the one-child policy in 2016 and the presence of a growing middle class with the financial means to access fertility services, has created a huge demand for reproductive services beyond China's borders—to which clinics in Russia, Ukraine, Kazakhstan, and Georgia have responded with vigorous Chinese-language advertising campaigns and “all-inclusive” packages for prospective commissioning couples.<sup>3</sup>

As Christina Weis notes (2021, 14), women marked as non-Slavic were previously devalued both as donors and surrogacy workers within the Russian reproductive market: the rejection of their reproductive labor was “grounded on the prevailing racism in the reproductive industry that depicts their bodies and labor as lower quality than that of ethnic Russian women.” The intensified demand for “Asian” eggs from Chinese commissioning couples has dramatically increased the incentive structure for prospective oocyte donors marked as phenotypically Asian. In addition to actively recruiting donors according to ethnicity (Buryats, Kyrgyz, and Kazakhs being groups who seem particularly actively recruited), clinics may offer differential payments (figured as tax-exempt “honoraria” [*gonorar*] or “compensation” [*voznagrazhdeniia*]) for Asian donors, covering transport costs and providing accommodation for the time that a woman has to be physically present in the vicinity of the clinic. One Vladivostok-based clinic, for instance, announces *voznagrazhdeniia* of 60,000 roubles upward to “donors of European appearance” and from 80,000 roubles for “donors of Asian appearance.”<sup>4</sup> Clinics likewise regularly indicate bonus payments for donors who are particularly tall (170cm+) and for those whose hormonal (hyper)stimulation results in larger numbers of mature oocytes.

Differential mobility proves central to this networked bioeconomy on multiple scales. Value is generated, first, from the externalization and temporary immobilization of human vitality: from the capacity of oocytes to be isolated and transferred in laboratory settings through IVF, thus rendering “formally intractable tissues into more flexible, valuable substances” (Waldby 2019, 5). But it is also generated from the differential physical and economic capacity of oocyte vendors,

commercial surrogates, and commissioning individuals/couples to travel internationally between places where such transactions are proscribed and those where they are tolerated, and by the circuits of desire and differential economic opportunity that lead agencies and prospective donors to calculate their compensation in terms of salaries and mortgage down payments.

## ABSTRACT

*Anthropological accounts of labor mobility in the post-Soviet region have tended to focus on the commoditization, securitization, and illegalization of migrant wage labor, rather than on the generation of surplus through the harnessing of mobile life itself. Bringing together discussions of “clinical labor” (Cooper and Waldby 2014) with analysis of migrant wage work, the essay explores strategies of transnational recruitment for supposed Asian oocyte vendors by Russian, Georgian, and Ukrainian fertility clinics seeking to meet a growing demand for donor eggs for Chinese commissioning couples. In this bioeconomy, value is generated from the differential mobility and transactional value of human and nonhuman bodies, body parts, and genetic material across territorial, administrative, and juridical borders. The essay investigates how the recruitment of oocyte vendors intersects with other unequal circuits of movement to argue for an expanded account of labor migration in the post-Soviet space. [bioeconomy; migration; oocytes; clinical labor]*

## NOTES

1. After India, Nepal, and Thailand prohibited commercial surrogacy, Ukraine, along with Georgia, Kazakhstan, and Russia, is one of the few states that permits commercial surrogacy. For the quote, see the website of New Life Ukraine, <https://www.newlifeukraine.com/ukraine-advantages/>.
2. One Kiev-based clinic, for instance, the International Fertility Group (<https://ifg-ivf.com/ivf-amp-egg-donation/treatment-in-ukraine/>), stresses the availability of “Caucasian egg donors who are pretty, healthy and real” [sic] to prospective English-speaking clients, while stressing on its Chinese-languages pages the availability of “global” donors, who can be matched on the basis of phenotype.
3. An indicative example is the Ukrainian reproductive services company, [Biotex.com](http://Biotex.com), which has a dedicated Chinese-language site ([biotexcom.cn](http://biotexcom.cn)) and a Tianjin-based partner office to handle paperwork for China-based commissioning couples.
4. See the website of the Vladivostok-based Next Generation Clinic, <https://surrogacy.group/donoram>.

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