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Nodes of Desire

Romanian Egg Sellers, 'Dignity' and Feminist Alliances in Transnational Ova Exchanges

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ABSTRACT This article presents qualitative research conducted in an Israeli ova 'extraction' clinic in Romania. Following on from a piece written by Jyotsna Gupta and published in this journal in February 2006, this article asks what kinds of feminist alliances can or should be made in the arena of reproductive technologies. In conversation with Gupta, the author asks whether 'an ethic of universal human dignity' is possible or desirable. This article looks to the voices of Romanian egg sellers themselves as a source of theoretical and political direction for transnational feminists who try to think about responses to reproductive technologies.

KEY WORDS agency ♦ choice ♦ feminist alliances ♦ ova donation ♦ ova epistemologies ♦ transnational feminism

INTRODUCTION

A proliferation of enquiry, controversy, concern and contemplation over transnational ova trading practices has recently arisen within Europe (Dickinson, 2002; Gupta, 2006; Waldby and Cooper, 2006; Waldby and Mitchell, 2006). The potential implications of these practices for prospective ova recipients and donors, European law and for the advancement of reproductive medicine have been given much attention on television news programmes and popular dramas, online blogs and various kinds of print media. Under the united banner of 'feminism', groups such as the 'Hands Off Our Ovaries' initiative in Europe seek to put an immediate halt to the trading of human ova. Yet, little has been heard from the women in Eastern Europe themselves who have opted for selling or trading their ova. As an

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attempt to fill this lacuna, this article examines some perspectives of female egg sellers. The sellers were interviewed in September 2002 in the Bucharest clinic of a company that specializes in transnational ova trade and has IVF (in vitro fertilization) clinics in Israel, the US and Western Europe (see Appendix for research methods and some ethical considerations). In addition to having first-hand knowledge about ova extraction and exchange in Eastern Europe, the women I interviewed may be able to provide important insights for transnational feminist theory and practice. Thus, through the egg selling stories of Romanian donors, and ethnographic description of this clinic, this article examines the question of what kinds of feminist alliances, responses and contributions can be made to present practices of transnational ova trade. This question was partly inspired by a recent piece by Jyotsna Gupta (2006) in the *European Journal of Women's Studies*, and partly by my own ambivalence about being asked to join the 'Hands Off Our Ovaries' initiative.

Gupta's article asks vital and timely questions regarding feminist responses to reproductive technologies. She traces shifts in theorizing feminist alliances internationally from 'global sisterhoods' to 'transnational feminisms' (Gupta, 2006). Gupta reminds us that the early popular notion of feminist alliances relied on a kinship metaphor: sisterhood. Global sisterhoods, we know now, were imagined through ethnocentric, heteronormative and middle-class versions of similarity and unity among all 'women'. Such illusory imaginings made feminist alliances unrealizable, as not only did women across the world have different interests; they also had different approaches for achieving their interests. In short, difference was not accounted for in the 'global sisterhood' model of feminism. Transnational feminism came about as a recognition of the need to fight towards common goals of improving women's lives, through an acknowledgement of their differences in experience of gender, class, race, diaspora and work. It is through this acknowledgement of difference, and within the context of Third World feminisms that, as I understand her, Gupta suggests the formulation of feminist bioethics on reproductive technologies based on an idea of human dignity. Yet this notion of universal ethics brings in strange bedfellows, such as those campaigning largely against the use of reproductive technologies, as I demonstrate later. Furthermore, the very notion of 'dignity' has a long, fraught history, one which often *erased* the very people it was intended to protect. The concept of 'dignity' retains a western neoliberal understanding of subjects (Khanna, 2007). In order to examine the potential pitfalls of feminist alliances being made under the banner of 'human dignity', I shift the discussion to an interrogation of the theoretical and political usefulness of drawing on Romanian ova sellers' own narratives of selling their ova (Abu-Lughod, 1993; Verran, 1998). I see these voices as important starting points for asking the question of what a feminist response to new reproductive technologies

should be and indeed what kinds of feminist alliances can be made here in this arena of ova exchanges. I echo Gupta's suggestion that the question of what a feminist response to these practices should be is a much rehearsed and, still today, a much needed one.

The starting point here, and Gupta states this already in her 2006 piece in this journal, is: IVF produces many 'spin-offs'. Extracting ova out of women's bodies is extracting something for the creation of monetary value, through the development of new techniques, generating more research papers and developing new pharmaceuticals associated with reprotect. This is made even more salient when we view the extremely low success rates of IVF with ova donation (Nahman, 2007; Throsby, 2004). That is, if we take into account the fact that very few babies result from IVF with ova donation, the reasons that so much energy is put into the practice (setting up transnational clinics, sending people, gametes and medical equipment around the world) become much more about something *other* than the reproduction of humans.

Yet it does not follow that the women selling their ova are simply exploited, either. As I demonstrate later, they are savvy participants in this neoliberal economy, where desire operates as a force for linking differently positioned women. I do not see Eastern European donors as *passive objects* at the mercy of global capitalism, bioenterprise and the desires of other ova recipients. I would argue that they are actively engaging in selling eggs. However, whether they are active or passive somehow does not capture the nature of the relationships in this system. I am led to the feminist question of women's agency here. But perhaps the notion of 'agency' isn't particularly useful either. Both agency and choice, we know, operate within the neoliberal epistemology rather than outside it. In particular, an indication that this is not simply about whether the donors are agents or passive can be seen in what one woman ova seller told me about the concerns she had about the treatment:

I'm worried about the risks of the treatment. I'm scared there will be damage to my ovaries. I'm going to be a medical assistant, so I think about the consequences. I asked the doctor about this, but she didn't tell me anything. (Lily, ova seller)

Consent is a slippery concept, where patients do not always know what they are consenting to, to what future use their body parts will be used and in this case, where their ova would be taken (Corrigan, 2003). Some sellers, with whom I spoke immediately before their extraction was performed expressed persisting concerns about the process of ovum extraction. The women I spoke to, whether highly educated or not, were aware that the process they were entering into was complicated and that it put them in a somewhat compromised position. To speak here of agency would lose all the historical and emotional dimen-

sions of this process. Charis Cussins talks about women who engage in an 'ontological choreography' through which they place their own subjectivity aside briefly and become 'objectified' under the surgical knife, in order to become new kinds of agentive persons: mothers (Cussins, 1998). The 20 Romanian ova donors I interviewed are very different from the IVF patients whom Cussins presented. Ova donors are differently positioned to one another, in terms of their relationship to the state, power, the global economy and ova recipients. This is due, first, to the fact that the women I interviewed are solely sellers, so that the benefit that they will achieve is monetary. Second, these sellers, in post-Communist Romania are positioned differently to US ova donors in a global economy. The IVF patients whom Cussins writes about, and the Israeli recipients whom I write about (Nahman, 2006, 2007; Nahman, forthcoming), live in countries where the state is significantly wealthier than the Romanian state. This makes the positionality of recipients and donors I observed very different. Thus, there is a unique kind of global ontological choreography going on in this clinic, which is also about participation of sellers and buyers of ova in a wider global economy.

As a way of explicating this further, I turn to my chosen nomenclature for the women in my study: sellers. To call the women I interviewed 'donors' would be a great misnomer. They are explicitly there to sell their ova for a specified sum of money. One woman I interviewed, Nadia, explained this well. Nadia told me she had decided to sell her eggs out of necessity; it was just for the money, and not out of altruism or wanting to 'donate'. She said that she had plans to renovate her house, lay the foundation for a floor, because her floor was made of earth. She did not care about the risks because she felt that, 'in anything you do there is a risk'. She was a 27-year-old, a second-time seller, living in the countryside near Bucharest and working at home, taking care of her son. I asked her whether she thought about the ova she was selling, and she told me that she thought about 'her babies' once in while. She said that she imagined how they were travelling around the world and pictured them as 'little devils' like her. She added that she was 'giving life. So, it's not a problem to get paid to give life.'

To say that the women are egg sellers is important. The way desire operates for them in this economy is about getting a supplement to their income. Her 'dignity', it might be said, is gained by being able to participate in this economy, where some people want to reproduce and she wants to supplement her income. We may then need another language with which to articulate the situation where ova sellers are something other than brutalized victims who need a helping hand to be made to feel dignity (which is what is implied in the *Hands Off Our Ovaries* manifesto, highlighted later). Perhaps the historical and geographic specificity of this example is useful for careful assessment of the moral terrains of these practices. This example

should be viewed in the context of Ceausescu's anti-abortion laws, poverty, unemployment and women demanding abortions as a signal of the even more complicated and ambivalent relations of bodies, global economies and biomedicine.

Gail Kligman (1998) has illustrated in *The Politics of Duplicity* how reproduction was strictly policed during Ceausescu's rule in Romania. Abortions were banned in Romania in 1966 (Kligman, 1998: 1). The state insisted that families have four or five children in order to support population growth. This resulted in illegal abortions. Some of the egg selling stories that follow bear strange echoes of the denial of access to safe technological means to prevent reproduction; it occasionally seemed as though a remnant of that time resided in sellers' desire to sell ova as an act of resistance against a repressive past. This is illustrated later in an extract from an interview with one woman whose logic for selling her ova is partly about doing what she wants with her own body. The ova selling stories also mark the lack of a shift beyond the level of poverty found in Ceausescu's time. Some of the women I interviewed expressed their reasons for selling in terms of wanting to experience something interesting, or different. Others expressed it as a need to help them get through another month's rent payments. In contrast to the strict regulation on reproduction in the earlier period Kligman described, reproduction in Romania is now relatively unregulated.

THE CLINIC

I was first granted permission in 2002 by Dr Zer¹ from the Israeli IVF centre, Universal IVF, to visit the egg harvesting clinic in the capital city of Romania, Bucharest. My research there was conducted over two weeks as part of a nine-month ethnographic study of practices and representations of extraction, exchange and implantation of ova (Nahman, 2005). The broader study aimed to examine shifts in borders and notions of citizenship in Israel and Europe through a study of reproductive technologies. In this clinic, I conducted semi-structured interviews with 20 ova sellers and three clinic staff. These were tape-recorded, transcribed and then analysed. A few nights were spent sleeping in the clinic itself while in Bucharest.²

The clinic is in an inconspicuous building that appeared, from the outside, to be a small three-storey house. The exterior blended in well with the run-down neighbourhood, but the interior was a recently renovated, clean and well-equipped building. The main floor has a large waiting room, with about 10 chairs. These face a doctor's office/kitchen. In the office/kitchen medicine is kept in a refrigerator together with food. Next to this is a nurse's office. Behind the waiting room is an enclosed, paved yard. On the first floor are three bedrooms, belonging to Dr Zer the head physician, to Nakhum the

embryologist from Israel and an extra room in which staff occasionally rest or sleep (the one I slept in during my stay). Adjacent to one of the bedrooms is a tiled grey bathroom and shower. The next floor above is dedicated to the surgery room, recovery room, lab and pre-surgery shower room.

Donor recruitment at this clinic happened by word of mouth. This was done until a large 'pool' of donors formed. As part of her duties at the clinic, Dina, the manager, would recruit donors for the clinic by bringing in friends who subsequently brought other friends, thus enlarging the pool of donors. While in 2001 the clinic had only 100 donors, by September 2002 there were already 300. The method worked.

In the round of ova extractions I observed, there were 20 egg donors. Over a period of one month the women were injected with ovarian stimulating hormones. They arrived nightly, to spend three nights at the clinic for this injection, which is administered by a nurse. Six or seven women came to the clinic each night, and each morning six or seven came for extraction. At around 10.30 p.m., the nurse arrived, tired and dressed in clothing that seemed too big on her. She had spent the day working at another hospital and was now about to administer hormone injections to seven egg donors. The first donor, Anna, arrived and sat looking a bit nervous. I chatted with her and told her about my research. She appeared to be interested in this and told me about some of her experiences with ova donation. As the others arrived, they joined in the conversation. Three women could understand and speak English relatively well, so they acted as translators. It seemed as if the young women knew one another, but, they told me, they had only met at the clinic. The clinic is a site in which women sellers meet, comfort and support one another. It is a site in which they give one another advice.

WHAT THE WOMEN HAD TO SAY

The women I interviewed had very clear ideas and responses (though sometimes ambivalent) to my questions regarding why they chose to sell their ova. Their responses might give some sense for why the notion of 'dignity' and the human rights discourses may not be the most useful way to approach the issue of transnational ova trade. So their responses might also be a source for theorizing what a feminist response to this troubling trade could be. Women's accounts of their own experiences can have immense epistemological value. Here I believe what they have to say about their own experiences can speak to questions of feminist alliances and ethics. Their stories come from what were necessarily short 20-minute to one-hour interviews held in the ova extracting clinic, either in the day before ova extraction or on the day of extraction (before and after). Some quotations are taken from conversations in the recovery ward, and others come from the waiting room, or the smokers' corner in the back yard.

Laura

Laura is 22 years old and works at a firm where she has a very busy schedule from 8 a.m. to 5 p.m. At the time of our interview in September 2002, she was a two-time donor. Her previous ova extraction occurred four months prior to our meeting. She used the money from the first cycle to buy a television and vacuum cleaner. This time she will redecorate her kitchen. She told me that her salary just covers the cost of her food and other necessities. She explains to me that it was not an easy decision for her to make, to sell her eggs. She thought about it for a month, and consulted with her boyfriend about it. He told her that it was her body and that she should do whatever she wants with it. 'I don't want to have kids now', she tells me:

Because it's hard to live. Raising kids is complicated and you have to give them education. He must grow in a perfect place. You have to offer him everything. And I cannot do this now. And I think if somebody needs my eggs to have a baby and raise it properly I think it's good that I'm doing it. If I can help other people, why not?

Like the other ova donors she is paid US\$200 for undergoing one cycle of 'aspiration' (the somewhat euphemistic biomedical term for the invasive surgical procedure of ovum extraction). After the surgery, she will receive an envelope with US\$200, in cash. This money amounts to twice her monthly salary. Despite the fact that she said she would not do this again due to the pain it caused her the first time, she commented that:

. . . it's addictive, like a drug . . . it's a constant need for money. It's something you need, the money. For money you can do almost anything.

Dina the clinic manager (and her friend) told her that in the US they pay a lot more, 'but how do I get there? It's all about money.'

The 'right' to do with her body what she wants – a 'pro-choice' discourse – is put to use in this context in order to justify selling ova. She recoups her alienated labour as a 'right'. How can 'dignity' and 'human rights' be invoked when selling a body part is turned into a 'right'? According to the Kantian notion of 'dignity' (upon which western notions of dignity are based), ova donors are excluded from having dignity because they have a market value (see Khanna, 2007: 263–4). I return to this later.

Elena

Elena was a 24-year-old woman who works as a manager selling used books in the underground markets of the metro. She was a part-time student of construction/building, and she wanted it to be known that she studied this in French. She was a second-time donor. Elena heard about

this clinic five months prior to our meeting, from her friend who delivers bed sheets to the clinic from a linen company that is based across the road. Despite the fact that she reported that the treatment felt easy to her, her employment made it difficult to schedule sessions at the clinic.

She told me that her family did not know she was doing this because they live far away and, 'they are old and don't understand' and she was not close to them. Besides which, 'my mother is very very curious. If she knew, she would come here to see.' Elena has told her friends, however, and they were going to the clinic to sell their ova as well.

Elena informed me that she was aware that there are certain risks in donating eggs. She added that she did not feel that there were big risks involved in the treatment. This made it much easier for her to undergo. Furthermore, she had distanced herself from her relationship to her ova, saying, 'it's not *mine mine*'. That is, she did not consider the child that could potentially result from her donation as her own. She denied any kinship relationship with her ova. Hence, she had decided that she did not want to know about what she nonetheless referred to as 'my baby'. She added that she hopes it will be OK.

She said that she had not wanted to sell a second time. However, her need for money made her do it. Perhaps she has detached herself from her ova because of this. She said:

I feel shame to win the money in this way. I believe it's not a help for me, because I don't really work for this money. I prefer to work for this money, but in this case it came and it was easy. It's like a weakness.

She associates not working for money as negative. She told me that she would not donate again but that she would use the US\$200 she received to pay her rent, which is three months late. She planned to buy clothes, to go drinking with friends and to give her mother a portion. Doing some arithmetic in front of me Elena determined that she was paid 32 cents an hour at her job. Despite this low wage, she counted herself as lucky because she determined her own work schedule and could thus accommodate her studies. Having the freedom to decide, whether to sell or not to sell, what to spend the money on, and who to tell about it seemed to be the crux of many of the donors' reasoning about donating.

Vanessa

Vanessa was a 19-year-old first-time donor. She was married, had a two-year-old son and lived in Bucharest. She worked in a factory that made Barbie accessories. Her job was to assemble the boxes in which dolls and accessories were packaged. When I first met her in the waiting room, she had a large pink Barbie box with some sort of Barbie accessories inside. The women in the waiting room (including myself) were all talking about it and passing the box around to examine it. She had initially worried about how

the treatment would affect her health, but her friend had advised her she could trust the clinic, that it was 'OK'. Vanessa was worried that she would not be able to have another child because of this procedure. But her friend had assured her that, two months after the treatment, she would be able to have a baby. She had waited to see the effects on her friend. After the treatment, she saw that indeed, her friend felt well. Based on this, she decided to do it as well. Thus far, she had not had any side-effects from the medicine, but, she added, the procedure made her stomach hurt a little. I asked her why she had decided to sell her eggs. She told me that her decision was 'for the money'. She explained that the money she receives from doing this procedure is quite good. It amounts to four or five months' salary. She quickly added that part of her decision to donate had to do with the fact that her uncle and aunt cannot have children and are very unhappy. She said that she thinks of them when she sells her eggs. She added that, unfortunately, the eggs are going to people who can afford to buy them, rather than to poor people. But she believed that it was better for the ova to go to people outside Romania, 'because here it's poor' and the children that result from the ova donation would have a better life if they left Romania.

Some of the women, I believe, were exercising a desire for participation in a neoliberal culture – selling something to get 'stuff' and money. This may have been in response to a repressive reproductive history in Romania, and it may be seen as the only way out of poverty – however, temporarily. To a western feminist, they may be quite troubling, indeed when I was there, they troubled me. I often recalled Aihwa Ong's apt injunction that feminists recognize and accept that women in different societies may choose to live differently from a western feminist ethnographer's ideals (Ong, 1988: 90). Other postcolonial feminists have critiqued the colonialist tendencies of western feminists, especially in the 1980s (for examples, see Mohanty, 1984; Spivak, 1988). Hence, I was also troubled by being troubled. My concern for the women I spoke to at the clinic marks a significant tension between the priorities of western Euro-American feminists and the women in my study. I am left with several questions then: What are the connections between recipients and so-called donors? What kind of meaningful relationships can feminists create in order to bring about some necessary changes? Can we agree on what those changes should be? Or to quote Jyotsna Gupta: 'Is transnational solidarity possible and on what grounds will it be built under the conditions of transnational capitalism in this era of globalization?' (Gupta, 2006: 24).

COALITIONS?

I follow Gupta in suggesting that broad coalitions are necessary. But in the arena of ova donation some coalitions are more problematic than others. I am thinking here of the Hands Off Our Ovaries manifesto. This

manifesto was written and signed by a range of women, feminists and non-feminists, pro-choice and pro-life [*sic*] campaigners, men, secular and religious, seeking:

... a moratorium on egg extraction for research purposes until such time as global discourse and scientific research yields information sufficient to establish adequate informed consent. (www.handsoffourovaries.com, accessed 28 January 2007)

Their website states that it is a call to action that has resulted in the coming together of pro-choice and pro-life feminists. Yet arguably many pro-choice feminists would say that pro-life campaigners are anything but feminist. These are precisely notions of dignity, subjectification and ontology that are in conflict here. The manifesto was spearheaded by anti-abortion group Core Ethics' Comment on Reproductive Ethics. Their version of ethics is based upon assuring 'dignity' and human value to unborn embryos and fetuses. According to their website, 'Absolute respect for the human embryo is a principal tenet' (www.coreethics.org, accessed 28 January 2007). Yet, this discourse demonstrates clearly the way that embryos have epistemologically been turned into liberal human subjects (Franklin, 2006).

Further insights can be garnered from the Hands Off Our Ovaries manifesto:

The trade in human ova already crosses national borders, and there are numerous examples demonstrating that this growing international trade is *brutally exploiting young* women living in Eastern Europe and other countries. For example, *poor, semi-literate young* Romanian factory workers are reported to repeatedly sell their ova for \$250 in efforts to escape the deprivations of poverty and the absence of employment opportunities that pay a living wage. (www.handsoffourovaries.com, accessed 28 January 2007, my emphasis)

The quote begins with notions of brutality, exploitation, poverty and youth. I witnessed the sometimes inept medical procedures being carried out, so I would not contest that dimension. However, the *agency* enacting this brutality seems to be missing from this picture. What/whom is causing this international trade? How are the demand for eggs and the fact that IVF is a part of 'enterprise medicine' creating ever more markets for pharmaceuticals and bits of technology connected to this brutality? There seems to be a kind of resonance here as well with a feminism of 30 years ago, where white middle-class western feminists reproducing a version of imperialism, set out to save Eastern women from their oppression. What do the feminists in Eastern Europe have to say about the selling of eggs? Although one signatory of the manifesto is based in a feminist organization in Prague, in the Czech Republic, not one Romanian woman egg donor has signed it nor are any cited in the manifesto. Importantly, the

women I interviewed were obviously concerned for their health. That is an important but separate issue for the moment. What is central is the language of 'brutal exploitation' in the manifesto, which both elides the personhood of the woman selling her ova (her history, her logic) and the actual fact of who or what is doing the exploiting. Framed within a neoliberal discourse of choice, human rights and dignity, this manifesto perhaps does not take its criticism far enough. Is it the physicians who are doing the brutalizing or is it capitalism?

DISCUSSION

Although they play a vital role in helping some western ova donation clinics function, the women egg sellers are distanced from the people who run the clinic and the ova buyers/recipients both socially and economically. Their own aspirations to improve their lives are attained through a detachment from their body parts. In this sense, some of their material aspirations are enabled by this detachment. The aspirations of western scientists, of IVF patients and of egg donors may be viewed as being related to each other through an oppositional or 'torqued' relation.³ There is an inherent inequality in the relation, to which it is not reducible. What is key here, is that the inequality is made through 'desire'.⁴ I have thus started to think of these relations produced in exchanges, processes and discourses of transnational ova trade as 'nodes of desire': temporally limited, produced by/in/through the desire for capital, freedom and children.

If finally what remains intact is the intention or desire to have a child, then that desire is what the child 'reproduces'. So in becoming a means to fulfil such a desire, procreation itself ceases to be the crucial 'reproductive moment'. We might see that moment as instead the acting out of intention or desire. (Strathern, 1995: 355)

The notion of 'desire' has figured in recent feminist accounts of reproduction and kinship. For example, Cori Hayden has written about lesbian kinship as kinetic rather than 'genetic'. She contends, 'it is less an issue of *ownership* of biogenetic substance than one of placing this substance in motion' (Hayden, 1995: 13). In a similar vein, Marilyn Strathern (1995), in 'Displacing Knowledge: Technology and the Consequences for Kinship', has illustrated how new reproductive technologies instantiate new ways of knowing about kinship. These new epistemologies, she says, partially (but not totally) replace old ways of knowing (Strathern, 1995: 347). She refers to the practice of gamete donation, arguing that, in an age of reproductive technologies, how people think about reproducing themselves changes. In the preceding quote, Strathern claims that reproduction resides in desire, or the desire to reproduce, rather than in procreation. She links

this to the idea that reproduction is 'enterprised up', and that consumer choice has become an integral aspect of reproduction in some western countries (Strathern, 1995).

Strathern builds on the work of feminists who have critiqued 'choice' as the only mode of figuring reproductive technologies (see especially McNeil et al., 1990). In her study of IVF in Britain, Sarah Franklin indicates that the 'options' provided through IVF often leave people feeling they have 'no choice' but to try it (see especially Franklin, 1997: Ch. 5). In this sense, Franklin is arguing that the hope of IVF patients may be immobilized by the technology itself, 'what women look to IVF to provide *may be exactly what it takes away from them*' (Franklin, 1997: 173, emphasis in the original). The hope is taken away, but the desire for a child is not. In a related study about reproduction and juridical understandings of kinship, Janet Dolgin examines court rulings over the rights of unmarried fathers. She indicates that 'intent' to be a parent may carry greater social and legal force than 'biological ties'. Dolgin examines how, in order to maintain a traditional family structure of mother, father and child, court judgments often ignored or denied the biological ties privileging the idea of 'intent' or desire to parent (Dolgin, 1995: 62–3).

Building on the research described above, and keeping in mind McNeil's and Franklin's cautionary perspective on choice, I would suggest that the multiple desires of donors and recipients to give and receive eggs in Romania and Israel produce a kind of relationality that is temporary but noteworthy. 'Aspirations' (extraction of ova) may well be 'reproductive moments' (Strathern, 1995), in the case of Romanian ova donors. Their 'intent' and the intent of recipients may be what replaces biological ties and creates a kind of 'torque' between them. The donors' decision to donate may indeed be linked to the sense of having 'no choice' (Franklin, 1997) but to donate, because of economic constraints and aspirations. The ova selling stories indicate these momentary nodes of desire, where one may attempt to gain a sense of dignity within global capitalism by doing precisely what will perpetuate the system, buying and selling.

It is important to emphasize that the relations outlined here do not completely and permanently immobilize donors. The donors have other desires, which will create different kinds of relations. These will have different effects on their mobility in an economic and global sense. These may include, for example, the social mobilities that transpire as donors gain educational qualifications (as some of the women in my study were doing) or access to migration, which is so prevalent throughout Eastern Europe (see Wallace, 1999: 199–200). That is, the problem here is not the process of reproduction and reproductive technologies themselves, but the system that enables the inequalities that pervade and persist. The problem might be larger than bioethics.

They are not 'dupes' for wanting these things either. Gupta calls for 'universal ethical norms of human dignity' to be enrolled in a feminist bioethics. I agree with her entirely that there is a need for an internationalist feminism to come to some sort of basic understanding of what an ethical norm is. But how would it be decided what represents a universal ethic of human dignity? Khanna (2007), instead, calls for doing away with the notion of dignity. Correctly, I believe, she recalls the history of human rights discourses in western philosophy and the erasures they enact. According to Khanna 'dignity' operated differently for colonial powers than for colonized peoples. Crucially, 'dignity' 'was formed through the elision of the instrumentalization of colonized resources and peoples' (Khanna, 2007: 261). The women sellers are a source of profit to the clinic, which gives them US\$200 for approximately 20 ova, which it sells in 'batches' of six fertilized embryos to people in Israel for US\$3000. They are also a source of raw materials for potentially making future people for ova recipients. So dignity will operate in a very different manner here.

The kinds of elisions necessitated by the notion of human dignity are impossible in the example I have chosen to highlight here – we cannot enact a Kantian separation of morality from the marketplace. Money for ova donors 'is working in the realm of desire' (Khanna, 2007: 275). Following Khanna, then, it is not the capital itself which is the problem, but capitalism (Khanna, 2007: 275). Thus, 'if the category of dignity has been the basis of the human, it indeed needs to be deconstructed, and placed alongside indignity, shame, disgrace and other forms of desubjectivation and deontologization' (Khanna, 2007: 267). She suggests looking to disposability rather than dignity. This involves an approach that acknowledges the logic of a marketplace but does not approve of it.⁵

From my reading of Gupta, I believe she would agree with this last point.

She is right to suggest that it is vitally important to defend women's bodies from the ever growing voraciousness of enterprise medicine. So, what are some possible directions? What of the links and echoes with pro-life activism to be found among the people promoting this manifesto? Do we make such strategic connections?

What may be of importance are the ethics of who is positioned as *more appropriate* to sell a bit of their body. The fact that the women in my study themselves feel 'dignity' in gaining stuff for their homes and in becoming westernized women who 'choose' what to do with their bodies puts one in a quandary. It would be a kind of feminist imperialism to tell them they are wrong to desire these neoliberal ideals.

As mentioned earlier, I am also hesitant to be making feminist alliances with anti-abortion activists who framed the Hands Off Our Ovaries manifesto as a heroic salvation to the victimized women. So what is the available route to me? An attention first of all to the neoliberal global forces that place women, and men, in the position of feeling they need to commodify

their bodies in the first place would be one step. Seeing the transnational connections between different kinds of aspirations and different ways of attaining 'dignity' might be one direction. And finally, one has to recall that the torque has many sides and that women seeking treatment with egg donation are being turned into ova consumers by state policies and cultural practices that encourage putting the onus on them as individuals to 'choose'. As one of my Israeli respondents said of their relationship to one IVF clinician, 'we were being turned into a mill for his private savings account', but that is another chapter in the story . . .

APPENDIX: RESEARCH METHODS AND ETHICAL CONSIDERATIONS

I conducted this research as part of a larger anthropological study into transnational ova exchange practices between Israel and Romania (see Nahman, 2005; also cited in Waldby and Cooper, 2006). I employed ethnographic methods of observation and interviews. I interviewed 20 ova sellers, the clinic manager, an anaesthetist and a nurse. Group discussions among the ova sellers and the researcher emerged spontaneously in waiting rooms and recovery rooms. Limitations imposed themselves on this study in the form of the locale (an IVF clinic), language (I can understand Romanian and speak only a little, so translators were occasionally used) and time constraints (I was invited to the clinic for the two weeks of ovum extraction).

Participant observation was conducted over a period of five days, with three evenings and informal visits to the clinic on additional days prior to and after the interviews were completed, so that the entire research period in Romania was two weeks. Although brief, it was fortunate that I was allowed even this short period as no other social scientist had been permitted to conduct research at that clinic. This participant observation involved 'hanging out' in the waiting room with women, observing in the surgery room during ova extractions, observing in the post-operation recovery room and observing in the laboratory.

'Hanging out' in the waiting room took place when the women were visiting the clinic at around 10.30 p.m. to receive their final pre-extraction hormonal injection from the nurse. There was a slight nervous energy in the room as we sat and chatted, and the women generally managed this by making jokes. The atmosphere here was generally friendly and I was included in the conversation despite my being an outsider and a non-donor. Indeed, some of the women wanted to know about my research, why I was conducting it and what the practices of ova donation were in other places. I happily obliged, taking it as both an opportunity to introduce myself and the aims of my research.

Interviews were conducted in private rooms, with only me and the interviewee (and on a couple of occasions, a translator from among the ova sellers). These were semi-structured interviews that consisted of questions ranging from 'How did you find out about this clinic?' to 'How did you decide to donate your eggs?' I also asked questions about consent and the nature of the consent forms provided by the clinic. I elicited consent to my own interviews verbally and recorded this on tape. This was the chosen method because of a lack of time to find someone who could understand my research well enough to translate my form. I was also concerned that a consent form describing my research in English might be less easy to understand than a verbal explanation. This is a tricky area in any kind of research, as the interviewee does not precisely ever know what it is they are consenting to. (Indeed, some of the interviewees commented to me about the forms provided by the clinic, saying they were misleading and confusing.) In light of this, I tried to be as clear as possible about the purposes of academic research into egg donation and my own aims of accessing their experiences and perspectives.

Research ethics and bioethics cross over in the social study of biomedicine. What can be thought of as a problem for science and medicine can also be theorized by the social scientist who may have a more historicized and contextualized view of the issues pertaining to what can or should be done in science (Konrad, 2005; Rabinow, 1999). Konrad has indicated that anthropologists might have useful epistemological tools for bioethics by virtue of the fact that anthropology examines the narrative dimensions of bioethics (Konrad, 2005). Rabinow has shown how anthropologists' role might be to name the new moral dilemmas emerging in the biosciences (Rabinow, 1999). Indeed, questions of bioethics and research ethics emerged as overlapping ones from the research. While the ethical considerations of this part of the research are examined in greater detail elsewhere (Nahman, 2005), I say a few words about these overlapping ethical concerns, what I call elsewhere 'intersecting aspirations' (Nahman, 2005). For instance, 'should ova donors be paid more to undergo an operation which might affect their future quality of life?' became a central question for both the researcher and the research participants alike during the research. Many of my concerns at the time regarded how the women were being treated, failure of certain medical procedures and machinery. I realized that these were questions about biomedical practices that I was unable to answer. More centrally, I was concerned with how much to tell the women regarding the global state of reproductive technologies, as it might be emotionally painful for them to hear that they were being paid a rate much lower than the average in North America for example. Indeed, the head physician of the clinic threatened to halt my research there when he discovered one of his 'donors' had heard of this lack of parity from me. My decision to answer

the interviewees' questions truthfully was not conceived as an act in donation-prevention or some sort of intervention, but based on the fact that the women I interviewed were mostly IT literate people who could have also found this information from other sources such as the Internet.

There is no doubt that some of the observations and research experiences I recount here are related to my own sense of ambivalence about having once been asked to donate my ova to a woman in exchange for a large sum of money and having said 'no'. After much deliberation, I said no largely because of the power differential and the confusing kinship that the exchange of my ova would instantiate between me and the woman who had made the very difficult request. I said no even though I was deeply saddened by the fact that the woman who had asked me really wanted a child and I wanted to be able to help her. By the time I conducted my research in Romania, I was also already deeply moved by the stories I'd heard from women in Israel who were trying to have a child. My sense of the profoundly unequal relation between donors and recipients within the global order was crystallized in this clinic in Romania. I did not want to counsel women not to sell their ova, sensing that they were part of larger historical and economic processes that went beyond such personal 'choices'. Nevertheless, when asked, I would provide them with information (about payment in other countries) that for some of them, made them say they would think twice about donating again in Romania. Others, however, seemed unmoved and held fast to their decisions to sell their ova. In research we are always speaking with people who speak and argue back, and develop their own ethical models. I have tried to make this idea central to my analysis and writing about this research.

NOTES

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1. All names of research participants and clinics are pseudonyms.
2. Clearly, I had quite a significant amount of access to the clinic and my assessment of this is the subject of another article (Nahman, 2005).
3. Donna Haraway borrows from Bowker and Starr (1999) the notion of 'torque' and states that, 'where biographies and categories twine in conflicting trajectories there is torque' (Haraway, 2003: 296). When lives and social and political categories come together, they often do so in ways that are oppositional, yet mutually dependent.
4. I am aware that there is a large psychoanalytic literature on the concept of desire but for this article I deal with feminist anthropological perspectives that link it to 'kinship'. I've made this selection because it helps me to better deal with the questions of international feminism, and global 'sisterhoods'.

5. Khanna utilizes psychoanalytic theory here, especially Freud's, to articulate the notions of disposability and melancholia.

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