GLOBAL BODIES IN GREY ZONES

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HEALTH, HOPE, BIOTECHNOLOGY

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Global Bodies in Grey Zones: Health, Hope, Biotechnology

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Hendrik Geyer
STIAS Director

Stellenbosch
June 2011

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INTRODUCTION. GLOBAL BODIES IN GREY ZONES

Health, Hope, Bioeconomy

Susanne Lundin, Charlotte Kroløkke,
Michael Nebeling Petersen, and Elmi Muller

Transplant medicine, stem cell research, and reproductive treatments are medical techniques that have profoundly shifted our understanding of the restoration of health and the making of life. Developments in biomedicine have given many people an improved quality of life – in physical, psychological, and social terms, yet its success has simultaneously ignited conflicts and debates. Notably, the increasingly globalised economy in treatment options is contingent upon the availability of biological material such as cells, tissues, and organs or 'whole' human bodies as well as sophisticated technologies, well-trodden travel routes, money, and clinical expertise. In the midst of these technological developments, a range of moral challenges and questions appear: How do medical professionals deal with the shortage of biological material? How do academics theorise the fact that the human body is now, more than ever, a valuable resource and thus a profitable one? And how do we make sense out of the fact that some people's desire for health or a child is made to appear legitimate, as it draws upon the desires of others for money,

education, or the chance to see the world. Desire, desperation, and hope fuel people to trade, traffic, sell and buy bodies and their parts.

Global Bodies in Grey Zones is written from three different perspectives: organ transplantation travel, fertility travel, and stem cell travel. It takes the current globalised market in biological material and treatments as its starting point, and situates the market within hegemonic neoliberal understandings of the active patient/donor/reproductive worker. The global travelling movements in, and the demand for, biological matter and treatments, include legally organised cross-border care such as in the case of some IVF treatments, as well as completely illegal activities involving trafficking in bodies and body parts implicating a range of people, technologies, and treatments. In *Global Bodies in Grey Zones* we view these medical travels as illustrative of a new globalised and neoliberal bioeconomy in which people's desperation, hopes, and longing for health, reproduction, and normality fuel the transactions and travels that take place. Similar to Sarah Franklin (1997), we frame medical treatments and their developments as hope technologies and we show how the effect of hope is implicated in various transnational movements involving reproductive cells, body parts, as well as whole bodies. We note that medical travels draw upon a neoliberal model in which the passive patient/recipient/donor is transformed into an entrepreneur of the self (Rose 1999). As noted by Nikolas Rose the political subject "is now less a social citizen with powers and obligations deriving from membership of a collective body, than an individual whose citizenship is to be manifested through the free exercise of personal choice among a variety of marketed options" (1999: 230).

To properly understand the neoliberal bioeconomy and the people within it, *Global Bodies in Grey Zones* interrogates scientific, socio-cultural, political, and legal conditions, bringing together medical professionals and researchers from different disciplines and nations; from the Global North to the Global South to explore various forms of medical travel that have tremendous implications for the individual and society at large. The focus for our discussions is on *grey zones* – various places where shadow economies govern existence and where people, goods, money, bodies, and so on constitute components on an international market. We refer to grey zone as such empirical settings, but similarly, we use the concept of grey zone as an analytical concept that seeks to disrupt, define, and highlight paradoxes (e.g. Auyero 2007, Knudsen and Frederiksen 2015, Nordstrom 2004). In the book, we argue that albeit transplant, fertility, and stem cell travel are separate empirical phenomena, they are also joined by common characteristics and call for interdisciplinary responses from medical professionals and academics alike.

Desire – whether for health, a child, or financial stability – appears as a common thread amongst the three types of travel (Nahman 2008). To Nahman, desire, rather

than agency, helps explain the workings of the globalised reproductive economy, when she specifically, about ova providers, argues that 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" (2008: 67). Meanwhile, the desire to *give* body parts (or cells) away is framed within a rhetoric of gifting yet simultaneously positioned within an industry in which someone else's need for an organ dictates which bodies are made to appear available. Similarly, the notion of bioavailability helps understand the dynamics of transplant and fertility as well as stem cell travel (Cohen 2003). According to Lawrence Cohen (2004), the processes involved in these grey zones make it more likely that certain bodies will become donor bodies while other bodies will become recipient bodies. Bioavailable bodies are those based on (immunological) similarity and/or (class, gender, or political) marginality (Cohen 2011). Similar dynamics are at play in the case of assisted reproduction. For example, egg donors become bioavailable bodies on the basis of similarity, frequently matching the race of the intended parents (lighter skin, for example), yet also based on marginality on the basis of age and economic disparity. The operable and bioavailable body must then be, understood within the larger bioeconomy in which certain bodies become legitimate, and eligible donor bodies, while other bodies are positioned as rightful recipient bodies.

In *Global Bodies in Grey Zones* we follow these globalised movements and discuss the empirical phenomena in three separate sections labelled transplant travel, fertility travel, and stem cell travel. As we will discuss later, we deliberately choose the word 'travel' instead of 'tourism,' as we recognise that the tourism framework frequently implies pleasure and relaxation (Inhorn and Patrizio 2009) – a rhetorical framing that recipients as well as donors seldom employ. In choosing the more neutral term of medical travel, we note, however, how these types of transnational movements are intricately intertwined with existing tourism networks. These networks make travelling for treatment less stressful and more convenient, yet travelling is still determined by cost, clinical expertise, legal frameworks, linguistic proximity, and medical networks. As noted by Marcia Inhorn in her anthropological work on fertility travel to Dubai, medical tourism is today characterised as 'reverse traffic' where "Westerners are heading to third-world countries, where medical care has improved and can be purchased at bargain-basement price" (2015: 13). In what follows, we first provide the reader with an overview of transplant, fertility, and stem cell travel and then turn to a brief introduction of the chapters presented in each of these three sections.