GLOBAL BODIES
IN GREY ZONES

HEALTH, HOPE,
BIOTECHNOLOGY

EDITORS
SUSANNE LUNDIN
CHARLOTTE KROLØKKE
MICHAEL N. PETERSEN
ELMI MULLER
The STIAS series

The Stellenbosch Institute for Advanced Study (STIAS) was born from a simple but powerful conviction: in this part of the world special initiatives are required to create and maintain an environment where we can generate and engage with conceptual frameworks and knowledge that may guide us in tracking and co-shaping global academic developments and that will allow us to address the ‘big’ questions and issues South Africa and the African continent face, also in a global context.

STIAS has been moulded in the tradition of Institutes for Advanced Study across the globe. It distinguished itself by encompassing all disciplines from the natural to the social sciences and humanities (with a particular emphasis on research grounded in multi-disciplinarity), by maintaining a focus on the African and South African context, and by striving towards contemporary relevance, also by actively creating avenues for communicating the results of its research projects to a wider public.

The STIAS series publications are thus aimed at a broad public which will naturally vary with specific research themes. Straddling the academic world and the forum of an engaging public is a challenge that STIAS accepts; we trust that each STIAS publication will reflect the ‘creative space for the mind’ in which it is rooted, stimulate public interest and debate, and contribute to informed decision making at various levels of our society.

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Hendrik Geyer
STIAS Director
Stellenbosch
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LIST OF CONTRIBUTORS

Insoo Hyun is Associate Professor of Bioethics and Philosophy at Case Western Reserve University School of Medicine. He is the past Chairperson of the Ethics and Public Policy Committee for the ISSCR (International Society for Stem Cell Research) and has served on multiple ISSCR committees that drafted international guidelines for stem cell research. Dr Hyun has published numerous bioethics articles in Science, Nature, Cell Stem Cell, and The Hastings Center Report, among others.

Charlotte Kroløkke is professor in the Department for the Study of Culture at the University of Southern Denmark with special responsibilities in feminist cultural analyses of reproduction and reproductive medicine.

Max Liljefors is a professor of Art History and Visual Studies at Lund University, Sweden. His main research interests are aesthetic philosophy, historical consciousness in art and visual culture, and the visual cultures of the biosciences. He has published extensively in these fields.
Susanne Lundin is professor of ethnology in the Department of Arts and Cultural Sciences, Lund University, Sweden. Lundin examines various forms of medical treatments, mainly focusing on the semi-legal and illegal medical market. She has published extensively in these fields, including Organs for Sale. An Ethnographic Examination of the International Organ Trade (Palgrave Pivot, 2015).

Dominique Martin is senior lecturer in Health Ethics and Professionalism in the School of Medicine at Deakin University, Australia. Her work focuses on ethical issues relating to medical products of human origin such as organs for transplantation, stem cell based products, and gametes used in assisted reproductive treatments. Dominique is co-chair of the Ethics Committee of The Transplantation Society and an executive board member of the Declaration of Istanbul Custodian Group.

Elmi Muller is a general surgeon who has been working in the field of Transplantation since 2005. She has an active interest in promoting organ donation and transplantation, and was the TTS (The Transplantation Society) councillor for the region Middle East/Africa between 2010 and 2014. She is currently the president of the Southern African Transplantation Society and on the executive council of TTS. Elmi has been involved in many transplant-related outreach and educational programmes for the public and medical profession in South Africa. She also does outreach work in Africa through the ISN (International Society for Nephrology) Educational Ambassador’s programme. In 2008 she initiated a Donation after Cardiac Death programme as well as a transplant programme for HIV positive patients utilising HIV positive donors at Groote Schuur Hospital in Cape Town. She was featured in The Lancet in 2012 under the title: ‘Elmi Muller; bending rules, changing guidelines, making history’. Her interest is in HIV transplantation and the immunological response of HIV positive recipients after they receive these transplants. She is also driving research projects to study the impact of the second viral strain after receiving a kidney from a HIV-positive donor.

Megan Munsie is an associate professor based at The University of Melbourne where she heads the Education, Ethics, Law & Community Awareness Unit at the Australian Research Council funded Stem Cells Australia initiative. Megan is an advisor to several organisations including Chair of the International Society for Stem Cell Research’s ‘Closer Look at Stem Cells’ task force and the Policy, Ethics and Translation Sub-Committee of the Australasian Society for Stem Cell Research.

Michael Nebeling Petersen is assistant professor at the University of Southern Denmark. His work is about transnational surrogacy in a queer and feminist framework. Working within two research projects, Reproductive
Medicine and Mobility and New Medias, New Intimacies. His research centers questions about culture, power, and identity, most notably on gender, sexuality, race, and nation. He is especially interested in how transnational surrogacy is changing cultural practices, understandings and possibilities of kinship, identity forms, and ways of belonging.

**Amrita Pande**, author of *Wombs in Labor: Transnational Commercial Surrogacy in India* (2014, Columbia University Press) is in the Sociology department at University of Cape Town, South Africa. Her research focuses on the intersection of globalisation and reproductive labour. Her work on surrogacy has appeared in *Signs: Journal of Women in Culture and Society, Gender and Society, Qualitative Sociology, Feminist Studies, Indian Journal of Gender Studies, Anthropologica, PhiloSOPHIA, Reproductive BioMedicine* and in numerous edited volumes. She has written for national newspapers across the world and has appeared in Laurie Taylor’s *Thinking Allowed* on the BBC, Sarah Carey’s *Newstalk* on Irish radio, *DR2 Deadline* (Danish National television) and *Otherwise SAFM*, South Africa. She is also an educator-performer touring the world with a multi-media theatre production, *Made in India: Notes from a Baby Farm*.

**Guido Pennings** obtained his PhD at the Free University Brussels in 1999. He is at present full Professor of Ethics and Bioethics at Ghent University (Belgium) where he is also the director of the Bioethics Institute Ghent (BIG). He mainly publishes on ethical problems associated with medically assisted reproduction and genetics including sex selection, gamete donation, stem cell research, fertility preservation, and preimplantation genetic diagnosis. In addition, he was Affiliate Lecturer in the Faculty of Politics, Psychology, Sociology and International Studies at Cambridge University and is still Guest Professor on Ethics in Reproductive Medicine at the Faculty of Medicine and Pharmaceutical Sciences of the Free University Brussels. He is the coordinator of the Special Interest Group on Ethics and Law of the European Society of Human Reproduction and Embryology (ESHRE), a member of the National Advisory Committee on Bioethics and of the Federal Commission on Scientific Research on Embryos in vitro.

**Rhonda M. Shaw** is Associate Professor of Sociology at Victoria University of Wellington, New Zealand. Her research interests include the sociology of morality and ethics, and empirical research on assisted human reproduction, breast milk sharing, and organ donation and transplantation.

**Annika Tibell** is adjunct professor of Medical Ethics focusing on donation issues at the Karolinska Institutet. She is also chief physician for the new Karolinska project and issues related to the future health care system of Stockholm. She has a background in transplantation surgery and was chairman of the Department
of Transplantation Surgery at the Karolinska University Hospital from 2000 to 2011. She has been a member of several ethic commits focusing in organ donation, clinical- and preclinical research. Her international assignments include being chair of the Ethics Committee of the Transplantation Society and member of the IXA Ethics Committee (International Xenotransplantation Association). She has been counsilor of The Transplantation Society, The European Society for Transplantation and The International Xenotransplantation Association and chairman of the Swedish Transplantation Society.
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.