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Eggs

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In mid-July 2010, I met with five young women who had just arrived in Mumbai from South Africa. We were seated at the dining table in a large hotel suite in a mid-range hotel and it was a typical monsoon day: Hot, humid, and overcast. Alana, tall, brown-haired, and 25 years old, had just made coffee, and the women were clearly exhausted and grateful for the jolt of caffeine as they were quite jet-lagged, they explained. That, and they were all feeling the effects of a crushing hangover; as it turns out, they had all been up late the night before, talking, drinking, and getting to know one another.

“You should probably know,” Alana explained, “none of us knew each other before we came here; except for me and Carla, we worked together in Cape Town. We all met on Sunday and flew over together.”

As we sipped our coffees, the women began to tell me their stories, and how they came to travel to Mumbai together as a group. For this was not your typical holiday to India; all of the women had been recruited to travel to Mumbai from South Africa as egg donors. An Israeli business owner named Dov facilitated their trip: His job was to organize surrogacy arrangements between prospective parents from around the world and Indian surrogate mothers. The majority of Dov’s clients were White, and of those who needed the assistance of third-party egg donation, many preferred to have a White woman provide the genetic material for their future children. So, Dov connected with an egg donor agency in South Africa that recruited White women who were willing to travel to India for egg donation.

Seven years later, for my research project on egg provision among Asian Americans in the US, I was speaking with Sharilynn, a self-described stay-at-home mom, in one of the offices at a prominent fertility clinic in Honolulu, Hawaii. Sharilynn, a two-time egg provider, was in the clinic preparing for her third egg donation. As we discussed the details of her experience and her reasons for becoming an egg donor, we touch on the topic of payment; for her first donation, Sharilynn received $3,000, and for her second, $5,000. Here, Sharilynn stops to explain that she was not donating her eggs to a specific recipient who had selected her for her particular characteristics. Rather, she explains, “these are egg banks, so these are not actually people that are interested in your eggs.” Later she shares that she had assumed that her first cycle involved “an actual person picking me,” and that she did not realize she would be donating to an egg bank, where her eggs would be stored until a recipient decided to purchase them. But she chose to go ahead with the first donation and she outlines why she decided to donate again:
What [the clinic] said they want to do is to build a profile on me, where I would do [egg donation] more than two times. So this is part of another reason for why I’m doing a third cycle, because they eventually want to find me a recipient to give to an actual couple out there.

For Sharilynn, then, frozen egg banking represented a stepping-stone to an end goal: Being chosen by a specific family to be their egg donor through fresh egg donation. As Sharilynn described, the perks were not only material, in terms of payment (donors selected for fresh egg donation received higher payments than those who donated to commercial egg banks), but also psychological, in terms of feeling “wanted” for her specific features and characteristics.

Human oocytes (or eggs) are a key commodity in the assisted reproductive technology (ART) industry, and these two vignettes illustrate the diverse experiences of people who provide eggs in the global reproductive marketplace. The practice of medically transferring human ova from body to body—made technically feasible by twentieth-century advances in medical technology—is now part of a multibillion-dollar industry that enables the creation of babies for prospective parents around the world. Clients who do not have or cannot use their own eggs depend on “donated” gametes and assisted reproductive technologies, such as in vitro fertilization (IVF), to conceive children. In the past decade, improved methods for oocyte preservation and demand for donor eggs have led to the emergence of commercial “egg banks” that provide cryopreserved oocytes to intended recipients, which Akin et al. (2007) predicted would “change the landscape of donor egg IVF.” The ability to freeze and bank eggs has led to new business models for clinics offering egg provision services.

Throughout these shifts in ART, the social and cultural meanings attached to eggs vary. Following these biomaterials allows for opportunities to analyze how eggs themselves take on particular meanings and values in diverse contexts. When egg donors are undergoing the process of egg donation, prepping their bodies for impending egg retrieval, how are those biomaterials characterized and valued? Once eggs have been removed from bodies, what are the modes through which they travel, and how do these modes affect how they are appraised and racialized? Whether they are frozen for future use, or immediately fertilized in order to facilitate fresh embryo transfer to a recipient-in-waiting, how do eggs themselves transform and move through these circuits? In a reproductive bioeconomy in which race and ethnicity are key factors that determine the value of eggs, how does the nature of the substance (fresh versus frozen) affect the ways in which these biomaterials are valued and racialized? What are the ways in which substance interacts with race in the context of egg donation?

In this chapter, I illuminate these questions by drawing on ethnographic data with egg providers, donor coordinators, and doctors. By tracking eggs in society, this chapter offers key insights into where, why, and for what purpose eggs take on particular social meanings. In particular, I emphasize the ways in which eggs take on particular racial and social significance, as eggs are portrayed as a significant factor in identity formation and in determining market value. By focusing on the narratives and experiences of egg donors, I show how the social positions of egg providers influence how others value their reproductive bodies. Moreover, I argue that frozen egg banking further entrenches inequalities embedded in assisted reproduction, particularly for donors of particular backgrounds deemed “less desirable” in assisted reproduction. Although the biological basis for race in eggs is nonexistent, the social life of eggs is indisputable; reproductive tissues lie at the center of the intersection of race, politics, commodification, and identity.
Note on terminology
In my research on transnational surrogacy and egg donation, everyone involved in assisted reproductive technologies used the term “donor” to refer to the people who undergo hormone stimulation and egg harvesting for payment. While some women do forgo payment and volunteer to undergo the process for altruistic reasons, donating their eggs to known recipients, the majority of egg providers I encountered in my research sold their ova for a specified sum of money, often pursuing egg “donation” because of financial need. Thus, in this chapter, I also refer to these women as “egg providers” or “egg sellers” and to the process as “egg provision” (Beeson et al. 2015; Nahman 2008). Following Pande and Moll (2018), I seek to highlight the fact that egg cells are a key resource in the fertility industry. Such terms are not without controversy, however, as many in the industry (including some egg providers) maintain that the act of providing eggs is altruistic and that payment is merely a positive secondary effect. Nonetheless, I use the terms “egg seller” and “egg provider” in order to emphasize the ways in which the circulation and exchange of human ova reflect broader systems of global capital and the commodification of reproductive parts and processes. In doing so, I aim to foreground the discomfort that commercial egg provision evokes, especially for those troubled by the commercial aspects of assisted reproduction. Similarly, I call attention to the positionality of egg providers and purchasers, or recipients. The prospective parents who pursue third-party egg provision typically occupy higher socioeconomic class status than that of egg providers. These distinctions illuminate the complex ways in which the global market for human eggs reflects broader patterns of stratified reproduction or the ways in which reproductive capacities are differently valued according to one’s power and privilege (Colen 1995; Ginsburg and Rapp 1995).

Eggs: Anthropological approaches
There is a significant scholarship in the anthropology of reproduction that addresses the range of concerns related to egg donation. In particular, social scientists have called attention to the bodily commodification that accompanies ARTs. Bodily fragmentation and commodification are fundamental aspects of assisted reproduction, whereby sperm and eggs are removed from bodies, embryos are transferred to bodies, and sometimes they are donated to other bodies or are used for the purposes of medical research (Almeling 2011; Franklin 1995; Kahn 2000; Konrad 1998; Moore 2007). As reproductive processes are subdivided, the circulation of reproductive biomatter through space and time has led to endless opportunities for profit-making, and gametes and embryos are increasingly sold on the open market through Internet websites and college newspapers (Almeling 2010; Shanley 2001; Spar 2006).

Scholars, too, have examined egg provision practices in the context of global travel, illuminating how egg providers travel to countries that attract overseas infertile patients (Whittaker and Speier 2010). Nahman (2011) has examined the practice of “reverse traffic,” in which ART industry specialists undertake international travel, rather than patients or gamete brokers. Nahman followed Israeli doctors to Romania, where ova are harvested from Romanian women eager to sell their eggs despite health risks and low rates of compensation. Others have shown how global travel by egg providers reflects a kind of “reproductive colonialism” (Tober and Kroløkke forthcoming), a system in which individuals are assigned different levels of economic value in the reproductive hierarchy. Such systems hold implications not only for providers of eggs, but also for notions of transnational kinship, race, and nation for donor-conceived families (Deomampo 2015; Nahman 2006). Indeed, global travel for healthcare has implications for both sending and receiving countries, and especially for low-income women who disproportionately
provide eggs and wombs for paying clients (Ginsburg and Rapp 1995; Nahman 2011; Speier 2016; Whittaker 2015; Whittaker and Speier 2010).

Similarly, third-party egg provision holds important implications for analyses of biocapital and bioeconomies. Scholars have addressed the transactional aspect of the oocyte economy from the point of view of production and labor (Cooper and Waldby 2014) and as a practice of consumption and form of economic experience (Waldby 2019). Thompson illustrates the ways in which biotech modes of reproduction operate with “‘promissory capital,’ or capital raised for speculative ventures on the strength of promised future returns” (quoted in Franklin and Lock 2003: 6–7). In the US, scholars have observed and analyzed the privatized and loosely regulated commercial systems of egg donation (Ikemoto 2009). As the substances and promises of ova convert into projects of profit-seeking, the rise of a new kind of biocapital prompts examination of the wider bioeconomy in which it circulates. These have implications of notions of labor, and in other parts of the world, scholars have shown how egg donation holds critical implications for notions of reproductive work and the bioavailability of some women over others in the reproductive market (Marre et al. 2018; Tober and Pavone 2018).

Moreover, anthropologists have illuminated concepts of kinship and gender in the context of egg provision, theorizing, for instance, the ways in which egg provision disrupts the biogenetic connection between mother and child (Konrad 2005). Others have examined how egg provision reconfigures ideas about motherhood (Hudson 2019). In the context of assisted reproduction, concerns about heritability often take the form of “resemblance talk” (Becker et al. 2005). Within donor agencies, there is a marked preference for matching physical characteristics, and the language of resemblance and matching serves as a neutralized proxy for race. As Thompson (2006) notes, in the case of eggs, sperm, and embryos, “the cells themselves are raced in ways that affect not just their availability and who can benefit from them, but the market value and the perceived kinship to recipients of the cells, even when detached from the donor” (2006: 548). Campbell (2007) explores these problems in the context of gamete donation in three European countries, in which governments require donated gametes to match the physical characteristics of the recipients. The meaning of race hovers over biology, inherited physical appearance, and culture, harkening back to the eugenic era—though it is now reconfigured as consumer choice (Duster 2003; Rothman 1998).

Thus, a central concern in this chapter is the ways in which notions of race occupy a powerful role within the reproductive technology industry. ART users remain preoccupied with race and genetics, as shown in the use of race in the context of egg provision. Despite decades of scientific research demonstrating that race has no biological basis, doctors, egg providers, and egg recipients all make racial difference clear. For instance, intended parents may seek an egg provider whose racial background “matches” their own. Others may select donors of different racial backgrounds, due to lack of donor availability or desire for a particular racialized child. Much of the scholarship to date on egg donation has focused on the recruitment of “blue ribbon women” with certain educational backgrounds and physical features, and scholars have highlighted the ways in which egg provision facilitates the “reproduction of whiteness” (Karsjens 2002; Quiroga 2007). In Europe, Bergmann (2011) examined how fertility clinics actively recruit potential egg donors with phenotypic characteristics that reflect notions of Whiteness. Social scientists have made significant contributions to illuminating the racial and phenotypic components of selective and third-party reproduction around the globe (Adrian 2010; Culley and Hudson 2006; Culley et al. 2009, 2011; Gammeltoft and Wahlberg 2014; Hudson 2015; Kroløkke 2015; Martin 2014; Schurr 2017).

I build on this rich literature to think explicitly about the role that race plays in fresh egg donation and frozen egg banking. Kalindi Vora has called for increased attention to the ways in
which specific technologies “may operate in the service of racializing and devaluing particular populations” (Vora 2015: 142). Similarly, here I approach technologies of assisted reproduction—with a particular focus on egg freezing technologies—as a technology of race in order to show how populations can be divided and organized hierarchically in fundamental ways. Taking inspiration from Camisha Russell’s book, _The Assisted Reproduction of Race_, I approach race as technology and am interested not necessarily in what race is, but rather what it does in the context of assisted reproduction (Russell 2018). Throughout, my analysis is guided by several questions: How do technologies (that assist reproduction and regulate race) change and shape the options available to people seeking assisted reproduction? What are the unintended effects of these technologies, and who might be harmed? By centering these questions, I call explicit attention to the role that power and inequality play in assisted reproduction.

**Methods**

This chapter draws from two research projects. The first is based on a larger project I conducted on transnational surrogacy in India. Between 2008–2013 I conducted a total of 14 months of ethnographic research in Mumbai, including interviews and participant observation with a wide range of actors including commissioning parents from around the world, Indian surrogate mothers, and egg donors from India and South Africa. This project culminated in my book, _Transnational Reproduction_ (2016b), which foregrounds race and racialization in the context of surrogacy in India. In this chapter, I focus primarily on the experiences and narratives of Indian egg providers and South African women who traveled to Mumbai as egg providers.

I also draw from my ongoing research project that began in 2016, which examines how diverse Asian American groups experience social and cultural issues related to gamete provision in the US. Rather than assume or reify an already existing category of Asian American, following Lisa Lowe (2016), I consider contemporary Asian America in terms of heterogeneity and multiplicity, representing cultures as different as Chinese, Japanese, Filipino, Indian, and Korean. Classification is based on self-identification, including adults living in the US whether they are US citizens or not, regardless of immigration status, and participants are asked to name the groups with which they identify most. Asian Americans’ experiences of infertility remain largely underexplored, despite studies that have shown that Asian women are most likely to procure eggs in the US (Shapiro et al. 2016), and in 2014, Asian American and Pacific Islander women had the highest rates of ART utilization (Dieke et al. 2017). (Unfortunately, it is difficult to discern patterns of utilization across heritage groups since the CDC does not disaggregate data for racial/ethnic subgroups.) Moreover, Asian Americans are the fastest-growing minority group in the country (Hoeffel et al. 2012). For this research, I conducted interviews with doctors, psychologists, nurses, donor coordinators, and egg donors in New York, Los Angeles, and Honolulu, three cities that have significant diversity in Asian populations.

**Racialized eggs and reproductive imaginaries**

Race is perhaps the most salient feature in gamete donation and is a primary trait used to recruit and select egg and sperm providers (Almeling 2011; Roberts 2011; Thompson 2009). In the United States, notions of race and ethnicity structure scarcity and demand in the market in gametes. Scholars have shown the ways in which gametes are racially or ethnically labeled, highlighting the diverse motivations that influence recipients’ choices of sperm or eggs (Deomampo 2019; Martin 2017; Moll 2019; Russell 2018; Tober 2019). Indeed, despite the robust evidence...
that refutes the biological basis of race, racial categories and understandings continue to matter when people seek donor eggs or sperm.

How does this racialized structure influence women’s experiences as egg providers in the global market for reproductive services? Here, let me return to Alana and her cohort of traveling egg donors. While Alana was clear that she was initially motivated by financial compensation, she also explicitly highlighted the gratitude she felt for being able to help build a family, as well as for the unique opportunity to travel to India. She explained, “I would never be able to afford to bring myself over here. It’s an amazing opportunity.” Twenty-seven-year-old Nora, a single mother of two young boys, concurred, describing her previous trip to India:

[It’s also amazing] just to meet new people. [On my last trip] all of us were new and we just bonded. It was all our first time except for one. And we partied every night. We went out everywhere. We went to Goa and were just on the move the whole time. Nothing stopped us. We woke up tired but just went on. I was very sad when it came to an end. I was very emotional. As a single mom, it was so nice to have this experience.

Nora and others spoke passionately about their previous visits to India, sharing their excitement at being able to travel to new places and playfully imagining where their next destination might be. As I hung out with these women during their stay in Mumbai, they were eager to hear my suggestions of places to eat, sights they should see, and the best clubs for dancing. This, I realized, was reproductive “tourism” at its finest.

Yet I was struck by how their stories contrasted with the narratives of Indian women I had interviewed. Unlike their South African counterparts, Indian women’s donations do not double as vacations filled with shopping and sightseeing. While the South African women, too, described tight finances, the Indian women’s narratives highlight financial duress as the sole motivation for engaging in egg donation. As Komal, for instance, described to me the process she underwent in donating her eggs two times, she emphasized, “By doing this, we get some financial help. There is no other place where such financial help is available.” Komal’s narrative, like other Indian egg donors I spoke with, highlighted the medical process and practice of egg donation. For Komal and others, egg donation offered an opportunity to address immediate financial burdens; they were also keenly aware of the risks involved, as Komal explained, “During the process, the problems are faced by us only. The injections [are] very painful … We can’t sit, we can’t sleep on one side … Every day they give on an alternate side (hips). There was so much pain.”

These differentials are further exacerbated and reinforced by the wide disparity in payment, reflecting how eggs are differently valued according to skin color and nationality. As Usha explained, “I wanted to be a donor first, but the doctor didn’t allow me, as I’m not tall and I’m not a fair-skinned girl.” Instead, Usha’s doctor encouraged her to consider becoming a gestational surrogate, reflecting a hierarchy in which the medical establishment identifies what kinds of women are suitable for different kinds of ART labor. Here, doctors view the bodies of lower-status women as fitting for surrogacy, while the eggs of higher-status (i.e., fair-skinned, attractive, and educated) women are more highly valued on the market, and thus receive higher compensation (Deomampo 2016a).

Sociologist Nicky Hudson (2020) uses the concept of the “imaginary” in order to make sense of how a growing number of women utilizing third-party eggs understand future hopes and desires. In my earlier work, I referred to “racial reproductive imaginaries” to describe how actors imagine their reproductive endeavors in ways that obscure race (Deomampo 2016b). Here I wish to apply the concept in the context of those who provide the eggs. As egg providers pursue opportunities to travel or earn compensation for their eggs, their stratified positionalities indi-
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cate different imaginaries. Alana and her companions from South Africa, for instance, acknowledged that while financial need was a major motivation for becoming egg donors, they strive to frame their experiences in more complex ways. As Alana explained,

When I first looked into it, it was for the money … But then you meet the doctors, and hear these stories, and it’s quite remarkable what [the parents] go through. It’s very humbling. To think that they will give anything to just try. It’s not even a guarantee, to try to have a baby [in this way] … So it’s incredible and you hear how grateful these couples are. They’re just so thankful, so grateful, it’s so heartwarming. We’re giving a little bit of our time, a little bit of our effort. For us, it’s almost nothing. When you hear about the injections and hormones, it sounds like more than it really is. You actually have to go through it to completely understand and see it from our side. It does sound quite involved, but it’s really nothing for us.

The other women echoed Alana’s comments, curiously deemphasizing the physical toll of egg extraction—even though all women would later complain about mood swings, bloated stomachs, and soreness, all common side effects of the hormonal drugs. Yet what mattered most in their broader narratives of egg donation was not their own physical pain or the financial compensation they would receive, but the intangible, non-monetary gains. Alana repeatedly highlighted this: “At the end of the day, I’m just so thankful to be a part of this, it gives me such a warm feeling inside.”

Interestingly, in deemphasizing the commercial aspects of egg donation, diminishing the significance of the physical risks involved, and emphasizing their own non-monetary, experiential gains, all the women agreed that as egg donors, their genes confer absolutely no claims to parenthood. The women strongly discounted notions of relatedness based on genetics. When Alana, for example, found out that one of her previous donations resulted in twins, her mother asked if it were possible to see a photo of the babies. Alana replied:

I told her, it might be my eggs, but it’s not my child. Maybe it has the same eyes, but ultimately it’s not my child. It’s nice to think they’re my kids out there, but that’s not the case. This is where my friends have had issues, and they think it’s your child running around out there. And they think you’re gonna have all these little Alanas running around. But it’s actually not like that.

Carla agreed: “It’s just the genes you’re giving to the people. It’s their child.” Other women chimed in: “It’s not your child, you’re not part of their life. You’re not anything.” “It’s like donating blood.” “You’re donating genes, that’s it.” “Anyway,” Nora says, “that egg is going in another woman’s body, and it’s going to take in her blood.” These perspectives contrast with those of gestational surrogates in India, whose own experiences show how surrogates establish flexible forms of kinship based on bodily substances (blood, breastmilk) and in the labor of gestation and birth (Pande 2009).

As scholars have shown, the importance of genetics in the context of assisted reproduction is complex and often contradictory; what is interesting here are the ways in which these women’s eggs are recast simultaneously as “just genes” and as vehicles toward increased global mobility. The egg donation imaginaries of Indian egg providers clearly emphasize pain, labor, and sacrifice. For the South African women who travel to India as egg sellers, on the other hand, their reflections deemphasize financial gain and highlight personal gratification and global mobility. At the same time, however, women downplay the importance of their own genes and dismiss the
great physical risks and pain involved in egg donation. In this sense, South African egg providers in my research might be viewed as what Charlotte Krokøkke calls “eggpreneurs” (Krokøkke 2015), women who position repro-mobility within a moral economy of gifting and an affective economy of upward mobility that enables global travel and tourism. Similarly, these women reflect Amrita Pande and Tessa Moll’s concept of “gendered bio-responsibility” (Pande and Moll 2018), in which egg providers represent complex biocitizens who seek to combine altruistic acts with opportunities to earn money. However, even as race remains conspicuously absent, the egg provider narratives discussed in this section show how Whiteness operates within a racial economy of reproduction as an added extractable resource (Nahman 2018).

Egg freezing: An opportunity for increased access or inequality?

Clearly, transnational egg donation reinforces reproductive stratification among women, based on skin tone and class, in which certain kinds of bodies are privileged in the global marketplace for eggs, sperm, and embryos. But what happens when new technological advances emerge?

When I began my research on surrogacy in India over a decade ago, many intended parents I interviewed required the assistance of egg donation in their quests for parenthood. All of them opted for fresh donor egg IVF cycles, the dominant practice at the time, in which donor eggs are retrieved and immediately fertilized with sperm (see Figure 15.1) and the resulting fresh embryos transferred to the surrogate. The choice of which person would provide the eggs to be fertilized and transferred to the Indian surrogate mother was a difficult one, particularly given the high costs involved. While many intended parents sought egg providers of different backgrounds from within India (Deomampo 2016a), others chose to utilize eggs from women with fair skin tone similar to theirs, opting to pay women from countries such as South Africa to travel to India for the purposes of egg donation. As Alana’s account shows, many intended parents viewed the eggs of White women as valuable enough to warrant global travel and all-expenses-paid trips to India.

However, recent technological advances in the freezing and thawing of eggs have led to the increasing use of frozen egg banking. Recipients and donors now face the choice between fresh egg donation and frozen egg banking, and medical practitioners must navigate these new options alongside clients and patients. Egg freezing (i.e., oocyte cryopreservation) enables human oocytes to be frozen for future reproductive use. Historically the use of cryopreserved donor eggs focused on medical egg freezing, i.e., egg freezing for fertility preservation for cancer patients. The availability of frozen eggs for third-party recipients is a relatively new option, and some have argued that cryopreserved eggs offer multiple benefits to recipients, including lower cost and greater convenience with comparable pregnancy rates (though recipients have a lower chance of having frozen embryos for future cycles) (Fung et al. 2015).

Frozen egg banking practices differ from fresh egg provision in several ways. In fresh egg donation, recipients typically select an egg provider who, following a protocol of hormone injections and egg retrieval, will sell all of the eggs harvested to the recipients. Egg providers who pursue this route may have to wait longer before being selected by a recipient, but many egg providers stated that the higher payments (sometimes between $5,000 and $10,000 or higher) were worth the wait. When a donor undergoes a cycle for an egg bank, all the eggs from that donor are split into lots of six to eight eggs, then stored until a recipient decides to purchase them (e.g., if 21 eggs are extracted from one cycle, those eggs are split into three lots to be purchased by three different recipients). Recipients have the option to purchase one lot at a time for approximately $18,000, which includes all medications and services at the Honolulu clinic (by contrast, finding an egg donor through an agency could cost around $36,000). Another
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Figure 15.1 Tank containing frozen sperm to be used to fertilize donor eggs, Mumbai, India, 2010. Source: Daisy Deomampo.

option is for the recipient to opt for a “refund” plan, in which the recipient pays $42,000 for a guaranteed live birth.

Indeed, as Dr. Simon, a reproductive endocrinologist in the Honolulu clinic, explained, commercial egg banking has made egg donation possible for a greater number of people:

People who couldn’t afford to do fresh donor cycles [can now do egg donation], because now we’re able to split lots—you know, we keep some eggs and give them a number of eggs at a time. It just makes it more affordable. And for those people who can afford it, many of them are saying, well, I can afford $36,000 for an agency donor but why don’t I just pay $42,000 and get an assured plan through the donor egg bank.
So that’s—even for those who can afford it, they’re choosing to go through the egg bank.

Yet while frozen egg banking has undoubtedly increased access for a wider set of recipients, it has also created new, potentially exploitative, opportunities for egg donors. Sidney, a donor of mixed-race background (Filipino, Native Hawaiian, Okinawan, Chinese, Greek, Portuguese, and Croatian), had previously donated to the national egg bank through the Honolulu clinic. She describes the process as it was explained to her:

So there are two different values for compensation. You can get $3,000 or you can get $5,000. $3,000 is for when they extract the eggs. They put them in preservation to wait for a recipient to choose your eggs. $5,000 is if you have a fresh donation. So the recipient is requesting for your eggs specifically. And then you go through a cycle and then they give them; they give your eggs to the recipient after … They ask you at the get go, “Oh, do you just wanna go ahead and start a cycle and then we can freeze them so that’s $3,000? Or did you wanna just have your profile out, wait for somebody to request for you, and then you can go ahead and do $5,000?” But both, there’s no difference, in terms of the procedure that you go through for either option. It’s the same. It’s just someone’s requesting it or someone isn’t.

However, the donor’s decision to pursue fresh or frozen egg donation is influenced by an array of factors. In Sidney’s case, she explained, “I just chose to see how I’d feel about it first, so I did the freezing. I have no one that requested my eggs.” Ultimately, Sidney’s cycle went smoothly and she told me that she would do it again if someone requested her eggs—but that time constraints were the main reason for not doing more cycles.

But the convenience of egg banking and the opportunity to undergo a cycle without waiting for a recipient also creates new opportunities for increased risk and potential exploitation. Commercial egg bank donors receive lower compensation than people who donate for fresh donor egg cycles, despite the fact that the medical process is the same. Frozen egg banking also invites donors who may be viewed as less desirable (due to their education, appearance, or other social factors and personal characteristics) to overlook the risks associated with multiple cycles in order to achieve the goal of “being chosen” for a fresh donor egg cycle. Sharilynn, for instance, who identified as part Hawaiian, Puerto Rican, Chinese, and White, was not viewed as particularly desirable or valuable in the hierarchy of donors; as one coordinator explained to me, most of the donors that she works with are “very, very mixed race” and as a result, what she called “full-blooded Asian donors” command higher rates and are rarely declined. Another egg donation coordinator at Sharilynn’s clinic further explained how the economic value of egg donors is determined:

If you’re already pretty attractive and really educated and all this stuff, you don’t have to bother with the bank, probably. But if it’s kind of borderline, this sounds really terrible, like if they’re “okay,” if they’re not as selectable as somebody else, then it may be worthwhile for them to go through the bank, because they don’t have to wait to be matched, they can start right away. And it’s also helpful for them to have that experience under their belt because it shows they respond [to the protocol] well. So if their eggs are doing well, people are getting pregnant, then people will choose them, and they’re already pre-screened, you know, we’ve already done all of their genetic testing, so people feel more confident to select them. So it’s very common for people to come in and donate with the bank first, for one or two times, and then they’ll get matched fresh.
Another coordinator interjects, “It’s like their resume, kind of.” Frozen egg banking, then, emerges as yet another method through which egg providers are sorted and stratified.

These new technologies may impose excessive medical burdens on people who provide eggs for payment. Indeed, some scholars have expressed concern that the business model in some US clinics may lead to higher hormone protocols and increased fertility drug exposures, potentially increasing risk to egg providers (Tober and Pavone 2018). Moreover, while women who provide eggs for egg banks receive lower payments than those who donate directly to a recipient, clinics may make higher profits. Economic inequality, race, class, and power all intersect in the reproductive marketplace; here, advances in egg freezing technologies reflect how global capitalist systems weigh on individual bodies. The value of Sharilynn’s eggs was negligible in the context of fresh egg donation, but in a reproductive bioeconomy that capitalizes on inequality, donor coordinators encouraged Sharilynn to pursue options that offered lower-income and increased risk.

**Conclusion**

Clearly, human eggs are a key racialized commodity of the fertility industry. In the global context, transnational egg donation reflects established patterns of stratification among women, based on skin tone and class. For the women who travel to India as egg donors, the process becomes less about financial gain and more about personal gratification and global mobility. For Indian egg donors, pain, risk, and class and racial inequality figure prominently. Yet as advances in cryopreservation technologies have fostered increasing demand for convenient and affordable donor eggs, their impact on the health and lives of donors remains underexamined, and the existing transnational inequalities may become ever more refined and entrenched.

As the global market for human eggs expands (Waldby 2015), increased attention to the meanings and values attached to human eggs is necessary. As I have shown in this chapter, the fertility industry engenders a hierarchy of different reproductive capacities—as well as a hierarchy of differently valued eggs. As the dynamics of egg selection and provision unfold, the preference for egg providers of particular racial and socioeconomic backgrounds becomes clear, reflecting eugenic overtones (Daniels and Heidt--Forsythe 2012). By contrasting the experiences of egg donors in different parts of the world, at different moments in history, I have aimed to outline the diverse ways in which technologies serve to reinforce racial and class hierarchies. While these narratives are important to understanding the ways in which a diverse group of women experiences egg donation, they also have significance for broader questions around inequality and justice in transnational contexts.

**References**


Eggs


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