CROSSING BORDERS:
Remaking Gay Fatherhood in the Global Market

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Abstract
CROSSING BORDERS: Remaking Gay Fatherhood in the Global Market

Over the past decade, a ‘gayby boom’ (Richman, 2002) has occurred in the Israeli male-gay community: hundreds of gay couples became fathers through cross-border commercial surrogacy. This rise was accompanied by political struggles over access to surrogacy for same-sex couples within Israel. This study explores first, the causes of this sudden rise in ‘gay surrogacy’; and second, the social implications, especially pertaining to the alteration of family norms in the 21st century. Drawing on Science and Technology Studies (STS), surrogacy is analysed as an ‘assemblage’, consisting of the interaction between socially shaped practices and desires, the medical and legal technologies involved, and the overarching state apparatuses. To draw out the complexity of the different components of this assemblage (individual, medical and legal, and state), 31 gay surrogacy fathers were interviewed, along with Israeli surrogacy industry representatives (n=6) and policy makers (n=13). Media coverage of ‘gay surrogacy’ and documentation from relevant court appeals and state committees on reproductive technologies were incorporated into the analysis to provide a contextual framework.

Three themes were identified. First, surrogacy provides Israeli gay men a unique combination of novelty and sameness: surrogacy offers ‘biological’ fatherhood, similar to that enjoyed by heterosexual couples, but also facilitates the creation of a new family model, the ‘two-father-family’. The contradiction between the application of technology and the idea of ‘procreation’ disappeared through a discursive normalising and neutralising mechanism, in which surrogacy serves as a stand-in for ‘natural procreation’. Through this process, assisted reproduction facilitated the normalisation of the gay family. Second, despite the fact that surrogacy markets operate globally, the State emerged as a significant force in shaping the specific mechanisms of the surrogacy process, as well as the procreative desires of the Israeli surrogacy fathers – who were geared towards both genetic procreation and reproducing the nation. Gay fatherhood through surrogacy was found to be part of the new ‘gaystream’ (Duggan, 2002), expressing desires towards a new (homo)normativity and participating in homonationalist (Puar, 2007) struggles. Finally, cross-border surrogacy operates in a global market, based upon the commerce of gametes and reproductive services involving third-party women, often from impoverished parts of the world (Vora, 2015). This creates a moral dilemma for commissioning fathers, regarding the commodification of women and children in the market for reproductive services, and the related harm and exploitation within surrogacy markets. Surrogacy fathers negotiated these moral conflicts by forming ideas and ideals of reciprocity, intimacy and shared commitment towards and with the surrogate. However, the realisation of these values is heavily dependent upon the regulatory regimes in the surrogacy state and the outcomes of the medical and physical procedures – that is, the birth of a live healthy child.

In conclusion, surrogacy offers a site for making families and remaking ‘the family’. It is based on already existing familial norms, but at the same time partially unsettles these; it is shaped by state regulations and national desires; and it is deeply implicated in unequal global markets, while explicitly harbouring ideals of intimacy and reciprocity. As surrogacy becomes the normative familial form for gay men in Israel, the need arises for collective critical reflexion on the impacts of surrogacy practices on global ‘others’, and on minorities within the Israeli queer community.

Adi Moreno. The University of Manchester. PhD Sociology. 15th February, 2016
Declaration of Authenticity

No portion of the work referred to in the thesis has been submitted in support of any application for another degree or qualification of this or any other university or other institute of learning.

Signed………………………………………………….

Date…………………………………………………..
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1. ORIENTATION

INTRODUCTION

Tonight eleven Israelis returned from Kathmandu, among them three young babies. We have the knowledge and experience and especially the commitment to bring the residents of the State of Israel back home. [Lieutenant Colonel Ron, IDF. 27/4/15, cited from the IDF Facebook page]

On 24 April 2015, Nepal experienced its worst natural disaster since 1934, an earthquake that took the lives of more than 8,000 people and left tens of thousands homeless, wounded and with no access to basic living facilities (Williams, 2015). Some unlikely casualties of this earthquake were a group of Israeli citizens and their very young babies, some only a few days old and many in need of medical attention.

The State of Israel was quick to respond and come to the rescue. Unlike other occasions when Israeli citizens have had babies abroad, and were required to go through a long and tedious bureaucratic process in order to fly home with their newborn babies, in this instance the highest government officials were involved in order to remove administrative hurdles. Soon, military rescue teams and the national airline carrier El-Al could declare proudly that all babies and parents had returned to safety. The statement above, which was issued by the Israeli Defence Force (IDF) spokesperson, was accompanied by a picture of a man in uniform holding a tiny baby, wrapped in a blanket. (See Figure 1 below).
The subtext of this image is one of support, care and nurture. The faceless air force officer is playing the role of the stork that delivers babies. At the same time one is left to wonder: what were Israeli babies doing literally on the other side of the world and at such young age? These babies, as was widely discussed in the Israeli media, were the outcome of transnational surrogacy processes, where the parents were Israeli, the eggs (in most cases) were extracted from South African or Eastern European egg providers and the surrogates were Indian women who arrived in Nepal in order to give birth to these children. These processes involved fertility clinics, medical doctors, surrogacy agents and lawyers from all these localities and more.

In the analyses that constitute the heart of this thesis, surrogacy emerges as a complex and multidimensional assemblage, comprised of scientific technologies as well as social norms and ideals; of legislation and bureaucratic regimes alongside micro regimes of power which operate in the privacy of the clinic or the surrogacy agency; and of individuals’ desires toward procreation and family building. Surrogacy processes rely on medical technology: the ability to extract eggs from one woman's body, with the aid of ovulation stimulation hormones and a clinical extraction procedure; the ability to freeze and thaw sperm; the ability to perform In Vitro Fertilisation (IVF), and, finally, the possibility of implanting the resulting embryos in a woman's womb to achieve pregnancy. These technologies are not specific to surrogacy, as the same procedures apply to IVF treatment with egg

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1 Source: 'Israel Defence Force' Spokesperson Facebook account.
'donation’. However, what is different is the required legal and bureaucratic technology, which defines parenthood not by birth or genetic kinship (in the case of gamete providers), or by pregnancy (as is the case with egg ‘donation’) but by contractual rights: the right to contract another person's reproductive capabilities and become the ‘owner’ (that is, the parent) of the desired outcome: a child born of these medical procedures.

Surrogacy also develops as an outcome of individuals’ desires towards certain kinds of kinship: couple based, founded in genetic lineage. Surrogacy practices are therefore driven by the re-articulation of social norms. For example, the practice of multiple embryo pregnancy – which consists of embryos from two men (partners in the parenthood couple) gestated by a single woman simultaneously – is driven by consumer desires to have a child for each father in the case of surrogacy for gay couples, and also the desire to minimise overall costs and increase success rates. This practice, which has become common in past years, is also driven by an industry that seeks to maximise profit, often at the expense of the most marginalised labourers: gamete providers and gestational surrogates.

Returning to the situation described at the opening of this chapter, surrogacy in Nepal developed as a result of changing cross-border Assisted Reproductive Technologies (ART) regulations in neighbouring India. Until 2013, India was the leading surrogacy destination in the world (Rudrappa, 2015; Vora, 2015), and a common destination for many gay and heterosexual Israeli commissioning couples. In 2013, when India banned surrogacy for foreigners who were not heterosexual and legally married, the already-existing cross-border surrogacy industry in India adapted to the situation by proposing a service which conducted the fertility treatment in India, but consequently sent the surrogates to Nepal in the last 4-5 months of their pregnancy, away from their home, disconnected from potential support networks and dependent upon the medical professionals and surrogacy agents for their return home.²

² Indian regulation changes and their implications are further discussed in Chapter 6.
The story of the Nepal surrogacy crisis received significant media attention in Israel. Amidst the images that appeared worldwide of shattered temples and homes, the media highlighted stories of devastated parents in Kathmandu, telling about their hardships and the worry for their children. Surrogacy agents were also interviewed daily, explaining the measures taken in order to evacuate the parents and their children, and as we have seen in the opening quote, state bodies were literally recruited to ensure the Israeli citizens’ safe return. This vignette presents in a nutshell the story of cross-border surrogacy: rooted in state politics and state-recognised family norms, made visible through the regulation of access to reproductive medicine and the acknowledgment of parenthood post surrogacy-birth; it involves a growing market for reproductive services, which keeps changing and shifting according to changing regulations and shifting market demands; and it involves creating new families, both literally and metaphorically, as surrogacy enables the creation of the two-male parent family, a family form that is truly novel, especially in Israeli society.

Before exploring further the research conducted for this dissertation, I will first present the research field.

**INTRODUCING THE FIELD**

**THE STATE OF ISRAEL: ZIONIST HISTORY AND STATE REPRODUCTION IDEOLOGY**

This research spans over different countries and continents, but its core is in the state of Israel, where my research participants live and raise their children. Their reproductive choices are therefore affected by the state’s regulations and policies, and by the societal norms that surround them. Israel’s reproduction policy is imbued with the state’s history of ethnic/racial struggles, and the religious leanings of its diverse populations. I will therefore begin by surveying the state’s history and state’s policies that affect current legislation regarding assisted reproduction technologies.
The state of Israel was founded in 1948, at the termination of the 28-year-long British mandate for Palestine. The state’s foundation, a result of the United Nation’s plan to divide Palestine between the Arab-Palestinian and Jewish populations, was accompanied by the eruption of the ‘Independence War’ between the two ethnic groups, both claiming full ownership over the land. At the culmination of the war and a victory of the Jewish armed forces, a ‘Jewish-Democratic’ state was formed with a Jewish majority (currently roughly 80%) and Palestinian minority (around 20%). As I will further explore, many of the reproduction policies that will be described below were designed in order to maintain the Jewish majority by means of encouraging reproduction (Berkovitch, 1997; Izraeli, 1997; Birenbaum-Carmeli and Carmeli, 2010).

Israel’s state regime provides a mixture of democracy vs. ethnic and religious hierarchies, a combination that Peled (1992) defines as an ‘Ethnic-Democracy’. Certain laws and regulations provide individual equality for all citizens, and prohibit discrimination in employment or access to services according to ethnicity or religion. But at the same time other laws prohibit the Palestinian population from maintaining collective rights and attaining the 'common good' (Peled, 1992; Shafir and Peled, 1998; Yiftachel, 2006). Palestinians are restricted from army service, a main entry-point to hegemonic Israeli society, and are consequently also restricted in access to state funding (such as university scholarships, home ownership loans and, in the past were excluded from child support allowances). Palestinians are de facto barred from workplaces that require army service as a

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3 This is the Jewish-Israeli term. The corresponding Palestinian term is ‘Nakba’ (disaster).
4 Most of the Arab-Palestinian population were driven into exile by the fear of war and actions of hostility from the battling forces. After the war they were not allowed to re-enter the state and remained as refugees under the control of neighbouring states.
5 Another response is Israel's immigration laws, which allow immigration for Jews or persons of Jewish descent (up to 3 generations), while prohibiting the entrance of Palestinians to the state, even as spouses or family members of Israeli citizens.
6 This population is sometimes referred to as 'Israeli Arabs' or 'Israeli Palestinians'. All terms define Israeli citizens of Palestinian nationality and Arab identity. However, each term carries different political meanings, and I prefer using 'Palestinian' as a form of acknowledgement of Palestinians’ right to self-declaration.
prerequisite for employment (as is the case across much of the high-tech industry in Israel). Another population which resides under Israeli control and is affected by the Israeli regime is the Palestinian population in the West Bank and Gaza. This population has been held under Israeli military control since the occupation of these territories in the 1967 war, and does not have access to Israeli citizenship rights, as after the occupation of these territories Israel refrained from annexing them and also from granting citizenship to non-Jews within them.

Apart from the ethnic struggle as a catalyst for increased reproduction, both population groups (Jewish and Palestinians) tend to be embedded in religious communities that are traditionally characterised by large family sizes and strong support for family values (Remennick, 2008). The ultra-orthodox sections of both Jewish and Muslim populations have exceptionally high fertility rates, which are partly attributed to religious beliefs and partly to social-economic infrastructure, such as increased child-welfare allowances for families of over four children (Remennick, 2008; Seeman, 2010). The Jewish population is also affected by the haunting memories of the Holocaust and the ethos of the rebirth (literally) of the nation through procreation (Birenbaum-Carmeli and Carmeli, 2010). Reproduction is therefore considered a sphere of convergence between the private and the political, in which individual survival is virtually equated with the survival of the collectivity (Swirski, 1976; Izraeli, 1997; Birenbaum-Carmeli, 2004).

In addition to the religious roots of Israeli pro-natalism, it is important to note that Zionism, the national movement for the return of Jews to their ‘homeland’, was based on the idea of Jewish regeneration, which includes modernization, secularization and the creation of the ‘New Jew’ and the new Jewish body (Gluzman, 1997). Within this discourse, large families are seen as primitive and a remnant of a previous, diasporic existence (Birenbaum-Carmeli and Carmeli, 2010; Hashash, 2010). Therefore, the state regulations, especially in the early days, were directed at encouraging

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7 Recent legislation furthers this ethnic bias, by permitting ethnic screening before acceptance to local communities or in land sales, and in banning the immigration rights of spouses of Palestinians.
reproduction within the modern, self-sustaining families, while limiting the reproduction of less affluent and less educated couples, mainly Mizrahi Jews and Palestinian families (Hashash, 2010).

Pro-natalist values and the post-war socialist welfare state economic structure were translated into an array of regulations and benefits for parents and children. These include legal protections for working women, paid maternity leave, child allowances, obstetric treatment, state-funded genetic screening and prenatal tests, and state-funded fertility treatments leading up to two live births per women per relationship (Birenbaum-Carmeli and Carmeli, 2010). This broad support and funding for natality provides fertile ground for the growth of obstetric medicine in Israel. Currently Israel is a world leader in the number of IVF cycles per number of citizens, and is widely acclaimed as a locus of innovative reproduction technology research (Mashiach et al., 2010).

Surrogacy is the only reproductive service in Israel which operates solely in the private sector and not within the public healthcare system. Before further discussing these regulations (both in relation to surrogacy that takes place within Israel as well as to cross-border surrogacy), I introduce another strand that feeds into the assemblage of surrogacy in Israel: LGBT activism.

**LGBT Politics in Israel**

The legal and social status of sexual minorities in Israel has changed considerably over the last three decades. Most commentators mark the beginning of the change in the 1988 repeal of the anti-sodomy laws, a change that decriminalised homosexual acts and paved the way for public campaigning for gay and lesbian rights in the 1990s (Kama, 2011; Gross, 2013). The ensuing legislative changes were aimed at individual freedom and protection from harm, and in 1993 sexual identity was added to the Employment (Equal Opportunity) Act (1988), a law which prohibits

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8 ‘Mizrahi’ means eastern, and is the common reference to Jews of northern African and Middle-Eastern origin. The other ethnic group within the Jewish community is ‘Ashkenazi’ which means Germany, but is commonly used to describe Jews of European and North-American origin.

9 Child allowances were instated in the late 1960s, and were available only to the Jewish population until the late 1980s.

10 This means that women who have children from a previous marriage/relationship will still be eligible for state funded fertility treatment if they desire to procreate with their current spouse.
employers from bias towards their employees on account of gender, race, parenthood and marital status among other categories. This change consequently enabled lesbian, gay and bisexual activists to challenge discrimination and receive the same benefits as heterosexual couples, and indirectly assisted the fight for full and equal inclusion in the Israeli army.

Based on individual right to equality, Lesbian, Gay, Bisexual and Transgender (LGBT) activists have been able to achieve legal recognition for same sex couples and parenting rights, by using strategically planned petitions to the Supreme Court. This strategy secured the following family rights: equal access to state-funded sperm donations and fertility treatments for lesbian couples and single women (1997); legal recognition for same-sex couples who have married in other countries (such as Canada or the Netherlands) as well as the extension of full marital rights to such couples (2006); and enabling the registration of same-sex partners as parents of each other's children, firstly as legal guardians (2000) and then through the introduction of ‘second-parent adoption’ (2005) and via a ‘parenthood decree’ (2014). The two last mechanisms enable same-sex couples with children to request recognition of the non-genetic parent as a legal parent of the child.

Despite these extensive family rights it is worth noting that in Israel, marriages and divorces are conducted in religious courts which operate under separate religious regimes. It is therefore impossible for people of different religious affiliations or for same-sex couples to marry inside Israel itself, but they can do so in countries that permit such marriage ceremonies for non-citizens and have their marriage recognised in Israel, as described above (Hacker, 2009, 2012). The Jewish religion is also prevalent in shaping regulations concerning medically assisted reproduction, and religious authorities participate in state discussions and the drafting of laws concerning these issues (Ben-Porat, 2000; Kahn, 2000; Nahman, 2006, 2013; Shalev and Gooldin, 2006). It could be said that in broad terms, the Jewish religion – and consequently contemporary official Israeli culture – is pro-natalist over other values, such as family values or heterosexuality, and that reproduction is considered a religious commandment, regardless of marital status or sexual orientation (Berkovitch,
1997; Birenbaum-Carmeli, 2007; Nahman, 2013; Lustenberger, 2014). Existing surrogacy regulations have been significantly affected by the Jewish religion, as the next section explains.

**ISRAELI SURROGACY REGULATIONS**

Israeli surrogacy contracts operate under the Embryo Carrying Agreements Act (1996), which was enacted twenty years ago. At the time, lesbian women were still campaigning for equal access to reproductive medicine, and LGBT parenting was much less prevalent than it is today and was still a marginal and hidden subject (c.f. Kama, 2011). This Act is therefore the last piece of legislation in Israel to explicitly require heterosexuality as a basis for family formation (Teman, 2010b). It was devised by a committee consisting of medical doctors and rabbinical experts, in order to provide an ethical and religiously approved solution for the small number of families in which the woman is unable to conceive or carry a pregnancy (Birenbaum-Carmeli, 2007; Lipkin and Samama, 2010; Mor-Yosef et al., 2012). The legislation determined the following requirements for commissioning surrogacy within Israel:

1. That all parties are Israeli residents.
2. That the surrogate is healthy, younger than 38, and has at least one child. The surrogate also has to go through a psychological evaluation to determine her ability to understand the procedure, the contract, and her capacity to withstand the consequences.
3. The commissioning parents must be a heterosexual couple (but not necessarily a married couple), and the intended mother must show proof of having a medical condition that prevents her from getting pregnant, or that might endanger her in the case of pregnancy.
4. The surrogate mother must be of the same religious denomination as the commissioning mother.
5. This legislation therefore constructs surrogacy as a medical solution for infertile women who are part of a heterosexual relationship, while maintaining religious boundaries by requiring that the gestational surrogate will have the same religious identity as the commissioning mother.
The legislation has been challenged in the Supreme Court twice thus far. The first petition was submitted in 2001 by a single woman, contesting the legislative bias against non-married women\textsuperscript{11}. The outcome was that whilst the judges sympathised with the plaintiff, they ruled that the legislation was still in an early, ‘pilot’ stage, and that it would be premature to change it before evaluating the outcomes. The second appeal was submitted in 2010, by a group of gay men who used the 2001 appeal to bring the issue of minority bias to the table again. This appeal was removed after the state committed to conduct a public consultation process and amend the law accordingly.

This consultation became a Ministry of Health committee, usually referred to as ‘the Mor-Yosef committee’ after its head, Professor Shlomo Mor-Yosef. The committee’s report was published in May 2012, and will be part of my analysis of Israeli reproduction policies in Chapter 6. The report suggested changing the regulations; however at the time of writing this dissertation, the 1996 Embryo Carrying Agreements Act is still in effect, which means that all the surrogacy procedures that I discuss in this dissertation involve cross-border fertility services.

**CROSS-BORDER SURROGACY**

A consequence of the existing Israeli legislation is that gay men cannot commission surrogacy inside the state’s borders. As will be further explained in Chapter 5, Israeli gay men began to access cross-border surrogacy services in 2005. As a result, the state began to develop a series of administrative regulations for the process of defining paternity and granting citizenship rights to children born out of extra-territorial surrogacies. In those cases, the parents need to show that they have signed a legal surrogacy contract in the state of birth, and that at least one of them is genetically related to the child. These procedures and their outcomes stand at the heart of this research project.

As can be seen in the following diagram, in the years since the law was enacted, and especially in the last decade, surrogacy usage numbers among Israeli citizens has grown rapidly:

\textsuperscript{11} APA 2458/01, ‘New Family’ vs. the Embryo Carrying Agreements Approval Committee, the Ministry of Health.
Figure 2: local and cross-border surrogacy usage among Israeli citizens

*Local surrogacy births include only births of heterosexual commissioning parents
** Cross-border surrogacy births comprise all registered surrogacy births involving Israeli citizens, these include heterosexual couples, gay couples and single men and women.

The surrogacy numbers that appear in Figure 2 above are impressive when the size of Israel is taken into account. Israel’s population was around eight million citizens in the years charted above. By way of comparison, the UK population of 64 million had a similar number of cross-border surrogacy births during the same period. There were 151 cross-border surrogacy cases in the UK in the year between April 2012 to March 2013, compared with 167 surrogacy births by Israeli citizens in the correlating period. In both cases, the numbers include both heterosexual and gay commissioning parents. In the Israeli case, it is assumed (based on interview data with Israeli surrogacy agencies) that at least half of the commissioning parents are gay men.

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14 The numbers are based on CAFCAS freedom of information request: [https://www.cafcass.gov.uk/media/230829/caf_942_surrogacy_figures.pdf](https://www.cafcass.gov.uk/media/230829/caf_942_surrogacy_figures.pdf)
As Figure 2 shows, between 2005 and 2008 the number of registered overseas surrogacy cases was very small. It is worth noting that overseas surrogacy usage among Israeli citizens prior to 2005 is documented in the literature (Weisberg, 2005), but does not appear in official documentation, so it is safe to assume that the numbers, at least in these early years, were in actual fact slightly higher. By 2009, the number of cross-border surrogacy births was already slightly higher than the number of such births within Israel; since 2011, the majority of surrogacy cases involving Israeli citizens have occurred overseas. This steep rise demonstrates that surrogacy processes became an increasingly popular means for family making during this period. In the years 2012 – 2013, the state began to collect information about the identity of commissioning parents; in these years, gay male couples and single men (who could also be part of a gay couple, were only one parent to apply for legal parental rights) comprised half of the commissioning parents. Based on information gathered from my research participants, this was likely the case in previous years as well. Thus, we can deduce that the rise in cross-border surrogacy births reflects a growing number of gay Israeli men becoming parents.

As explained in the sections above, the field of research operates within the State of Israel, driven by pro-natal values within the Israeli Jewish society and by gay men’s desire for social inclusion and for family making. And it also operates as a global market for reproductive services, which comes in place of the restrictive regulations within Israel, enabling gay men to form a couple-based child-rearing family in a similar manner to the nuclear heterosexual model. These surrogacy processes operate as an assemblage of different forces, sites and institutions, including those associated with markets, states and the heteronormative family. Surrogacy assemblages are driven by commercial forces, competing against one another to provide the customer with the ‘best product’ for the lowest price, while maintaining biological-kinship schemes of genetic offspring and genetic preferences based on race, physical appearance, health, intelligence and genealogy. The connections between these forces, and the contradictory ways in which they drive surrogacy practices forward will be discussed throughout this research.
Before continuing to provide an outline of this dissertation, I introduce my motivations and initial interests in entering this field of research.

**Research Motivation**

Medically assisted reproduction has been the centre of feminist, anthropological and sociological writing since the inception of IVF in the late 1970s and even before (Franklin, 2013). For authors as Shulamith Firestone (1970), Gayle Rubin (1975) and Adrienne Rich (1976), motherhood and kinship stand in the centre of the patriarchal order, and gender equality will not be achievable without significant changes in these fields. In the decades since the introduction of IVF, feminists, anthropologists and bioethicists have continuously discussed the links between technology, society, and individuals’ perceptions of gender, body and kinship. Thirty years after IVF was introduced, Franklin describes how assisted reproduction technologies are a social tool, not just a medical one:

> *In vitro fertilization, it turns out, is a reproductive technology in more than one sense. While enabling biological reproduction, it also offers a context for the reproduction of gender norms, family values, and kinship structures. At the same time, and in the same way that it is both just like and not like unassisted reproduction, IVF provides a context in which established norms are changed* (Franklin, 2013:221).

Sociological and anthropological research on reproductive technologies has therefore focused on their social shaping and implications: changing family structures and reproductive choices; the changes in our perception of fertility, and of gender as a result; and the new forms of kinship that arise from them (Strathern, 1992b; Franklin, 1997; Franklin and Ragoné, 1998; Mamo, 2007). Research has also shown how these practices are rooted in the capitalist system, and in global economic, gendered and racial inequalities (Ginsburg and Rapp, 1991; Davis-Floyd, 1998; Spar, 2006; Ikemoto, 2009; Roberts, 2009). However, there are two main gaps in the current literature. First, most of the literature is focused on heterosexual subjects, in a way that ignores sexual minorities’ needs and experiences in the same settings (Mamo, 2007; Nordqvist, 2008). Secondly, the current literature is primarily interested in the experiences of women as reproductive consumers,
and there is very little writing about experiences of men seeking medical care for infertility, or indeed men who aim to create their family without the presence of women after childbirth (Hicks, 2005; Lev, 2006; Dempsey, 2013). In this respect, this research is novel in foregrounding non-heterosexual men’s experiences: their reasons for seeking medically assisted reproduction, the challenges they face, and the ways in which their choices are embedded within assemblages consisting of social institutions, practices, objects and ideals.

The cross-border commercial surrogacy processes that I researched operated in a global market for reproductive goods and services that, at least in the East, is deeply imbricated in histories of colonialism and present realities of extractive and exploitative capitalism regimes (Ginsburg and Rapp, 1991; Ragoné, 1998; Vora, 2015). The ‘new family’, allegedly a ‘soft subject’, as Briggs refers to it, is therefore a way to tap into the mechanisms that operate the ‘hard politics’ of neoliberal globalisation (Briggs, 2012:49; Posocco, 2013:72). I enter this project from the perspective of an interest in male-gay families and in the way that cross-border commercial surrogacy is redrawing the lines between respectability and deviation, while creating new forms of subjugating bodies to invasive and extractive capitalist endeavours. My focus on ‘gay surrogacy’ is a means to tease out the novelty that lies within surrogacy families, and the contradictory effects of redrawing social boundaries. Influenced by the work of Silvia Posocco, I wish to reiterate that:

_Queriness in this context marks a terrain of biopolitical articulation in late liberalism and more specifically a reconfiguration of the terrain where subjects and populations whose rights-bearing capacities have remained in question – among them adoptees, birth mothers, birth families, and the deemed non-adoptable – dwell_ (Posocco, 2013:81).

More specifically to this research, I am interested in the ways that surrogacy usage among gay men marks a reconfiguration of rights of belonging and exclusion, realigning sexuality vis-à-vis the institutions of gender, race and class, acknowledging new forms of relating to each other (and making new persons in the process), while subjugating other bodies – that is, the bodies of gestational surrogates and egg providers – to ever more invasive capitalist practices.
I was drawn to research surrogacy usage among Israeli gay men by my personal belonging to this community, combined with academic curiosity. My embarking on this research is rooted within my history as a lesbian activist and my commitment to gender equality and queer politics of resistance. My first encounters with surrogacy were my MA research, as I was at the time conducting fieldwork in the LGBT municipal centre in Tel-Aviv. This fieldwork took place in the years 2009-2011 (Moreno, 2011).

While children and family life were not part of my research interests at the time, it was hard to miss the emerging discourse around 'the right to surrogacy' among the Israeli gay community. Surrogacy and parenting rights became the main themes of pride parades; rallies were organised in support of gay fathers who were ‘stuck’ in India with their newborn children after being refused citizenship rights for their children (Medzini, 2010), and in support of extending surrogacy legislation in Israel to enable same-sex and single parents to commission surrogacy within the state. After decades during which the male-gay leadership of the LGBT community in Tel-Aviv disregarded family and parents’ needs in their political campaigns, suddenly, when parenting became a men’s issue and not just a LBT women’s issue, it received more attention, funding and further mobilisation.

As a veteran feminist-lesbian activist, I felt that my community’s values were being hijacked. I resented the fact that agendas that I perceived at the time as being harmful to women and to feminist causes were being presented as my own and in my collective name. But as a sociologist-to-be, I was also intrigued. Where did all these men who now craved having children come from? Why had they not previously attempted to become parents through adoption or co-parenting? And how does Israel's specific combination of strong pro-natalist ideology, nationalism and religious conservatism interact with gay men’s desires toward parenting and family making? And what will happen to the 'normative family' as these new families multiply?

I am conducting this study within the framework of feminist research, in which academic knowledge is understood as always embedded in relations of power and social hierarchies.
(Haraway, 1988; Reinarz, 1992; Hertz, 1997; DeVault, 1999). This is change-oriented research, meaning that the aim is not only to uncover obscured truths, but also to provide tools for challenging social realities of exclusion, marginalisation and exploitation (Reinharz, 1992; DeVault, 1999). With my own attachment to this research field, I define my quest for understanding as a way for producing 'situated knowledges' (Haraway, 1988:581). By this, I acknowledge that this research produces knowledge through my own biases and point of origin, but yet is also produced with academic rigour and directed toward understanding the phenomenon from the points of view of its various participants.

I entered this research in wonder, as a person who never wanted to have children of her own, trying to understand others who are willing to go to the other side of the world to achieve their parenthood; as a lesbian activist who feels that the LGBT community in Israel is her base of action and support; and as a sociologist situated in a unique moment of social change, the birth of the 'two-fathers' gay family in Israel.

The next section presents the research questions that were devised to address my research aims, and the methodology that I developed to explore them.

**Research Questions and Method**

As stated above, there is scarce research on surrogacy among gay men. During the period of this research, there was very little data on the specific details of cross-border surrogacy of Israeli gay men. These practices involved Israeli commissioning parents, agents, lawyers and doctors, and operated under various regulatory regimes, some local and some based upon foreign or even international treaties. Until 2014, Israeli state regulations for overseas surrogacy were unpublished, leaving commissioning parents and family lawyers to struggle and double-guess the required steps in signing surrogacy contracts and securing legal parental recognition and citizenship for their
children. Therefore this research has both a descriptive and analytic purposes: I first aim to properly describe the primary assemblages that comprise ‘surrogacy’ within this particular research field, and then endeavour to explain the social factors that both shape it and are in turn being shaped by it.

Several sociological assumptions guided my entrance into the field, based on my engagement with previous theoretical and empirical work. First, I assumed that Surrogacy is not a dyadic relationship between commissioning parents and a surrogate. It always involves multiplicities: of human actors, of technologies, of market forces and of different state and interstate bodies with often contradictory intentions and interests. This assumption is inspired by works in Science and Technology Studies (STS), by authors such as Bruno Latour (1987, 1993, 2005), Karen Barad (1998), and by Donna Haraway’s (1991a, 1997, 2011) feminist STS writings. In these ontologies, the social is not a separate sphere from materiality (Barad, 1998; Latour, 2005), and human beings are not the only possible actors: material objects have agency, and a capacity to alter relations and shift social outcomes. I adopt Karen Barad’s notion of ‘intra-action’ (Barad, 1998, 2003) in order to highlight the inter-dependency of human actors and materiality. The social, in this respect, incorporates everything that is present in a certain social setting, including objects and other non-humans (Latour, 2005).

Secondly, I view the individual's desires and the capacities to realise these desires as being rooted in (but not solely or directly derived from) cultural norms and social, economic and legal availabilities. In this, I accept Foucault’s notion of power as operation through social actors, and of discourse as mechanisms that shape our innermost desires and needs (Foucault, 1978, 2007; Butler, 1990; Rose, 2001). Sexuality, as well as a desire towards family-making and parenthood, are intimate as well as social, and my research participants’ desires to take part in surrogacy practices and the ways in which they perceive them are constructed by the social worlds that surround them, namely

The lack of transparent regulations and the exact measures taken in cases of cross-border surrogacy will be discussed in Chapters 6 and 7.
neoliberal (or late-liberal), global reproductive markets and their operations within and between nation states.

Finally, this research is based in the heritage of the Sociology of Everyday Life (Berger, 1963; Smith, 1987; Morgan, 1996). This approach views the individual’s everyday actions as the building blocks of the aggregations which we term ‘society’ and ‘social forces’. Therefore, in order to understand the social and analyse how social forces operate, we need therefore to closely follow the actions of individual, and the explanatory frames through which they interpret them.

Following these considerations and research intentions, three research questions were drafted:

1. **What do surrogacy practices by Israeli gay men involve, and how they operate?** Surrogacy could hypothetically be imagined as a bilateral contract between two parties: commissioning parents and a surrogate. However, in reality every surrogacy contract involves a plethora of human and non-human actors (doctors, clinicians, microscopes, international shipment methods, lawyers, regulators, egg and sperm providers, gestational surrogates, recovery rooms and hospital beds, international financial services and others). In order to capture the whole spectrum of this phenomenon, the first aim is to map all the practices that are performed in cross-border surrogacy; list the actors (human and non-human) that are involved in these practices; and understand what enables them and which power dynamics operate through them.

2. **Why choose surrogacy?** As Figure 2 showed, surrogacy has quickly become a very popular means to fatherhood in the Israeli gay community, and its usage is also showing growth in the Israeli public more broadly. Through this question, I aim to analyse the affective/social/economic/state forces that drive surrogacy forward, and explain the steep rise in surrogacy usage. Another aim is to propose explanations as to why surrogacy has become a successful political discourse within the LGBT community in Israel, and a symbol of gay equality (or the lack of it).
3. **What are the social implications of surrogacy practices?** Surrogacy is shaped by the intra-action between social institutions and material possibilities. But it is also a driving force which changes social relationships and their meanings. I analyse surrogacy as embedded within greater social orders, of economic inequalities, racialised and ethnic hierarchies, gendered norms and national belonging, while aiming to understand what social changes are implied by surrogacy usage among Israeli gay men and what social changes are driven by this phenomenon.

My answers to the first research question draw upon Latourian (Latour, 1987, 2005) ontology that describes any phenomenon as an assemblage of human practices and material objects. By this I mean to meticulously follow different intersections of surrogacy networks, analyse the actors (human and non-human) that participate in them and show how they are shaped and shape social relations and medical and legal procedures in various areas.

The second and third research questions will be discussed along three axes: First, individual desires toward parenthood, which can be seen as personal and intimate but are also rooted in desires towards respectability, acceptance and equality. The state comprises the second axis, as the enabler and regulator of reproductive trade and by the same time one of its driving forces toward the development of cross-border markets. The third axis consists of the aforementioned medical-industrial markets, driven by late capitalist logics of expansion in terms of geographic locations, new medical procedures and wider clientele. The intra-action of these three axes manifest in the choice of research participants, who were recruited among three groups: First, gay fathers (n=31) who commissioned surrogacy or were in the process of commissioning surrogacy during the research period. Second, state officials (n=13) and activists who operate in the field of defining surrogacy regulations. Third, representatives of the surrogacy market (n=6), mainly Israeli surrogacy agents and lawyers who specialise in surrogacy contracts and legal procedures.

All interviews were conducted in Israel between July 2012 and January 2013. The research data were enhanced with the aid of official documentation: court appeals and state reports regarding
access to assisted reproductive technologies, especially surrogacy, and proposed legislation changes. In addition, during the fieldwork period I gathered newspaper articles concerning surrogacy from Israel's four national newspapers, and two leading LGBT news websites.

**LINGUISTIC CONSIDERATIONS**

The linguistic terms that are used to represent aspects of cross-border reproductive commerce are a mirror image of the ethical contestations that define this field. Writings on reproductive markets are replete with euphemisms on the one hand and blunt language on the other. Women who undergo the egg extraction cycle for an agreed-upon price are either benevolent egg ‘donors’ or exploited egg ‘sellers’ for a relatively cheap price. Surrogates are often addressed in feminist literature as objects, such as ‘wombs for rent’ (Smith, 1988; Klein, 1991), ‘incubators’ (Spar, 2006) or ‘machines’ (Corea, 1986). The child they give birth to is addressed as a commodity, while in literature that supports surrogacy he/she is often depicted as a ‘gift’ although there is a high price attached to it (c.f. Pande, 2011).

In representing this research, I chose to maintain a neutral tone, letting surrogacy assemblages appear as they are and minimising the value judgements that appear through language as much as possible. When applicable, I use the terms that most suit the participants’ understandings of the practices they employ, rather than alternative terms. I list the major terms that will appear in the dissertation below:

Surrogacy families and surrogacy fathers: As the main population of this research, I refer often to families of gay fathers who became fathers through surrogacy, or are in the process of doing so. For reasons of brevity, I refer to them through the dissertation as ‘surrogacy fathers’ and sometimes as ‘gay surrogacy fathers’ when there is a need to emphasise their sexuality.

Commissioning fathers/parents: Similarly, I will at times need to highlight the location of surrogacy fathers within the practice of commissioning a contract. I chose not to use the term ‘intended
parents’ because it is less specific than the term ‘commissioning’, which describes the act of entering into a contract.

Surrogates: various regulations and languages have different manner of addressing surrogate women. For instance, they are often referred to as ‘surrogate mothers’. I refrain to use the term ‘mother’ in this respect for two reasons. First, according to research conducted among Israeli surrogates, they refrain from referring to themselves as mothers, and find this term offensive (Teman, 2010a). Secondly, my research participants find this term offensive, since as gay couples they feel that their children have no social mother, and that adding the term ‘mother’ to the surrogate unduly enhances the surrogate’s participation in their children lives.

Egg providers: women who undergo egg extraction process. Although in this research the eggs were always bought – and therefore another alternative term could be ‘egg sellers’ – I chose to focus on the act of provisioning the eggs (or sperm) and refer to them as ‘egg providers’ and sometimes as ‘gamete providers’. I refrain from using the term ‘egg donor’ since I see it as an unnecessary euphemism. It will only appear in quoted text or when clearly referring to the participants’ articulation.

Reproductive labourers: I sometimes refer to the persons employed by the reproductive industry (surrogates, egg providers and sperm providers) as reproductive labourers. This term is borrowed from the work of Amrita Pande (Pande, 2009a, 2010b, 2014), and is used to highlight the specific effect of contract labour in the case of reproductive markets.

I shall now conclude this chapter with a description of the outline of this dissertation.

**Dissertation Outline**

The dissertation can be loosely divided into three parts: three chapters that provide the context, theoretical underpinning and empirical tools of research (1-3), followed by five chapters providing the empirical findings of the research (4-8), and a final conclusion chapter (9).  

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The next two chapters situate the research in more detail. Chapter 2, ‘Manufacturing Families’, critically engages with relevant theoretical work to develop my own conceptual framework for this research. This research draws on several theoretical pillars: First, I engage with Science and Technology studies (STS), which articulate the operation of social worlds as embedded in the material, operating as a form of network of ‘things’ and collective ideas (Latour, 2005) or as a form of intra-action between discourse and matter (Barad, 1998, 2003). In the tradition of STS, I particularly engage with feminist STS in the field of assisted reproductive research (Franklin, 1997, 2013; Haraway, 1997; Thompson, 2005; Ragoné, 2013). Secondly, I draw from Postmodern kinship and New Family studies, as they address the changes in family formations in liberal and late-liberal modernity (Weston, 1991; Giddens, 1992; Beck-Gernsheim and Beck, 1995; Morgan, 1999; Weeks et al., 2001; Weeks, 2007). I am interested particularly in studies that critically assess the changes in family making practices, addressing the changes in individual practice yet highlighting continuation and the prolonged influence of existing kinship institutions. Finally, I position surrogacy within broader concerns of biopolitics (Foucault et al., 1991; Rose, 2001; Foucault, 2007) and necropolitics (Mbembe, 2003; Haritaworn et al., 2013), therefore discussing reproduction as a specific terrain of determining lives worth living, and creating new forms of social relations while severing others. These literatures also enabled me to locate cross-border reproductive commerce in the greater contexts of the rearticulation of race and class in contemporary neoliberal projects.

Chapter 3, ‘Studying Gay Surrogacy’ describes the formal research aims and methodology as well as the researcher's position vis-à-vis the research questions and researched population. I analyse surrogacy as an assemblage of practices, desires and narrations. These operate in private and public spheres, in interaction specifically with market forces (which are also multi-dimensional and varied in intents and modes of operation), and with state-centred power apparatuses such as citizenship registries and family courts, and with currently existing and ever emerging social norms, within society generally and within the Israeli male gay community. The research is therefore designed to
map these complex networks and show their inter-relatedness and multiplicities, based on the narrations of different participants in the field. The analysis was also multi-faceted, based on thematic analysis and critical discourse analysis of the interview data, participant observations and documents I collected during my fieldwork.

The next five chapters comprise the empirical backbone of the research, and are ordered according to the research questions and aims. Chapter 4, ‘Surrogacy Tales’, uses two specific case studies in order to investigate the intricate and complex manoeuvres involved in cross-border surrogacy procedures, starting from the moment of considering surrogacy and all the various measures needed to get through to the birth of a live, healthy child, which is the aim of the surrogacy process. The two cases that I present, one conducted in the United States and the other in India, are not presented as exemplary or symptomatic of every surrogacy case, but rather as shedding light on the various turning points and opportunities that arise through these surrogacy processes, and the multiplicity of routes that could be taken.

Chapter 5, ‘The Most Natural Family’, discusses surrogacy from the point of view of normative family values. This chapter examines the choice to become fathers through surrogacy, against potential alternatives of adoption or co-parenting agreements. In their negotiation of alternatives, research participants demonstrated the importance of legal infrastructures and social norms in informing individuals' life choices. The chapter then discusses the links between reproduction technology and the social construction of nature. Building on Latour (1993), Franklin (1997) and Thompson (2005) I explore how nature becomes a discursive trope that neutralises and normalises the newly formed gay-couple parenthood.

Chapter 6, ‘At the Border’, moves from the symbolic borders of the family to the material borders of the nation state. While analyses of global markets typically refer to these as networks or flows (Inhorn, 2010; Kroløkke et al., 2012), I suggest that the analysis should also incorporate the operation of the nation state, which is often manifest at the border. I show how through setting and
partially opening borders, states direct the movement of surrogacy flows, externalising undesired elements and facilitating ‘globordered hypocrisy’ (Hacker, n.d.). At the same time, the border apparatus enforces state bureaucratic control over kinship and relatedness, through enforcing citizenship regimes prior to enabling movement across the border. This sets the border as a site for the location of state power within surrogacy networks, even when the surrogacy itself is conducted overseas. This also serves as a reminder of how much surrogacy relies upon legal technologies, no less than medical ones.

Chapter 7, ‘Reproducing the Nation’, continues to discuss the relationship between nation states and surrogacy as a means for family making. In this chapter, the nation is discussed not as the assemblage of institutions and practices that incorporate the operation of a state, but as an ideology of a nation and national identity. Reproduction is strongly tied with the spectre of the nation and nationality (Yuval-Davis, 1980, 1996; Berkovitch, 1997; Nahman, 2013), aspects of assisted reproduction that are often neglected in the literature.

The national ideology, which in the case of Israel is imbued with the Zionist ideology of ethnic segregation and Jewish supremacy links the biopolitical (Foucault, 1978, 2007) – which is the transformation of governmentality into apparatuses that govern life and modes of living (and medically assisted reproduction is one site for the operation of these apparatuses) – with the necropolitical (Agamben, 1998; Mbembe, 2003), that is, state power to take life or let die. In the geopolitical area of Israel/Palestine, necropolitics manifest themselves in the form of the ongoing war over the Palestinian territories of the West Bank and Gaza. I examine the extent to which the gay struggle for family equality becomes incorporated into these modes of exclusion and state oppression, in a mode that Puar (2007) named ‘Queer Necropolitics’.

The final empirical chapter, Chapter 8 ‘Family Markets’, turns the analytical lens into the operation of surrogacy markets, in a terrain of global capitalist monetary expansion and market ideology. This chapter queries the classical feminist articulation of the commodification of female reproductive
capacities (Firestone, 1970; Rubin, 1975; Rich, 1976; Corea, 1986), in order to discuss the affective and relational implications of commercial surrogacy contracts. I analyse how participants in surrogacy relations performed nuanced ‘ontological choreographies’ (Thompson, 2005) in order to transform their relations from commercial relations to intimate relations. Following Pande (2010b, 2011), I also discuss how this transformation does not necessarily work to the advantage of women involved in reproductive labour, as it can prevent them from challenging the terms of their contracts or gaining access to fairer compensation schemes.

The dissertation concludes by bringing together my findings and offering a critical reflection on their implications, while taking into account the limitations of this research. In accordance with the overall structure of the dissertation, Chapter 9 ‘Conclusion: Remaking Families’, presents the conclusions on three distinct (yet interrelated) levels of analysis: first, surrogacy as one path to fatherhood among others, explaining the relative success of surrogacy, based upon its reliance on the couple-based heteronormative nuclear family and the powerful discourse of ARTs as extension of nature. Secondly, I revisit the implication of accessing family-making practices in a global market. I show how commissioning fathers articulate the surrogacy process as intimate and reciprocal, yet how the markets they navigate operate in their favour as consumers and the potential devastating outcomes this poses to reproductive labourers. Finally, I discuss the various ways in which surrogacy practices, even when they involve crossing borders, are tied with the administration and the politics of the nation state. These intricate and contradictory operations of surrogacy assemblages can lead to new familial horizons in the lives of many gay men, but their potential to cause harm requires further scrutiny and intervention. The adoption of these practices demands awareness and ethical adjudication by potential commissioning parents and by industry personnel; and there is also an urgent need for further national and international regulation of these practices, in a manner that will ensure protection from harm, especially for the most vulnerable. The dissertation concludes with critical reflections on the limitation of the research, and ways forward.
Having outlined the dissertation, I shall now turn to describe the literature which has guided the ontology and epistemology of this study.
Gay Israeli men who become fathers with the aid of commercial surrogacy are one example of how significant Assisted Reproduction Technologies (ARTs) are in the shifting terrain of family practices in today’s world. From the development of the contraceptive pill and donor insemination, to the very recent or near-future techniques of mitochondrial replacement therapy or human germline modification, ARTs have created many lives and families that could have not existed before, as well as new forms of being related to each other. In the operation of fertility medicine and fertility commerce, new discursive manners of deciphering the level of relatedness between individuals involved in the procreation effort constantly appear, becoming an intrinsic part of our understanding of kinship relationships (Strathern, 1992a; Franklin, 1997, 2013; Carsten, 2004). In this process, professionals and laymen alike take part in the negotiation of kin and non-kin relationships, and removing uncertainty (when successful) (Thompson, 2005; Franklin, 2013).

Assisted reproduction is therefore a significant site for researching the blurred boundaries of nature and culture, boundaries that are the signifying characteristics of modernity (Ortner, 1972; Haraway, 1991a; Latour, 1993). In the field of human reproduction, ARTs produce what could be seen as the epitome of nature – the living human animal. But this living being is created as a product of a production line-like process, an outcome of the complex and elaborate operation of various technologies, which enable procuring sperm and ova, fertilising embryos outside the living body, and transforming these embryos into a host womb where, hopefully, they will gestate until a birth of a healthy child. In this process, living bodies, bodily fluids and reproductive cells operate alongside manufactured objects which are manipulated by clinicians in order to freeze, thaw, encourage insemination and monitor the growth of living tissues. At the same time, ARTs are an outcome of the operation of intricate discursive patterns, which navigate the different social implications of
their usage to the participating families and individuals. Legal, medical, financial and social discourses are all used to disambiguate parents from ‘donors’, kin from non-kin, donors from sellers and subjects from objects, resolving the identity and belonging of the resulting child (in the happy event of a successful fertility process) or de-subjectifying a resulting cell-line or fertilised egg, in order to discard it or use it for commercial or research aims (Franklin, 2013).

Finally, ARTs are as much a capitalist endeavour as they are a medical one. With a growing global capitalist market for third-party reproduction services and for human-subject research, this economic field is reshaping the way we conceptualise the boundaries between subject and object, and between human and non-human (Waldby, 2006; Franklin, 2013; Hoeyer, 2013). Stem cell research, commercial surrogacy, and Preimplantation Genetic Diagnosis (PGD) are but a few examples of the emerging moral conundrums that accompany the technological and commercial innovations in these fields, and their implementation is tied with our understandings of the meaning of being human.

Within the grand world of contemporary bio-economy, this research provides a specific niche that further interrogates the transformation of relations of gender, sexuality, national belonging and class through the emerging practices of reproductive commerce. As gay men desire to become fathers through surrogacy, they construct new family norms, while seemingly abiding by existing heteronormative models of couple-based parenting and genetic-based parentage.

In the following chapter, I map the existing literature that guided my research ontology and epistemology. As discussed in the previous chapter, the research ontology draws from Science and Technology Studies (STS), to discuss surrogacy as an assemblage comprising of different layers of material bodies, practices and discursive patterns. Another organising theme of the research is the reconfiguration of the family in contemporary, late-liberal societies. The gay family is situated within this reconfiguration, as a form which at once signifies both continuity and change.
Theorists of assisted reproductive technologies have utilised STS methodology to show how culture and nature are co-constructed, and to locate the changes in the family within both technological research and the changing economic infrastructure. In this setting, the emergence of a new market harnessing the vitality of the living tissue and living bodies is a significant driving force in the new world of assisted reproduction commerce. The final theoretical background lies in the works of Michel Foucault (Foucault, 1978, 2007; Foucault and Rabinow, 1984; Gordon, 1991) and Achille Mbembe (2003); it addresses the forces directing individual conduct in terms of pursuing reproductive desires on the one hand, while relocating reproductive politics in the realm of population control and nation building, as a site for the operation of biopolitics and necropolitics. These concepts will assist maintaining a clear view of the importance of states and national desires in shaping the landscape of reproductive services, even when the services are offered and purchased across territorial borders.

I shall now turn to present the analytical lens that guides this research, that of Science and Technology Studies and the work of Bruno Latour.

**SOCIAL-MATERIAL ASSEMBLAGES**

Sociology is a science of the social, that is, an attempt to map, explain and uncover hidden truths pertaining to the enacted practices of subjects in a given society. But what is entailed within the realm of the social? And what should be accounted as a practice? What could be said to cause action and who are the perpetrators of the action in any given society? A classic sociological answer would be Weber’s assertion that society is a collective of people, and that social action is any action that is being performed with the awareness of other people’s presence or existence (Weber, 1978). Sociologists have also analysed the persistence of certain standards of praxis as a form of social institutions (Ibid.) or social facts (Durkheim, 1982) which explain the behaviour of subjects within society.
In the sociological writings of Talcott Parsons, institutions were an essence of society, functioning for the common good, while his critics highlighted the many forms in which social institutions can be dysfunctional (Ritzer, 1996). Other thinkers (Goffman, 1961; Garfinkel, 1967) started to question how institutions maintain their coercive force and what activates them. In the work of Michel Foucault, social structure is not an abstract coercive force that operates from above, but a result of a disciplinary power, operating through discursive patterns and contingent upon the specific historical conditions that have evolved in this society (Foucault, 1963, 1970, 1978). To uncover power we need therefore a genealogy that explains that roots of the contemporary (Foucault, 1997). Scientific truth has significant position in this understanding of culture, since it governs the ways we perceive the world around us. Scientific disciplines, such as the study of medicine, psychology and even sociology itself create the boundaries between normative and abnormal, and therefore govern our behaviour towards what we perceive as the good. Nature, in this epistemology, is also a construct within the social. In the work of Judith Butler, this principle has been brought to the human body, to the sexing of body and to gender as being inscribed on bodies, in the performance of individuals by either conforming with or breaking gender laws (Butler, 1993, 1999).

Science and Technology Studies (STS) have put this relation between the material and the discursive under scrutiny, offering an alternative ontology of the social which is inextricably tied with the material world (Latour, 1987, 2005; Haraway, 1991a). For Bruno Latour, one of the founders of the discipline, instead of giving the narrated parts of society primacy over bodies and material objects, we should see the world as a web of social-material hybrids, a series of interconnected networks, which simultaneously contain ‘the real, like nature, [are] narrated, like discourse, and collective, like society’ (Latour, 1993:6). In Actor-Network Theory (ANT), social institutions and collectivities are a result of social practice, which entails the operation of human and non-human actors alike. Opposing this tendency amongst social scientists for abstraction,
Latour suggests understanding how relations of power, domination and the reproduction of social structure are mediated through material objects in the repetition of practice.

In ANT, agency is not limited to human members of a collective. Nonhumans have agency, as Latour showed in his research of Pasteur’s microbes (Latour, 1987) or Karen Barad showed in her research of the ultra-sonogram scan (Barad, 1998). Other authors have used alternative terminology to discuss the interconnectedness of materiality and the social. In my writing, I use Pickering’s concept of *heterogenous assemblages* (Pickering, 1993) to highlight the different ontologies involved in cross-border surrogacy assemblages, and the multiplicity of sites in which they are enacted: the fertility clinic, the court room, airports, hospitals, personal encounters, the internet, and involving material objects and bodies as well as social norms, individual desires, legislation, regulation, medical procedures to name but a few of the parts comprising any surrogacy process, as I further explore in Chapter 4.

Another mode of understanding the hybridity of nature-culture and the semiotic and the material is provided in the work of Donna Haraway (1991a, 1991b, 1997, 2011). Haraway uses the myth of the cyborg to undo the boundaries between human and machine, between manufactured and a living organ. Our bodies today have become coded, like the machine, while machines are being miniaturised and becoming omnipresent (Haraway, 1991a). The cyborg in Haraway’s writing functions as a form of feminist utopia, as a tool for going against essentialism in the analysis and politics of gender and race, while also seeing the potential dystopia in the appropriation of the human body into capitalist modes of production and militarised regimes.

The world of medically assisted reproduction is in many ways a world of cyborgs. The children created through technology are a living testimony to the uncertain boundaries between production and reproduction. They also contest the boundaries between object and subject, as reproductive cells, embryos, cell lines and even human participants in the reproductive trade routinely shift between object and subject positions as part of the operation of fertility clinics and markets.
Before further locating the research within the arena of global reproductive services commerce, I move to discuss the shifts in intimate lives in contemporary western democracies.

**DOING FAMILIES**

Same-sex parenting through surrogacy is part of a greater shift in family practices in late modernity: the diversification of family forms and relaxation of the enforcement of the heterosexual nuclear family model.

In their famous analysis of relationships in the late-liberal era, Beck-Gernsheim and Beck write: ‘A kind of universal Zeitgeist has seized hold of people, urging them to do their own thing, and its influence goes just as far as their ability to move heaven and earth, to blend their hopes with the reality around them’ (Beck-Gernsheim and Beck, 1995:7). This zeitgeist, according to Beck and Beck-Gernsheim, drives individuals into seeking happiness and fulfilment of desire even when this means crossing social boundaries and defying existing norms of conduct. In their analysis, the main drive of late-modernity is freedom, as it appears in the politics of democratisation, in the economic values of the ‘free’ market and lesser state control, and in the intimate realm of relationships.

The decline of social coercion involves disintegration of social institutions, including solidarity and a sense of stability in the world (Beck and Beck-Gernsheim, 2002). This has a contradictory effect on the constitution of committed, long lasting relationships:

*Individualisation may drive men and women apart, but paradoxically it also pushes them back into one another’s arms. As traditions become debated, the attractions of a close relationship grow* (Beck-Gernsheim and Beck, 1995:32).

Giddens (1992) writes similarly about an ethics of freedom and choice as the core of late-modern relationships. Modernity is a post-traditional order, and individuals are required to pave their own paths, on a day-to-day basis. In the private sphere of the family, new forms of relationships have arisen, based on the organising concepts of modernity: choice (or freedom) and equality (which he
also refers to as democratisation). Choice appears in the choice of the partners, regardless of social markers such as gender, class or ethnicity; democratization affects the division of labour within the relationship, which becomes less bound to conservative gender roles (Giddens, 1992; Plummer, 1995; Heaphy, 2007).

For David Morgan (1996, 2011), accepting the idea that family life is currently in flux meant a shift in the tools of the analysis: from family as an institution to family as a set of practices, dynamic and embedded in the everyday. In his words, ‘Family is a facet of social life, not a social institution. It represents a quality rather than a thing’ (Morgan, 1996:186). In moving away from the institution of the family, Morgan also refers to families as having subjective meaning, rather than the objective definitions that are still attached to them bureaucratically. Similarly, Janet Finch (2007) addresses the diverse and dynamic nature of families through the concept of ‘family displays’. Family practices, according to Finch, have a social dimension, ‘where the meaning of one’s actions has to be both conveyed to and understood by relevant others if those actions are to be effective as constituting “family” practices’ (Finch, 2007:67).

While family practices have definitely become multiple, as this dissertation subject proves, other scholars discuss the lingering effects of family as an institution, one maintained in western societies both as an heteronormative marital couple ideal-type family (Gillis, 1997; Gross, 2005), and as a network of legislations pertaining to personal lives which still favour certain types of relatedness above others (Silva and Smart, 1999; Halberstam, 2005). Gross suggests that while heterosexual married couples are on the decline, their tradition lingers in the form of ‘meaning-constitution’, or as a form of grammar that directs our thinking in terms of family making (Gross, 2005). Similarly, Gillis uses the vocabulary of ‘families we live by’ which are the normative, ideal families, as opposed to ‘families we live with’ which are the actual, practiced everyday families all around us (Gillis, 1997).
Other scholars also highlight the continuity of family institutions. Gilding (2010) shows that while some parts of family life show patterns of change and diversification, others such as inheritance laws, family business management and paternity have varied very little in the West over the last 250 years. Even today, despite claims of a decline in monogamy, a very high percentage of people father their genetic children, bequeath money to their children in equal shares, and manage family business succession according to the primogeniture principle. Gilding uses these examples to show that family is still very much a set of obligations that most individuals abide by, and that these obligations are backed up by legislation which guides many of the practices of family, as free-chosen as we might feel they are.

Another understanding of the continuity in family as a form of institution appears in the work of Silva and Smart (Silva and Smart, 1999), who show that while personal choices may have become more fluid and free, social institutions – especially state-centred bureaucratic regimes – lag behind, with insufficient attention to the actual needs and desires of families. Welfare, parenting and inheritance policies remain tied to the heterosexual couple-based marital relationship, whereas many family practices are left without support networks and protective legislation. They call for an urgent update of family policies, which should be based on how families actually operate in the world today.

A consolidation of the two approaches for the theoretical analysis of family life can be found in the work of Jeffrey Weeks (2007). Weeks criticises Giddens’ disregard for lingering inequalities in his formulation of ‘pure relationships’, yet supports the claims that contemporary understandings of the links between familial ties, conjugal relations and reproduction have changed considerably around the Western world. In his detailed account of late modern families, he lists the major shifts that constitute the sexual revolution that occurred from the 1960s onwards. These include the relaxation of social hierarchies; the democratisation of intimate life as relationships became more equal and less based in gender norms; the pluralisation of families including the growing acceptance of single motherhood; co-habitation; same-sex families; and the broadening of reproductive rights to families
of all kinds. In this respect, the appearance of the two male-parent families that are analysed by this dissertation are an apparent marker of change in familial everyday lives, but as I discuss in later chapters, these new families are also based in currently existing norms of the nuclear family.

A different understanding of family life as a form of continuity and change is provided in the work of Elizabeth Povinelli (2006, 2011). For Povinelli, choice is not just an outcome of modernity, available to all members of the modern society. It is an organising principle that operates as a form of distinction within these societies to distance racialised others, especially in settler-colonial states. Povinelli describes how society attributes choice and individualism to members of hegemonic society, while positioning minoritised others as belonging to a more coercive social order. The term ‘autological subject’ is therefore used to refer to this free-choosing individual, while the ‘genealogical society’ represents parts of society who are bound by laws of continuity and social structure (Povinelli, 2006). As an example, Povinelli uses legislation pertaining to the rights of indigenous population in Australia and the United States. In both cases, members of indigenous minorities are expected to display values that are oppositional to the directive of the late-modern society: in order to become entitled to land rights and other provisions, indigenous persons are expected to marry within their social group and stay in the geographical location of their ancestors.

Povinelli’s analysis provides the tools with which to discuss individualisation as a form of ideological discourse, and to place kinship within other social institutions, such as race and citizenship. Kinship, in her analysis, is not merely a description of privileged affinities; it is a marker of uneven allocation of resources, abilities, and rights. Families are a social site for the distribution of material goods (such as money or land rights), as well as a locus of care and support.

In the life of same-sex couples and LGBT people more broadly, family practices are both a site of undoing existing social orders and a battleground for greater inclusion into these orders. Kath Weston was one of the first anthropologists to document same-sex family making. In her seminal book *Families We Choose* (1991) Weston describes familial ties among gays and lesbians in the
San Francisco Bay area. Her study covered many types of families, comprised of groups of friends who maintained close ties and exhibited familial behaviour, as well as couples, extended kin or any combination of the above. In her research, ‘choice’ becomes an organising concept, as the lack of recognition for couple-based relations and the broken ties to families of origin drove many LGBT people (in the Bay area and elsewhere) to forge families of their own making, not necessarily ascribing to the traditional models of conjugal relations or genetic ties.

Weeks et al. found similar evidence for the development of various sophisticated non-heterosexual family relationships in the context of the United Kingdom (Weeks et al., 2001). They state that these families provide similar feelings of security and belonging to those were traditionally or ideologically linked with the heteronormative family. These families can be multi-generational, voluntary and maintain strong bonds over a long period of time. Weeks (2007) positions these families as part of the new ‘friendship ethic’ that has emerged since the 1980s. Instead of seeing LGBT affinities as different or avant-garde in their practices, Week’s analysis sets them on a par with the documented changes in everyday relationalities.

Kinship has become a major site for debates over LGBT identities, relationships and rights. Over the past twenty years, same-sex marriage and access to family-building practices such as adoption and fertility treatments have been a focal point for LGBT politics in many western countries (Plummer, 1995; Weeks, 2007; Mamo and Alston-Stepnitz, 2014). However, the relation to children and child rearing has been a long-standing taboo in many European countries, especially in relation with gay men and their perceived (and unfounded) stigma as potential paedophiles (Weeks, 2007). In many cases, the provision of marital rights also explicitly excluded the possibility of adopting children (West and Green, 1997). However, and as was described in Chapter 1, in Israel parental rights towards same-sex couples (initially lesbian women) preceded couple recognition (c.f. Kama, 2011). Moreover, sexual identity in itself was never seen as proper justification for the separation of children from their biological parents (but this separation could occur prior to the grant of an adoption or parenthood decree to the non-biological parent).
The struggle over same-sex relationships and parenting is not uncontested among LGBT advocacy groups and speakers. For some activists, marriage and parenting rights are civil rights, and securing them means extending life possibilities for many LGBT individuals. This is especially true in a country like the United States, where many social benefits are dependent upon marital status; less relevant in Europe and Israel, where the state provides universal health coverage, and recognises co-habitation status without marriage as basis for certain couple rights and obligations.

For other theorists, marriage is a system of oppression and exclusion, and the struggle over gay-marriage is perceived as a struggle of an elite group for inclusion in the hegemonic social order, while further marginalised minorities within the LGBT community: transgender people, the working class, and racial minorities (Warner, 1999; Richardson, 2000; Halberstam, 2005). Duggan describes the marriage struggle as a new form of LGBT politics, embedded in the neoliberal mode of the individualised self and which promise ‘the possibility of a demobilised gay constituency and a privatised, depoliticised gay culture anchored in domesticity and consumption’ (Duggan, 2002:179).

Jasbir Puar goes further to discuss these politics in terms of collusion with oppressive social orders:

*The factioning, fractioning, and fractilizing of identity is a prime activity of societies of control, whereby subjects (the ethnic, the homonormative) orient themselves as subjects through their disassociation or disidentification from others disenfranchised in similar ways in favor of consolidation with axes of privilege.* (Puar, 2007:28).

Thus, when seeking inclusion into the mainstream culture (and more legal rights, such as access to fertility treatment and recognition in existing relationships), queer subjects create new schisms between assimilating and deviant queer subjects, between the conforming married, reproductive queer couples and the deviant non-monogamous, sex-seeking queers, thus enhancing the same axes of privilege that they challenge (Edelman, 2004; Puar, 2005, 2007).

In this research I hold a more nuanced understanding of the LGBT struggle for family rights, as manifested by the struggle by gay Israeli men for surrogacy and rights to parenthood. I accept the
ideological critique of the family as an institution and as a set of excluding regulations which leave many relationships outside the auspices of state-protected affinities, but I also agree with scholars who see the changing marital regulations as enhancing the life chances and the imagined futures in the lives of many queer individuals (Dunne, 1999; Weeks et al., 2001; Langdridge, 2013; Temple-Malt, 2014).

Langdridge (2013) uses a study among young gay men to show how the opening up of discourse on gay fatherhood and access to reproductive technologies enables some young gay men to envisage themselves as future parents, a desire that in the past seemed to be precluded by their gay identity. Weeks, discussing the achievements of feminism and LGBT movements in the past decades, sees these shifts in social institutions as providing ‘genuine choices, a world we are striving to make for ourselves, a world of challenges and opportunities, dangers and pleasures’ (Weeks, 2007:132). Ultimately, families and relationships are a place for providing personal affirmation and a sense of belonging in the world. In this respect, a person’s desire towards creating and maintaining these relationships should be valued, regardless of their sexuality, as well as their conformity with currently existing models that we may identify as proper families.

Assisted reproductive technologies offer a unique site of making and remaking these families, literally and conceptually. This is a site for the making of completely new relationships, alongside new modes of subjugation, value-extraction and even exploitation. I now move on to discuss the relationships between new families and the medical technologies that make them possible.

**REMAKING REPRODUCTION**

In the opening of this chapter, I introduced the research ontology, which frames the social as material-discursive entanglements, simultaneously operating through matter, and as narrated, intangible social ideas. This is most apparent in the relationship between the development in
fertility medicine, and the relaxation of familial norms and greater gender and sexual equality, as discussed in the previous section.

According to Hera Cook (2005), the development of the contraceptive pill had a crucial impact on the capability of women to have sex without the repercussions of pregnancy, and therefore led to the sexual liberation of the 1960s, and to changes in the normative structure of the family (such as the desired number of children). In her analysis, she criticised Beck and Giddens for their emphasis on cultural turn, without properly engaging with the material, that is, the physical and scientific possibilities that enable it.

The pill had an enormous impact on gender relations, but the revolution engendered by fertility treatment, especially the development of In Vitro Fertilization (IVF), is by no means less significant. Indeed, many authors see it as a reform of social relationships and a remaking of the institution of kinship (Strathern, 1992b; Thompson, 2005; Haraway, 2011; Franklin, 2013).

According to Franklin and Ragoné, in the process of the development and acceptance of new reproduction technologies ‘not only [are] traditional definitions of the family, disability, parenting, kin connections and inheritance [being remade], but the conventional understanding of nature, life, humanity, morality and the future’ (Franklin and Ragoné, 1998:9).

Kinship is traditionally seen in the Euro-American culture as stemming from biology, a ‘fact of life’ (Strathern, 1992a; Edwards et al., 1993; Franklin, 1997). This notion of the natural is therefore altered, as the natural becomes an outcome of technological intervention, a fabricated nature resulting from scientific progress (Franklin, 1997). Since kinship is so tied in our cultural imagination with nature, and since assisted reproduction changes the ways that kinship operates, it also unsettles the divisions between nature/culture as they are currently understood. In this respect, technology provides a defamiliarising lens, which exposes the already socially constructed yet invisible given that guide both lay and professional understandings of parenthood, family life and reproduction (Strathern, 1992a, 1992b; Edwards et al., 1993; Franklin, 1997, 1998).
Assisted conception therefore becomes both manufactured and natural, a contestation to nature yet an extension of it, giving nature ‘a helping hand’ while the novelty of the procedures performed and the relationships that are formed through it are constantly obfuscated and silenced (Carsten, 2004; Thompson, 2005; Franklin, 2013). This involves a careful and deliberate operation of the discursive patterns that redefine kin and non-kin, commodity and subjects, occurring in the fertility clinic, in family courts and in everyday encounters. This process was defined by Thompson as an ‘ontological choreography’ (Thompson, 2005).

With the creation of new lives and new families, new forms of relationships also arise through the usage of assisted conception, especially when third-party reproductive collaborators take part in the process (Franklin and Ragoné, 1998; Franklin, 2013). For example, individuals and governments are called upon to determine the nature of the relationship between the gamete providers and the children created from their genetic material; the relationship with the mothers who used ‘donated’ egg and gestated their children; and the relationship between the gestational surrogates and the children they helped create. These are new biological possibilities, which become new social realities in the lives of families and children. Their newness implies that there are no scripts for their participation in the resultant family, and indeed different legal systems suggest different understandings as to the identity of the parents, the children’s nationality and citizenship, in a way that can leave children parentless and with no formal national belonging (Kroløkke, 2012; Lin, 2012).

Feminist scholars had been quick to respond to the ethical conundrums, possibilities and dangers that accompany assisted reproduction and fertility medicine. First, writers central to the second wave of feminism brought to the fore the materiality of bodies, as opposed to the abstraction of analytical social sciences, and the operation of science through and on bodies (Smith, 1974; Rich, 1976). These writers criticised the medicalisation of reproduction, which also involved the masculinisation of fertility care - a uniquely feminine biological capability; and argued against
abandoning the feminine knowledge of midwifery to the hands of male medical doctors (Rich, 1976; Ginsburg and Rapp, 1991; Federici, 2004).

Shulamith Firestone was significant in this period, for viewing fertility as also bearing radical potential for altering gender relations (Firestone, 1970). In her writing, science is acknowledged to have transformative capacity, in the form of artificial gestation that will replace the feminine burden of pregnancy and child birth. Two decades later, Donna Haraway (1991a, 1991b) also concurred with the idea of science, and especially scientific myths, as potential sites for developing feminist utopias. Haraway developed the imagery of the cyborg as a trans-human, trans-gender creation, which ‘can suggest a way out of the maze of dualisms in which we have explained our bodies and our tools to ourselves.’ (Haraway, 1991a:146). In a world of totalising theory – which therefore misses most of the realities of women’s existence – the imagery of the cyborg, and through it of science, means speaking of identities as material without essentialising them; of thinking about and through science without accepting progress as its only possible outcome. In terms of assisted conception, Haraway refuses to see the technology of reproduction as exceptional or as any different than any other technological prosthetic intended to make our lives easier, such as a pair of glasses or cooked food (Haraway, 1991a, 2011).

In contrast with Firestone, most feminist writers of the 1980s tended to interpret reproductive medicine through the dangers that it presented, particularly that of increased masculine control over female bodies. As Gena Corea, one of the prominent speakers of the time observes:

*Producing sons for men has been a prime function of women. Now, through technology, men may someday be able to employ her for this purpose with minimal human involvement* (Corea, 1986:221).

Many of the writings of the 1980s carry similar tones, filled with dystopian depictions (many of which became reality in the years since) of a future where pregnancy will become a driving force for capital, and women’s bodies will be hence transformed into baby-making machines in the service of capitalist-patriarchal industry (Rothman, 1984; Corea, 1986; Klein, 1991; see also
Franklin, 2013). In books such as *Wombs for Rent* (Smith, 1988) and *Test Tube Women* (Arditti et al., 1984) among others, the authors develop a theory that women’s participation as sellers or as reproductive labourers inevitably transforms their bodies into mere commodities, separated from their subjectivity, and that they themselves become alienated from the fruits of their labour (Mies and Shiva, 1993; Hochschild, 2011b).

Yet there are also feminist writings which offer more nuanced understandings of reproductive medicine and fertility treatment, based on the viewpoint of female participants in these medical arenas. Ethnographic accounts of fertility clinics demonstrated the potential alleviation of the pain of infertility through the fertility clinic (Rapp, 1999); as well as the social cleavages that arise through uneven access to fertility services, based on class, nationality and racial markers (Ginsburg and Rapp, 1995; Inhorn, 2010; Banerjee, 2014; Vora, 2015). Rather than viewing reproductive medicine and commerce in its abstract form, and in response to other authors’ usage of overarching terms such as ‘commodification’ or ‘patriarchal science’, feminist scholars of the 1990s started asking what would it actually mean to be a commodified subject, how women in this trade see themselves, and whether it is not offensive to women when they are referred to as ‘ovens’ or ‘rented wombs’.

One of the interesting critiques that arose from interrogating the experience of undergoing fertility treatment is the understanding that under the operation of statistically based, undetermined medical procedures of hormone administration or IVF cycles, reproduction comes to be understood in terms of its relevant risk, that is, ‘in terms of what can go wrong’ (Franklin, 1998). This introduction of uncertainty, rather than deterring potential patients from the use of medical technology, effectively increased its usage, as the statistical possibility also induced the hope of future success, making it very hard to refuse additional treatment cycles (Franklin, 1998, 2013). Moreover, the existence of medical ‘solutions’ for infertility became a moral imperative to use them, in a manner that Franke refers to as ‘reproductive normativity’ (Franke, 2001), making infertility and childlessness even more socially stigmatised.
Writing on the subject of reproductive technologies emanating from the Second Wave of feminism is not devoid of criticism concerning the presence and meaning of reproductive markets. Many ethnographies analyse the experiences of women who enter these markets as labourers and raw material providers (Nahman, 2008; Ikemoto, 2009; Pande, 2010a, 2014; Samama, 2012; Rudrappa, 2015; Vora, 2015). These authors show the intrinsic inequalities involved in the operation of reproductive markets, and the ways in which the rights of reproductive labourers in these markets become marginal and their livelihood precarious (Nahman, 2008; Pande, 2009b, 2010b; Samama, 2012; Vora, 2015). But they do so without ignoring the agency, indeed the inventiveness and entrepreneurship that is often also involved in becoming reproductive labourers and maintaining this trade (Teman, 2008; Pande, 2010a; Nahman, 2013).

Teman (2010) for instance sees surrogacy in Israel as holding out the potential for creating a positive, empowering experience for women. She however ties these experiences not with the monetary remuneration over surrogacy, but through the intimacy that develops between surrogates and commissioning mothers, a relationship that she defined as ‘dyadic’. As Teman and Samama show, these positive outcomes are also deeply dependent upon the outcome of the birth of a live child, and the lasting gratitude of the commissioning parents after the birth and not just during the gestation period (Teman, 2010a; Samama, 2012). Israel provides a unique case study for these relations since every surrogacy contract is pre-authorised by the state. This enabled Samama to fully survey all the surrogacy contracts that had been approved in Israel since 1996, and to reach the conclusion that a majority of cases (around 60%) end without reaching their designated outcome. In this respect, even in Israel most surrogacy pregnancies do not achieve intimacy, reciprocity or sense of gratitude; and as Samama states, there is a lack of research tracking the narratives of participants following failed commercial pregnancies (Samama, 2012).

The transnational reproductive markets at the core of this dissertation can also be analysed from the perspective of political economy, that is, an analysis of the emergence of reproductive industry and its impact of its participants, involving the transformation of human bodies and tissues into market
commodities (Spar, 2006; Waldby, 2006; Waldby and Cooper, 2008; Gottweis et al., 2009; Hoeyer, 2013). Waldby coined the term *biovalue* for the reformulation of living processes in the service of biotechnology (Waldby, 2002). *Biovalue* refers to the value that is gained through the activation of living processes, such as tissue multiplication, mutation, or interaction, instrumentalising them for the use in ‘science, industry, medicine, agriculture or other arenas of technical culture’ (Waldby, 2002:33). These processes occur typically at the molecular or cellular level, in the engineered environment of the laboratory. ‘In short, biotechnology finds insertion points between living and nonliving systems where new and contingent forms of vitality can be created, capitalizing on life.’ (Waldby, 2002:310).

Hoeyer suggests the term ‘subject’ to refer to the potential of human actors and body organs to be simultaneously objects and subjects in these economic transactions (Hoeyer, 2013). Commercial surrogacy operates as a means to extract profit from the living processes of fertilisation and gestation. The role of gestation in this trade could be seen as a mixed commodity (Laufer-Ukeles, 2013), that is, a commodity that nonetheless carries social value that cannot be stripped from it in the market (Radin, 1996). Surrogacy could also be seen as a form of labour that involves intimate and emotional labour (Pande, 2009a; Hochschild, 2011b). Whether objects of trade or subjects in and of the labour force, it is clear however that reproductive markets are built on unequal terrains, where most reproductive producers originate from the Global South and most consumers from the Global North (Ginsburg and Rapp, 1995; Kroløkke et al., 2012; Vora, 2015), and where power relations based on racialised, gendered and sexualised subjectivities are being redrawn.

Political economy perspective enables viewing the different forms of value that are extracted in the processes of fertilisation and gestation, and particularly pay attention to the different compensation modes which typically involve high financial gain for the ‘professional’ intermediaries and service providers: clinicians, fertility doctors, surrogacy agents, family lawyers. Reproductive labourers themselves, however, are either depicted as ‘donors’ with limited pay (Thompson, 2007; Nahman, 2008, 2013) or as altruistic ‘mothers’ who ought not receive compensation (Pande, 2010b). In
response, Pande proposes to treat surrogates as reproductive labourers, and fight accordingly for their labour rights and de-stigmatisation in their communities.

Reproductive markets, and especially the cross-border surrogacy services discussed in this research, take part in global circuits of power, imbued with genealogies of colonial, racial and classed relations of value extraction, transferring ‘vital energy’ from impoverished countries to the affluent West (Ginsburg and Rapp, 1995; Vora, 2015), and from marginalised populations within the state (Spar, 2006; Sama, 2012; Rudrappa, 2015). These markets can be seen therefore as a historical extension of previous markets in persons and specifically in children – for adoption and for the purposes of slave work (Vora, 2015). Similarly, Briggs connects contemporary movement of adoptive children from the Global South to the Global North with the overall political economy of neoliberal globalisation and the resultant adjustments of post-colonial rule (Briggs, 2012).

The operation of these markets at a global level is significant also in terms of the possibility of actual relationships between providers and consumers in the global reproductive market. The geographic distance enhances the industry’s capacity to separate between provider and consumer, with the aid of anonymised gamete ‘banking’ and standardised gestation contracts (Hochschild, 2011a; Ikemoto, 2015). For Hochschild (2011), this also involves the increased alienation of gamete providers and gestational surrogates from the children they bring to life, while other scholars (most notably Pande 2014, but also Teman 2010), show that commercial surrogacy does not necessary require alienation, while maintaining that a greater geographic and cultural distance involves diminished capacity for communication, and therefore diminished shared understandings of the reproductive process between providers and consumers. This also therefore involves less capacity to negotiate the terms of the reproductive product, and increases the presence of intermediaries in the process.

The global and the local orders of reproductive markets operate in tandem, as Ginsburg and Rapp state:
No discussion of contemporary state power can fail to note the intricate national and international connections among the rise of medical professions and industries, global markets in labor and pharmaceuticals and ideologies and policies explicitly linking economic development to population control (Ginsburg and Rapp, 1991:314).

On many occasions, the global comes to play significant role as a replacement of the local and as a ‘safety valve’ reducing internal pressures (Hacker, n.d.). Thus, the ability of Israeli citizens to go overseas and commission surrogacy under less restrictive regulatory regimes may alleviate the pressure to change local surrogacy regulations towards a more egalitarian perception of family life. On the other hand, there can be many discrepancies between different localities and their framing of the families that are created through commercial surrogacy. Some states have regulations which identify the birth mother (the gestational surrogate) as the legal mother of the child, and require adoption proceedings to be initiated by the parents who commission surrogacy. In other states, commissioning parents will be able to acquire a birth certificate that acknowledges the surrogacy contract, and names them as the legal parents of the child from birth. However, these administrative understandings of family belongings are not always transferrable from one state to another, as the Israeli case shows. As I explore further in Chapters 6 and 7, the Israeli state administration refuses to acknowledge birth certificates in cases of cross-border surrogacy, and proof of genetic relatedness is an imperative basis for both citizenship and parenting rights. These international ambiguities have led to the appearance of ‘stateless, parentless’ children as a result of cross-border reproductive commerce (Kroløkke, 2012; Lin, 2012).

Reproductive services and markets have come to play a significant role in the lives of same-sex couples who desire to have children. A growing access to assisted conception and third-party reproduction services has largely replaced the do-it-yourself insemination methods of ‘families of choice’ of the 1980s and 1990s (Mamo, 2005, 2007). The medical setting affects the relations between reproduction collaborators, by enabling anonymous gamete sale/purchase, and by articulating reproductive choice along the axis of provider matching based on appearance, ethnicity and assumptions of good health and intelligence (Nordqvist, 2011a, 2011b).
Same-sex families created through ARTs face different challenges to those posed to heterosexual couples who use ARTs. First, many regulatory regimes limit access to fertility treatment based on marital status and therefore by sexuality (Mamo, 2007). In addition, the existence of a non-genetic parent requires negotiating the roles of parenting and biology, often with a lack of supportive administrative recognition in the commitment of both parents and the relations of the non-biological parent with their children (Gabb, 2005; Nordqvist, 2010, 2011a). Particularly, same-sex families need to employ linguistic inventiveness to find new terms to refer to each other and the different categories each parent takes in the household (Gabb, 2005). This inventiveness and overcoming of limits is especially significant in the case of same-sex male parents, who overcome a double stigma, as gay men and as fathers whose role in child rearing is still contested and suspect (Doucet, 2006; Lev, 2006).

To sum up, in this new frontier for the global capitalist system, new forms of relations materialise simultaneously with new forms of value extraction, subjugation and exploitation. As Haraway (2011) noted, the politics of reproduction, especially when mediated through commercial technology, is rooted in greater relations of citizenship, gender, race and class relations. In their struggle over child-making and in their participation in reproductive industry parents-to-be, reproductive labourers and gamete providers take part in the remaking of nationality, liberty, and the boundaries between the human and the non-human.

I have so far analysed the operation of reproductive markets in relation with global capitalist markets. However, due to the particular nature of reproductive medicine as creating new human beings, and touching upon the boundaries of the living body, there is another actor (or rather, aggregation of actors) which take part in shaping and framing it – the nation state, which will be at the centre of the next section.
THE POLITICS OF LIFE AND DEATH

In *The History of Sexuality, Volume 1* (Foucault, 1978) Foucault developed the idea of a new form of political reason that operates with the historical emergence of the modern nation-state. The power of sovereignty, which manifests itself in the sovereign’s prerogative to take lives (as the maker of the law) and let live, has now altered its course with the appearance of *biopower*, which operates as a disciplinary power – that is, it operates through the internalisation of the normative, instructing its subjects into modes of proper living and creating a generative force, making life and hence subjugating all forms of living (Foucault, 1978, 1980, 2007; Foucault and Rabinow, 1984). Biopower operate through expert knowledge, establishing truth claims about how human beings are, and therefore how they should operate. It affects individuals through an incitement to act, as a generative rather than restrictive force.

The modern state’s biopower addresses the population as a whole, with the aim of advancing overall economic production and well-being. Reproduction is one of the sites of its operation, through eugenic discourses that encourage the reproduction of ‘fit’ populations and limit the reproductive capacities of other, less desired population groups (Rose, 1993; Hashash, 2004).

Since the 1970s, there has been a transformation in the relationship between state politics, markets and civil society, bringing about new problematics to the relations of rule (Rose, 1996, 2001; Povinelli, 2006). This new political reason, which is sometimes referred to as ‘neoliberal’ and sometimes as ‘late liberal’ involves rolling back the state’s involvement in the provision of services, and the development of a laissez faire agenda towards market operation (Wallerstein, 1995; Peck and Tickell, 2002; Harvey, 2005). This change in the relationship between state and civil society also involved shifts in the operation of biopolitics (Rose, 2001).

Biopower first emerged in conjunction with the development of the idea of the population and the creation of knowledge apparatuses that were aimed at enhancing, protecting and governing the
population, such as health and sanitation systems, education and incarceration (Foucault, 1978; Foucault et al., 1991; Barry et al., 1996; Rose, 1996). Yet, under late liberalism these modes of operation have been disseminated and molecularised (Rose, 2001). The subject of political power, which was once the population as a whole, is now the individual, and is driven by individual choices and the ethos of ‘a life worth living’. In the arena of reproduction, decisions which were once eugenic and directed at the health of the population as a whole have been disseminated into multiple arenas and are enacted by various power holders: genetic counsellors, potential parents, fertility clinic professionals as well as officers of the state, courts and legislators. Parents and genetic counsellors for example translate eugenic directives and social beliefs into their choices of whether to carry a pregnancy or abort. As Rose explains:

*I do not think that, today, the most far-reaching ethical innovations concerning our relations to ourselves are being made in the deliberations of the bioethicists and moral philosophers – they are being made within medical and biomedical thought and technique itself* (Rose, 2001:20).

These medico-ethical considerations are contingent upon the society in which they are enacted. Hashiloni-Dolev (2007) describes how medical decision-making is based on cultural definitions of 'normalcy' and ‘pathology’, and should not be understood as relying on objective measurements. By comparing genetic counsellors’ recommendations in Germany and Israel, Hashiloni-Dolev demonstrates how similar medical conditions draw opposite recommendations. In her sample, Israeli genetic counsellors tended to recommend selective abortions in a variety of abnormal conditions, while their German counterparts recommend continuing a pregnancy under the same conditions. The concept of 'a life worth living' therefore is subject to different interpretations, in relation to specific historical and cultural conditions. Hashiloni Dolev chose to compare Israel and Germany as an example of two societies responding to a shared trauma in opposite directions. In Germany, the memory of Nazi eugenics brought about strong resentment to any form of genetic selection or selective abortion, whereas in Israel, memories of the same era, from the survivors’ perspective, brought about strong sentiments against vulnerability and dependency (see also Gluzman, 1997; Hashiloni-Dolev, 2007).
It is worth noting here that despite the literal meaning of the term, late-liberalism does not delineate a different temporality, but rather a different set of questions to the source and justification of rule, and therefore to the relations of ruling and the constitution of knowledge (Povinelli, 2006; Posocco, 2013). Liberalism and late liberalism thus operate concurrently, in different modes and different articulations as ‘uneven terrains of social manoeuvre’ (Povinelli, 2011:28). In the context of this research, I understand liberal modes of biopolitics as being centred around the state and the maintenance of population (in terms of health, ethnic makeup and proper conduct) and neoliberal biopolitics as operating, as Rose (2001) described them, in the privacy of the clinic, the surrogacy agency and the gamete repository, directing individual’s choices and justifications to choose their future offspring and their perceived ideal family.

While biopolitics describe the power to incite and create certain modes of lives, Agamben (1998) described modernity as developing new forms of taking lives as much as creating them. Agamben concurs with Foucault that biopower represents new form of governmentality, ‘in which man as a living being presents himself no longer as an object but as the subject of political power’ (Agamben, 1998:6). But he adds a distinction between two modes of life – the bios, which is political life, the subject of political power, and zoe, bare life, which is life stripped of political significance and the target of sovereign violence. Bare life is the life that could be killed without mourning and without violation of the law; it is most clearly demonstrated as the life in the concentration camp (Ibid.). Bare life does not operate outside of sovereignty or state politics. It is the outcome of applying exclusionary mechanisms by the state (or ‘state of exception’) that transforms human life into bare life. Achile Mbembe suggests the term necropolitics for this mode of power, which involves 'contemporary forms of subjugation of life to the power of death' (Mbembe, 2003:39). Necropolitical power operates in forms of starvation and medical maltreatment; of employment under hazardous conditions; of wars that are conducted in the ex-colonies of Africa or as part of the ‘war on terror’ and by 'war machines' that are ad-hoc armies, with no functioning state bodies behind them.
Necropolitics and biopolitics are not opposites. They offer different analytical tools to look into the distribution of life and death through modernity. According to Agamben, it is these tools of subjugating lives and creating lives that are deeply rooted in mechanisms of exclusion and ‘othering’ (Agamben, 1998).

In the world of reproduction and biotechnology, constructions of race, gender, sexuality, class and national belonging create new modes of incorporation into making of life, through the availability of fertility medicine to populations who were once excluded, while making other bodies into ‘bioavailable’ or ‘operationable’ (Cohen, 2004), that is, available for the operation of medicine upon them, and therefore a source for the extraction of profit.

Researching reproduction, and especially in the form of cross-border surrogacy trade and the flow of vitality through these circuits, is a significant entry point to the analysis of global capitalism and the flow of power in late liberalism. As Posocco argues similarly in the case of transnational adoption, the flow of human beings and objects ‘designates a range of “material anchors” for social worlds which are at once incommensurate and connected, both grounded and yet in-the-making’ (Posocco, 2013:73).

The participation of queer subjects in the global chains of reproductive commerce is still contested and sought for (Berkowitz, 2008; Kroløkke et al., 2012; Posocco, 2013). In their struggle to participate in the orders of genetic reproduction and nation-state building, queer subjects ‘collude’ in affirming the same structures that exclude ‘queerness’ (Puar, 2007; Haritaworn et al., 2013; Posocco, 2013). In this reconfiguration of the terrain of transnational reproduction, surrogacy assemblages take part in the remaking of family life and redrawing the lines of normative and deviant sexuality.
CONCLUSION: SURROGACY ASSEMBLAGES

This chapter reviewed the literature which informed my analysis of surrogacy usage among Israeli gay men as a form of heterogeneous assemblage. I see surrogacy as a phenomenon comprising of both material and immaterial (discursive) particles. In particular, I focus on the social concepts of kinship, race and nationality as discourses which affect the development of surrogacy practices, while also being affected and transformed by the new familial ties that are created by surrogacy contracts. On the material side, I focus on the technologies involved in surrogacy: medical technologies that aim to alleviate infertility; communication technologies such as the internet; travel and shipment technologies that enable the crossing of borders of people, body parts and reproductive procedures; legal technologies that support re-creating new families through gestation contracts; as well as market procedures that manage the selling, buying and employing of bodies, body parts and persons as participants in the global reproductive trade. These parts come together to make the surrogacy assemblages that I inspect in this thesis.

In view of the different dimensions of surrogacy assemblages, a multi-faceted research method was devised, as explained in the next chapter.
3. STUDYING GAY SURROGACY

INTRODUCTION

As was explained in the previous chapter, the research is based on an understanding of surrogacy as an assemblage of technologies, legal proceedings, commercial products and services, kinship relations, and the humans who participate in surrogacy processes either as reproductive labourers and providers or as commissioning parents. These assemblages are driven by individual desires toward reproduction and family making, by market logics oriented towards profit making and by state and inter-state regulatory bodies. These complex and multi-dimensional features take part in shaping a global surrogacy industry.

Jennifer Mason (2011) calls for a research orientation that strategically employs a set of methods and questions in order to investigate different aspects of a given phenomenon, in a manner similar to trying to look at a gemstone's core through its multiple facets. Mason terms this research strategy ‘facet methodology’:

In facet methodology, the facets in the gemstone are conceived as different methodological-substantive planes and surfaces, which are designed to be capable of casting and refracting light in a variety of ways that help to define the overall object of concern. They will involve different lines of enquiry, and different ways of seeing. What we see or come to know or to understand through the facets is thus always a combination of what we are looking at (the thing itself, the ontology), and how we are looking (how we use our methods to perceive it, the epistemology) (Mason, 2011:77).

The image of the gemstone enables Mason to discuss the multiplicity of any social phenomenon, and the logic of applying various analytical tools in order to better encapsulate a given research topic. In contrast with previous mixed methods designs or Kincheloe's Bricolage (Kincheloe, 2001), facet methodology does not require that all facets will share the same connective ontology (Mason, 2011). Since facets can be different ways of knowing, they can also describe different understandings of reality and different ways to capture the same realm of the social.
Facet methodology is used in this research in order to address different dimensions of the surrogacy assemblages: individual experiences and perceptions within surrogacy usage, the institutions that surrogacy practices involve and reform, and the global markets for reproductive services which make up the medical-technological-legal practices of surrogacy.

In this chapter, I explain how this understanding of surrogacy shaped the research method. I first introduce the research aims and questions, and then present the data gathered and modes of analysis performed. The chapter concludes with a discussion of my ethical considerations as a feminist researcher, and how these shaped my choices during the field work, analysis and write-up periods.

**Research Questions**

In accordance with the multi-dimensional research aim described above, the research was designed to integrate both descriptive and analytic aims addressing three principal questions:

1. **What do surrogacy practices by Israeli gay men involve, and how they operate?** Surrogacy could hypothetically be imagined as a bilateral contract between two parties: commissioning parents and a surrogate. However, in reality every surrogacy contract involves a plethora of human and non-human actors (doctors, clinicians, microscopes, international shipment methods, lawyers, regulators, egg and sperm providers, gestational surrogates, recovery rooms and hospital beds, international financial services and others). In order to capture the whole spectrum of this phenomenon, the first aim is to map all the practices that are performed in cross-border surrogacy; list the actors (human and non-human) that are involved in these practices; and understand what enables them and which power dynamics operate through them.

2. **Why choose surrogacy?** As Figure 2 in Chapter 1 showed, surrogacy has quickly become a very popular means to fatherhood in the Israeli gay community, and its usage is also showing growth in the Israeli public more broadly. Through this question, I aim to analyse the affective/social/economic/state forces that drive surrogacy forward, and explain the steep rise in
surrogacy usage. Another aim is to propose explanations as to why surrogacy has become a successful political discourse within the LGBT community in Israel, and a symbol of gay equality (or the lack of it).

3. **What are the social implications of surrogacy practices?** Surrogacy is shaped by the intra-action between social institutions and material possibilities. But it is also a driving force which changes social relationships and their meanings. I analyse surrogacy as embedded within greater social orders, of economic inequalities, racialised and ethnic hierarchies, gendered norms and national belonging, while aiming to understand what social changes are implied by surrogacy usage among Israeli gay men and what social changes are driven by this phenomenon.

These questions call for applying multiple lenses into the research field, with the aim of understanding both the individual perspective, the legislative and material context of surrogacy practices, and the social outcomes of their usage by Israeli gay men. The multi-dimensional arrangement of the research is therefore mirrored in the data that was gathered and analytical methods applied, as I explain in the next section.

**DATA AND METHOD**

**DATA TYPES AND MODES OF INQUIRY**

The multi-dimensionality of the research questions called for a multi-tiered, multi-faceted research design that would capture the different aspects of surrogacy in action: these include the multiplicity of the surrogacy processes in themselves, which take place over a relatively long period of time involving variability of medical, legal and commercial procedures and negotiations; the social interactions surrounding them; and, in terms of surrogacy, the set of market orientations and state regulations which the research participants were trying to navigate or set into motion.
The primary research method consisted of in-depth interviews with actors from three groups of actors in the field: commissioning fathers; members of the growing surrogacy industry; and state officials and advocacy group members who are involved in surrogacy legislation debates.

The interviews adopted an interpretive, dialogic approach, which sees the interview as a shared effort between narrator and listener in constructing meaning together (Fontana and Frey, 2005; Gubrium and Holstein, 2009). This effort is not directed at an imagined pre-existing knowledge that is hidden inside the research participant, but rather is a way to incite the construction of meaning together, by giving the participant the possibility of reflecting and questioning his/her own actions and memories. As Fontana and Frey (2005) argue, this method is still one of the most valuable methods for social research:

*The spoken or written word has always a residue of ambiguity, no matter how carefully we word the questions and how carefully we report or code the answers. Yet interviewing is one of the most common and powerful ways in which we try to understand our fellow human beings* (Fontana and Frey, 2005:645).

Plummer (1995) reminds us that the interview, as any other form of story-telling, is staged: it is performed in a specific setting for a given audience. The interview schedule was therefore devised in order to provide a 'stage' that would encourage the research participants to give detailed and lengthy accounts of their views, experiences, desires and practices. As interviewer, I aimed to assume the position of the empathetic, curious listener. However, as I will discuss further in the next sections, the interview encounter is also affected by the role I was assumed to hold by different research participants (Reinharz, 1997). Following Plummer, I do not seek the ‘truer’ story-telling, but rather use interviews as one setting in which my research participants describe their surrogacy practices. Their narration was not always coherent or conflict free: on the contrary, the conflicts that arose, either explicitly by the narrator or through the careful examination of implicit meanings and in conjunction with other forms of documentation, provided a profound understanding of the lived experience of commissioning surrogacy. Thus, in order to enrich the narratives and contextualise
them within the legal and social institutions that shape surrogacy assemblages, I also gathered
documents of various kinds that I subjected to textual analysis.

Social actions are often mediated and performed through written texts of various kinds (Smith,
1990; Peräkylä, 2005). These texts can be personal, such as letters or personal diaries; other texts
such as a media article, a blog post or a public declaration, have an intended audience; and some
texts can be performative (c.f. Butler, 1993), which means that their content conveys a change of
status or a substantial outcome. Examples of such performative documents are a court decree, a
passport or a birth certificate. Peräkylä refers to textual documents that exist in the field as
‘naturally occurring texts’ (Peräkylä, 2005:869), meaning that they occur without the researcher's
direct elicitation. According to Peräkylä, these kinds of documents are assumed to provide direct
access to field practices, without the need for intermediate narrator. This idea of ‘direct access’ to
the field is not unproblematic. First, the sociological truism that there is a difference between what
people say and what they do is no less relevant with written texts than in the interview setting. At
the same time, with any written account, it is problematic to assume that the ‘text speaks for itself’
and that the reader is a neutral tool in describing the meaning of texts (Plummer, 1995; Chase,
2005). I therefore see the texts that were gathered for analysis as socially constructed (Plummer,
1995; Gubrium and Holstein, 2009), which can then be valued with regards to their means of
creation and dissemination, and with the institutional settings that enable and constrain them in
mind.

The final method that was employed was participant observation. I used this method as
supplementary to the other methods, with the specific aim of reaching a deeper understanding of the
operation of the field and gaining access to documents and potential interviewees, and in order to
maintain contact with key figures in the field over a longer period of time. The participation
included attending surrogacy and LGBT parenting events. While one criticism is that participant
observation yields only subjective, non-generalisable accounts (Bryman, 2012:268), this method
can help generate additional viewpoints and accounts that transcend the specific locations in which
they were carried out, especially when conducted in conjunction with additional methods (Brewer, 2000).

Alongside a ‘traditional’ form of participant observation, which included going to events and constructing field notes, I employed a form of ‘online participant observation’, which consisted of registering on discussion groups and Facebook pages that either publicize surrogacy services or hold political discussions on surrogacy and the campaign to change surrogacy legislation in Israel. Over the last decade, Facebook has become a very popular social arena in Israel, and a significant tool for citizen campaigning and coalition building. In the research site, Facebook was used by different groups as a place to meet and discuss, as a noticeboard for future events and political campaigns, and as a publicity site for surrogacy agencies and lawyers.

Markham discusses the limitations of conventional ethnographic language in capturing all aspects of online research (Markham, 2004; Markham and Baym, 2008). While online forms of research have become increasingly common, the definitions and expectations that a researcher perform ‘participant observation’ or ‘interviews’ might be anachronistic or a misnomer. Markham therefore suggests that instead of following the procedure of ethnographic methods, researchers should understand the aim of the method and apply it in relation to the online phenomenon at hand. In this research, I call my online presence and data collection ‘participant observation’ since it helped me to become sensitised to issues which arose in the field and to the local emic. It is also a form of participation in itself, since Facebook limits covert participation. I was passive on the pages I read and refrained from intervening with the discussions I observed. However, I always registered using my profile with my full name, and made sure I informed the owners (i.e. administrators or commercial page owners) of my research and intention. I also limited my participation to pages which were defined as public, as an additional ethical precaution due to the fact that it was impossible to notify all members on these online groups about the research.
METHOD Boundaries and Potential Limitation

Many ART studies revolve around the fertility clinic as the main research site (Franklin, 1997; Mamo, 2005; Thompson, 2005; Nahman, 2013). In this research, due to the significant geographical dispersion of the practices I followed, and the number of different actors involved, I had no direct access to the medical procedures that were all conducted overseas, nor had I contact with reproductive labourers: surrogates, egg-providers and most overseas agencies and clinicians. On-site participant observation was not a possibility within the limitations placed by the scope and funding of a PhD study. Therefore my knowledge of some of the practices involved is second-hand. It is derived from interviews with commissioning parents, and with surrogacy agents and lawyers, as well as the written accounts of contracts and official state reports.

While narrative accounts are an undisputed tool for understating perceptions and the implied meanings of given actions, they are also bound by the limitations of intersubjectivity – that is, they are created for a specific audiences, in the context of research, and have the aim of presenting the speaker in a certain positive manner, to hide or dismiss moral digression (Plummer, 1995). Since surrogacy is a contested moral terrain, and since, according to their own testimonies, some research participants regard aspects of their actions as morally problematic, it should be taken into account that the narratives do not necessarily entirely portray the whole phenomenon of surrogacy commissioning, especially in geographical locations which are known for their questionable, undocumented practices.

At the same time, the richness of the accounts which were gathered, and their diversity shows that surrogacy parents are not naïve consumers, nor are they cynical abusers of gender inequality and poverty. The dilemmas and conflicts of third-party reproduction practices were often raised by those who participate in the trade, and answered by them in various ways that will be discussed in Chapter 8: Family Markets. Moreover, while there is voluminous research on reproductive labourers’ experiences of surrogacy, research among commissioning parents, and especially male-
gay commissioning parents, is still very limited; and by limiting my attention to this part of the surrogacy assemblage, I aim to give a fuller account of an aspect that is currently lacking theoretical attention.

Using accounts from surrogacy agents and industry officials, as well as documentation gathered by family courts and state bodies regarding cross-border surrogacy, I was able to cross-check the accounts I received, and develop a fuller and rounder picture of surrogacy practices. At the same time, Israeli commissioning parents were often direct and candid in their accounts of surrogacy processes, in a manner that was not documented by the official bodies nor disclosed by industry officials. I therefore suggest that this research angle has proven fruitful in contributing in an important way to our understanding of surrogacy assemblages.

Entering the Field

Between July 2012 and February 2013 I lived in southern Tel-Aviv, in order to conduct the fieldwork for this research. During this period I collected policy and media documents, performed face-to-face interviews and attended activist and academic events that addressed the issue of gay surrogacy or LGBT parenting.

Most of my fieldwork was carried out in Tel-Aviv and its neighboring suburbs, with a minority of interviews conducted in Jerusalem, Haifa and Be'er-Sheva, all large metropolises located in the centre, north and south of the country respectively. Since Israel is small in terms of geographical size (about 20,000 km²) and population (the number of citizens was estimated to be 7.7 million in 2012), all of these locations were within one and a half hour’s travel distance from my home. The location of the interviews was not arbitrary. Tel-Aviv is the second largest city in Israel (52 km², 410,000 inhabitants), and is often regarded as the secular capital of Israel, and the ‘opposite’ of the conservative, religious capital Jerusalem (Ram, 2005; Fenster and Manor, 2010). Therefore most of the gay fathers I interviewed lived in Tel-Aviv, and most ministerial offices and policy makers were located in Jerusalem, the country's capital.
My entry into the field was a mixture of homecoming and an entrance into a foreign, even hostile, land. In my fieldwork diary I describe the moment of arrival:

2.7.2012: As I disembark from the plane I feel as if a giant hand is slapping my face. The combination of heat and humidity, as it thrusts against the body relentlessly, abruptly, after leaving the air-conditioned environment seems like a bad omen, reminding me how unfriendly Tel-Aviv can be in the summer. For a moment, I wanted to just run back into the airplane and beg them to take me back to a saner place.

My immediate emotions were tied to the weather, which is felt as an aggressive assault upon one's body in the Israeli summer. But I also read the statements above as a metaphor for my resentment and fear of the task ahead of me. A few weeks later, when I was getting ready to begin participant observations I wrote:

17.7.2012: I am going to a ‘LGBT parenting’ seminar, this time as a researcher – my first participant observation. I have attended many similar events before, and I recorded events in the Israeli LGBT community for more than a year during my M.A, but I am still nervous. Will people feel offended by my presence? Will they recall my involvement in the feminist campaign against surrogacy? Will anybody even agree to speak with me?

As many contemporary ethnographers do, I entered a research field which I know intimately: the Israeli LGBT community and Israeli reproduction politics. The reasons for my reservations and fears on entering the field were that I had played an active role in these sites, as a critic and as a person holding marginal/oppositional social location: in the LGBT community I was previously involved in lesbian-feminist activism, which meant going against the mainstream and gay-stream of marriage-equality and parenting; with regard to reproductive politics, I am part of a minority group of women who have chosen not to have children. Holding both positions, I feared it would be hard, maybe even impossible, to persuade men fighting to become fathers to agree to speak with me. These fears turned out to be mostly unjustified.

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16 A detailed discussion of pro-natalism in Israel and the marginalisation of women who choose to be child-free, appears in Donat (2007).
Israeli civil society tends to be vocal, sometimes vociferous, yet accessible. Issues that might be considered sensitive or private in different cultures are often discussed publicly and proudly. Surrogacy, especially in the gay community, is one prime example. Surrogacy fathers appear in the newspapers, speak at LGBT gatherings and Pride parades, have challenged existing legislation at the Supreme Court and have participated in Knesset (Israeli parliament) hearings. Composing a sample of potential research participants and accessing gay men who were in the process of commissioning surrogacy, or already had children through surrogacy, was therefore easier than I expected.

Moreover, my critical viewpoint, while deterring a few potential participants, served for others as an invitation for discussion. Some participants saw my critical views as a challenge for them to change my mind through their narratives and justification; while for others, it seemed that my position enabled the discussion of their own ethical deliberations and conundrums and voicing their conflicted position towards surrogacy, a position that does not have a place in the more public arenas of discussion.

It is important for me to note that while I hold critical opinions, I see myself as part of the community that I researched. I chose to research surrogacy usage among gay men partially because I feel an affinity with them, and that ultimately we share many political goals and our life choices are intertwined. While I entered the field with trepidation, I was also excited, curious, and optimistic about the success of my dialogic encounters with people in the field.

My insider/outside dilemma however carried on throughout the analysis of the research, as an honest and rigorous attempt to carefully portray the answers that were given to me was central to my approach. I attempted to do justice to the accounts of surrogacy fathers and agents from their own viewpoint, while not forgetting the overarching ethical and political questions that led me into this project: critically evaluating the harms of normalcy, and the potential ethical concerns raised by bodily commerce in a global capitalist market. I will discuss these issues further in the concluding section of this chapter.
COLLECTING DOCUMENTS

The first phase of the fieldwork comprised of gathering relevant documents, consisting of policy documents, commercial surrogacy advertisements in various forms, and personal narratives, which were either published in the national media as part of the surrogacy debate or published in blogs that are maintained by gay fathers.

Before gathering the documents I had to address the issue of sampling: which documents should be gathered? How many? And how can I verify that I have covered a research field defined by diversity and yet sample data in an amount that will not change the emphasis of the research from direct contact with the participants? Israel’s small size has been very helpful in terms of sampling. Israel has only three national daily newspapers serving the Jewish secular population. I therefore chose to collect any publication that appeared about the topic of 'surrogacy for gay men' during my fieldwork period. Each text was either scanned or saved in digital form directly from the internet. All media files were kept as PDF files. In addition to media texts, I gathered public legal documentation relating to three court appeals directly linked with the researched phenomenon: first, a Supreme Court appeal for a parenthood decree in case of overseas surrogacy (APA 28240/09, 29540/09, 30001/09, which were joined into the same appeal); second, a Supreme Court appeal by a single woman, wishing to access surrogacy services in Israel (APA 2458/01) and third, a Supreme Court appeal by a gay couple for access to commissioning surrogacy in Israel (APA 1078/10).

The other sampling target comprised documents that describe the surrogacy industry. I ran a web-based search in order to discover how many agencies, lawyers and clinics were operating in Israel and offering their services to gay fathers-to-be. This search yielded a list of ‘surrogacy professionals’ which I then used as a source for recruitment. I gathered the information sources regarding agencies and lawyers in the form of screen shots, and used them in order to map the services that were provided in the field during the research period, and to decide upon participant sampling accordingly. For instance, the documentation showed that at the time there were two
major gay surrogacy destinations: India and the United States. I therefore aimed to recruit
commissioning parents and agents targeting both destinations, and to map the differences between
them.

Finally, I included in the analysis a key document that describes and debates Israel's surrogacy
regulations for gay men, namely the the 'Mor-Yosef' committee report. This report, which I discuss
in Chapter 6, ‘At the border’, was published in May 2012, shortly before I embarked on the
fieldwork. As the most recent and comprehensive discussion of reproduction policies in Israel, it
summarises and articulates the public debate regarding reproduction rights and male-gay fatherhood
in Israel. This report was my entry point into the analysis of state policies and state-centred
discourses regarding surrogacy for Israeli gay men.

**Sampling and Recruitment**

The interview strategy targeted three types of populations: first, policy makers, that is, people
involved in the legislative struggles for and against surrogacy contracts in Israel or by Israeli
citizens. This list also included actors directly involved in regulating surrogacy within Israel or by
Israeli citizens; secondly, I targeted surrogacy industry practitioners, that is, people who take part in
selling, mediating or advising in commercial overseas surrogacy contracts; and finally, the core
population for the research, namely Israeli gay fathers through surrogacy.

The first two groups were easily identifiable, as surrogacy services are published online and within
LGBT circles, and the identity of officials overseeing surrogacy or participating in legislation task
forces is public knowledge. In order to achieve diversity of viewpoints and experiences, I recruited
policy makers with various political affiliations and different ministerial positions, ensuring
representation from each interest group or profession. In the industry population I sought diversity
in terms of the location of surrogacy procedures, the profession of the research participant, years of
experience in the field, and whether they were surrogacy parents themselves. Both populations were
recruited via direct contact, by searching for contact details online and sending a short email or fax,
describing my research and requesting their participation. In most cases I had to follow the email or fax with one or more phone calls, asking to schedule an appointment. Most service providers and policy makers agreed to participate in the research, although some cancelled the meetings we scheduled and became unreachable afterwards – which I often took as a sign of a silent refusal. On two occasions, I did receive direct refusals from policy makers due to the political nature of my research.

It was more difficult to create a comprehensive sample of commissioning fathers because the identities of gay fathers through surrogacy are not publicly available, and the information about them is fragmented. Israeli authorities started documenting cases of overseas surrogacy in 2005, when there was one known case of surrogacy in India (Almagor-Lotan, 2012). Since overseas surrogacy requires that an Israeli court approve a paternity test and subsequently grant citizenship to the child, every overseas surrogacy, unless concealed as a birth by an Israeli mother, is documented by the authorities. Since 2013, the information also contains the marital and familial status of the commissioning parents (as presented to the authorities). Between 2005 and 2013, there were 481 documented cases of children born to Israeli citizens as a result of overseas surrogacy contracts, of which around half were estimated to have been commissioned by gay men (See Table G2 in Appendix G). This means that during the research period there were up to 250 male-gay families with children who had been born as a result of cross-border surrogacy commissioned by male-gay parents, and between a few dozen and a hundred gay men who were actively involved in commissioning surrogacy at the time.

Since the identities of the children born out of surrogacy contracts and their parents are confidential, it is impossible to devise a statistically representative sample of the research population. I could however gather the information that the vast majority of cases are from the central area of Tel-Aviv, because family courts operate on a regional basis and most parental requests were submitted in the Tel-Aviv family court. The sampling strategy therefore focused on attempting to achieve diversity on certain aspects which were known to the researcher: age of participants, relationship status, stage
in the surrogacy process, and geographical location. On other aspects, such as educational attainment and social class, the sample was homogenous, potentially due to the financial and social capacity required to manage these costly and complex legal and medical proceedings. In the research sample, all participants were middle-to-upper class, Jewish, university-educated and mostly living in the Tel-Aviv metropolitan area (although some lived in other metropolitan areas of Jerusalem and Haifa). Through my interaction with commissioning fathers as well as surrogacy agents, I came to believe that this sample was representative of the population of commissioning parents in the Israeli gay community at the time of the research.

I chose to employ a mixture of recruitment strategies in order to reach diverse participants in different social locations and diversity of experiences (Heaphy et al., 1998:450). Through my previous years of activism and research in the LGBT community, I already knew several men who had commissioned surrogacy or were doing so at the time. However, in order to break out of my own social circles I preferred to start recruiting elsewhere through the methods which are listed below:

‘Targeted Canvassing’: Advertising through LGBT community groups. A simple, one paragraph note was sent out to LGBT mailing lists and open Facebook groups, asking potential participants to contact me if they were willing to participate in my research. The main advantage of this method was its wide dissemination, as each mailing list reaches an audience of between several hundred to several thousand registered users. On the other hand, this is a method that is clearly biased towards participants who are active in community organizations or are affiliated with them. At the same time, the size of these internet-based groups, the amount of useful, practical information that is provided by them and the vibrant activity within them suggest that large portion of the researched population received updates through these venues.

Recruitment in person during participant observation sessions. Participant observations proved useful for meeting gay fathers and recruiting them to take part in the study. At each
event, I introduced myself as a researcher and either handed out short leaflets with information regarding the study and my contact details, or asked people directly to consider being interviewed for my research. This method reduced the self-selection bias of expecting people to actively respond to web advertisements. Its drawbacks were similar to the previously described method, since it was still based upon participation in a public LGBT event. These events were however also useful in terms of getting to know major gate keepers, who later assisted in the next recruitment method

**Chain Referral (‘Snowball’) Method.** Chain referral methods are based on the assumption that hidden, hard-to-reach populations are more easily accessed through identified members of the group, who directly access their acquaintances and recruit them into the research population (Faugier and Sargeant, 1997; Penrod and Preston, 2003). This process is typically performed iteratively in order to reach a ‘deep’ network of acquaintances. In my research, I performed chain referral in two modes. In the first I asked identified ‘gate keepers’ in the field to pass the research information to their acquaintances. In the second mode, each participant became a starting point for potential additional recruits. After each interview, I sent the participants a letter thanking them and asking them to pass on information regarding the research to friends and colleagues. This method enabled me to reach participants who were not part of my social circles, and indeed beyond the LGBT organizations' reach. Moreover, asking people who have already participated in the research to pass the invitation forward transformed them into active supporters of the research, and often helped dissipate possible reservations among potential participants. This recruitment method therefore had the potential to help reduce selection biases and widen the range of types of participants.

**Fortuitous Encounters.** In addition to the above-mentioned methods, I continually mentioned my research to acquaintances and occasionally received contact details through them. This technique was only employed with remote acquaintances or occasional encounters in order to reach further beyond my social circles. The Israeli Jewish society has strong inter-group social
ties, and often even during chance conversations with individuals who had no direct relation to the Israeli LGBT community, I discovered that they knew a neighbour, work colleague or teacher who was at the moment ‘in the process’ of commissioning surrogacy. As Faugier and Sargeant (1997) discuss, gaining fortuitous entry points into the field are not entirely directed by chance, but are rather a result of increased attentiveness to information pertaining to the study's interests.

**Facebook event – ‘who will be the 30th participant?’** At the end of the fieldwork period, I employed another technique in order to widen the sample of participants, namely a Facebook event that enabled me to quickly disseminate information by inviting potential participants to this event. I explained the purpose of the research and mentioned that I was particularly keen to meet surrogacy fathers or fathers-to-be who reside outside of Tel-Aviv, or those with ‘negative surrogacy stories’. The latter was because I was hoping to balance the mostly successful stories that I had gathered till that point. The Facebook ‘event’ yielded seven more participants within one week and raised the total number of fathers who participated to 31. These last participants included fathers who live outside the Tel-Aviv metropolitan area. However, during the period of the research I was not able to locate anyone who had withdrawn from surrogacy practices, either due to a change of heart, medical limitations or financial reasons. I assume that this lacunae is due to the small population of gay surrogacy users (a few hundred in total), and the possibility that that those involved in surrogacy processes find it almost impossible to give up, something that has already been recorded in research conducted into other ART practices (Thompson, 2005). It might also be the case that ‘failure’ to achieve pregnancy is perceived as painful or shameful, and therefore harder to narrate.

After receiving tentative agreement for participation (either face to face, via email or Facebook message), I began informed consent procedures. I sent each participant an information sheet via email which contained detailed information about the research and about me as the researcher (see Appendix B). Once participants agreed to take part in the interview, a date and location was chosen
by the participant. The interviews were conducted either at the participants' homes or in coffee shops. Participants could also choose whether they wished to be interviewed together as a couple or individually. The implications of these choices will be discussed in the following section.

**INTERVIEWING**

Most of the fieldwork effort was spent in recruiting interviewees and conducting the interviews. My typical fieldwork day was divided into sections – contacting and negotiating interviews with state officials during the morning, doing media research and contacting surrogacy professionals later in the day, and when possible conducting interviews with professionals in the afternoons. I spent the evenings speaking to gay fathers, conducting interviews and monitoring Facebook activity.

All interviews were conducted face-to-face and audio recorded. The interviews were open-ended and enabled the participants to freely construct their narratives. A guideline interview schedule ensured that all areas of concern were covered during an interview session, and the interviews varied very much in length and content, ranging from half an hour to four hours in the longest session. Most interviews lasted between one and a half to two hours. The interview schedule was based on the following topics, according to participant groups.

**Surrogacy Fathers:** As the core population of the research, this interview schedule was the most detailed, and indeed these interviews lasted the longest. My interviews with gay fathers began with personal histories: the development of sexual identity and the development of the desire towards parenthood. The dialogue then proceeded to the surrogacy practice in detail, including the material and emotional aspects of surrogacy. Finally, we discussed future plans and desires towards parenthood and family life.

**Surrogacy Professionals:** The interviews with professionals were more formal and limited in duration. These interviews took place in the participant's office or at a near-by coffee shop, and the duration of the interview was usually negotiated beforehand, typically limited to one hour or less.
Since surrogacy professionals have access to valuable and non-documentated knowledge regarding surrogacy numbers and trends, the main focus of the interviews was the technical aspects of commissioning surrogacy, as well as their side of the encounter with gay fathers-to-be. Interviews with surrogacy service providers was also an important entry point to the field, because they operate as gate keepers and were able to provide access to additional gay fathers and fathers-to-be.

**Contesting public policy:** The final and shortest set of interviews were conducted with policy makers and activists. These were most often senior state officials and members of advisory boards whom I met in their office, sometimes with the presence of additional person (a secretary or an assistant). As a method of entry and opening dialogue, I defined the aim of the interview as understanding the interviewee’s response to the ‘Mor-Yosef committee’ report and their overall take on surrogacy. I used elicitation quotes from the report, especially when the interviewee was mentioned as holding a minority view on one of the topics, and I invited participants to provide a more in-depth explanation of the views that were expressed in the written text. These interviews were important in understanding the power dynamics that shape policy recommendations, and getting a fuller picture of how the state, as an aggregate of regulations and official bodies, is involved in directing cross-border surrogacy.

In planning the interview schedule, I had to take into account additional considerations, such as the location of the interview, and whether to interview surrogacy fathers together or strive to interview each partner separately. On both matters, I chose to defer to the participants, in respect of their limited time and as an attempt to ensure that the interview setting was as comfortable for them as possible. I therefore asked each participant to choose the time and location of the interview – which was either in the privacy of their home, or at a public location near their home or workplace. In cases that a couple commissioned surrogacy together, I raised the possibility of interviewing them together or separately, and allowed the couple to decide what would be more convenient.
There are obvious differences between the interviews that were conducted at home, in a private and quiet setting, and the interviews that were conducted in coffee shops. The former were much more relaxed, intimate, and enabled the interviewees to share pictures from their surrogacy process, or check documentation if needed. In cases where the interviewed parents already had children, I sometimes met the children briefly, before they went to play with the other parent or went to sleep. On the other hand, this additional intimacy of an interviewer conducting an interview in their home might have felt too intimate for other interviewees, or was simply less convenient when only one member of a couple wanted to be interviewed. For these reasons, some of the interviewees chose to be interviewed outside of the house, and we chose together a quiet coffee shop which provided enough privacy for an interview.

Another issue that arose was the question of whether to interview the couples that agreed to take part in the research together or separately. Allan (1980) suggests that when prompted with the question whether to be interviewed together or apart, couples might tend to prefer a joint interview, due to the assumption that separate interviews might suggest a lack of cohesion and trust within the couple. The choice to leave this decision to the participating couples was guided by my concern that the number of participants would drop if couples were asked to be interviewed separately, or if I had required that in all cases both partners participate. Often, with a couple interview, it was clear that one partner was keen to take part while the other was less so. These interviews provided therefore a unique opportunity to engage with fathers who would not have participated otherwise, and listen to their perspective.

Interviewing couples together adds another dimension to the interviews, with its distinct advantageous and limitations. These interviews transformed the interview into a site of relationship display, often uncovering relationship dynamics that might not be presented otherwise (Allan, 1980; Heaphy and Einarsdottir, 2013). Couple dynamics varied in the interviews I conducted. In most cases the interviews were carried out in a relaxed, friendly manner, very similar to the individual interviews. Discussions were often accompanied by laughter and displays of affection. The partners
handled being interviewed together by taking turns answering each question, and correcting each other or providing additional information when they deemed it necessary. On other occasions, interviews were fraught with tension as participants corrected each other and argued over minutiae, such as the date of a meeting or the exact turn of events. Interviewees often mitigated these tensions by acknowledging them, stating things such as ‘This is how we always are’ or ‘You must think we are an awful couple’. In response, I attempted to reassure them and promise that I had not formed a negative viewpoint on their relationship.

On some occasions, it was clear that one partner was more active in the interview, taking up most of the speech time and performing most of the ‘narrative work’. In these occasions, I tried to sense whether the reason for this was the power dynamics within the couple or one partner’s silent refusal to participate in the research. When possible, I specifically addressed the silent partner, asking him if he had anything to add or comment, or whether there were any concerns he would have liked to raise about my research and the interview outcomes. In these cases, the less responsive partner sometimes responded briefly affirming his partner’s responses so far; but on other occasions he did respond with an additional remark, adding a new dimension to our dialogue or moving the conversation to a new topic.

Another important aspect of couple interviews is that they can explicitly demonstrate the limitations of memory as a research tool. When interviewing couples I often noticed that even factual information was contested: the cost of the process, the duration, the order to stages and decision making. This showed both the value of conducting at least a part of the interviews as a couple interview, as well as gathering factual information from additional sources and cross-checking different data sources.

**PARTICIPANT OBSERVATION**

My participant observations were more fortuitous in nature, as I could not instigate the kinds of events I wished to observe. I arrived in Israel in July, shortly after the local Pride events ‘season’
had ended. However, I did manage to capture two public Pride events, in Be'er-Sheva and Jerusalem. I also participated in LGBT events that specifically discussed surrogacy and LGBT parenting, and events held by surrogacy agencies of lawyers in order to publicise surrogacy options to potential clients. A list of events I attended appears in Appendix E.

A second type of event was academic conferences that discussed reproduction policies and surrogacy. I attended three such events during the fieldwork period, since they usually included speakers from the surrogacy industry and policy makers. These events were useful in terms of acquiring background knowledge of the phenomenon, and also in terms of presenting myself as an active researcher in the field. Within these events, I made an effort to make my presence known to participants. In smaller groups I identified myself as a researcher and in the larger events I asked the permission of the organizers. In most cases I also left information sheets and short leaflets explaining my research in an obvious location (typically the entrance, alongside other information materials). Since I could not receive full consent from all participants, I chose not to audio-record these sessions, but rather relied on my field notes. When participants gave a presentation, I contacted them to ask for a copy of the presentation.

As discussed previously, another form of participant observation involved reading discussions among Facebook groups and on commercial Facebook pages. I surveyed these online meeting points daily, looking for emerging items of interest, such as information on new surrogacy locations, services, problems that fathers encountered in acquiring citizenship or parenthood rights over their children, and new campaigns for and against surrogacy. Due to the volume of produced data, I only recorded information that was not otherwise available, or that was part of a public campaign (and not a semi-private discussion on Facebook). These data were saved as ‘print screen’ images and converted to text when applicable. They were also inserted into the qualitative analysis software that I used and which is explained in the next section.
The analysis was designed to integrate the different aspects of the surrogacy assemblage that were surveyed, and the different ontological levels employed by the research (the material, the discursive, the normative). Additionally, I facilitated several analysis strategies in order to engage fully with the different facets identified through the research questions.

First, as a baseline, interview transcripts and newspapers articles’ texts were loaded onto the qualitative computer analysis package ATLAS.ti. This served as the repository for the analysis phase. Computer Assisted Qualitative Data Analysis Software (CAQDAS) are software packages that allow the functionality of coding segments of the data and retrieving them according to predefined tags, coding schemes, or specified queries (Lewins and Silver, 2007). I used the software mainly as data repository and a backup system, and for easy access to different segments of the data. I separated the documents by their original source (interview, document, observation). At a second stage the software was used to thematically code the data.

Initial thematic analysis was performed as means of organizing the data (Riessman, 1993:2) and selecting smaller, accessible segments of narratives. These included, coming out stories, parenthood desires and fantasies, alternative attempts toward parenthood, the surrogacy practices, ethical evaluation of surrogacy, and surrogacy outcomes. Spencer et al. (2003) describe thematic coding as a means to analyse text where the analysis is based on the context, with less regard to the spoken language or narrative structure. I therefore employed this method as a baseline for further analysis. I ensured that the texts were not de-contextualized by always keeping the segments embedded within the fuller document, rather than separate.

By aggregating all the information pertaining to surrogacy practices, I generated a diagram of surrogacy pathways that encapsulated the complexity of surrogacy processes, the different alternatives and possibilities that can be presented to commissioning parents, and the legal and
material contexts that shape surrogacy practices. I describe the multiplicities involved in surrogacy operations with the aid of two case studies which are presented in Chapter 4.

As a second facet, I used ANT-inspired methodology to analyse the power dynamics within surrogacy assemblages. I read the interview transcripts and gathered documents and carefully looked for traces of the movement of objects as they passed through the various networks involved in surrogacy contracts, in order to identify checkpoints, stoppages and power holders. Power, according to Latour, is not a given characteristic of a person or a system (Latour, 2005:67). Power is manifest through interactions and movements in an assemblage of social and non-social actors, and can therefore be identified in the processes, on occasions where movement is stopped or redirected, and through the eyes of the participants. The movement of objects and persons in narratives about surrogacy presented the role and location of state power in the assemblage of surrogacy. I discuss the significance of state apparatuses in cross-border ART practices in Chapter 6.

The third analytic facet involved informal discourse analysis of specific parts of the narratives in terms of the language used, the narrative structure and figures of speech. Foucault (Foucault, 1978; Foucault and Rabinow, 1984) discussed how certain modes of knowing become ‘truth’ by mechanisms of power, enabling the creation of certain individuals, and the marginalisation of others. By giving particular attention to how narrators describe the surrogacy relationships, to the language which is used to relate to reproductive labourers and to the process of pregnancy and birth, I was able to tease out the operation of social kinship norms within surrogacy, and discuss the conflicts and tensions within the contested terrains of articulating the meaning of surrogacy practices. The outcomes of this analytical process appear in Chapter 5, Chapter 7 and Chapter 8.

Another important aspect of the analysis is the relationship between the original materials - which were all in Hebrew - and the translated versions that appear in this dissertation, as I explain in the next section.
A Note on Translation

Ethnographic research always involves translation and representation (Hertz, 1997; Denzin and Lincoln, 2005). It requires taking input which had been provided as oral accounts or experiences, and transforming this into written text, in a language which is always at least to some extent different than the language that operates in the research field, a difference distinguished by the names *emic* for the field language, and *etic* for the ethnographic scientific report of it. In this research, the words and contexts of research participants were also translated literally – from Hebrew, which is my mother tongue, to English.

This translation was performed as part of the analysis and in the process of writing this dissertation. My original analysis was performed in Hebrew, preserving the complete *emic* of the field and keeping analysis codes in Hebrew, as close to the source as possible. Yet the write-up of the thesis has been performed in English as the ideas that were formed through the analysis were integrated with the theories I interact with – which were available to me in English. Therefore the main challenge was to translate segments of interviews and data documents that I present here.

Translation is a form of analysis. Following de Saussure (1988), it is now commonly accepted that a meaning is not naturally or universally attached to a sign in any given language. In speech, we constantly attribute meaning to the signs that we hear and respond to. However, in choosing the ‘right’ word or sentence that will capture the whole meaning of the original sentence further requires giving meaning to and contextualization the original text. For that reason, I chose not to translate the research data, and conducted all my analysis in Hebrew, as close as possible to the original utterance. I then translated the parts of the interviews that I chose to include in the dissertation by myself. Although I am not a trained translator, I felt that someone external to the research will not be able to fully grasp the nuances of the text necessary for as comprehensive and close translation as possible.
One of the interesting and challenging examples to the conundrums of translation was an interview text with a commissioning father who told me: *hi hefika et ha’herayon shelanu* (interview, 21.9.12). This roughly translates into: she produced our pregnancy. However, in Hebrew the word *hefika* does not contain the same connection with production and especially with reproduction that the English word *produced* carries. Therefore, I chose to write instead that ‘she was the production manager of our pregnancy’, which better carries the meaning of a managerial position in charge of production – which is much closer to the Hebrew context of the word.

Another aspect of the translation was the matter of cultural, contextual translation. In Israeli culture, the desire to have children is considered banal, even obligatory (Berkovitch, 1997; Donat, 2007; Birenbaum-Carmeli and Carmeli, 2010), while for a British audience I felt that I needed to explain much more the motivation and drives of my research participants, as well as the different positions that queerness and parenting occupy in the Israeli society, compared with Western cultures. This served as a mode of defamiliarization, helping me see my own culture from the outside and being more alert to the nuances of my findings.

In the next section I continue to discuss the dilemmas that I encountered while conducting this research and in the final write-up of the dissertation.

**THE ETHICAL AND POLITICAL DIMENSIONS OF DOING RESEARCH**

Ethnographic research is argued to be dialogic in nature, and requires the cooperation of the researcher with a group of participants who take part in a culture that is being researched (Stacey, 1991; Reinharz, 1992; Skeggs, 2001). This encounter, as with any social encounter, is embedded within hierarchical power relations: between researcher and researched, and between the researched and society at large. For this reason, researchers in the fields of anthropology, feminist and postcolonial studies have criticised the research encounter as a site for further exploitation, or at least misrepresentation of the people being researched (Abu-Lughod, 1990, 1993; Denzin and
Lincoln, 2000; Hacker et al., 2014). These authors describe research as a meeting point between Western researchers, who embody the privileged position of knowledge construction and academic prestige, with research populations who often (but not always) come from marginalized groups within society. In aspiring to an egalitarian research ethic, a set of rules for the ethical conduct of research were developed, advocating for research projects which are based on ‘reciprocity, honesty, accountability, responsibility, equality’ (Skeggs, 2001:433).

In devising the research strategy, I strove to make sure the participants had enough information about the research procedure and aims, that they entered the research freely after being appropriately informed, and that they retained the right to withdraw, if they wished to do so. At the same time, I was obliged to question the meaning of ethically researching a group whose family practices I disagree with and who, in my view, hold a relatively privileged position in the research field. I asked myself whether feminist research must always be non-critical towards the research participants, and what does this means for our ability, as feminist researchers and as women in a patriarchal society, to ‘study-up’ the structure of power relations that affect us directly or indirectly? How can we challenge social hierarchies, uncover hidden truths and alter frames of knowledge without looking up, into the sites where they are produced and disseminated?

Blee (1993) faced similar dilemmas in her research of female Ku Klux Klan members in the 1920s, a group of women with whom she had no common ideology and certainly no shared politics. As Blee rightly asserts, it is not always true that the political agendas of research participants are agendas that correspond with feminist ideals, or indeed with any form of egalitarian agenda. In my research, I found myself torn by these dilemmas. Upon entering the field, I saw the practices I was documenting as problematic, potentially harmful to female reproductive labourers and embedded in sexism and neo-colonialism. On the other hand, I was entering my own community, and speaking to people who were my colleagues, and sometimes my friends. I was also led by the desire not to pass judgment, but rather to understand. As such, I felt that my commitment as a researcher was not to become a speaker on behalf of my research participants, and yet to honestly and respectfully convey
their own understandings and viewpoints whilst remaining sociologically critical in my analysis of them. These ethical dimensions guided both the interview encounters and the analysis phase.

Another important consideration was to maintain openness and transparency about my politico-theoretical views towards surrogacy. While the bioethical dimensions of surrogacy were not at the centre of the research per se, I did not want the participants to feel duped or misled by entering into dialogue with a person holding critical views. I tried to subtly present my position as part of the interview dialogue, and also relied on my Google profile, which at the time presented my feminist activism and my past involvement in the coalition against surrogacy – facts that were known to most of my research participants.

While most participants were aware of my views and responded to them during the research and after, I understood after the fact that I might have been careless in a few of the later interviews, with participants who were not active in the LGBT community. As I will discuss in Chapter 8, during the writing period of the PhD, my involvement in criticising, from a sociological perspective, certain practices of cross-border surrogacy angered a few of the research participants, and led to the withdrawal of two participants from the research. As had been agreed when they initially agreed to take part in the study, their interview materials were returned to them, and the transcripts of their interviews were removed from the research data.

While I do not share the political agenda of fathers through commercial surrogacy – or at least I do not share the political agenda of making cross-border for-profit surrogacy more widely available, in terms of cost and broadening access to the surrogacy market – I do not see my agenda as necessarily opposed to the desires and needs of surrogacy families. As will be further discussed in the chapters that follow, a desire for creating systems of reciprocity and equality within surrogacy was voiced by many of the fathers whom I interviewed. Moreover, their commitment to the morality of the industry was much greater than mine, as they see the histories of their children as driven by the actions that brought them to life. In voicing my critique of commercial surrogacy, I therefore also
give voice not just to surrogates or feminists, but also to silenced concerns within the people who ultimately choose, or feel that they are driven to engage with the surrogacy market in order to have a family of their own.

Finally, I see this research as being embedded in a tradition of queer research. This research is based in questioning the sexual social order which drives systems of kinship and reproduction, and in raising awareness of the harms and oppression that lies within our definitions of the normal. In this, while I maintain a critical sociological stance, I do not direct it at specific people and their life choices, but rather at the way in which the current social order drives people's choices and limits our desires and the kinds of relationships that we develop, or even can dream to develop. This normal order affects all of us, but the effects are not equally divided or equally oppressive towards every member of society.

**Summary**

This chapter discussed the research ontology, epistemology and practice, taking into account research ethics and political context. I explained why I chose in-depth interviews as the main research method, and how this method was accompanied by other data collection methods in order to gain more rounded knowledge of the research field and to understand its operation.

My fieldwork was short and intense, and comprised of interviewing different participants in the surrogacy trade and in surrogacy legislation and practice, and collecting official documentation pertaining to surrogacy practices and surrogacy legislation. To accompany these, I also gathered online posts, blogs and discussions in sites that were open for public viewing. During the fieldwork, I was guided by ethical practices of honesty, accountability and respect towards my research participants. At the same time, and as I tried to convey to participants, I did not share all their political agendas, and do not write the research report as a paean to surrogacy families. I do hope,
however, that some of the findings will be beneficial in broadening the discussion of kinship models and the gap between ideals and the way they operate in everyday lives.
4. SURROGACY TALES

INTRODUCTION

*That life is complicated may seem a banal expression of the obvious, but it is nonetheless a profound theoretical statement – perhaps the most important theoretical statement of our time* (Gordon, 1997:3).

Echoing Gordon’s statement above, it would be banal to claim that surrogacy is a complicated matter. Yet, it is exactly this complexity that lies at the heart of this research project. In current literature, surrogacy is discussed through a variety of lenses: as an expression of newly formed relationships and families (Teman, 2008, 2010a); as an emerging technology that enables the commodification and alienation of the human body (Rothman, 1984; Corea, 1986; Klein, 1991; Raymond, 1998; Spar, 2006; Hochschild, 2011a); or as a form of contested contractual agreement (Brecher, 1987; Harris, 2003; Alghrani, 2012). Indeed surrogacy requires medical procedures, legal proceedings (which often take place in more than one country), human negotiations, and the formation of new social relationships. It is almost never straightforward, as the ‘facts of life’ are converted into the minutiae of techno-medical procedures, with many accompanying potential failures and misconceptions. In this chapter, I provide an initial outline of this phenomenon as an assemblage that remakes kinship, sexuality and technology, serving as a point of interaction between social contexts, technological innovations and relationality practices. By doing so, I aim to track the emergence of new social meanings and contestation points within this complex network of legal-technological-social entanglements that are bundled under the term ‘cross-border commercial surrogacy’.

This chapter presents two case studies, each representing a different surrogacy process described to me by a commissioning father or fathers. One surrogacy narrative took place in India, the other in the United States, which were the main cross-border surrogacy locations for Israeli gay commissioning parents at the time of the research. These stories are not brought here in order to
depict a certain ‘model’ surrogacy or to provide an exemplum. On the contrary, their variations, convergences and complexities allow me to shed light on the multiplicities that are invoked within surrogacy endeavours. These stories are presented here as a way to prompt the question, ‘what are we talking about when we talk about surrogacy?’ They appear here by way of illustration, following Latour’s directive to begin a sociological analysis with an honest description, a description that despite never being able to offer a full representation of a given ‘real’ still assist us in teasing out main points of concern in the analysed network (Latour, 2005:138).

As illustrative as they are, I would like to offer a reading that looks at the gaps and silences of the narratives, as well as at their spoken content. These narratives provide an insight into surrogacy from a very specific actor position: that of the commissioning parents. Other actors appear and vanish from the narratives, as well as from the segments that I chose to present here. Sometimes these other actors remain unnamed, as in the case of distant surrogates, egg providers or medical doctors; sometimes a name will appear suddenly at a certain point in the interview narrative. Either way, we can only imagine these other participants’ thoughts, desires, hopes and affects that are embedded within the collaborative effort to generate a life. Instead of ventriloquizing these silences, I suggest highlighting them and leaving their space in the story open for alternative interpretations.

I start with a surrogacy process that took place in India.

**Yuval**

The first surrogacy story was presented by Yuval, a gay man in his forties who lives, with his partner Nati, in one of Tel-Aviv’s central neighbourhoods. Unlike many other couples, Yuval and Nati chose to define fatherhood as Yuval’s quest. Nati supports Yuval in the process, but is not at present committed to officially fathering Yuval’s child. Our interview took place in a quiet office at the LGBT centre in Tel-Aviv.

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17 This name, and all the other names that appear throughout the dissertation, unless explicitly stated otherwise, are pseudonyms. Some identifying characteristics were also altered to eliminate risk of identifying research participants.
Yuval recalls always wanting to have a child, even in his early twenties when he was living in a small rural community and negotiating the challenges of coming out. At the end of the nineties, he even attended a meeting at a ‘Horut Acheret’ (‘other parenting’) group intended to match men and women who wish to parent together outside a couple relationship (these groups typically consist of gay men and single women, often heterosexual). He quickly withdrew from the group, but this encounter set up his expectations for becoming a father in the future:

I don’t even remember where it was, I just remember this image that for me it was not [pause]... It was like ‘wow’, it opened up a lot of things for me ... I was totally into being a parent. (interview, 5.8.12)

At the beginning of the 21st century, Yuval, like many other Israeli LGBT people, arrived in Tel-Aviv and encountered a vibrant gay community of night life, friendships among lesbians and gays, and LGBT political activism. Through these acquaintances, Yuval’s theoretical desire to parent became an actual possibility, as he became acquainted with gay fathers and their stories of adoption and co-parenting.

After several years, a parenting opportunity arrived at Yuval’s doorstep. Sigal, a lesbian friend, proposed that they should conceive and parent together under a co-parenting agreement. Yuval immediately responded positively:

She asked me and I was like ‘wow’. I was totally excited because I was really hoping that she would ask me [laughing] and I immediately said yes.

Yuval and Sigal decided to treat the matter with caution, and prepared a parenting contract with the help of the ‘Horut Acheret’ organisation. The organisation was well known in the gay community as a source for finding co-parenting partners and receiving legal advice. The two signed a contract and began insemination attempts. The attempts persisted for the best part of a year, with no result. Sigal was hesitant about going through hormonal treatment and IVF (both of which are state-funded in Israel, but would have required her to submit her body to these invasive procedures), and Yuval did not want to push her. By unfortunate coincidence, he fell ill with infectious mononucleosis
(‘glandular fever’). This disease is long-lasting and highly infectious; insemination attempts had to be stopped for three and a half years. During this period Yuval and Sigal, who had both already entered new relationships, grew apart. Yuval told me that their co-parenting plans were ‘phased out’ without discussion.

When Yuval had fully recovered from his illness, and after the option of parenting with Sigal no longer seemed viable, another co-parenting proposition came his way. Noga, a straight co-worker suggested that they parent together. Yuval initially agreed, but after a short while he understood that his answer was not honest or thought through. He understood that by choosing to parent with a woman, he would actually leave his partner Nati out of his parenting agreement, and in a way he would need to choose between his partner and his co-parent. Yuval therefore decided that he would either parent with Nati, or on his own, but he would not enter a co-parenting relationship with somebody outside his intimate relationship:

*Then I understood that I [pause] ... that I want to be a father. This is the most important to me and I want to be a father either with Nati or on my own*

Yuval's decision left surrogacy as Yuval’s only viable route towards fatherhood, since adoption is not possible for Israeli gay men\(^{18}\). The choice of surrogacy was not simple for Yuval. He was worried about the ethical implications of commercial surrogacy, especially pertaining to the state of surrogacy in the Far East, where he chose to locate his attempts. He spent time reading about it, watching documentaries, and debating the ethical aspects of it with friends, particularly female friends and especially ones that had gone through pregnancy. Their conversations were sometimes bitter and harsh, but Yuval decided to go forward, and to try to make sure he performed this process in the most ethical manner possible:

*So I [pause] ... I say, like Ruth has said ‘thy people shall be my people, and thy God my God’ [Ruth 1:16]. So your children are my children. And whatever I do with my children you will be able to do with your children. I am not giving this promise to her. I am giving this promise to myself. And I really think this is the least I could do*

\(^{18}\) The issue of adoption and alternative parenthood routes will be discussed in the next chapter.
The aim to engage in ethical conduct is woven here with another desire – to create some form of reciprocal ties and on-going relatedness or familial ties with his future surrogate, whose name and language he does not yet know. In the biblical story of Ruth, Ruth and Naomi create an alternative family, in which two women stick with each other, flouting social customs and despite their different religions and ethnicities (Naomi is Jewish, Ruth gave up her Moabite identity as she followed Ruth to Palestine). This story is therefore not just a story of commitment between unexpected relatives; it is a story of breaking social hierarchies and crossing boundaries, both physical and cultural.

At the same time, Yuval decided to enter into a contract with an Israeli surrogacy agent, who worked with a surrogacy clinic in India. This agent, a gay man, was a leading entrepreneur in the Israeli surrogacy industry. It was important for Yuval at the time to have a gay man as the contact person, a person whom had been through the process himself and would understand and support Yuval. This effectively meant that Yuval had little actual contact with the Indian surrogacy clinic, egg providers or surrogates themselves. Although Yuval did visit India to provide his sperm, he did not visit the clinic or meet any of his potential future surrogates. A contract was signed with the Israeli agency and with the Indian surrogacy clinic. Since surrogacy contracts in India follow a standard format that cannot be varied, Yuval did not have any direct contact with the Indian clinic and did not require legal representation. Contracts were signed by mail and fax, with the aid of the Israeli agency.

The next step was to begin reproduction attempts. These include providing sperm and choosing an egg provider, followed by processes that are performed by the Indian fertility clinic: fertilisation, the freezing and thawing of embryos and embryo transfers into the first available surrogate.

The first reproduction stage was choosing an egg provider. Yuval’s agent had provided a contract with a South African egg-provider agency with a large repository of potential egg providers. This location is chosen by many Israeli commissioning parents for the racial origins of the providers.
from the South African ‘white’ population, as opposed to India’s ‘brown’ egg-provider repositories. The providers are chosen according to a web profile, which contains photos, medical declarations and personal statements, not unlike a dating service. Yuval described hours and days of going through the database, looking at each card, choosing only women who agreed to have contact with the future children, and making his final choice based on a combination of the woman’s availability for immediate travel to India, and a sort of a gut feeling generated by reading her personal story and imagining what she was like as a person:

> [A]nd my eye is drawn to [pause]... there are all these forms, hand written depositions which are sent for handwriting analysis. Because I want to, I want to see something that is more personal ... at the end it is this gut feeling based on what is available for the period that I want it. Because I want it ASAP

In the end, Yuval chose a young, red-haired woman as his first egg provider. This woman had already provided eggs for other Israeli couples. Yuval’s surrogacy agent called him in order to say that he had picked a viable candidate, but that he should know in advance that she had a ‘poor harvest’[sic], meaning that instead of the average fifteen ova per donation, her typical ‘crop’ consisted of six. However, he assured Yuval that she has proven fertile before and there were children from each donation. Yuval decided to overlook the warning and continue with his initial choice.

At the time, the Indian surrogacy clinic had technical problems that prevented Yuval from sending his frozen sperm overseas. Therefore, unlike most men who commission surrogacy in India, he had to fly over and perform the sperm extraction there. The clinic scheduled the egg provider’s arrival for after Yuval’s visit, to ensure that no accidental contact between the two could occur. At this stage, Yuval’s partner Nati joined him in travelling to India, and the couple stayed in an apartment hotel used by commissioning parents who arrive to participate in the birth and to collect their baby. Because the agency performs many concurrent surrogacy pregnancies, and since post-birth bureaucracy requires a stay of several weeks in India, there are at any given time several Israeli
commissioning parents staying at the same hotel in Mumbai. The couple used the opportunity to befriend other gay commissioning parents, and to receive tips from the more experienced couples.

As planned, Yuval’s egg-provider arrived in the Indian fertility clinic after he left India, and went through the egg harvesting procedure. As the agent predicted, only 6 ova were extracted in the process. However, all six were successfully fertilised, and after a few days of in-vitro growth six embryos were generated. The preparation stages were complete and everything was ready for the beginning of the procreation attempts.

Yuval had no contact with the Indian surrogate selected for him by the clinic. As he explained:

_No. No. With Doron it’s [pause] … Let’s say that the contracts you sign are standard contracts and you reaffirm them, so to speak, once there is a pulse [i.e. once the pregnancy is viable]. It is another element of an industrial assembly line. It is never the same surrogate again._

In this clinic (and in other Indian clinics, according to the men I have interviewed) surrogates are chosen by availability and medical match with the egg provider. Only if and when a pregnancy is established will the surrogate's signature be added to the blank contract already signed by the parents. This reduces legal bureaucracy during the surrogacy process, and increases these clinics’ appeal to Western clients since they can provide a quicker response time, compared with Western clinics which require each attempt to be preceded by a contract signed by all the parties involved. This also implies that in most cases, the parents do not know the surrogate who is being impregnated.

As the commissioning father, Yuval was asked by the Indian clinic whether he wished to use two or three embryos in his initial transfer attempt. Having studied the medical literature pertaining to fertilisation and pregnancy, Yuval knew that his chances would be greater with three embryos, yet the risks to the children and to the surrogate might be greater as well. Therefore he chose two as a way to include the surrogate’s health risks within his calculations. The clinic performed the transfer,
but despite initial positive hormonal outcomes, after a few days it was clear that the pregnancy attempt had failed.

After a month, another surrogate was available for a second attempt, again with two embryos. As the story unfolded, not only did the second attempt fail as well, but during the thawing of the embryos two were damaged, meaning that there were no more embryos left. Yuval wished to use the same egg-provider again, and discovered that she would not be available for an additional harvesting cycle for another six months, due to the clinic’s safety regulations. Frustrated and devastated, he began investigating his alternatives, such as signing a contract directly with another egg provider agency, or running the surrogacy process without the agency he had contracted. But a solution was found before he could follow up on these alternative options. The Israeli surrogacy agent informed Yuval that a couple whom had already chosen an egg provider had withdrawn, and therefore another woman was available for donation within days. After inspecting her profile, Yuval approved and the next round of fertility treatments commenced.

The second egg provider yielded better outcomes – the clinic was able to harvest 15 eggs, out of which 12 were successfully fertilized. Another round of embryo implantation attempts began. But after six additional attempts, which took place every month for half a year, still no success was achieved, and Yuval was starting to worry about the possibility that his financial resources would run out:

*Again he [the agent] read me [like an open book] and he said to me: ‘Listen, first of all don’t despair. It will succeed in the end.’ I told him: ‘That’s right but it’s not like I am unlimited. I mean you know, I can’t spend everything on this thing. There is afterwards an ocean of money [to spend] on the rest of the pregnancy, birth, on living…’. So again he made me a business proposition that for me wasn’t business at all. I had to think of it in another dimension. He said to me: ‘Listen, let it be. Don’t choose another donor. There are eggs. There are people who wanted half cycles [i.e half of the produced ova] so [pause]… basically they had no partner for the half cycle so I let them do it anyway [and preserve the ova for other use]. So there is this egg bank but you will not know. You will not know who the donor is.’*
Surrogacy costs in India range between USD $40,000 and $100,000\(^{19}\) or even more, depending on the exact procedures and number of reproduction cycles that are conducted. As the payment for surrogacy is issued for each medical procedure, it would be impossible to continue trying indefinitely. And although Yuval had set aside a large fund for the purpose of commissioning surrogacy, he did not want to have to invest everything that he owned just in order to produce a child, depleting himself of the resources necessary to financially support this child in the future. Then Yuval's agent came up with a surprising suggestion. In order to reduce costs, the agent sometimes provided couples with the possibility to buy only ‘half an egg cycle’, meaning they pay half of the costs of travel and medical treatment, but also get only half of the yielded ova batch. This meant that Yuval could purchase ova at a reduced price. However, it also meant he would have to cede control over the process, and effectively give up his desire to choose the genetic ‘mother’ of his children. Moreover, the agent suggested that he would stop updating Yuval with the details of the process, thus reducing his agony over each failure, and promised to notify him as soon as a pregnancy was effectively achieved. Weighed down by his sorrow, Yuval agreed to this suggestion. He would relinquish reproduction choice and control over his reproduction process, in order to retain his emotional stability and yet be able to carry on with his attempts to become a father. At the time of our interview, Yuval still did not know whether his attempts would succeed in the end, but he was insistent on carrying on for as long as he could.

Yuval’s story ended on a positive note. A year after our conversation his son was born in India. But the timing of his birth was somewhat unlucky. During 2012 India decided to change its reproduction policies, by requiring a special medical visa from parents who wish to commission surrogacy processes in the country. According to new Indian regulations, a ‘surrogacy visa’ would be issued only to legally married heterosexual couples, thereby redefining Yuval and many other gay commissioning fathers as illegal reproduction consumers in India. However, since the Indian

\(^{19}\) Surrogacy payments to the Indian clinic and medical centres are evaluated in US dollars. Only the payment to the Israeli surrogacy agency is paid in Israeli Shekels, and the costs vary between 20,000 – 40,000 ILS, which roughly equals USD $5,000 – $1,000.
government was aware of surrogacy processes that were already underway, gay parents and other commissioning parents were permitted to carry on with their surrogacy pregnancies, as long as the baby was taken from the country before July 1st 2013. Yuval’s baby was born in June 2013, ahead of this deadline.

As it turned out, Israeli bureaucracy was not influenced by this deadline, and several weeks of administrative procedures were required before the couple could receive the required papers to leave India. (The nature of these procedures and state interventions will be discussed in Chapters 6 and 7). Yuval and his partner, along with a few other couples, were therefore unlucky enough to be in a situation where although their children were born before the Indian deadline, Israel’s bureaucracy pushed the couples beyond the date that they were required to leave India, and they and their children effectively became illegal immigrants. This legal and political entanglement continued for a few weeks. As had happened several times before – and as I describe at the beginning of this thesis – the commissioning fathers then turned to ask for the assistance and goodwill of Israeli public opinion, through the usage of national media. They and their family members gave interviews to newspapers, radio and national TV in order to apply political pressure on members of the Israeli parliament and through them on the Israeli Ministry of Interior Affairs in order to find a diplomatic solution. This solution was indeed achieved, and by the end of August citizenship was granted and couples were able to return to Israel with their children.

Before unpacking Yuval's story and highlighting its main themes, let us move on to another surrogacy narrative, this time told by a couple who commissioned surrogacy in the United States.

**Elad**

The second story was presented to me by Elad, a 42 year old man and the father of three daughters, born out of two surrogacy contracts with a surrogacy agency based on the West Coast of the United States.
Due to Elad’s busy life schedule, we met during his lunch break at a busy coffee shop not far from his office. But despite the commotion and the crowd around us, the conversation easily shifted to private, even intimate matters, discussing Elad's fatherhood desires, past relationships, and of course the path that led him to his current family status.

I asked Elad when he understood that he wanted to be a father, and he replied, like most of the men I interviewed:

> It was always clear to me, I think. There was no specific day that I came and said [pause], it seemed a part [pause], part of the order of things. (interview, 12.9.12)

When Elad was in his early 30s, an opportunity to parent arose when a friend introduced him to a lesbian friend who was looking for a parenting partner. They were both single at the time, and the arrangement seemed promising to both. As the story goes, they both happened to meet new same-sex partners at the same time. Elad met Reuven, who remains his partner to this day, and his potential co-parent met a new girlfriend. The two couples started considering parenting all together, by pairing a man and a woman from each couple and conducting consequent attempts using assisted sperm donation or IVF, so that eventually all the children would be raised by the four parents together. But very quickly Elad and Reuven understood that this was not how they desired to form their family:

> We fairly quickly understood that in this constellation there will be lots of barriers. That it will be impossible to travel [as a family], we will not be able to go [pause]. And we thought between us that, that, we mainly thought that we do not want to be parents [only] half of the week.

As I discuss in Chapter 5, for many of the fathers I interviewed, co-parenting agreements means giving up on their liberties as parents: to change their place of residence, to choose the child's education on their own, or to migrate to another country. There are also legal implications which mean that the non-genetic parent in families with more than two parents do not have any legal rights over the child in the event of separation. It was not uncommon among gay fathers who chose to
commission surrogacy to first consider co-parenting, and then withdraw and continue to surrogacy, as in Elad's case.

A few years passed, and Elad heard about the option to become a father through surrogacy. Almost by chance, a co-worker introduced him to a cousin, who lived in Los Angeles and already had children through surrogacy. This cousin gave Elad and Reuven more information and suggested that they contact one of two leading surrogacy agencies on the West Coast. After weighing their options, the couple chose an agency, which at the time was the largest and had extensive experience of working with gay couples. For Elad and Reuven, the fact that this agency offered a ‘pre-birth order’ was a major factor for choosing to commission surrogacy there. It meant that court proceedings took place before the child's birth, and therefore the names of both gay fathers would appear on the birth certificate and not the surrogate's name. This also meant that on the birth certificate at least, there would be no difference between genetic and non-genetic fathers.

Elad's manner of talking was calm and positive, as if he was recollecting a pleasant journey. However, when asked directly about the tensions and hardships in surrogacy, he did comment that commissioning surrogacy was not an easy experience:

All this waiting for a child, waiting for each answer. Whether it will be one embryo or two. All these tests that are conducted an ocean away [from you]. This is really not simple. It is two years of your life that your head is only preoccupied with this. Only in the process, only in how it will be, how will you hold up financially, emotionally, psychologically. So yes...

The first step in into entering a surrogacy contract in the US is to fill personal forms, describing the commissioning parents in order to provide information for initial matching with a surrogate. This process is mutual: the commissioning parents read profiles of surrogates and surrogates read profiles of commissioning parents parents, and only once both sides agree to work together does the agency arrange a first online meeting (typically via Skype). It took the couple six months to initially fill the forms they were given by the clinic, but once they did, the process progressed fairly quickly.
Within three months of submitting their forms, the agency managed to provide Elad and Reuven with potential surrogate and egg providers. This is an extremely short time span in surrogacy terms. After approving both women, the medical part of the surrogacy process began. The egg provider went through an extraction process and provided ova, while the surrogate received hormonal treatment in order to prepare her uterus for the embryo transfer. In the meantime the couple flew to the US to provide sperm. The intent was that both men would provide sperm and fertilise the embryos that would eventually become their children.

This complicated manoeuvring succeeded in producing several viable embryos in vitro. However, the doctors identified one of the father's embryos as more viable than the others. At this point, the couple had to choose how many embryos to transfer to the surrogate's womb, and whose embryos to use. Despite the fact that they initially wanted to use one embryo from each father, they decided to take the option that seemed to have more reproductive potential, which was to use only one father's embryos. The doctors were instructed to transfer two embryos fertilised by the same father to the womb.

*It was pretty obvious that we couldn’t put one and one [i.e. an embryo for each father]. I remember somebody said he heard. I believe our surrogate heard the doctor saying to the lab technician ‘to give them credit they made the right choice’, that it was the medical decision [to take]. A condescending statement, because we had a somewhat condescending doctor. But at the end of the day, he was responsible for the two pregnancies. We went with him for the second time as well.*

It is interesting to note the dynamics of the decision-making in this interaction. There are three actors. First, the speaker and his partner, who are the commissioning parents and hold the right to decide which procedure will be performed and how. Second, the doctor, who holds the professional knowledge and though he cannot direct the decision (as it is considered the client’s prerogative), maintains his authority by evaluating the decision in a manner that the father perceives as condescending. And finally, the surrogate, whose body becomes the vessel of the procedure, is a

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20 This procedure of ‘non-genetic twins’ became popular among gay commissioning couples, as it enables the couple to have two children whereas each father has one genetic child. I discuss this process of ‘balancing’ the family in Chapter 5.
passive listener; the comment is not meant for her ears – she accidentally hears an utterance directed at a laboratory assistant, probably while the procedure was being conducted in her body.

The outcome was that one embryo caught and pregnancy was achieved. This outcome is rare in IVF proceedings. The success rate is between 20-30% per attempt, and Elad was one of only two research participants who achieved a pregnancy at the first attempt\textsuperscript{21}.

The positive story continued almost until birth, as the pregnancy advances without major events. Throughout the pregnancy the couple maintained weekly Skype conversations with the surrogate, discussing her physical condition and receiving information about the medical tests and procedures performed on her.

A few weeks before the designated birth date, the surrogate entered premature labour and needed to undergo a Caesarean section. The couple were notified on time, and managed to fly to California and get to the hospital in time to take part in the procedure. Reuven was even permitted to videotape the operation, as the excited couple became parents to a baby girl.

Despite the happiness over the birth of the child, both the surrogate and the couple remained unsatisfied with this process. The surrogate told the couple that because of the premature birth, she felt that she did not experience the surrogacy process at its fullest, and wished to have another surrogacy pregnancy in the future. The couple also desired another surrogacy process, for other reasons. Many surrogacy fathers attempt to achieve ‘genetic balance’ in their family structure, meaning that they wish to have genetic offspring for each parent. In Elad and Reuven’s case, they also desired to maintain genetic relatedness between their children and therefore wished to use ova from the same egg-provider. In order to ensure her availability, they needed to act quickly. The other father's embryos from the previous round were not good enough so another round of egg donation was needed, and the egg provider was not guaranteed to be available in the future. So

\textsuperscript{21} The second ‘first attempt success’ occurred in India, roughly at the same time that Elad’s surrogacy process was taking place.
while they were in the US, taking care of their newborn child, the couple also started to seek a new surrogate to start a second round of IVF with the egg provider and new sperm samples, hoping for a quick pregnancy outcome in the second attempt as well.

Again, the process went smoothly. The surrogacy agency's liaison, who already was personally acquainted with the couple and was fond of them, had immediately located a new surrogate for them. The egg provider went through another donation cycle which again yielded enough ova, and the other father's sperm was used, this time yielding embryos which seem healthy and viable. For the second pregnancy, the doctor recommended using three embryos to maximize the potential of achieving pregnancy, and the couple agreed. The first embryo transfer failed, as often happens in IVF attempts, but the second attempt was successful, and even yielded a pregnancy of four embryos, as one embryo had split in two inside the womb. This additional embryo disappeared in consequent examinations.

Triplet pregnancy is considered dangerous to both the mother and the foetuses, and the doctors recommended clinically reducing the number of embryos. With agony and trepidation, the couple decided to go through with the suggested operation and ‘dilute’ one embryo:

_This was the medical decision. Sure. No, no, in principle it [triplet pregnancy] was impossible. So on the day of diluting, you know, there is always the thought that maybe we are diluting Einstein or, [pause]. But it is not a thought that we think on a daily basis._

During the second pregnancy, the surrogate had complications and aches. She even spent fifteen weeks attached to an infusion pump and receiving anti-nausea medication. The couple were concerned for her health and suffering and suggested that she would abort, but she refused, saying that she believed in perseverance. However, their contact with the second surrogate was less frequent than in the first pregnancy due to her physical condition. Elad reported that this was due to her physical pain, which sometimes prevented her from even speaking, and maybe also to the fact that she did not want to burden the couple with all the details of her physical agony.
Eventually, the due date arrived and the parents flew again to take part in the birth. This time no operation was needed, and Elad remembers standing right there, by the surrogate’s left foot, as his two new babies arrived into the world.

During the interview, Elad took special care not to disclose the identity of the genetic father of each child. He explained that he sees this as a personal matter between him, Reuven and their children. The parents took special care to ensure that they both appeared on the birth certificate. However, such certificates are accepted by the US authorities but not by Israeli authorities. As the couple understood after birth, in order to gain Israeli parenthood rights and citizenship for their children, they still had to go through genetic testing and prove the genetic relatedness of one of them to the children. Moreover, the non-genetic father still had to go through the second-parent adoption process in order to be legally recognised as the father of the children. As we shall see further in Chapter 6, there are significant discrepancies between different state regimes in defining parenthood, custody and citizenship of surrogacy children, that sometimes leaves children officially stateless and parentless, at least on a bureaucratic level.

Genetic tests and administrative steps typically require several weeks, which the couple spent in the US. During this time, they maintained contact with their surrogates, who in both cases provided the babies with their maternal milk, with the aid of a breast pump, in order to give the young babies good nutrition for the first few weeks of their lives. This was perceived by the fathers as a very generous gesture, and at the same time as an intrusion and an awkward situation:

Look, our first surrogate, we were after that [after the birth] around for another two months and she came quite a lot. At some point it was not easy. It was not easy. [...] It is another person in the house. You cannot go to sleep because you have to be a host. And you want to host because you owe this woman the world, you owe her everything but I think I was not sure this is good for her. [...] She. Both of them gave us milk, used the breast-pump and did many things way over what any ordinary surrogate does.

The surrogacy encounter evokes a host of conflicting emotions. Elad feels grateful to this woman, his surrogate, who as he says he owes the world to, but at the same time the surrogate’s insistence
on providing breast milk feels excessive. He explains this by worrying for the surrogate’s wellbeing, being unsure whether so much contact will be good for her.

While Elad describes this devotion as being beyond what any other ‘ordinary surrogate’ would do, discussions about breastfeeding were prevalent among fathers who commissioned surrogacy in the US, ranging between refusal to breastfeed and acceptance of milk which was mechanically extracted with a breast-pump. This common refusal might also be linked with the role of breast milk in signifying motherly care and nourishment. While the couple feel thankful, they also maintain the need to create boundaries around their new family. The surrogate is a visitor in their house, not a member of the family.

Once the administrative tasks were completed, the couple flew back to Israel with their children who now had dual citizenship: of Israel and of the US. They also have a different family structure in each state: in the US the children have two fathers, but in Israel each child is registered as the daughter of her biological father. At the time of our interview the couple had not gone through the additional adoption processes necessary to acknowledge the parenthood of the non-biological father.

Meeting with Elad a few years after this process was performed gave me the benefit of gaining perspective on the experience of surrogacy. This interview was understandably much less detailed than accounts of parents who were in the middle of the process, and maybe a bit more directed in the flow of the narrative, more chronologically organised and teleological. Describing his present concerns, Elad commented that now his situation was not different than that of any other parent:

*What is hard [today] is the physical hardship and the loss of freedom and all those things that happen to anybody. Our problems today are the standard problems of parents of three children. [...] They have many aunties, they have all the feminine figures that... [pause]. Maybe not everything but they have a nanny that puts nail polish on their fingers every morning, they have the feminine figure. And I really feel that the problems are, that private kindergartens are really expensive, or that, three in private kindergarten is crazy. [...] but these are really [the problems] that everybody has.*
As Elad says, surrogacy parents are not different from any other parent, but without directly introducing the topic, Elad implies an additional concern – or, perhaps, a criticism that he is aware of: that of the need for a feminine figure in his daughters’ lives. While his gender and sexual orientation had not appeared directly in our conversation thus far, when thinking of his concerns as a parent his gender identity cropped up, and was reconciled through providing external help, in the form of female family members and hired help.

**Understanding Surrogacy**

Two surrogacy tales were presented in the sections above, in order to tease out the complexities and multiplicities of surrogacy processes. They are very different from each other: located in different countries and operating under different legal contexts. But there are still similarities between them that highlight the underlying structure of surrogacy as a legal-medical process and as a social desire. Each of the themes below will be explored in more depth in the chapters that follow.

In both stories, men narrate their desire towards parenthood as taken for granted and as having existed since their childhood. As was discussed in Chapter 1, pro-natalism is a strong social value in Israel, leading to the highest fertility rates in the OECD (Birenbaum-Carmeli and Carmeli, 2010; Mashiach et al., 2010) and state support and funding for fertility treatment (not including surrogacy). This means that my research participants share the same familial values as heterosexual Israeli men, a similarity that has also been documented in narratives of gay men in the United States and the United Kingdom (c.f. Langdridge 2013). My research participants’ desire to parent, however, can lead to various contractual/familial/technological means of fulfilment, and it seems from their narratives that the decision to commission surrogacy is dependent upon social encounters with other gay fathers through surrogacy.

Commercial surrogacy operates in the context of global reproductive commerce in the contemporary late-liberal era. This is an era characterised by the relaxation of social norms and
individuality as an ideal (Giddens, 1992; Beck-Gernsheim and Beck, 1995; Beck and Beck-Gernsheim, 2002). As I discussed in Chapter 2, kinship is still very much guided by restrictive norms and relationships that are not as self-designed as Giddens (1993) may suggest (Silva and Smart, 1999; Weeks, 2007; Gilding, 2010). In this respect, the case of surrogacy shows the importance of self-authorship as a cultural ideal, as well as the place that social norms have in providing the legible means for self-authorship. Surrogacy families thus operate as a form of neoliberal family making: self-made, conducted in an (ideally) open market, crossing normative and geographical borders in order to achieve their designated goal. But through closer scrutiny of the stories however, we see how the choices are eventually bound – they are bound by regulations, norms, and the financial means of the commissioning parents. They are also bound by the living tissues and bodies that take part in the reproductive effort, in a form that shows the intra-action in Karen Barad’s (1998, 2003) terms, between the material and the discursive.

Surrogacy fathers operate in this arena as moral pioneers, similarly to Rayna Rapp’s discussion of women’s usage of new reproductive medicine testing procedures (Rapp, 1999). They set their own moral boundaries and decisions, drawing on existing kinship understandings yet often re-aligning them into new models. Their surrogacy stories were narrated as a set of consumer choices: technical, moral, relational, financial. Each choice opened up new possibilities, for different services, for social contact, for making new families, while simultaneously each choice restricted other possibilities.

Although not present as a choice in most narrations, the first decision commissioning parents make is to try to become parents through surrogacy. Often, parents have attempted other means prior to opting for surrogacy; a small minority of my sample had already become parents via other means but still sought to use surrogacy for their next children. I discuss alternatives to surrogacy and the participants’ justification for choosing this method in the next chapter.
Once they decide to commission surrogacy, fathers are required to choose where and with whose aid they will conduct the process. The most basic questions are what will be the location of the surrogacy procedure (in what country, and often also the location within this country), and also whether they will use an Israeli surrogacy agency or try to contact a surrogacy clinic and agency in the foreign country directly. These choices are bound to one another, since most surrogacy agencies have specific target countries they work with, and in the target country they have specific clinics, surrogate agents and egg-providers repositories that they cooperate with. So the choice of agency may lead to choosing a particular country and vice versa. The choices can be influenced by the feeling of connection with a specific agent, and by recommendations from friends or good media publicity; but also by the financial means of the commissioning parents and how much they are willing to spend on the process, since there are great differences between the cost of surrogacy in India and in the US, and lesser differences between agencies in the same state. The cost also varies greatly by the outcomes of various stages of the process, as the payment is in most cases per procedure: every egg extraction round, fertilisation, embryo transfer, medical examination and so forth is paid for separately, and in cases of many iterations the overall cost can rapidly grow.

Since my interview sample only included couples/individuals who at the time of the research had conducted surrogacy in either the US or India, I shall continue to list the different steps that took place in each surrogacy procedure, presented according to the surrogacy state. For clarity the options are displayed in a table. I chose to focus in this table on the material – the medical procedures which occur, the contracts that are signed, documents produced. I explore further the social meanings that are constructed by taking these steps, and that shape the paths that surrogacy practices take, in the following chapters.
Table 1: Surrogacy Milestones

<table>
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<tr>
<th>Surrogacy Agency</th>
<th>United States</th>
<th>India</th>
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<tr>
<td>Fathers can choose whether to work with one Israeli agency which is a branch of an American surrogacy agency, or directly with a surrogacy agency in the US. In any case, there is a negotiation phase with the surrogacy agency, and fathers were usually also represented by an Israeli lawyer to assist them in the overall process.</td>
<td>Three Israeli agencies specialised in India surrogacy at the time of the research, and a vast majority of commissioning parents worked through Israeli agencies, in order to overcome language and cultural distances. The contract with the Israeli agency and with the Indian clinic was standard in these cases, and did not require any negotiations.</td>
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<tr>
<th>Contracting a Surrogate</th>
<th>United States</th>
<th>India</th>
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<td>Both commissioning fathers and surrogates filled out a profile form and ‘sell’ themselves to the other form. When commissioning fathers choose a surrogate, she reads their profile and confirms them, and they initially ‘meet’ on Skype to check their suitability. After initial agreement the contract was negotiated, including many changes and varieties – depending upon the agency’s standards, and the fathers’ and the surrogate’s requests.</td>
<td>In most cases of Indian surrogacy, the Indian surrogacy agency employed the surrogate, and not the parents directly. The contract was standard, and surrogates were often replaced after each failed embryo transfer. Most commonly, the fathers had no direct contact with the surrogate until very late stages of the pregnancy or after the birth.</td>
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<tr>
<th>Contracting Egg-Provider repository</th>
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<th>India</th>
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<td>Some US agencies also operate as egg-provider agencies, keeping their own repository of potential providers and providing the fathers with online egg provider database. Other agencies encouraged the fathers to choose egg provider from specialised egg-provider agencies.</td>
<td>Each agency had contacts with egg-provider agencies, located in South Africa, Eastern Europe, the US and rarely within India. The prices vary according to racial profile; the cost of an Indian egg provider was approximately half of the cost of using a ‘white’ egg provider from South Africa or Eastern Europe. US-based egg providers were more expensive and less common than a combination with Indian surrogacy.</td>
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<tr>
<td>Providing Sperm</td>
<td>United States</td>
<td>India</td>
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<td>Commissioning fathers flew to the US clinic that would provide the IVF treatment and provided sperm samples there. The sperm was either frozen, or when an egg provider was already available fertilization was performed with freshly acquired sperm. This visit was typically also used to meet the surrogate face-to-face, and to get to know her and her family</td>
<td>In most accounts sperm was provided and immediately frozen in Israel, with the aid of an Israeli private sperm bank. The sperm container was shipped to the fertility clinic in India. Only when this option was not technically viable did the fathers fly to the fertility clinic in India, but the visit was not used to get to know the surrogates – only the medical facilities, and sometimes other fathers in similar situations.</td>
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<tr>
<th>Egg Extraction process</th>
<th>United States</th>
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<td>The chosen egg provider signed a contract with the commissioning parents and undertook a medical examination, followed by hormonal treatment cycle and ova extraction. The procedures usually required flying to the clinic location and a few days at a hotel, for which the parents covered the costs.</td>
<td>In most cases there was coordination between the Indian fertility clinic, the Israeli surrogacy agency and the foreign country egg-provider agency. Egg providers arrived in the clinic in groups, after undertaking hormonal treatment and initial medical examinations in their home country. As part of the extraction they also spent a few days in India as tourists.</td>
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<th>In Vitro Fertilization</th>
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<td>Performed by the fertility clinic, and when possible, immediately followed by embryo transfer of 2-3 embryos, while the rest were frozen</td>
<td>Performed by the fertility clinic, and when there are viable embryos 2-3 embryos will be transferred to an available surrogate. The matching of the embryos and the surrogate was performed by the doctors and the clinic</td>
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<tr>
<th>Embryo Transfer</th>
<th>United States</th>
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<td>Conducted either with fresh embryos or by thawing frozen embryos from previous stages. Since the same surrogate was used in each attempt (except if the parties had decided to cancel the contract between them) then there was a waiting period, a few months long, between attempts</td>
<td>A cycle of embryo transfer can occur every month, depending on the number of available frozen embryos. If no pregnancy caught and there were no more available embryos, the commissioning parents were asked to choose another egg provider from the egg provider repository.</td>
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<td></td>
<td>United States</td>
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<td><strong>During the Pregnancy</strong></td>
<td>The surrogate and the commissioning parents maintain direct contact, via Skype and phone calls. The surrogate passed medical information to the fathers and updated them on the progress of the pregnancy</td>
<td>The surrogate is monitored by the Indian agency and by the fertility doctors. The commissioning fathers received updates on the medical progress of the pregnancy through the Indian agency; sometimes this information was mediated through the Israeli surrogacy agency.</td>
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<tr>
<td><strong>Prenatal Screening</strong></td>
<td>The surrogacy pregnancy typically included obstetrics followups, and more checkups than the US standard. The parents received full medical reports from each test, and would normally fly to the US at around Week 20, to be present during the ultrasonography. They typically used this opportunity to get to know the surrogate better and to spend time with her extended family</td>
<td>The parents received information on any prenatal diagnosis by email, and received the ultrasonic scan, usually with the gender information missing (to comply with Indian regulations).</td>
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<tr>
<td><strong>Pregnancy Decisions</strong></td>
<td>Certain potential decisions, such as the possibility of abortion, dilution of embryos or multiple-embryo pregnancies were discussed ahead of the pregnancy and were introduced as part of the surrogacy contract. Questions that arose during the pregnancy were often (but not always) discussed and resolved between the fathers and the doctors overseeing the pregnancy</td>
<td>According to a report by an Indian feminist organisation (Sama, 2012), surrogates are often not informed about the procedures that will occur during the pregnancy, and have no negotiation space to decide which procedures they approve or disapprove of. In the narratives of commissioning parents, there were also concerns that their requests or directives were not carried out accordingly. It seems therefore that many decisions are made by the physicians and surrogacy agency, sometimes (but not always) in consultation with the commissioning parents</td>
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<tr>
<td></td>
<td>United States</td>
<td>India</td>
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<tr>
<td><strong>Child Birth</strong></td>
<td>The commissioning parents typically planned to arrive in the surrogate’s city ahead of the pregnancy’s due date, and to be present during the birth. Often they would be present in the delivery room and took part of the delivery. The type of delivery is often discussed beforehand.</td>
<td>The commissioning fathers tried to arrive before the child birth, and to be present in the hospital during or immediately after the birth. Most births were pre-planned and performed by caesarean section. Because there is a high rate of premature births, the babies often stayed for at least 24 hours in the hospital. Sometimes the babies required neo-natal care, and consequently spent weeks (and in one extreme case months) in the neo-natal intensive care unit.</td>
</tr>
<tr>
<td><strong>Kinship Status &amp; Citizenship</strong></td>
<td>Surrogacy children are US citizens. If the surrogacy included a pre-birth order, then the names of the commissioning fathers appeared on the birth certificate. If not, a court order was required in order to transfer the children to the custody of the commissioning fathers. In all cases, the fathers also needed to undergo genetic testing in order to register their children in the Israeli citizenship registry and provide their children with Israeli passport, but some fathers chose to fly beforehand, using their children’s US passport and arranging the necessary documentation at a later date in Israel.</td>
<td>Surrogacy children are born stateless and parentless. The surrogate was obliged to attend the Israeli consulate and sign a waiver form, which allowed the commissioning fathers to undertake genetic testing (to prove paternity), and to apply for their child(ren) to be registered as an Israeli citizen. After their genetic relatedness was recognised by Israeli family court, the child was given travel documents, which required affirmation by the Indian Ministry of Foreign Affairs; then the fathers could buy a flight ticket and fly to Israel. These procedures typically lasted 3-4 weeks.</td>
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<tr>
<td><strong>Surrogacy Relations</strong></td>
<td>Most surrogacy fathers described maintaining distant kin relationships with the surrogate. They exchanged pictures and sometimes gifts on birthdays and holidays, and sometimes arrive with the children for a visit. In some cases, the same surrogate carried a second pregnancy, for their next child.</td>
<td>In the vast majority of the cases, the parents don’t have any further contact with the surrogate, and do not have means to contact her. However, her picture will usually be part of the surrogacy album, and she will become part of the family story told to friends and to the children themselves.</td>
</tr>
<tr>
<td><strong>Standard Overall Cost</strong></td>
<td>$120,000 – $150,000</td>
<td>$40,000 – $80,000</td>
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Table 1 describes the medical and administrative milestones of most surrogacy practices, and their differences under two particular regulatory regimes, as I documented them in the years 2012-2013. It is displayed here to show the varieties and the complexities, but readers should take into account that the specificities that are displayed here are in constant flux, as a result of regulation changes, shifts in consumer preference or as a result of external event, such as the change of regulations in India, which is discussed in Chapter 6, or the earthquake in Nepal, which was mentioned in the Introduction of this thesis.

The milestones in the table operate in a form of intra-action with the bodies and technologies that participate in the reproductive effort. There is no way to foretell how many eggs a certain extraction cycle would yield, or whether and how many of these eggs will become fertilized in the encounter with the father’s sperm, or what the outcome of the embryo transfer into the surrogate’s womb will be. As Sarah Franklin (refs) has shown, fertility medicine is based upon uncertainty and risk prognosis. The intra-action between the desire to achieve pregnancy and child birth, the limitation of the financial input of the commissioning fathers, and the uncertainty and low success rate of the procedures themselves direct the path of surrogacy practices. It is telling that in Yuval’s story, the intra-action with the failed embryos and failed wombs led him to gradually give up reproductive control. From being completely moved by egg providers’ stories and personal narrations, deliberating his choices for days, he shifted into a state of being oblivious to the reproductive attempts conducted for him. This enabled Yuval to maintain emotional stability against the pressure of recurring disappointments and failed emotional investments. The distance in this case served as a shield against the emotional stress that is often part of reproductive attempts. Yuval is not unique in this manner, and as I discuss throughout the thesis, the living body is always an actor in the miracle of reproduction.

Despite common statistics of reproductive attempts which describe success rates of IVF of around 20-30 percent per attempt, all the men who took part in my study became fathers at the end of their surrogacy paths, although some paths were considerably longer than others. When I spoke with
surrogacy fathers who already had children, the surrogate who carried their child had a significant place in the narrative.

Relationships with the surrogate are placed centre stage in both stories in this chapter, but the ways that these relationships are experienced and characterised by the men differ. For Yuval, this relationship is embedded in phantasy, and is fraught with guilt and a strong desire for ethical conduct — a desire which is not actualised because the many unnamed and unknown surrogate women who try to achieve pregnancy on Yuval’s behalf are never known to him, while he only had a very brief encounter with the surrogate who eventually became the birth mother to his child. In Elad’s narrative the relations with the two surrogates are described as intimate: closeness is maintained during the pregnancy, and additional commitments are undertaken after the birth in the form of producing breast milk for the newborn babies. But Elad also stressed the need to generate distance, to set boundaries in the very delicate emotional entanglement of the gay fathers, the surrogate mother and the children. Many other couples also found this intimate manoeuvre challenging and hard to achieve. In the long run, the shared language and the availability of easy-to-use internet communication software, which served the relationship during pregnancy, also help maintain distant familial ties between most fathers who commissioned surrogacy in the US and the surrogates who carried their children. These ties are maintained in the form of picture exchange, birthday cards and gifts and often also return visits to meet the surrogate and her family.

Another significant aspect in these stories is the centrality of the surrogacy industry. All the fathers I interviewed used a surrogacy agency, either an Israeli agency that mediated the interaction between couples and foreign service-providers or an agency in the target country, but there was always a certain level of mediation present in the surrogacy agreement. This mediation is never transparent. The technical and legal possibilities that agencies present to their customers become new kinship possibilities. In many ways, surrogacy agents become the new gate keepers of kinship, as they determine the boundaries of the trade; and as they keep pushing forward, to new geographical destinations and new technological possibilities. In Yuval’s narration, the agent’s
involvement was apparent through the option of using ‘half cycle’ of unknown egg providers. This is a market technology which also yields other kinds of relationality – of half siblings within the surrogacy families who use the services of the same Israeli agency.

**CONCLUSION**

This chapter served a descriptive purpose, of explicating the intricate details of surrogacy projects. While much of the bioethical and feminist literature focuses on the relation between commissioning parents and surrogates (Corea, 1986; Harris, 2003; Hochschild, 2011a; Alghrani, 2012; Shalev, 2012; Twine, 2015), in reality surrogacy is a much broader endeavour, in which both commissioning parents and the surrogate can be marginalised. There are many participants in each cross-border commercial surrogacy contract: some of them human-actors, either reproductive collaborators (providing sperm, eggs, gestation – some hired and some provide their own for their future children), and some the material objects and bodies who also affect the outcomes, and may alter the paths that were originally designed for this process. Surrogacy assemblages are therefore intricate intra-actions between the material, the discursive and the social ideals and understandings that are intertwined within them.

Market drives towards more profit and new possibilities operates in intra-action with the living material bodies of surrogates, egg providers and future parents. Reproductive technologies operate under regimes of uncertainty and statistical potentiality (Franklin, 1997, 2013) in a manner that is never fully determined by technology or by the participants’ desires. Surrogacy stories most often are loaded with moments of failure, sorrow and regret. But these moments also open up the potential for additional market services.

Another important institution that directs surrogacy relations is the state, as it is manifest in regulation of medical procedures, of citizenship registration and in legislation. As demonstrated by the two stories presented above, different regulatory and legal frameworks lead to different relations
between the consumer and provider in the surrogacy process. In the US legal system, the surrogate is an equal party to the surrogacy contract, and both sides screen and choose each other before commencing the process. In India, where the surrogates mainly arrive from marginalized social groups with less potential negotiating power and legal know-how, the contract is signed in a manner that does not even allow querying. It is often signed when the pregnancy is already achieved, most commonly in English, according to the many accounts by surrogates, often illiterate even in their own language. State regulations therefore greatly shape the unequal terrain that surrogacy operates within, as well as the level of communication between parents and surrogates.

The stories were told from different viewpoints. In one, the protagonist was still in the middle of the arduous journey to become a father, at a stage where money was running out and the future outcomes of his attempts remained uncertain. In another, the story was told with hindsight, after two successful surrogacy processes, at least from the viewpoint of the fathers and their children. This might also affect the different tones of the stories and different intensities of the telling.

Building on these insights, this thesis also explores how gender interacts with the themes that were mentioned above. How does the fact that this study explores male couples having babies, within a culture that still regards parenting and child rearing a female role, affect these fathers’ practices and challenges? How is assisted reproduction perceived by men when medical reproduction discourses are so often gendered? How will family models be affected by the two-fathers-no-mother model? The next chapter explores the emergence of the new two-male parent family model through the process of commissioning surrogacy.
A known Jewish idiom says: 'Adam she'ein lo banim chashuv ke'met' - 'A man who is childless is accounted as dead' ('Talmud', tractate 'Nedarim' 64b). Indeed, parenting is almost an unquestionable life goal among all sections of contemporary Israeli society (Manski and Mayshar, 2003; Birenbaum-Carmeli and Carmeli, 2010; Nahman, 2013). It is no surprise, therefore, that many Israeli gay men wish to become parents, and that their journey towards parenthood is a thoughtful and innovative journey that employs various strategies and means of creating ‘alternative’ families.

Surrogacy is a relatively new means of achieving fatherhood. As I discussed in Chapter 1, surrogacy has existed in Israel since the mid-1990s, and Israeli gay men began commissioning cross-border surrogacy pregnancies around 2005. Yet, as I show in this chapter, in the specific repro-politics of Israel, surrogacy taps into the organising principle of normative kinship, that is, of the ‘natural’ heterosexual reproductive couple. In the decade that has since passed, surrogacy has even come to be understood as the closest possible imitation of nature for gay men who wish to create a family. Following Strathern (1992b), Franklin (1997) and Thompson (2005), I suggest that reproductive technologies, instead of being understood as artificial or fabricated, reconfigure our understanding of what is natural and how nature operates; in this case study, the use of technology becomes a surrogate for nature itself, and therefore incorporate the ‘two-male-parent family’ into the protected realm of natural kinship.

Kinship is a construct which casts itself as primordial, existing beyond and before society’s reach, based upon known ‘natural facts’ (Strathern, 1992a). Family relations, and especially the links between parents and children, are therefore understood to be spontaneous, unquestionable, and timeless. According to Schneider (1984), kinship is based on two simple orders: code and blood. Code is determined by social relations, that is, by marriage and law; blood is determined by the natural order of procreation, of male and female who are united through the act of procreation. Yet,
the simple organisation of kinship into marital relations and reproductive relations was never a homogenous structure, even during its prime in modern western societies (Strathern, 1992a). Illegitimacy, adoption and extended kin relations have always existed, to varying degrees and within different social and political arrangements. Put in a different way, there has always been a disparity between the ideal of ‘the family’ and the lived experiences of families as they are practiced in everyday lives, or in Gillis’s (Gillis, 1997) terms, between the families we live by and the families we live with.

Assisted Reproduction Technologies (ARTs) add another complexity to the imagined relations between nature and the family, as they disaggregate the act of procreation itself into distinct and unrelated steps, occurring in vitro and in vivo, linking bodies in ways that were not possible before. As Franklin argues, ‘Reproductive technology is aimed at creating new life forms. But in so doing, technological assistance to life itself troubles previous certainties, about descent, relatedness, and kinship’ (Franklin, 1997:7). This rearrangement of bodies and relations is not limited to the construction of family relations. As Marilyn Strathern aptly argues, ‘Precisely because kinship is supposed to be about primordial relations, the fundamental facts it endorses have been intrinsic to the cultural enterprise built up after it’ (Strathern, 1992a:11): that is, when kinship changes through the application of new technologies, our understanding of nature, of primordial relations and of the human-self alters as part of the refashioning of familial ties and relationships.

Gay kinship displays an interesting facet of this remaking of family ideals. As I propose in this chapter, surrogacy creates a new family form: the ‘two-father family’ model. This model is simultaneously construed by my research participants as being natural and as against nature; as fabricated; and as stemming from primordial desires, social and biological. These contradictions and their careful neutralisation through surrogacy discourses bring to the fore the intricate relationship between ideal types, the intimate desires of members of a certain society and the development of medical technologies and their markets. They show, further, that ARTs have
become more than a ‘helping hand’ to nature; they have become a surrogate to nature in our cultural imagination.

My discussion begins with describing the motivations to use surrogacy as they were presented to me by commissioning fathers. These motivations display the context of the development of surrogacy in Israel, as well as its normative promises and politically neutralising possibilities. I then describe how through surrogacy intricate patterns unfold, of genetic kinship and social kinship, and of both crossing normative boundaries and simultaneously abiding by them. These evolving ‘surrogacy standards’ enable me to show how surrogacy taps into existing understandings of both kinship and nature, and how surrogacy discourses succeed exactly in this manner – by remaking the heteronormative ‘natural’ family into a structure which potentially includes a newly fashioned ‘homonormative’ (Duggan, 2002) couple with children.

I begin the chapter by evaluating potential fatherhood paths other than surrogacy fatherhood: adoption and co-parenting agreements with female partners.

**PATHS TO FATHERHOOD**

Israel is a pro-natalist society, with the highest rates of assisted reproductive technologies usage in the world and highest birth rate in the OECD (Birenbaum-Carmeli and Carmeli, 2010; Mashiach et al., 2010). It is also a society that strongly stigmatises childlessness, and sees having children as an imperative for normative adulthood (Donat, 2007). It is no surprise therefore that gay men, just like their heterosexual friends and family, describe thinking about fatherhood and expecting to become fathers from an early age. Re’ah, an Israeli gay man with a child from surrogacy in the United States, described how his future fatherhood was prominent in his coming-out conversation with his parents:

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22 According to Birenbaum-Carmeli and Carmeli (2010), Israeli women are ‘the worlds heaviest consumers of the [IVF] technology. For example, in 2005 there were 3,575 IVF cycles per million in Israel, three times the EU average of 1022 cycles per million.
I remember that when I came out to my parents, I remember very clearly that one of the first sentences I told them. One of the ‘mantras’ I kept repeating was that either way I will have children. Of course at that point in time they thought I was hallucinating, but to me it seemed very clear. Actually when I came out [to my parents] I already believed this could happen. Today I think I was a bit naïve to think like that because it is not that simple. There is something in dreams that they are always naïve (interview 14/8/12).

Having a child was a dream for Re’ah, and also a very real and clear future. A ‘mantra’ that he repeated in order to calm his parents’ fears for his future life. Re’ah is not unique in this description. Indeed for most of my research participants, coming out to their parents involved conversations about having children and building a family in the future.

For gay men, becoming fathers is a wish that requires thoughtful deliberation and the consideration of different alternatives (Dunne, 1999; Stacey, 2004; Berkowitz and Marsiglio, 2007; Berkowitz, 2008; Dempsey, 2012). The participants in my research reached their parenting decisions through thoughtful explorations of imagined or available options. These include adoption (domestic or international), surrogacy, co-parenting with a female (lesbian or heterosexual) partner, or opting out of parenthood altogether. As was documented by Berkowitz and Marsiglio (2007), these decision-making processes are strongly affected by existing bureaucratic regimes. The possible choices are also affected by social factors, namely the acceptance of male parenting and gay male parenting, the existence of models for such parenting in their vicinity, and their own prior experience with children and care-giving (Langdridge, 2013).

In public debates over surrogacy for gay men within Israel, a seemingly naïve question is often raised, namely ‘Why don't they adopt?’ For my research participants, this question was often perceived as an insult, understood as a form of homophobic statement, questioning their abilities as fathers and their moral rights to achieve the same goals as their heterosexual friends and family members. It might therefore seem surprising that many of my research participants actually attempted to adopt, and initially chose adoption as their preferred route towards parenthood. One example is Nevo, a gay man in his forties who at the time of our interview was in the process of
commissioning surrogacy in India with his partner. Before opting for surrogacy however, Nevo's first intention was to adopt a child. His story begins with his encounter with the Israeli Child Welfare services:

There was this woman, I still have her details here somewhere. At first I called, not, [pause] without too many details. And she immediately asked me if ... like ... whether I am married and such. I told her 'no, not married, I live with [a male] partner'. She said: ‘Well, you know, there is no reason not to. We conduct a review. But really till this day no [male] couple got it [a child]. If you want the statistics.’ (interview 9.1.13)

According to the Child Welfare Services' internal regulations, gay couples and single men are permitted to become adoptive parents. At the same time, the service maintains a priority-based waiting list for potential adoptive parents, ordered by the parents' suitability for adoption. In this list, men in general and gay men specifically are placed at the end of the line, as the least appropriate potential adopters, based on a ‘double burden’ ideology which claims that an adopted child will have ‘enough’ difference to overcome, and that a placement in a gay household will pose extraneous challenges for a ‘normal’ child. According to this logic, less normative parents will be able to adopt only less normative, less desired children – either children who are comparatively old and/or face health problems, or have mental or physical disabilities, or are considered hard to handle. This policy is hardly a secret, and often presented to gay fathers and other members of minority groups when they apply to adopt. It was also articulated by the Head of Child Welfare Services in my conversation with her:

The option to adopt a baby is closed to them [gay fathers]. Let's be clear, the adoption law says that adoption is by a man and his wife. Which means that for a specific child, I should first find a father and a mother. However, in exceptional cases the law permits single adoption. This is basically the possibility for homosexual couples to adopt in the state of Israel […]

It is true that they will not get the little children but [only] the children that I cannot find a father and a mother for. We, the service, cannot find, not me personally. We cannot find them a father and a mother together. It is true that these are the older children, and often the more difficult ones. It is also dependent upon supply and demand. Today the waiting list in the state of Israel, it used to be seven years, now it has been shortened to four years. This is the waiting queue for a baby for someone who is without children. Because someone who is not without children does not get a
baby at all. So if I had a problem in the state of Israel to find families for babies, so of course everything would widen.[...]

The perception is that a couple of a father and a mother is the normative unit, and therefore the preference is to give [a child] to the normative unit especially since adoption lays a burden on the adopted, of being an adopted child. So to be [placed in] a special family as well? We say - with all the openness to the gay community, the time is not ripe yet. (Interview, 28.10.12)

Child Welfare Services are a nation-wide unit in the Ministry of Welfare, in charge of all adoption and child intervention cases in Israel. Traditionally, they provide foster care, homes and adoptive families for children who have been removed from their parents' care, and monitor households at risk or households with legal disputes, when called upon to do so by the family courts system (for instance in divorce situations, or when child abuse/neglect is suspected). Since 2005, when the Supreme Court ruled that a non-genetic parent in a same-sex couple could adopt the children of her/his spouse (through the ‘second-parent’ adoption process), Child Welfare Services have also been called upon to provide pre-adoption surveys of households of lesbian mothers or gay fathers who wished to adopt their non-genetic children. This bureaucratic body thus operates as a gatekeeper of kinship in the lives of LGBT parents and their children, either by being the service that officially approves the parenthood of a non-genetic parent in a same-sex household, or by setting limits on their possibilities of adopting a healthy, young child.

It is worth paying attention to the language of the justifications that are given to the adoption policy. Same-sex families are depicted as ‘special’, a euphemism for ‘other’ or ‘different’. According to Hicks (2005), the discourse of ‘difference’ – whether rooted in homophobic intentions or in liberal-progressive intentions – in itself introduces bias against LGBT-parent families. This is certainly the case when this ‘difference’ is used to justify the disqualification of potential LGBT parents from adoption. The very idea of ‘special families’ assumes that there are some families out there that are not special, and therefore operate better in a social world which does not value otherness.

These concepts have not been successfully contested in Israel thus far. This, which alongside the decline in the numbers of children available for adoption in Israel is a common phenomenon across
the Western world (Briggs, 2012), drives couples to seek other alternatives in the form of transnational adoption, as Nevo's story demonstrated:

Then we went to check this [option of] international adoption and we discovered that very little, like men are not. [pause]. Not so. [pause]. Not considered appropriate candidates in a large proportion of the countries. More or less, Central America is the only place where we could go to. There is exactly one [Israeli] NGO – 'Humanicat'. I spoke with their CEO, and she told me 'look, there are some problems at the moment, call me again in one month' [...] So I did some digging in online forums and found out that in Guatemala, which was the main target [for gay adoption], the gates closed. And what we later found out in several conversations with this CEO was that Guatemala was indeed closed, but that El Salvador was an option. However they managed to bring [only] one [adoption] case from El Salvador in the last couple of years. And that's the current status. So we had to reconsider again. We said 'ok, this is also another kind of terrible bet. You cannot know if there is any chance to bring a child from El-Salvador'. Guatemala was closed because of something in the UN, and in some, some committee for the welfare of children. Because of a lot of irregularities with international adoption that verge on, on trafficking in children. ... This of course makes me very sad. I wouldn't want to buy a child, but I would like to adopt a child that has nothing in this world and to give him the world or to at least try. (Interview, 9.1.13)

As these quotes show, Israeli gay fathers face administrative barriers if they wish to adopt, and since 2005-2006 most cross-border adoption states have been closed to them. This is not a coordinated conspiracy against same-sex parenting, but an unintended consequence of the introduction of regulatory means for transnational adoption and the attempts to protect adopted children, which have resulted in the closing off of most adoption targets for gay or single men from Israel. Cross-border adoption, which became subject to heightened international regulation following the adoption of the Hague Convention on the Protection of Children and Co-operation in Respect of Inter-country Adoption (1993), is a site where heterosexist kinship norms and gender bias are directly translated into policy, which is then enforced to prevent the formation of non-normative families. The norms might differ from state to state (whether single motherhood is

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23 Adoption regulations can be arbitrary and subject to changes. According to my informants, both gay fathers and legal scholars, currently there are no states who will let a single father, or a gay couple, to adopt. The last country to allow such adoption was El Salvador, but these adoptions were tainted by tales of child abductions and bribery, and eventually ceased around 2011.
permitted for instance), but the mechanisms remain the same; under these mechanisms, Israeli gay couples are excluded from the legal possibility of cross-border adoption.

This lack of viable alternatives might be part of the reason for the increase in surrogacy cases among gay men in Israel. Surrogacy has been proven to be a successful route to fatherhood in most cases. On the other hand, the status of gay adoption sheds light on the precarious position of men as main care-providers in Israel. According to the Child Welfare Services, men's parenthood is still questionable and perceived as exceptional. This gendered view of child rearing, and gay men’s struggle for their position as main care-givers, also emerged in the stories of men who attempted to become fathers through co-parenting arrangements.

**SEEKING GENDER EQUALITY**

Feminist scholarship has paid great attention to the role of parenting and family in creating gender relations (Franklin 2014). According to scholars such as Rubin (1975)(1975) and Pateman (1988), kinship is an institution that not only arranges reproduction and care giving, but is also a key constituent feature of a gender/sex system, defining and setting the base terms in the creation of the gender dichotomy as well as the construction of normative gender roles. In search of a Marxist-like explanation of the ‘endless variety and monotonous similarity’ (Rubin, 1975:88) of women's oppression, Rubin locates the roots of this oppression in the relations of reproduction, namely, kinship systems. Based on Levy-Strauss’s classical work ‘The Elementary Structures of Kinship’ (1949), Rubin suggests that:

> [Kinship] relationships always include certain rights for men, others for women. ‘Exchange of women’ is a shorthand for expressing that the social relations of a kinship system specify that men have certain rights in their female kin, and that women do not have the same rights either to themselves or to their male kin. In this sense, the exchange of women is a profound perception of a system in which women do not have full rights to themselves (Rubin, 1975:94).

Another radical feminist who saw the base of male supremacy in reproduction was Shulamith Firestone (1970), who sought to find alternative gender relations through the replacement of bodily
reproduction with technology. An artificial womb, said Firestone, could free women from their reproductive subjugation (see also Franklin, 2013:73–75).

Sex/gender systems are contextual and shifting. Therefore, it is worthwhile to consider the (re)organisation of gender relations when two main kinship institutions – the couple-based family and parenting – are decoupled. That is, what happens when men and women wish to co-parent without being a couple? How are these arrangements affected by gendered power relations, and how do they manifest in expectations of the familial division of labour and in the social institutions that define and maintain kinship? One such instance appears in the narratives of gay men who seek parenthood through co-parenting contracts.

Co-parenting contracts have a very specific meaning in the LGBT community in Israel. Since the appearance of specific organisations promoting co-parenting in the late 1990s, these agreements have become standardised for the most part, are usually signed with the aid of a specialist family lawyer, and pertain to all aspects of child rearing, especially the questions of sharing child custody, place of residence of both parents and forms of financial support, most commonly from the father(s) to the mother. There are no official numbers on the scope of these families, but a report by one of the organisations providing legal counsel to such families estimates their numbers to be in the hundreds in 2007 (Rosenblum and Peleg, 2007).

Before I begin discussing the possibility of co-parenting, a word of caution is necessary. The stories recounted here are of fathers who eventually chose to use surrogacy. While they did attempt to co-parent, often over a long period of time, their failure to become fathers through this arrangement led them to seek other alternatives. As Plummer warns us, stories such as these are told at a certain stage and from a particular perspective, and with a particular political aim (Plummer, 1995). It is reasonable to assume that given a different turn of events, the same narrator might have told his story in a more positive tone towards co-parenting. Indeed, gay fathers who have become fathers through co-parenting arrangements view it differently. Nevertheless, the narratives that follow are
instructive in terms of displaying the inherent gendered binaries that might arise through negotiations over sharing parenthood between partners of different genders.

Avraham is a father of twins who were born as a result of a surrogacy process he commissioned in the US. As with many other fathers, surrogacy was not initially on his mind when he first considered becoming a father:

“At the age of 33 I started conducting more specific research. I said ‘I want to do this thing [parenting], so I need to understand how I can do this’. The three options are adoption, co-parenting which is with a lesbian woman or with a single woman who reached the age of forty and decided that she is not going to find the love of her life, and there is biological parenthood which for women is sperm donation and for men is surrogacy.

... So for one year I checked what I want, and my resolution was that adoption is not for me. It's too much this thing of Judaism and Jewishness. This genetic part of continuity [...] the physical continuity is [pause] it's out there somewhere. I knew it's not [pause]. So I was left with either co-parenting or biological parenthood. And raising kids without a mother was unthinkable for me so I went for co-parenting and I tried it for three years. (Interview, 8.1.13)

As mentioned earlier, gay men's parenthood desires and initiatives are organised through a process of deliberation and consideration of alternatives among the available possibilities (available medically, legally, and socially). For Avraham, the three alternatives he recognises are adoption, co-parenting and surrogacy. But unlike Nevo, Avraham desires to have a genetic offspring, a child that will provide him with ‘physical continuity’, which he links to his Jewish identity and religion.

Avraham also wishes this child to have a mother, because for him, ‘raising kids without a mother was unthinkable’. Avraham accepts here a gendered understanding of child rearing - that a child must have a female parent (i.e mother). However, this woman parent is not necessarily the only or even the main care-giver, as he sees himself as an involved parent as well.

Avraham's preference for family making was quite prevalent among lesbian and gay communities in the 1970s and 1980s (Weston, 1991; Mamo, 2007), as lesbian women and gay men could perform do-it-yourself insemination without needing to seek medical assistance and without state intervention. However, currently the option of co-parenting has become more medicalised and
bureaucratized, through the usage of intrauterine insemination (IUI) and IVF (Mamo, 2007), and the widespread usage of parenting contracts. In Israel, citizens can apply for state financed reproduction services for up to a limit of two children per person or per couple, and therefore the usage of medically assisted reproduction among people who wish to parent together without intercourse is more accessible than elsewhere. There are age limitations on the availability of such services, but marital status and sexual identity do not pose any limitations on access (Kahn, 2000; Birenbaum-Carmeli, 2007).

While some gay men found their co-parents among friendship circles and relatives, in the late 1990s and early 2000s more institutionalised forms of co-parenting solutions emerged in the forms of NGOs, support groups and dating sites that provided ‘co-parent matching’ services. There are currently two major organisations that provide these services in Israel (‘Horut Shava’ - equal parenting, and ‘Horut Acheret’ - other parenting), as well as numerous dating sites and meeting locations. Avraham attempted to find his ideal co-parent in one of these groups:

There were support groups for people that have the will to do it, men and women. Meeting together, talking about all sorts of things [pause]. So I met two women from [those groups] and it was. [pause]. Really strong connection. One that lasted for half a year. That we really talked. I had a partner at the time and he also joined in. Participated in these things. And [pause] that's it. We tried. And I understood that those [pause] I was in a problematic situation. Why problematic? If the guy doesn't have financial means maybe it can work out. But I insisted that our relations will be co-parent, which means we share the kids 50-50. [The kids] Will be at mine half of the time, at hers half of the time. When you do it like this there is no need. No need for any financial agreement between the two. There is full partnership in the same percentage. With these girls it always seemed like [pause]. One of them barely managed to make ends meet, and she was. When I talked about buying a big house and having place for the kids, a house that she might be able to live in as well, we create two zones in the house or something then it bothered her. It bothered her that she can't bring [half of the cost] to the family and she wanted me to donate her part as well.

[...] So I went to consult with a lawyer, and she told me – the kind of women you can find, are those who need your financial support.

Financial support appeared often in interviews that described co-parenting negotiations of alimonies and financial transfers as a reason to withdraw from co-parent contracts. In the process of the
standardisation of these contracts, through support organisations and specialised legal advisers, a norm has emerged of likening co-parenting arrangements to heterosexual divorced couples. In these contracts, fathers are normally expected to provide alimony to the mothers, and to accept spending less time with the child, as a divorced father would.

This gendered arrangement felt exploitative to my interlocutors - as though the male part was only needed for his ability to finance both mother and children. This is explicitly described by the advice that Avraham received from his legal advisor:

*The kind of women at your [Avraham's] wage level, that would be solicitors or something and they don't [pause] they don't need any complications. They will have their woman, a house they made together and they want to do what they want. If they want to move a house [for instance]. They don't need another person messing around with their lives. And they have the money to afford this. And even if they desire a father figure, they desire a father figure. Maybe they do agree to have some father figure in the background. But not the kind that comes and takes half of their days and half of the time. That's not appropriate. And definitely he won't be interfering with their decisions on what they want to do. So you with your demand, who can you get? Someone that wants all this [a father figure] and needs financial support and then she comes to you and she will receive this from you.*

With the availability of sperm banks and assisted reproduction for lesbian women and single women, fatherhood is seen (at least according to the quote above) as a sometimes desirable but ultimately unnecessary supplement to the mother-led family. The father figure should remain in the background, but a woman with financial ability, with social support from relatives and friends and potentially a female partner would not want an involved father ‘messing around with her life’.

Women who do desire to share the burden of parenthood are assumed to reach this desire as a result of an economic calculation - their need for child support due to lower wages and lower financial potential. The trade that is suggested therefore is purchasing care time: the more the fathers financially supported the mothers and the children, the more negotiating power these fathers will have to demand a bigger share of actual child rearing. This is perhaps a somewhat perverse/counterintuitive rearrangement of the former heterosexual breadwinner contract, by which
men were the sole providers and women the sole care-givers, with the key difference being that in this reformulation men now have to provide in order to care.

This depiction of co-parenting does not cover the possible spectrum of parenthood agreements and the variety of reasons that lead women and men to enter such arrangements. However, among gay men who eventually chose surrogacy, this was a common tale, showing that such expectations are at least not uncommon in the landscape of co-parenting in Israel.

While empathising with Avraham's position of not being accepted as an equal future parent, I wondered about the financial logic of rejecting this deal, to be replaced by another, commercialised and ultimately more expensive deal of commissioning surrogacy. I asked him to reflect on this in hindsight:

*Adi*: I think to myself, you will tell me more about the surrogacy process but you probably paid much more for it. So why not pay the [pause]. It's like if you are going to pay, why not pay someone who is going to be the mother of your children? After all, it should be your interest to make sure she is financially stable, that she is secure. So what stops you from paying her something which is probably less than what you paid eventually?

*Avraham*: Yeah, probably, that's a really good question. I think that first of all we don't know the sum in advance. I can tell you, it [surrogacy] cost me one hundred and forty thousand dollars, including all the expenses. So part of it I would have paid [for co-parenting] but it probably would have been a very small part. But the other thing I can think of, still when I pay I get something after that ... I can go with the children anywhere, I'm not tied up.

If the terms of the co-parenting arrangement were organised as a transaction of money in exchange for the right to provide care, then surrogacy offered a deal that seemed more straightforward: a higher price in exchange of complete control over supplying care. And as another participant commented, the kids arrive ‘complications free, with no strings attached’.

Building on Rubin's theorising of kinship as a site for the production of sex/gender relations, I claim that co-parenting could offer a potential site for undoing gender and for the practice of resistance towards gendered care norms. It provides a meeting point for men and women who wish to parent
with a partner of the opposite sex, yet it is set outside the institution of marriage, in a manner that opens up the gendered relations of reproduction and care to new interpretations. Yet, based in an uneven gendered terrain, where equal pay is a distant ideal and societal norms regarding participation in child-rearing and home maintenance are far from equal, my research participants’ expectations of equality in the relationship were met with misunderstandings and strong disagreements. Moreover, their own expectations of ‘complete equality’ in rearing practices and costs turns a blind eye to the realities of gendered relations as they are, in terms of financial capabilities and labour-force inequalities. And indeed, the main issues that arose in these care negotiations were money - where the men were expected to be the main financial providers for their children rather than splitting the cost halfway, and, in relation to care-work, where men were expected to settle for less actual care time.

For my interviewees, failing to find a right match for co-parenting was not described with regret. It was often (maybe in hindsight) accompanied by relief, and a new realisation that the favoured route to parenthood was not with a female partner after all. This was often tied up with having another male partner, as in Yaron's story:

_Yaron:_ I met a few women in this group, and it did not work with any of them and during this period, when I was already in the group and knew some women, I met Lior. And I met somebody outside of the group by the name of Shlomit that [pause], it was already after I had met Lior but Lior and I were more or less. In the beginning of our relationship. Right? [turning to Lior] We were what? Four months together, half a year? Something like that? So I met Shlomit and tried to have children with her and two things happened over several years. I had two years that I tried to have children with her. So first of all we succeeded less and less, and the more you fail, and we tried almost twenty times, something like that, and the more you fail [...] The more time passed by the less I felt like having a child with her. And what is more important is that the more time that passed Lior and myself started perceiving ourselves as a family and all of a sudden it wasn’t appropriate to have someone else in our relationship. Then I decided to stop with Shlomit.

(Interview, 12.11.12)

As the title of Thompson’s (2005) book indicates, making babies is indeed 'making families’, and having a child with a woman outside of the male-couple relationship means opening up the
structure of the family, letting not just the child enter the new formed family, but also a woman who is an outsider. The intimate bond of the couple becomes permeable as another person takes part in decision making, not just over the child but also over where the couple will live, the kind of family vacations they can have and when, the child's dietary requirements and so forth. When child-rearing ideologies and work obligations are introduced into the parental contract, or in face-to-face discussions among all parties, the dyadic same-sex couple is decentred from the family that is being created. For many couples, surrogacy offered a seemingly easy get-out from the need to introduce this burden. Crucially, surrogacy also offered another powerful driving force: the power of nature.

**REMAKING NATURE**

What do people mean when they say they want to become fathers? Whilst some referred to their close relationship with children around them, others discussed the need for continuity, and some speculated about the potential for regret in later life following childlessness. Whatever the choices and meanings, for many parenting was also strongly linked with an image of ‘the Family’ as an ideal that they brought from their family of origin and from society around them; namely the ethos of the nuclear (heterosexual) family. Interestingly, when gay men engaged with this heteronormative model, it was depicted as a force of nature in their narratives. This can be heard in the words of Haim, a surrogacy agent and himself a gay father through surrogacy:

*I personally feel that this [surrogacy] is the option that. I'm not talking about the process, I am talking about the outcome at the moment. This option is much more natural and much more [pause]. I would say it feels right or more adapted. I don't know what is right or not right. But it is more adapted to family units that exist in the world naturally. I mean there is a couple based family and very often this couple raises their own children. (Interview, 12.8.12. Emphases added)*

My meeting with Haim took place in a Tel-Aviv coffee shop, not far from his office in the centre of the city. He is well versed in the feminist critique of surrogacy, and often participates in public debates and conferences on the subject, representing either the industry or the interests of gay commissioning fathers. Maybe this is why even before placing our coffee orders, Haim was already
keen to explain to me why he thought that surrogacy is the most acceptable route to parenthood for Israeli gay men. As can be seen in the quote above, his speech was hesitant; he paused, considered his words, and re-articulated his argument. Yet, he insisted on his position that the couple-based parenthood arrangements (that he helps create) are a natural phenomenon. This is an intriguing choice of words, given the fact that Haim is a gay man, and most of his clients are gay men as well, and that the term ‘acts against nature’ was a legal depiction of male homosexual acts until not so long ago. Moreover, in the last segment of the above quote: (‘but it is more adapted to family units that exist in the world naturally’), the outcomes of gay surrogacy are directly likened to heterosexual nuclear families, while Haim reiterates their normative standing by evoking the notion of nature as a grounding reason for favouring this specific family formation.

This paradoxical rationalisation is not unique to Haim, and requires further attention. It provides in one short passage a combination of two robust discursive mechanisms that operate via surrogacy. One is the assumed similitude between the gay nuclear family and heteronormative standards of family life. The other, the neutralising and naturalising power of assisted reproductive medicine, is a power that is probably stronger in Israel than anywhere else in the world (Seeman, 2010).

The ethos of the couple-based nuclear family is a strong and persistent one, even while other family forms achieve more statistical prevalence. As Gillis states:

Although fewer and fewer people live in conventional marital relationships, more and more people live by a conjugal ideal that is instilled from childhood and structures adult horizons of expectation throughout life and even beyond. (Gillis, 2004:989)

Indeed, among gay men in this research, breaking free from the heterosexual conjugal ideal did not mean giving it up altogether, but rather reconfiguring it into a same-sex reproductive cell: a homonormative couple-based family. A succinct account of this process was provided by Garry, a future parent from Tel-Aviv:

I think this is somehow this natural route that everybody feels also in things they were raised at home, either if it is about satisfying your parents or feeling like everybody else or [pause] or this is
really something biological for some of us who strongly aspire to have offspring so they get to? this stage: mortgage, marriage, children. (interview, 26.11.12)

Garry posits the aspiration to become a father between the social and the biological. For some he says, it is about the model that was seen in the family of origin (which is assumed to be a heterosexual married couple); for others, it is a biological need. But in either case, the desire is channelled through socially accepted norms - not just child rearing, as this should be preceded by achieving financial stability (signified by having a mortgage, that is, home ownership), relationship stability (in other words marriage) and then children. The trajectory of this course presumes financial means, as not every young couple is able to buy a house in the current economic situation of Israel\textsuperscript{24}, and assumes the ability to marry. In order to procreate it is still necessary to find a life-long partner, even though this partner is now permitted to be of the same sex.

Assisted Reproduction Technologies provide an interesting viewpoint into these processes, as on the one hand ARTs generate a rupture in the ideal according to which biological, genetic and social parenting should be aligned, but on the other hand they provide the means for the production of genetic offspring (or seemingly genetically related offspring) for couples who were previously unable to achieve this outcome. Biotechnology in this respect is perceived not as manufactured and therefore negating ‘the natural order’, but as a seemingly neutral extension of nature, as it enables the creation of ‘the most natural family’ or as close to it as one can get.

Sarah Franklin's account of IVF technology is most apt here:

\begin{quote}
In vitro fertilisation, it turns out, is a reproductive technology in more than one sense. While enabling biological reproduction, it also offers a context for the reproduction of gender norms, family values, and kinship structures. At the same time, and in the same way that it is both just like and not like unassisted reproduction, IVF provides a context in which established norms are changed (Franklin, 2013:221).
\end{quote}

\textsuperscript{24} For information about home ownership, refer to the 'Adva Social Status Report':
\url{http://israelaffordablehousing.blogspot.co.il/2012/12/blog-post.html}
Indeed, surrogacy as a technology generates a new kinship structure - the surrogacy family, which is both an imitation of and a complete alteration of heterosexist conjugal norms. Nature here is a discursive means for normalisation, as Bruno Latour comments: ‘In spite of its transcendence, Nature remains mobilizable, humanizable, socializable’ (Latour, 1993:37). The socially and technologically constructed ‘natural facts’ of genetic relatedness, made possible through the technological application of IVF and gestational surrogacy, thus become mobilised into a cultural ideal of relatedness which is ‘natural’ and therefore more appropriate for couples, gay or straight. Despite its alleged similitude, it is not my intention to claim that by opting for surrogacy, gay men are assimilated into heteronormative kinship structures. As often is the case, resistance and submission are not distinct oppositional forces. The homonormative family is still a novel formulation, distinctly other than the heteronormative family structure, and is still marked as different and unsettling. In the surrogacy discourses presented here, the difference is neutralised and reduced, while similitude is foregrounded and maintained as a driving force towards surrogacy. In this way, surrogacy becomes a site for naturalising, and therefore socially legitimising the gay-couple family.

Surrogacy agencies, represented here by Haim, the owner and entrepreneur, are not just sites for family making; they are sites for producing kinship norms, by articulating the potentialities and outcomes of the technologies in certain ways. In interviews and observations, I could witness the salient ways in which surrogacy ‘clients’ are provided with a series of ‘parenthood preparation’ classes by various agents and advisors, comprised of legal advice, couple counselling, parenting advice and even home-design tips. All these provide the commissioning parents not just with the technology of creating a child, but also the tools to care for the self, the household and the spousal relationship.

In cases of cross-border surrogacy, the intricate choreography of kinship and relatedness is multisited, operating on various layers of interaction among individuals and authorities, institutions and the law. The ontological choreography that Charis Thompson (2005) describes is enacted in the

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intricate articulations of how to conduct surrogacy, under which terms and how to negotiate kinship through and after this process.

In this respect, surrogacy as an assemblage and the surrogacy agency as a site are, in Donna Haraway's terminology ‘contact zones’, locations for the re-enactment of social performances and subject positions in a way that shifts and remakes them in unexpected ways:

*Contact zones are where the action is, and interactions change interactions that follow. Probabilities alter; topologies morph; development is canalized by the fruits of reciprocal induction. Contact zones change the subject – all of the subjects – in surprising ways* (Haraway, 2008:451).

The ‘contact zone’ of the surrogacy assemblage changes the structure of normative kinship and the subject position of the ‘family member’, not just for male same-sex couples but also for the kinship institutions in the society that surrounds them. Through the agency, the clinic, media attention directed towards reproductive entrepreneurship, and everyday sightings of gay couples with babies, the landscape of parental desires shifts and transforms. Babies are born, families are formed, political views shift, and imagined futures become tied to commercial infrastructures. And through these processes, new homonormative subjects are created and further articulated.

The homonormative couple is therefore an ideal, but an ideal that includes inherent ambivalence and rupture. The possibility of generating a child of one's own, as surrogacy and assisted reproduction in general promise, problematises the parenthood status of both partners. How does one negotiate a position which simultaneously stresses the importance of the biological connection with one's child, yet maintains the equal parenthood status of the non-biological father? As long as genetic children for two male-parents remains a scientific fantasy, the gay genetic family requires further articulation and negotiation.
EQUALITY, CONTINUITY AND BELONGING

The question of a family structure where children are biologically linked to one parent raised questions and negotiations among same-sex couples. With many of the couples I interviewed, the relations were negotiated through the idea of ‘genetic balance’. Fathers maintained that it is necessary to have more than one child and to keep biogenetic sibling relationships. This was accompanied by the idea that for the family to be properly balanced, both fathers should have a child who is biologically theirs. As Re’ah says:

_We have a lot. [pause]. We have a couple of friends that have a child through co-parenting. So one is the bio-dad and the other is. [pause]. They are both fathers. So I don’t...Genetics is not critical. I would like...It's like it was important for me...Once you have one [child] who belongs to someone genetically then you need to have [an additional] child who is genetically related to the other in order to have balance between us and some balance in the family_ (Interview, 14.8.12. Emphasis added)

Re’ah knows of other gay couples who negotiate parent-child relationships which are not based on genetic kinship, but he believes that since his partner will have a genetic child soon, he should also have one to keep the family structure on equal terms. It should also be noted that the average family size among Israeli Jews is three children per family. So gay men’s desires to have several children do not differ from the common family model. However, the additional requirement of genetic balance is indeed a new variety of this model, which can only be achieved through the technological viabilities that surrogacy holds.

Couples seek to achieve 'relatedness balance' either through twin pregnancy, where one surrogate carries two embryos, one for each parent; or through parallel pregnancies of two surrogates (which could result in having 2 babies or more at around the same time); or through consecutive surrogacy attempts. Some of these options, which are driven by commercial incentives, raise concerns for feminists and human right groups. Multiple embryo pregnancies are considered more risky to the surrogate and to the foetuses, and increase the potential of premature birth and other pregnancy complications. Moreover, some cases of using more than one surrogate simultaneously may end not
due to pregnancy deficiency but due to cost reduction strategies. According to local advocacy groups, Indian surrogates reported cases of pregnancy termination in cases where two parallel pregnancies occurred, without informing the surrogate about the cause of termination or indeed that she was part of a ‘redundancy’ scheme.\(^{25}\)

As can be seen through these family planning tactics, as they embrace a nuclear family model, gay couples adapt it and enhance it, imposing additional normative requirements – an Israeli ‘homonormative couple’ should have at least two children, their biological identity divided among their fathers, and often it is also suggested that the children should have the same egg-provider as their female progenitor. When social norms are reiterated, they are also reinvented and explicated, in a manner that is both dynamic and rigid.

Genetics also play part in the relations between gay fathers, their children and their extended kin from their family of origin, as illustrated by the case of Yosef, a gay man in his fifties. He was one of the older interviewees, and he still remembers the difficult days of coming out in the 1980s, when homosexual acts were illegal in Israel and LGBT parenting seemed like a far-away illusion. Still, Yosef was certain of his desire to become a parent:

_Yosef_: I am the immediate descendant of Holocaust survivors. I am the firstborn and a descendant of Holocaust survivors and it was clear to me that I will not be the burnt [match] end of my family. And it does not matter that my three siblings have children

_Adi_: right

_Yosef_: I will not leave this world without leaving a trace (interview, 11.12.12)

Yosef knew that he wants to have children, but the opportunities that arose during his life failed, such as when a lesbian friend who suggested parenting together in the 1980s, followed by a few unsuccessful attempts of conceiving together. Therefore, when surrogacy appeared as an option, and especially when surrogacy in India presented a more affordable solution, Yosef decided to go forward with this.

\(^{25}\) For a detailed review of surrogacy practices in India see: ‘Birthing A Market A Study on Commercial Surrogacy’ (Sama, 2012).
I was curious about his very clear justification for desiring a child – a child which is imagined not just as providing happiness or meaning in ones' life, but as a direct continuation of both Yosef, and of his parents' heritage, which he relates to through the memory of the Holocaust. I asked Yosef whether the trace that he wishes to leave in this world has to be genetic:

Yosef: It has to be. If it is not biological it does not count. Only my [biological kin]

Adi: But why? In terms of familial continuation isn't it enough that your brothers have children already.

Yosef: It doesn't matter. There is also the question of my place in the family array and with my brothers. I am the firstborn. When my brother got married and had children I felt that he took the birthright from me. Loud and clear. I spent many years hanging around with this feeling. It is a terrible feeling. Then no. It [the child] had to be of me. Of course.

As the firstborn, Yosef feels an obligation to become a father and continue his family of origin, to bring his children into the extended family. But these children have to be ‘of him’: neither adopted children nor the children of a male spouse will suffice. The genealogy flows through the genetic substance, which becomes a marker of continuity.

Another version of the genealogical importance that is placed within the genetic tie to children is provided by Aaron and Allen, a gay couple who together raise a baby girl. Aaron tells the story of a picture his partner Allen made as a present for Aaron's grandparents:

Aaron: Just this week Allen prepared this picture for my mother and my grandma and grandpa (showing the picture and explaining): It's three pictures of my grandparents... thirty years apart from each other

Adi: And in each picture you see another generation?

Aaron: Yes. This is my mother (first picture, on top), this is my sister (second picture, placed in the middle) and this is my daughter (third picture) and they are really really similar. Especially my mother is very similar to Keren [daughter]. (Interview, 11.1.13)

Aaron describes a picture which he showed me while we sat together on his sofa. It was comprised of three pictures, integrated into one. The first picture shows his grandparents as young parents holding their daughter (Aaron's mother). In the second picture his grandparents are 30 years older,
and they hold his sister, their granddaughter. In the last picture they pose in a similar way, this time holding Aaron's daughter between them. The picture is shown in order to display the physical similarity between his mother and his daughter. And through aligning the pictures one after the other the family genealogy is created. His daughter enters the family line, and with her Aaron and his partner Allen become the carriers of this family thread.

This form of bio-genetic family relation helps 'naturalise' the gay couple relationship and introduce it into the family through a variety of family displays, such as pictures, story-telling and the search for similarities between ancestors and offspring. In this respect, these new homonormative standards draw upon the 'generations old' models of blood kinship, whereas their transgressive potential is hidden and silenced.

**CONCLUSION: SURROGACY FAMILIES**

Franklin (2013), basing her argument on Haraway (1997), discusses the role of biotechnologies in the production of new ‘biological relations [which] are “corporealized” as both a conversion of nature into technique and an implosion of material and semiotic technologies as new kinship and kinds’ (Franklin, 2013:13). Franklin does not address same-sex parenting and male parenting specifically, but it is very clear from the examples above that indeed, this new form of bio-genetic kinship could have only existed in the world ‘after IVF’. Although gay men could be, and were, parents before this age of surrogacy, the specific formulation of the gay couple as a unit of genetic procreation could not have existed, due to the involvement of the ‘extra-marital’ mother who is an integral part of the conception and reproduction, but who in surrogacy relations is not legally a part of the kinship structures which are formed through and after surrogacy.

For many Israeli gay men, surrogacy is the fulfilment of a desire, not just to become parents but also to be a family ‘like any other family’, to create a unit that complies with existing norms: the couple, marriage, cohabitation, genetic relatedness. In this desire, my research participants are no different
from most members of the Israeli-Jewish community, and their desires are formed under the same social constraints and social aspirations.

At the same time, the male-couple family is a site of resistance, of challenging gendered care norms, seeking a meaningful parental role and battling heterosexist (and often homophobic) institutions that discredit the ability of men, and gay men particularly, to be considered 'good-enough parents'. In this respect, my findings corroborate Week’s et al (Weeks et al., 2001) description of same-sex relationships as a combination of continuation of existing norms and of significant social change. Similarly to Giddens’s view of new relationship ethics (Giddens, 1992), my research participants employ innovation and entrepreneurship in their practices, crossing oceans in order to become fathers, against existing local regulations. At the same time they do so in relation to the kinds of families they know and believe to be ‘natural’ - that is, the heterosexual model. In that respect, they rely on the family ideals that ‘we live by’ (Gillis, 1997). As I will discuss in the next chapter, ‘the family’ is still very much a social institution, enforced not just by social imaginations and ideals but also by state regulations and the material barriers they create (c.f. Silva and Smart, 1999; Mamo, 2005).

The presence of Assisted Reproduction Technologies, and especially of surrogacy, enables the fulfilment of these desires for normative kinship making. Assisted reproduction is performed under delicate social and legal choreographies, which enhance and remake existing models of genetic-kinship, while the novelty and the ‘improper’ modes of kinship that are created through it are silenced, purified from the resulting kinship structure, turning it into a ‘conservative’ family formation (Thompson, 2005; Franklin, 2013). Thompson describes this process as follows:

*As argued, one way to stabilize shifting notions of what is natural and normal around reproduction is to compensate with extremely conservative or stereotypical – parodic – understandings of sex, gender, and kinship (Thompson, 2005:142).*

Assisted Reproduction Technologies effectively remakes ‘nature’ as a discursive facet, loading it with new meanings. Biological parenthood, as we have seen, is now understood as a genetic link,
while the biologic processes of pregnancy and child birth become technologised (Ivry, 2010; Nahman, 2013). In this transformation of nature, gay men appropriate ‘the natural family’ by redefining the couple-based gay family as a natural outcome, or the most similar model that can be attributed to ‘family units that exist in the world naturally’. Nature, and the heteronormative kinship models, become both a discursive tactic and a driving force towards this mode of family making. In this way, surrogacy is constructed as the most natural, and therefore superior to others, less technological alternatives.

At the same time, another driving force is the state's intervention in shaping family ties and setting boundaries. The State of Israel limits the possibility for non-genetic bonds between gay fathers and their children, either by defining them as less qualified (or not-qualified) adoptive parents, or by demanding proof of the genetic links between father and child before acknowledging citizenship status. Herein, a biogenetic understanding of kinship is enforced not only as a result of Jewish culture, but also as a result of state nationalism and as part of the exclusionary mechanism which is the basis of the citizenship regime.
6. AT THE BORDER

INTRODUCTION

The previous chapter discussed the social boundaries being redrawn through the use of surrogacy for the reproductive desires of male-gay couples. In the present chapter, I move to discuss a different kind of border: the material and legal apparatuses that encompass state borders, governing the mobility of persons, commodities and technologies across geographical spaces.

Over the last three decades, reproductive technologies have become truly globalised (Ginsburg and Rapp, 1995; Spar, 2006; Ikemoto, 2009; Parks, 2010; Hochschild, 2011a; Kroløkke et al., 2012; Franklin, 2013). On the one hand, it is hard to imagine the rapid development of reproductive medicine consumption without the ability to cross national borders in pursuit of more accommodating regulatory regimes and more easily available biological resources; on the other hand, the growth of reproductive markets is both an outcome and a source of the movement of customers seeking reproductive care. As the regulatory systems within states develop, and with the growing availability of cross-border reproductive care in countries in eastern and southern Europe and in the Far East, we see a growing movement of reproductive consumers, seeking specialised services which are illegal or unavailable in their home country, or desire lower reproductive costs (Spar, 2006; Kroløkke et al., 2012). Finally, a complementary movement is that of human tissue and reproductive labourers across borders, as they fly or are flown to satisfy consumer needs, overcoming restrictive regulations or in pursuit of more lucrative compensation. On the production side, sperm, eggs, gamete-providers and surrogates all cross borders under shifting legal systems and financial/migration/employment regimes.

In analysing movement through the operation of borders, I bring back to the discussion the centrality of states as multi-dimensional apparatuses that govern, direct and manipulate the
transnational movement of reproductive services and commodities, albeit not always in a foreseen manner.

**GLOBALIZATION, MOBILITY AND BORDERS**

There are many competing definitions for the term ‘globalisation’, and a lively scholarly discussion as to the scope, duration and novelty of the contemporary processes of global movement of people, finance, and objects and ideologies across national borders (Appadurai, 1996; Fligstein, 2001; Sassen, 2001; Ong and Collier, 2008). In the following discussion, I adopt the notion of globalisation as an intensification of movements across borders, and the growing relationship and interdependency between people and societies across wide geographical distances.

The intensification of cross-national and transnational relations involves the rearrangement of socio-political power, including the alteration of sovereign relations between states; the rise of supra-national bodies (corporations and international bodies); and the creation of sub-national spaces and groups, who themselves become active players in the global arena (Peck and Tickell, 2002; Harvey, 2005). In the area of assisted reproduction, the availability of information technologies, communication, transnational finance regimes, and travel, all serve as the basis for the movement of fertility consumers, organs and fertility labourers (Ginsburg and Rapp, 1991, 1995; Inhorn, 2010; Kroløkke et al., 2012). These movements follow the same financial regimes and global inequalities that can be seen in other aspects of the service trade: reproductive labourers and providers are located mainly in the Global South, and reproductive consumers arrive mainly from the Global North, or from more affluent groups within countries that provide or allow third-party reproductive services (Ginsburg and Rapp, 1995; Spar, 2006; Hochschild, 2011a; Kroløkke et al., 2012; Twine, 2015).

Inhorn (2010), termed the process of globalising reproduction services and markets as *reproscapes*, following Appadurai’s (1996) conception of global *scapes*. *Reproscapes* signify the ways in which
bodies are situated vis-à-vis the global reproductive terrain, while *reproflows* encompass the movement of fertility, in the form of bodies, tissues/gametes and technologies as part of the operation of the global reproductive trade (Inhorn, 2010; Kroløkke, 2012; Nahman, 2013). Globalised reproduction consists of both *scapes* and *flows*, that is, of the localised spaces and bodies that become sites for the activation of reproductive technology, and the movements between them and across them. This corresponds with Sassen’s (2001) understanding of the global as localised – operating in specific sites of corporations, financial bodies and expertise. Globalisation simultaneously generates dispersion and concentration, as the dispersion of finance also carries with it significant urbanisation and the growth of concentrated finance/industrial zones within cities.

Reproduction services are globalised through the usage of internet-based publicity and communication, transnational mediation agencies and the porous international regulations pertaining to cross-border travel (Spar, 2006; Kroløkke et al., 2012; Twine, 2015). These services are located around the globe, but mainly in developing countries such as India or Thailand, where a combination of cheap labour and high medical expertise offers cheaper costs and easier access to fertility services than in the West. These reproductive services are therefore situated in a greater web of global power inequalities, based on monetary deficit but also on histories of gendered and racial oppressions (Bailey, 2011; Twine, 2015; Vora, 2015).

Most typically, studies of reproductive services focus on the site of the clinic and the surrogacy agency (Mamo, 2005; Thompson, 2005; Pande, 2009b, 2010b, 2011; Hochschild, 2011b; e.g. Franklin, 2013). However, as I argue in this chapter, another significant site for the development of *reproflows* and reproduction markets resides in the apparatus of the border.

Globalisation, as the process of movement across geographical space, is not unbound by material and conceptual barriers. In recent years, a growing body of work has engaged with globalisation and mobility from the point of view of borders (Hacker, n.d.; Rumford, 2006). In these studies, the operation of borders (national or regional/local, material and conceptual, an institution and a
process) signifies the intricate relations and co-production between the local and the global. I focus here on borders that are apparatuses of state sovereignty: regulations pertaining to temporary or permanent entry into states and exit from states, and the complementary mechanisms of inclusion and exclusion through citizenship regimes, which are strongly linked with kinship, genealogy and racialised notions of national belonging. Put simply, borders determine who can enter and leave a state, which objects and quasi-objects can enter or leave a state (and under which legal considerations and economic restrictions), and which practices will be determined legal within areas that constitute the ‘inside’ of a state, with regard to which populations.

Borders are not absolute barriers. Illegal trafficking and smuggling, as well as porous regulations and contested legal biases, keep changing the border operations and are being changed by them. According to Storrow (2005), this semi-porous nature of borders operates as a ‘safety valve’, enabling states to enforce tighter regulations within their borders while turning a blind eye to the behaviour of their citizens elsewhere. Irish abortion policies are one such example: the prohibition of abortion within Ireland can be maintained in part through the ability of Irish citizens to seek abortions in the neighbouring UK. That is to say, the possibility of achieving one’s goals overseas reduces domestic political tensions, and enables therefore the maintenance of stricter regulations (Hacker, n.d.). Hacker terms these regulatory infrastructures ‘globordered hypocrisy’, due to their reliance on the availability of services elsewhere for the maintenance of ethical restrictions within the state.

I opened this chapter with a discussion of how Israel’s surrogacy regulations are an example of such state hypocrisy, and on the interdependence of state regulations and global markets. I will now move on to more concrete examples of the border apparatus that governs and directs cross-border reproduction flows, and the effects which are generated in the lives of reproductive labourers and consumers.
ORDERED REPRODUCTION: THE CASE OF ISRAEL

As was discussed in Chapter 1, the State of Israel is a pioneer in reproductive medicine broadly (Birenbaum-Carmeli and Carmeli, 2010; Mashiach et al., 2010). In 1996, Israel became the first state to introduce a surrogacy law, which regulates all surrogacy contracts in the state (Weisberg, 2005; Teman, 2010a). According to this legislation, all surrogacy contracts must be pre-approved by a special statutory committee before fertility attempts begin. Commissioning couples and surrogates must be Israeli citizens or permanent residents, which prevents the development of surrogacy tourism in Israel.

Unlike other forms of fertility treatment, which are state funded and available regardless of marital status or sexual orientation, surrogacy contracts are expected to include financial remuneration paid by the commissioning parents, and access to commissioning the process is restricted to heterosexual couples only, who are required to present medical documentation demonstrating evidence of the woman’s infertility in order to be approved by the regulatory committee. The first challenge to these regulations occurred in 2001, when a single woman with the medical inability to carry a pregnancy to term petitioned the Supreme Court, requesting access to surrogacy procedures in Israel (APA 2458/01). The court was sympathetic to the request, but ruled that since surrogacy was still at an experimental phase, it was too early to extend its usage beyond a few cases per year.

By 2010, surrogacy was already a customary practice among Israeli citizens either within the state or across borders, with over 200 documented births. Assuming that the court could not easily reject an appeal again, a group of gay couples petitioned the court, demanding equality for non-heterosexual couples and for individuals in the surrogacy legislation. The state’s response to the appeal was in the form of a public committee for the re-evaluation of all reproductive services legislation in Israel, which until that point were fragmentary and out-dated (Mor-Yosef et al., 2012).

26 A detailed account of the Embryo Carrying Agreements Act (1996) is presented in Chapter 1, under section ‘Israeli Surrogacy Regulations’.
27 For numbers see: Appendix G: surrogacy births by Israel Citizens.
This committee is often referred to as the Mor-Yosef Committee, after Professor Shlomo Mor Yosef, the head of the committee, a fertility specialist and at the time the head of the Hadassah Medical Center in Jerusalem. Other members of the committee included fertility specialists, lawyers and legal scholars, bioethicists (among them two members who were also rabbis and Halachic (Jewish Theology) specialists), a psychologist, and representatives of the Ministry of Health and the Ministry of Welfare. The committee also included a Muslim member, who was the head of the School of Clinical Biochemistry and Pharmacology at the Ben-Gurion University of the Negev. The committee’s recommendations are telling in terms of understanding the different viewpoints within the state apparatus in regard to surrogacy access, and the perceived relations between local and global fertility access.

The committee report includes detailed information on the operation of the committee (Mor-Yosef et al., 2012:10–12). The committee was appointed by the Ministry of Health on 7 June 2010, and was expected to submit recommendation by the following June. Due to the complexity of the issues discussed, the committee received two extensions, until the end of April 2012. The recommendations were published at the beginning of May 2012. During this period, the committee members met 22 times: the first six meetings were dedicated to determining the agenda and deciding upon a schedule and method of operation. During this time, the committee also publicised a call-for-applications to the general public, inviting short position papers (up to 3 pages long) on the issue of widening access to fertility treatment or changing other aspects of the current regulation (anonymity, psychological support for fertility patients, and similar topics). This call yielded 80 responses, from which only 16 were summoned to appear in front of the committee, in two consecutive sessions. The remaining 14 sessions were devoted to reaching agreement and finalising the report.

The committee report includes a list of 11 topics that were raised by the public in the 80 submitted position papers. Four of these issues have a bearing on the question of surrogacy for gay men: 1. Permitting gay couples to commission surrogacy in Israel; 2. The registration of same-sex couples
as the parents of the child; 3. Regulation of surrogacy processes that occurred outside Israel; and 4. Protecting surrogacy women and egg donors [sic]. Although as a public body, all discussions should be public records, the committee secretary refused to disclose the documents that were submitted to the committee or the criteria by which certain individuals and organisations were called upon the committee and others were rejected. According to the evidence that I gathered, both from research participants who were invited by the committee and by others who did not receive any response, it seems that the committee favoured personal stories of commissioning parents over accumulated knowledge by organisations and by industry professionals.

Nikolas Rose (1993, 1996), building on Foucault, analyses the relations between professional expertise and governmentality in liberal and late-liberal democracies. According to Rose (and Foucault), the liberal mode of rule ‘produces a new modality of authority, and a new authority for authority’ (Rose, 1993:284). This authority operates through expertise, a form that Foucault termed power/knowledge (Foucault, 1978, 1980). In the liberal mode of rule (or governmentality), new professional knowledges that targeted the population as a whole arose: hygiene and the prevention of illness, education systems, grand-scale welfare and employment schemes. Through these knowledges a new form of control arose, one that affected the individual’s behaviour from a distance.

In late liberalism the relations of expertise and rule are altered, as new problematisations of the right to rule are put forward. As the state is expected to roll back, rule becomes directed at the choices of individual citizens (Rose, 1996, 2001), in the context of the market rather than political rule. In the context of the fertility clinic, new forms of expertise arise, such as bioethicists, genetic counsellors, psychotherapists who specialise in assisting fertility patients and so forth (Rose, 1996, 2001). These different modes of subjugation are not rooted in any form of hierarchical power elite or relations of ruler and subjects; they operate through the subjects themselves, in their most private - and in the case of fertility, bodily - choices and frames of thought. Professional knowledge thus
constructs our social imaginations, the limits of intelligibility, and through that our understandings of what could, or should, seem desirable and just.

_It should be emphasized that the committee does not present itself as responsible for determining moral criterion, or as responsible for upholding these according to this or that worldview. Therefore, the committee’s decisions should not be viewed as determining what is moral and what is not_ (Mor-Yosef et al., 2012:6).

So while the committee proposed a set of regulations that will restrict and permit access to reproductive medicine and commercial consumption of these to Israeli citizens and their potential reproductive collaborators, these regulations are presented as objective, professional, and devoid of certain moral standpoints. This statement also enables the committee members to seem impartial and uninvolved in the volatile question of changing families, and greater acceptance of same-sex parenting through technology.

The report begins with a recognition of the importance of natality in the Israeli society:

_Reproduction and child birth are of immense social and cultural importance in Israel. This is most apparent in the fact that Israel is the leading state in the world with regards to fertility treatments per person (p.4)_.

Reproduction is therefore a social value that the committee members are committed to promote, through the availability of fertility medicine. The right to reproduce is stated as limited only by the rights of the child. However, taking into account that the state abstains from interfering in the affairs of infertile heterosexual couples, they concur that also in terms of reproductive care access, there should be limited restrictions on access. However, they do not fully follow this guideline in their surrogacy recommendations.

The report also sets an important distinction between fertility treatment and adoption: fertility medicine, even when it includes third-party involvement, is permitted only when at least one of the intended parents provides his/her gametes or the intended mother carries the pregnancy. That is, reproductive fertility is permitted only in cases when there is a direct biological link between at
least one of the parents and the child, either through a genetic tie or through the biology of

gestation. I shall return to this point in Chapter 7.

In the surrogacy section (pp. 51 - 75), the report begins with an overview of the current status of

surrogacy in Israel and the responses received from the general public, discussing at considerable

length concerns about the medical and emotional risks to the surrogate and her family on the one

hand (pp. 51 – 53; 58-59), and the desires of additional populations to access surrogacy as fertility
treatment on the other. The committee stated that:

_In reviewing this issue [of non-heterosexual parents] the committee accepted the baseline, which

was also accepted by the Aloni committee[^28], according to which the patients’ personal status

should not be a reason for preventing fertility treatment._

_Moreover, the committee was persuaded by the strong desire of same sex couples to bring children

into this world, and heard that they see great potential in surrogacy as means to that…

Therefore the committee accepts that in the absence of other significant interests, [the state] should

not prohibit single women and men from bringing children into the world via surrogacy. (pp.56 -

7)_

The committee extensively discussed opening up surrogacy in Israel to male-gay couples, who were

not only the initial force driving the formation of the committee but also its intended audience. As I

was told in several interviews[^29], the issue was contested among committee members, not due to
direct opposition to male-gay parenting, but rather as a result of concerns for the ‘more deserving’
population of women who cannot carry a pregnancy to term and turn to surrogacy services as a last
resort. The majority opinion therefore drew a distinction between the needs of heterosexual couples

and single women to commission surrogacy, explained as a relatively rare medical condition, and

[^28]: The Aloni Committee (1991) was the first committee to review the usage of commercial

surrogacy in Israel. The committee’s recommendation not to ban surrogacy in Israel and enable

surrogacy as a commercial contract were the basis of the current Embryo Carrying Agreements Act

(1996).

[^29]: The committee protocol was not available, despite repeated attempts to obtain it through requests

under the Freedom of Information Act (1998). Therefore, my information on the actual discussions

in the committee is based upon information from research participants who were members of the

committee or who presented their position before the committee in person.
the needs of single men (a euphemism referring to gay couples), which according to the committee would have the following potential consequences:

_The requested extension [of surrogacy services] to single men may lead to competition between intended parents, the demand for surrogates will significantly surpass the supply, which might cause a price rise, in a way which on the one hand will mean only people of means will be able to afford [surrogacy] and on the other hand will be a tempting factor for women who did not consider surrogacy beforehand, and are not fit to enter this process._ (p.61)

The report displays a conflictual position towards surrogacy usage by men. On the one hand, the committee reiterated their equal standing in terms of their right to access fertility services, and the empathy committee members felt towards their desire to do so in order to become fathers. On the other hand, men who seek surrogacy are presented as a potentially dominant and rich group, which overshadows the needs of a more deserving population (in the terminology of the committee), that is, women in need of a gestational surrogate. This kind of justification has a double effect: on the one hand, women’s desire toward reproduction is naturalised, presented as a drive that should be fulfilled through the highest efforts if necessary. But on the other hand, men’s desire is de-naturalised, presented as not being embedded in a faulty body (as in the case of a woman) but rather in social categories and desires, which prevent gay men from achieving reproduction elsewhere.

Nguyen (2010) describes the notion of ‘triage’, that is the medical practice of privileging certain groups of people or afflictions above others in situations of limited resources. Here, the state uses socio-medical justifications to privilege women’s reproduction desires over men’s, and heterosexual reproduction over homosexual reproduction.

The proposed solution[^30] was to broaden access to commercial surrogacy to single women, who were banned from access by existing legislation, and at the same time to open a parallel, altruistic surrogacy route for single men (and gay men herein). In this way, proposed the committee, men and

[^30]: This suggestion was rejected later by the Minister of Health and the officials who drafted a new surrogacy act. There is still a lengthy legislation process to be overcome, but currently the draft legislation offers another mechanism of mitigating the estimated market growth, by setting a limit on the payment to the surrogate, up to a sum of 160,000 Israeli Shekels (which is roughly £26,000 or $40,000).
women would not be competing in the same market for the same resources.\textsuperscript{31}

It is important to note that this discussion was being conducted out in a global setting; whilst the limitations on access only pertain to the local reproductive market, the committee was well aware that most surrogacy practices by Israeli citizens take place overseas. Therefore, the report could suggest limiting surrogacy locally while taking into account the ‘safety valve’ that cross-border reproduction services would provide. Internal political pressures within Israel are therefore affected by the availability of services in the global reproductive market. However, at the same time, these external \textit{reproflows} are affected by other state’s selective bias, which direct the flow of reproduction consumers, employing different legislative mechanisms for local practices and cross-border services. These \textit{reproflows} are also affected by the host states’ shifting regulatory regimes, and inter-state relations, as can be seen from the following two cases.

\section*{Stuck in India}

\textit{This state is upside-down. I am an Israeli citizen, I served as a combat soldier in two intifadas [Palestinian uprisings] and I still serve as a reserve soldier and police volunteer for several years. But when I wish to fulfil my desire to become a parent – this state throws me to the dogs (‘Yediot Ahronot’ Zarhin, 9.5.2010)}

Dan was my neighbour in the thirteen-story building in Holon (a suburb of Tel-Aviv) where I spent most of my childhood. He was a few years older than me, so we were not play mates. It was still a nice surprise to meet him occasionally at pride parades and LGBT events, as he became one of the known LGBT activists of the city. It was a totally different surprise to see his picture on the news in May 2010, when he reluctantly became one of the most famous ‘incidents’ of cross-border surrogacy.

\textsuperscript{31} A minority of the committee members issued an alternative recommendation, to alter surrogacy regulations and ban commercial surrogacy completely. However, even this group conceded that they agreed with the majority’s understanding that there is a difference between women’s surrogacy desires, based in their inability to gestate, and men’s, who ‘by their creation cannot become pregnant’ (p.71).
Dan and his partner Arnon opted to commission surrogacy after several years of contemplating fatherhood and failing to become fathers through other means. They chose to commission surrogacy in India, which by 2009 was already a routine surrogacy target for Israeli gay men.

As was required by overseas birth regulations, Dan filed a request to conduct a paternity test at his municipal family court, which in his case was the Jerusalem local court. Jerusalem is a relatively religious, conservative city, especially when compared with the liberal, gay friendly Tel-Aviv area where most gay fathers live (Hartal and Sasson-Levy, n.d.; Ram, 2005; Fenster and Manor, 2010). Therefore, the Jerusalem courthouse was less accustomed to receiving and handling paternity requests from gay fathers. Moreover, Dan’s case appeared in front of Judge Philip Marcus, an ultra-orthodox Jew with a history of conservative rulings on family life and paternal conduct.

It would be an understatement to say that Judge Marcus was not supportive of the request he received. During the deliberations he questioned the commissioning fathers thoroughly about their life style, family structure, habits and personal histories, well beyond the question of paternity at hand. In justification of his conduct he asserted: ‘If it is discovered that one of the people sitting here is a paedophile or a serial killer, [then] these are things that the state should check’ (‘Ha’aretz 9.5.2010). The judge rejected the parents’ request for a paternity test which would have proven Dan’s genetic link with their children, on the grounds that he could see no legal reasoning for such a test. According to the law, only the parents of an infant can request a paternity test, but according to Judge Marcus, the people in front of the court had no proven paternity and could not be considered the parents. Moreover, the children in question were outside the borders of the state, born to a woman who was not an Israeli citizen and with no proven connection to the state of Israel. Therefore, Judge Marcus reasoned, the kinship status and the rights of the children should be determined by an Indian court, not an Israeli one.


A more detailed account of these regulations will be given in Chapter 7.
Cross-border reproductive services can render children parentless and stateless (Kroløkke, 2012; Lin, 2012), as was the case with the children described above. The bureaucratic entanglement is greater than the court acknowledged, since according to Israeli legislation only a state-sanctioned paternity test can serve as the means of proving a paternal relationship to a child. Therefore even if an Indian court were to determine that the children were Israeli and that Dan was their father, the State of Israel was not obliged to accept this decision and concur with it.

The couple appealed this ruling to the district Family Court, which partially accepted the appeal. The district court ruled that the local family court had jurisdiction to grant paternity tests in this case as well as similar cases, and that there was no need for kinship proof prior to ordering the tests. The court also appointed the Jerusalem Family Court as a temporary legal custodian for the children, in order to resolve any dispute about jurisdiction and the ability to issue a paternity test decree. Yet, the court would not directly issue the decree itself and the matter was returned to be resolved in the original municipal court, albeit with a strong recommendation to accept the couple’s request.

While the courts were debating and negotiating, Dan and his children, along with a few other couples, found themselves trapped in India, with growing concerns over medical insurance, potential health hazards and challenges in meeting the immediate needs of young infants in a state known for low sanitation and hygiene. The situation mobilised LGBT organisations in Israel, as well as friends of the family and concerned citizens, to petition and demonstrate in support of the fathers’ ‘right of return’ into Israel. This case was the first mobilisation of LGBT community in support of overseas surrogacy under the auspices of the right to family life.

Eventually the legal hurdles were resolved. DNA samples were sent back to Israel and Dan’s genetic paternity was approved, which was followed by the acknowledgement of fatherhood and of citizenship for the twins. After this, the state issued travel documentation, and Dan and his twins could fly to Israel. On arrival, they were met by a welcome rally, rejoicing in the couple’s happiness and again reiterating a call for ‘family equality’ in the field of surrogacy.
Judge Marcus’s comments, decision and overall behaviour were considered extreme and inappropriate enough to earn him an official reprimand, and he was even barred from being promoted to the district court. However, his refusal, alongside the questions he raised, provide a glimpse into the significance of judicial involvement in interpreting and adjudicating kinship as a result of cross-border reproduction. In the previous chapter, following Franklin (Franklin, 1997, 2013; Franklin and Ragoné, 1998), I discussed how surrogacy, as a form of medical-legal technology, refracts normative models of family building. In this case, as well as through the standard regulation of overseas surrogacy, we see how much kinship relations are fashioned by state bureaucracy and citizenship models, which favour an understanding of citizenship based on genetic ties between parents and children.

Dan’s story reveals the sites that set kinship relations and surrogacy assemblages into motion: the family court, the DNA clinic, the Israeli consulate at the surrogacy location, as well as airline travel regulations and the foreign state’s entry and exit regimes operate as an assemblage of doing and undoing both kinship and citizenship. These sites are not harmonious in their various operations and as outcomes are contested, as in the case presented here, intricate mechanisms of resolving and undoing hybridity come into action.

This story revolves around three types of borders. First, the geo-political border of the state, which Dan’s family could not cross without proper documentation and therefore without citizenship status. This brings us to the second border, which is set by the administrative and legal requirements of the state citizenship regime and state citizenship registry, which in the case of overseas surrogacy requires an elaborate procedure of court proceedings and bodily involvement by genetic parents and children. Lastly, the third border comprises the family-body, as it comes to be understood through genetic links between father and child. This corresponds to Ivry’s proposition, that nowadays the main marker of kinship in Israel has become genetic (Ivry, 2010), and to the more general claim of the rise of genetic citizenship in the west more broadly (Rose and Novas, 2004). These border apparatuses have specific locations which are not necessarily at the state’s physical boundaries: they
are located at the court house, at the consulate, at the clinic and at the airport – all locations which determine inclusions and exclusions, and enforce regulations on mobility and fixity.

In the State of Israel, citizenship is dependent upon descent, which is understood to be either based upon genetic ties or on gestation (APA 566/11). However, the state also incorporates a notion of intent, in the form of the surrogacy contract. Under this contract, a gestational surrogate will not be considered a legal mother, as long as the surrogacy state acknowledges the parentage of commissioning parents and not the parentage of surrogates. It is important to note though that the contract itself is not considered proof of relation, and in cases where there is no proven genetic link between parents and their surrogacy children (for instance when an error occurred at the fertility clinic) the state will not recognise paternity, and will require the parents to go through other means, such as adoption.

The biopolitics of surrogacy operate between the population as a whole and the molecular level of genes. On the one hand, gay fathers are a suspect population, with limited access to third-party reproduction within the geographical borders of the state, and thus have the need to prove their belonging in the national body. This is performed through claiming the role of the ‘good, loyal citizen’, which in Israel involves mandatory army service, and in Dan’s text that was quoted at the beginning of this chapter also incorporates further volunteering in the security forces. On the other hand, at the molecular level of their genes, Israeli (Jewish) gay men can prove their children’s national belonging and incorporate their family of choice into the nation by showing their ‘blood’ relation with their children.

In order to highlight the ambiguous status of children born out of cross-border reproductive services, I shall now move to consider another cross-border entanglement which occurred roughly three years later, in a neighbouring surrogacy hub in the Far East, Thailand.
On January 2013, the Indian government announced new regulations pertaining to foreign citizens who wished to commission surrogacy within its territories (Rajadhyaksha, 2013). According to the new regulations, couples who wish to commission surrogacy will need to enter India on a special medical visa, and not by using a tourist visa as had been the custom until then. Moreover, this new medical visa would only be granted to heterosexual married couples, arriving from countries that permitted transnational surrogacy. India’s change in regulation received wide media attention in Israel, in articles that sympathised with the commissioning parents, presenting their bewilderment and anxiety concerning the new prohibitions.

The regulations affected many gay men who were considering commissioning surrogacy in India, but two groups in particular were gravely affected. The first group comprised commissioning fathers who were already in the process of surrogacy pregnancies in India. These parents were granted a grace period of under a year, to wait for the end of their surrogacy pregnancy and retrieve their children. However, in cases where the embryos had been generated but a pregnancy had not yet been achieved, the timing was crucial and could lead to either an illegal birth or the loss of all the embryos. The second group was of course Israeli surrogacy agents, who had developed extensive commercial relations in India and who were at risk of losing all their investments in the country. These agents had dozens of parents travelling to India annually, and received a mediation fee of between twenty thousand and forty thousand shekels per couple\(^\text{34}\). The potential financial loss due to the closing of the Indian border to non-heterosexually married commissioning parents was therefore considerable, as well as the loss of contacts and experience, in a place where surrogacy procedures had become quite routinised.

\(^{34}\) Between £3500 - £7000 GBP, or $5000 - $10,000 in USD.
At first the agencies responded with confidence in the power of the market pressure to overcome this unforeseen political obstacle. One of the leading agencies, Tammuz, issued the following statement:

_We are in touch with our partners in India and they are trying to apply pressure on the [Indian] Ministry of Health […]_

_I believe a few unlucky parents will be stuck. I hope it won’t be ‘our’ parents, but I am sure that after enough pressure everybody will come back [to Israel]. The people who will get stuck will open the gates for other parents to come._ (Doron Mamet, Tammuz manager, Facebook publication 22.12.2012)

This message presented a narrative of the ‘trail blazers’ who Israeli surrogacy fathers employed in response to India’s new regulation. As in Dan’s previous story, the assumption was that with enough political mobilisation in Israel, alongside supportive media presenting images of loving fathers and young babies, the Israeli authorities would not be able to prevent their citizens from coming back home. Improvisation and persistence are valued traits in Israeli society, often leading to a degree of disregard of regulations and legalities. As we shall see below, this ‘trail blazer’ tactic was often employed by surrogacy agencies, with varying degrees of success.

The commercial pressure did not suffice after all, and India’s introduction of the new surrogacy visa led Indian surrogacy clinics to refrain from performing any further surrogacy processes with non-certified commissioning parents. As a result of the change, surrogacy agents were quick to adapt and offer two alternative routes: surrogacy in Thailand, which required restarting the process with new egg donations and generating new embryos, and the India-Nepal route, which consisted of starting a surrogacy pregnancy with the existing clinic in India, but then relocating the surrogate to neighbouring Nepal to give birth, thus evading Indian surrogacy regulations.

The immobility of babies and embryos drove therefore another kind of mobility – that of pregnant surrogates whose contract now demanded that they leave their country and travel to another location chosen by the surrogacy agency, often unaccompanied by their family and dependent upon their employers in order to return home. It is interesting to note how restrictive legislation, which often –
albeit not always – is set in place in order to protect women’s bodily autonomy and human rights, can unintentionally lead to more precarious position, as in the case of cross-border surrogates and egg providers.

Turning our attention back to the commissioning fathers, the more common route at first was Thailand, the second largest surrogacy target in the east (Hochschild, 2011a) and a popular tourist destination for Israelis. Although Thailand has no surrogacy legislation and the surrogate is considered the mother of the child, many overseas parents, especially from Australia and the United States, choose to commission surrogacy there (Dempsey, 2013). The Israeli agencies assumed that if the regulations operate in favour of other Western countries, there was no reason to assume there would be any hurdles for Israeli parents. This assumption was proven wrong.

In contrast to previous surrogacy locations, and perhaps in anticipation of the problems to come, the Israeli authorities were proactive in responding to the news that surrogacy agencies had begun sending Israeli commissioning parents to Thailand. On September 16th, 2013, the Ministry of Foreign Affairs released the following travel warning:

Without disregard to Israeli regulations we wish to clarify that the Ministry of Foreign Affairs, in accordance with the Citizenship and Immigration Authorities and the Department of Justice, wish to inform Israeli citizens who intend to commission surrogacy overseas, that this is a complicated subject in terms of its legal and practical outcomes, both in Israel and overseas.

Israelis who wish to commission surrogacy overseas bear sole responsibility for ensuring that such surrogacy proceedings are permitted by law in the state where they wish to commission surrogacy.

... Since this procedure is conducted as a private matter and sometimes even by violating a foreign state’s rules, Israelis who operate in such manner might not be able to get the children outside of the borders of the state where such proceedings were carried out, nor bring them into Israel by the laws of that state, and the State of Israel will not have any capacity to assist them. ...

The State of Israel wishes to announce that prior to commissioning surrogacy in any overseas state, the full legal framework for commissioning surrogacy in that state should be evaluated with regard to all legal implications, especially in regard to the legal possibility of legally moving the underage infant away from his country of birth.
This vague warning was accepted as an assault on cross-border gay surrogacy, and LGBT organisations were quick to respond, sending complaint letters to the relevant state ministries and the Prime Minister, as well as going to the press, claiming that:

\[
\text{it is better that the Ministry of Foreign Affairs refrains from threatening Israeli citizens who are forced to resort to overseas surrogacy due to discriminatory policies by their own country, and just do its job. We expect that in any case, where Israeli parents need assistance in bringing their children back home the Ministry of Foreign Affairs will assist them, as in any other case of Israeli citizens in need of assistance overseas. ('LGBT association open letter to the Ministry of Foreign Affairs’ 17.9.2013)}
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This communications did not affect the ongoing efforts of Israeli commissioning parents to proceed with surrogacy in Thailand. In December 2013, a more specific warning was issued, this time addressing surrogacy in Thailand directly:

\[
\text{On December 12, the Israeli embassy in Thailand received an official letter from the Thai Ministry of Foreign Affairs in regard with the legality of surrogacy conducted by Israelis in Thailand.}
\]

\[
\text{The main points of the letter are presented forth:}
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1. Despite the lack of surrogacy legislation in Thailand, the draft bill for reproduction medicine, which is currently under legislative proceedings, prohibits any form of commercial surrogacy (for monetary exchange). The Thai government offices share a stand which does not support or encourage the hiring the services of Thai women, by foreigners, for the purpose of serving as surrogates.

2. Commercial surrogacy might be considered a violation of the Thai Anti-Trafficking in Persons Act [exact name of act not specified](2008).

3. Current Thai legislation grants citizenship to any child born to a Thai woman, and grants the mother custody over the child.

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\text{The Ministry of Foreign Affairs, in coordination with the Citizens and Immigration Authority and the Ministry of Justice wishes to inform Israeli citizens, and whoever assists them or organises proceedings for them or works on their behalf, that they bear the responsibility of staying updated in regard to the legal situation and the detailed regulations and instructions by Thai authorities, regarding the possibility to take out from Thailand children that were born of such proceedings. If Israelis will act against Thai legislation, including the regulations and instructions mentioned}
\]
above, the State of Israel will not be able to assist them  

This warning was again accepted with scorn and resentment. At this stage, there were already fifteen Israeli-Thai babies who had been born in Thailand, and reports asserted that at least fifty more were due to be born in the coming weeks (‘Mako’ 25.12.2013). Doron Mamet, the manager of Tammuz International Surrogacy agency, issued the following response with the headline ‘travel calming’:

*We shall make it clear that surrogacy in Thailand is not regulated by law and therefore is not prohibited. During the past years citizens of many states have commissioned surrogacy there, including Australians, Americans and many Europeans. Despite this fact the Ministry of Foreign Affairs chose to issue a travel warning after receiving a letter from the Thai Ministry of Foreign Affairs clarifying that there is a draft bill on the matter, and if it should pass in its current wording, it will stop all commercial surrogacy in the state [of Thailand].

[However] to the best of my knowledge this draft bill has been in process for several years, and it is unknown what will remain of it if and when it will pass.

After checking the matter with the Ministry of Foreign Affairs it is clear that nothing has changed in the legal situation in Thailand. The first few couples are now waiting for the results of paternity tests, and we hope and expect that when the results arrive the children will be issued with passports and will be on their way home. At the moment there is no indication of an alternative scenario. (‘Tammuz’ Facebook page. 25.12.2013)*

Roughly one month later, commissioning parents who had babies in Thailand were in the headlines again (‘Mako’ 14.1.2014). There were already around 40 couples, at least half of them gay men, all trapped in Thailand and unable to fly to Israel with their children. The fathers discovered too late that although they were able to receive a court decree for paternity tests and then parenthood status, and although their children received Israeli citizenship as the children of Israeli citizens, they were still unable to fly with them out of Thailand since according to Thai regulations the birth mother is the mother and the primary custodian of the child. The Israeli authorities refused to issue passports for the babies, claiming that such an act would be to be complicit in child abduction and against the International Convention for the Rights of the Child (Hague Convention on Private International Law 1993). The authorities maintained that they would be unable to issue travel documents until the
fathers provided proof, supported by Thai law, for the severing of familial relations between the mother and the child. Such documentation was not available initially, as the Thai government requires a lengthy adoption process before a mother can waive her duties and rights over the child. The parents on their part were not willing to take part in such a process that would force them to stay in Thailand for several months (3-4 months typically) after the birth, without proper medical insurance for their child and where the everyday costs of living were mounting.

_We did the process as we were told and yet things just stopped moving. We did everything that was requested of us and they will not let us back in. We demand a solution from the state. We are stuck here and unable to get our children into the state [of Israel] and this is the matter and we do not get any official answer from the state_ (‘Mako’ 14.1.14)

Privately, there were other voices in the gay community in Israel, who maintained that it had indeed been known ahead of time that official proceedings would be required in Thailand, and that the surrogacy agents had intentionally pushed their clients in order to force the state into providing a solution. That is, the surrogacy agencies intentionally and knowingly turned their customers into trailblazers, hoping that after enough pressure a routine solution will be found, one which would reduce the costs for other parents to come. However, these voices, that could be heard in inner-circle conversations (and noted by me as part of my participant observation and interviews with professions) did not reach the media, which continued to broadcast the narrative of some of the commissioning parents and the surrogacy agencies, blaming the authorities for the calamity and demanding a swift solution.

As time passed and more commissioning parents accumulated in Thailand, political pressures within Israel grew. Family members of the fathers started a campaign to bring the children ‘home’ through letters to Members of Knesset (Israel’s parliament), Facebook publicity and daily rallies in front of the private home of Israel’s then Minister of Interior Affairs, Gideon Sa'ar, who is considered friendly towards gay causes and has spoken at gay pride events in the past. Since Sa'ar's partner had also given birth shortly before the Thailand surrogacy crisis, the most common slogan was ‘Gideon, your child is home, let us bring ours [home] as well’ (Facebook 14.1.14).
After a nine-day vigil outside the Minister's house and daily appearances on Israeli media outlets – who were in the main sympathetic towards the fathers and their babies – a partial solution was achieved. The state of Israel agreed to acknowledge a waiver form signed by the surrogate mother at the Israeli consulate in Bangkok, relinquishing her of all rights and commitments towards the child, as long as this document was approved by the Thai government. After proper authorisation, a passport would then be provided for the child and the path to Israel would open. However, as part of the settlement, the state demanded that this solution would only be available until November 2014, after which all surrogacy proceedings by Israelis in Thailand would be prohibited, and any children born as a result of surrogacy processes in Thailand would not be given permission to enter Israel. The ‘trail blazers’ tactic worked for the persons employing it, as they were able to become parents despite the state’s warnings. However, ultimately the tactic failed for the surrogacy agents employing it, as the bilateral negotiations between Israel and Thailand enabled the closure of the borders for future surrogacy projects.

This story differs from Dan's earlier account. Here, the State of Israel played a key role in attempting to determine the flow of surrogacy commissioned by Israelis as well as the outcomes of such processes. The state engaged in bilateral negotiations, studied the legal standing of a foreign body and offered advice ahead of time. This story also shows the multidimensional and conflicting nature of the state, as the ability to achieve recognition on one part of the state – namely acknowledging parenthood, child registration and even citizenship for the child – does not entail providing the parents with custody over said child, and especially does not provide them with travel capacity, as the right to travel requires having a material passport in hand, not just the abstract citizenship status or even an ID number. Here, the border disentangled the bodies of the state, placing the family courts and Ministry of Interior Affairs – supporting the parent-child relationship and granting rights – on the one side, and the Ministry of Foreign Affairs – who refused to provide travel documentation, thus subjecting the parents to another regime of international regulations of custody rights and the rights of a mother over the rights of a father – on the other.
It should also be noted that as a result of the settlement, the children who left Thailand are currently Thai citizens and still have a Thai mother. It might also be the case that their familial status depends on their place of residence, as within Thailand they have a mother and a father, and in Israel two fathers and an absent/removed mother. This uncertain familial status is part and parcel of cross-border surrogacy (Kroløkke, 2012; Lin, 2012).

**BETWEEN OBJECTS AND SUBJECTS**

My research followed the mobility and immobility of commissioning parents, across national, legal and social borders. Through their accounts appeared other mobility stories, those of reproductive tissues and reproductive labourers: of semen, ova, egg sellers, and surrogates. These are the material and human resources that enable the cross-border reproductive trade to operate. In following their movements, additional aspects of the social institutions that operate within reproductive markets become evident, namely class, gender, race and citizenship.

There was no consistency in the commissioning parents’ accounts regarding the production of sperm. Some had to fly to the fertility clinic in order to provide fresh sperm or sperm that would later be frozen. Others used the services of private sperm banks within Israel to freeze and then send their sperm overseas. Yet others, mainly parents who commissioned surrogacy in the United States, used different overseas clinics for the freezing of sperm and for the extraction of eggs and fertilisation of embryos in vitro, so both the commissioning fathers and the sperm had to fly from one location to another in order to complete the fertility procedure.

In all accounts however, sperm emerged as a highly mobile commodity, capable of undergoing freezing and thawing, and of being shipped over significant geographic distances. The mobility of sperm is also valued on a molecular level, as sperm motility is described as a sign of health, and therefore of positive procreation chances.
The accounts regarding ova were different in nature. Despite the language of choosing or purchasing eggs, in actuality eggs were never directly purchased from a repository. This was either due to medical technology, in which frozen unfertilised eggs are still deemed experimental and less likely to succeed in fertilisation (Beeson, 2010), or due to state regulations which forbid the shipment of human eggs overseas. When customers purchased eggs, they really purchased a service from women willing to travel to the fertility clinic and to undergo the extraction procedure. While sperm was mobile in itself, the eggs were attached to their female carrier, in a manner that brings to mind Emily Martin’s (1991) description of the scientific fantasy of the mobile sperm and passive egg.

Other issues arise when we look carefully at the sources of the eggs purchased. Gamete trade is rooted in racialised understandings of identity, which value ethnic sameness and whiteness (Ginsburg and Rapp, 1995; Nahman, 2006; Nordqvist, 2010; Banerjee, 2014). My research documented, in a similar manner to other studies into reproductive choice in Israel (Nahman, 2006, 2013), a strong preference towards Caucasian egg donors, preferably of light skin tone. This meant, in the case of surrogacy in India, Nepal or Thailand, that egg sellers came from other countries to perform the ova extraction in India or Thailand. Most egg sellers were (white) South African or women from Eastern Europe. In one account the seller was a tourist of Western origin, but her nationality was not disclosed to the parents.

While the egg extraction procedure is described to the sellers as an opportunity to combine tourist adventure with easy money, it is a surgical operation, not devoid of potential risks and complications (Beeson, 2010). The act of leaving one’s country of origin may also leave reproductive labourers with narrower support networks, as well as improper health care coverage, especially in terms of potential long-term effects, in a manner which is similar with other modes of live-organ sale (Schepet-Hughes, 2003). The objectification of female reproductive tissues (ova), therefore goes hand-in-hand here with the marginalisation and exclusion of female reproductive sellers from the sphere of protected citizenship.
Lastly, another form of fertility travel is the travel of surrogates who change location in order to carry a surrogacy pregnancy. Many Indian surrogacy processes involved the movement of surrogates away from their home and into surrogacy hostels, as has also been documented by Sharmila Rudrappa (2015). This situation has become more sinister with the shifting regulations in India. The new regulations, set in place in 2013, effectively prohibited individuals and non-heterosexual couples from commissioning a live surrogacy birth in the country, yet did not prohibit other modes of fertility treatment. Couples could still send sperm to India, generate fertilised embryos and even attempt to impregnate an Indian surrogate, provided that the birth occurred elsewhere. Neighbouring Nepal, which had no surrogacy legislation at the time but had free labour movement agreements with India, was the perfect solution for this lacuna, and indeed several Israeli agencies have developed surrogacy services which consist of Indian surrogates who fly to Nepal to spend the last 4-5 months of the pregnancy\(^\text{35}\).

These different modes of *reproflows* are all embedded in shifting state legislation, which enforce protection in one place, only to open up different borders and make bodies bio-available (Cohen, 2004) for medical intervention elsewhere. In these transitions across borders, subjects acquire different positions, of protected citizens, of commodities, of undocumented migrant workers. Each position carries with it different risks and possibilities. Hoyer (2013) suggests the term ‘subjects’, to capture this basic ambivalence for ‘Material, which is ambiguously related to bodies and to persons, is neither fully subject nor fully object’. As I further develop in Chapter 8, the manners in which persons become ‘subjects’ has bearing towards their rights and resources in the reproductive trade, and in the kinship relations that are its designated outcome.

\(^{35}\) Nepalese authorities are currently deliberating banning surrogacy altogether, as an outcome of campaigns by local feminist groups. At the time that this dissertation was written, Israeli surrogacy agencies were shifting their surrogacy locations towards Mexico, Eastern Europe (for heterosexual couples) and were continuing to develop surrogacy connections in the United States.
CONCLUSION

‘The state’ as a multiplicity of practices and institutions plays a significant part in surrogacy assemblages. Yet, states are often neglected in the analysis of assisted reproduction technologies put broadly, or in ethnographies of surrogacy more specifically (with Nahman 2013 as a prominent exception). In this chapter, I therefore followed the operation of states in shaping and directing surrogacy flows and surrogacy practices, albeit sometimes with contradictory and unforeseen outcomes.

As with any other global market, the markets for reproductive services involve both intensification of fertility centres and flows across national borders. This commerce requires the transnational transport of objects, technologies and people. As we look at the movement across borders, the border itself emerges as a significant actor. The border governs the types of movement which are permitted, alters technologies, and imposes meanings and relationalities. The border defines the contained space within as a national space (Rumford, 2006); but at the same time borders are not located at the state’s margins but can be also located at the centre, as in the state’s citizenship registry, court house or with parliamentary discussions.

Three types of borders were discussed in this chapter: the legal/regulatory border defining access to reproductive medicine, which I analysed with the aid of the Mor-Yosef Committee’s deliberations and recommendations; the border that governs movement across geo-political space, which appeared through the object of the passport and airline regulations; and the inclusion/exclusion mechanisms of citizenship, including migration rights. These borders operate simultaneously but not necessarily harmoniously. They can be used by state legislators and by industry entrepreneurs to direct and manipulate the flows of global reproductive markets, but these directions often take surprising and unforeseen turns, as happened in the case of the Nepal-Indian route.
States use borders in order to outsource practices that are not desired within the geo-political locality of the state, but yet are desired by the state’s citizens. This serves as a ‘safety valve’ against growing political tensions (Storrow, 2005). At other times, states may attempt to stop practices that occur outside their borders, through the use of bilateral discussions, diplomatic channels and international conventions. One of the significant modes of control, especially in the realm of kinship, is the bureaucratic power over registering, acknowledging and setting citizenship rights according to kinship relations. Surrogacy in cross-border settings thus highlights the fact that birth is an administrative and national occurrence, and that kinship is a socio-legal institution, not merely a biological one. The action of movement across the national border essentially does and undoes the kinship of parents and children. These faculties of the border operate through international child welfare regimes, kinship-based citizenship regimes and transnational travel regulations. And within these apparatuses, state power is signified and exercised.

The parallel movement of reproductive labourers and reproductive tissue across borders changes subjects’ status from subjects to objects, affecting these subjects, tissues and body organs legal rights and protections, as well as the level of legal accountability incumbent upon doctors, agents and commissioning parents. Borders that might have been set in place to protect marginal populations, or set moral boundaries, thus might have contradictory effects by creating more exclusions and opening up new potentialities for harm.

In the next chapter, I move to discuss the symbolic borders of the nation, as they are formed in the national desires of commissioning parents. Through their accounts, I shall discuss the emergence of homonormativity and homonationalism, to complete the analysis of relations between individuals’ reproductive desires, family formation and statehood.
7. REPRODUCING THE NATION

INTRODUCTION

I met with Sylvie in her apartment, on the seventh floor of a typical modernist, northern Tel-Aviv building, a newly built tower in the relatively wealthy residential area of the city. We were sitting in her large living room, enjoying the view of the rest of the city and of the Mediterranean Sea, and chatting calmly about her experiences in India, where she flew to assist her son and his partner after their surrogate gave birth to twin girls. The sirens stopped her mid-sentence; I switched off the recording device and we sat in silence, staring through the large living room windows and trying to get a glimpse of what was happening outside. It was during the ‘Amud Anan’ (‘Pillar of Defence’) operation of November 2011, Israeli forces bombing and raiding Gaza, and Hamas forces firing rockets at Israel's southern and central cities. Although the skies were clear in northern Tel-Aviv – as the ‘Iron Dome’ defence system was successfully intercepting all the missiles directed to the area – it was hard to ignore the tension, the sounds of sirens and distant explosions; the atmosphere of war that had penetrated every house in Israel/Palestine at the time.

After a few moments, the alarm ceased and I switched the recording device back on, trying to carry on with the interview by saying ‘I believe we were in India’. This moment is symptomatic of the way in which armed conflict and the ongoing militarised control of Palestine is dealt with in Israeli society. The Israel/Palestine conflict is ever present at the heart of Israeli everyday life (Kimmerling, 1993), yet it is always also perceived as a surprising momentary intrusion, an interruption to the normal order and one that should immediately be overcome and forgotten.

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36 This operation took place between November 14 – 21, 2012. Six Israelis were killed in the fighting (four of them civilians), and between 150 to 200 Palestinians were killed, at least 60 of them civilians (the numbers vary between reporting bodies). This ‘operation’ is part of a series of assaults on Gaza by the Israeli army, which have occurred every other year since Israel's withdrawal from its settlements within Gaza in the ‘Disengagement’ of 2005.
The ‘Pillar of Defence’ assaults on Gaza lasted a week, during which some of my research participants were called up to participate in the fighting as reserve soldiers, leading some to draw a connection between their war-time participation and peace-time exclusion by Israeli surrogacy regulations. Despite the abruptness and exceptionality of this moment, I suggest that it highlights a tension that is always at the heart of reproductive politics – the relationship between the state of war and the desire to reproduce the nation. Other Israeli researchers have shown the links between the Israeli military occupation of Palestine and the central value of natalism in the Jewish Israeli Jewish public (Yuval-Davis, 1980; Berkovitch, 1997; Nahman, 2006, 2013). As Baruch Kimmerling suggested: ‘Israeli militarism tends to serve as one of the central organizational principles of the society’ (Kimmerling, 1993:199).

This chapter demonstrates how reproduction operates as one of the leading social sites for the militarisation of Israeli society. It is therefore an appropriate site for studying the relationship between homonormativity and homonationalism (two concepts that I present below) and Israeli reproduction politics, as they come into play in the very specific example of gay surrogacy fathers. This discussion builds on the previous chapter which focused on the apparatuses that enable states to regulate reproduction in a top-down manner, by setting regulations, enforcing boundaries and opening up partial borders. This chapter goes beyond an analysis of the regulatory regime, by showing how individual desire can be fashioned towards belonging to the nation, and towards participation the national project of expansion and domination. I start the chapter by discussing Israeli nationality and religion policies, and how they come into play in the field of assisted reproduction and surrogacy specifically. These are the background factors that take part in shaping national desires for many Israeli gay men. This political backdrop is also incorporated in the geopolitical condition of occupation and oppression between Israel and Palestine, and towards non-

37 Mandatory reserve service in Israel applies to men who have completed their basic military service, and lasts until the age of 45. This therefore means that most Jewish men in Israel participate in reserve army service between the ages of 21-45.
Jewish citizens within Israel. The *biopolitics* of reproduction is thus linked to the *necropolitics* of war-making and exclusion, as I discuss in the following section.

**NORMATIVITY AND THE NATION**

The turn of the century ushered in a new era of LGBT activism, which transformed from the politics of otherness to the politics of inclusion or even immersion with the political mainstream (Hartal and Sasson-Levy, n.d.; Duggan, 2002; Kama, 2011; Moreno, 2011; Gross, 2013). Duggan proposed the term ‘new homo-normative’ to describe the LGBT liberation politics enacted according to conservative, nationalistic and neoliberal ideologies, and presented as a new ‘Gay Mainstream’ (Duggan, 2002:175). This political stance, which in the US is articulated by the 'Independent Gay Forum', created a new subject-position made up of patriotic gay-lesbian citizens, a position which sought to be incorporated into the national order of kinship, consumerism and citizenship, while at the same time excluding others on the basis of economic capabilities, ethnic/racial identities and national belonging. Similar processes occurred in Israel in the first decade of the 2000s (Kama, 2011; Gross, 2013), with the rise of a secular, liberal ‘centre’, holding nationalistic and economically right-wing positions, accompanied by an acceptance of certain egalitarian positions - mainly towards women's inclusion in the labour force and greater openness towards what Kama terms ‘LesbiGays’ (Kama, 2011:180), i.e. lesbian women and gay men who represent social respectability and carry the same aspirations for family life, parenting and national belonging as the heterosexual Jewish majority.

Jasbir Puar (2005, 2007) further analyses the appearance of this ‘Gay Mainstream’ as a nationalist configuration, which she terms ‘homonationalism’. Homonationalism is an articulation of gay-lesbian rights movements through nationalistic, anti-Arab and Islamophobic discourses. Homonationalism constructs a binary opposition between the (supposedly) liberal, democratic West, where (some) LGBT citizenship rights have gained legal recognition, and the (allegedly) backward, conservative, and homophobic Islamic world. Thus, George W. Bush’s ‘war on terror’ is
also depicted as a war for enlightenment and towards ending homophobia, despite its gruesome effects on the lives of many queer subjects whose lives were entangled with these Islamic worlds, or who belonged to ethnic minority groups who had been targeted by new means of surveillance, control and aggression through the worldwide expansion of western security regimes (Puar and Rai, 2002; Puar, 2007; Povinelli, 2011).

Puar’s analysis of homonationalism builds upon Agamben’s (1998) distinction between *bios* and *zoē*, and Achile Mbembe’s (2003) concept of ‘necropolitics’. Agamben used the ancient Greek understanding of two modes of lives, *zoē*, which is any living being, common to animals, humans and the gods, and *bios*, which indicates a life which is conducted in a proper manner, a form of life which he defines as political life (Agamben, 1998). In agreement with Foucault, Agamben describes how modern governance involves bringing the biological fact of living into the centre of rule, subjecting individuals through both techniques of control (objective rule) and the discipline of the self (subjective rule). This is the political life or *bios*. But Agamben adds that modern governance also carries within it the state of exception, which enables the exclusion of certain entities (and certain human beings) from the realm of protected living and therefore addressing them as *zoē*, bare life. These entities are *Homo Sacer*, a man (or woman) who could be killed without mourning, excluded from the order of the nation (Ibid.).

Mbembe (2003) develops Agamben’s critique of Foucault further. In response to Foucault’s analysis of biopower as the governmental power to give life (Foucault, 1978, 2007; Foucault and Rabinow, 1984), Mbembe asserts that modern (and late modern) statehood maintained and enhanced the sovereign power to take lives. According to Foucault (Foucault, 1978; Foucault and Rabinow, 1984), biopower operates through the knowledge/power apparatuses that target life by defining (through medicine, education, incarceration and welfare systems, as well as more dispersed modes of operation) modes of proper conduct and proper ways of being. For Mbembe (2003), sovereign power had not completely moved away from inflicting death into creating life, and was still involved in killing or leaving people to die. He termed this mode of power over life and death
‘necropolitics’. This mode of sovereign power operates on populations that could be cast as ‘others’ – ethnic minorities, the poor, and those living in postcolonial war zones. Necropolitical power operates in forms of starvation and medical maltreatment; of employment under hazardous conditions; of wars conducted from afar with the help of drones, that allow for killing to be effected remotely and with no accountability, wars that are waged by ‘war machines' that are ad-hoc armies with no functioning state bodies behind them. The American army's involvement in Iraq and Afghanistan, as well as Israel’s occupation of Palestine, are potent examples of the employment of necropolitics in the name of democratisation and progress.

Homonational politics have taken a very distinct form in Israel/Palestine, as Israeli authorities directly and actively use internal LGBT politics to promote Israel’s foreign policy aims and present Israel as the ‘only democracy in the Middle East’, while at the same time maintaining the occupation of the Palestinian territories that has persisted since 1967 (Franke, 2012). This form of foreign policy has received the title ‘pinkwashing’, as the state of LGBTs within Jewish Israeli society is allegedly used to wash away the stains of other aspects of Israel’s behaviour towards minorities within its borders and in neighbouring states (Puar, 2007, 2011; Franke, 2012; Gross, 2013). These kinds of endeavours are advocated by influential, state-funded organisations in the LGBT community, while the voices who oppose the drift of Israeli LGBT politics into a nationalistic, consumerist culture, are silenced and discarded (Hartal and Sasson-Levy, n.d.; Moreno, 2011).

I argue in this chapter that the struggle over gay surrogacy in Israel is promoted through these nationalistic, consumerist and assimilationist discourses. The struggle for ‘parental equality’ is based on Jewish-national pro-natalist values, flavoured with neoliberal articulations of the freedom of trade.
In Chapter 5, I discussed how surrogacy is a means for achieving genetic kinship, which for many of my participants meant a sense of continuity and belonging within their extended family and the family genealogy. However, another reason to favour genetic relatedness lies within the state’s understanding of kinship as based on genetic ties. Israel employs a descent-based (*jus sanguinis*) citizenship system. According to the Citizenship Act (1952), the main means of acquiring Israeli citizenship are *Shvut* (by return) or *Leida* (by birth). Another citizenship mechanism exists for Palestinians who resided in Israel prior to or shortly after the state was created in 1948, but is of less relevance to citizenship status today (Ben-Porat and Turner, 2011).

*Shvut* (return) grants any person who is himself Jewish or of Jewish descent the right to migrate to Israel and become an Israeli citizen. The logic behind this status and its unusual name is the assumption that every living Jewish person in the world today is a descendant of the Israelites who lived in Israel (or Palestine) in biblical times. Therefore, when a person of Jewish descent immigrates to Israel, his or her entry is not accounted as an arrival to a new land, but rather as a return to the homeland. To be eligible for citizenship, a potential migrant needs to prove that she/he is recognised as Jewish by a religious community in her or his place of residence, or to provide documentation proving that one of her/his ancestors up to three generations back was Jewish (Barak-Erez, 2008).

*Leida* (birth) grants immediate citizenship to any baby born to an Israeli citizen. In case of birth outside Israel’s borders, or when the mother is not an Israeli citizen, the state may require genetic testing in order to verify paternity and citizenship status. As discussed in Chapters 4 and 6, these tests are conducted under strict regulations, at one specific clinic in Israel, and require a court decree in order to be validated.
Cross-border surrogacy cases require citizenship registration through the birthright (*leida*) criterion. This criterion merges the kinship status and the citizenship status of the child. According to research participants who specialise in family law, in the 1990s and early 2000s, when surrogacy was not a well-known phenomenon and was mainly pursued by heterosexual couples conducting surrogacy in Western countries, the registration of the children happened as though they had been carried to term by and born to the commissioning mother. It might be even reasonable to assume that Israeli consulates that were called upon to register these babies believed (or chose to believe) that this was the case.

The situation changed when male couples and single men began to apply for citizenship status for their children. Men who wish to bequeath their citizenship status to their children are in a delicate position in Israeli society. By state law, their citizenship status should pass on to their children. However, according to religious law (*Halacha*), their Jewish identity is not passed on, as Jewish identity is determined by the birth mother, in this case the surrogate. Therefore, Israeli authorities have come to employ different regulations towards fathers and their children in cases where the birth mother is unknown or not an Israeli citizen (Berman, 2015); in such cases, genetic paternity tests are required before kinship is acknowledged and citizenship is granted. When cross-border surrogacy started to increase in numbers and requests became routinised, the 'overseas regulations' that were discussed in the previous chapter were formed. These included genetic testing, court appeals and citizenship through parenthood decree.

Most couples accepted this process as tedious, if somewhat understandable, bureaucratic red tape. However for others, this was perceived as state intrusion into a private matter, by questioning the genetic link between one of the fathers and the child, and as undermining the connection of the other (non-genetic) father with the same child. This was felt in an especially acute manner by parents who commissioned surrogacy in U.S. states which provide pre-birth paternity orders. In

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38 This information was given to me in my interviews with lawyers representing surrogacy fathers – it does not appear in official documentations.
such cases, both male parents appeared on the initial birth certificate, granted and approved by a United States family court. Therefore, the question arose: why would the Israeli authorities require additional testing, when parenthood had already been approved by a court of law? Refusing to conduct the genetic test and the subsequent adoption procedure by the non-genetic father, two couples appealed to the Supreme Court, demanding that their parental rights be recorded and that their children receive citizenship ‘by birth’ and without the need for genetic testing. To this the state representative replied:

Article 4 (a) (2) of the Citizenship Act 1952, whose aim is to grant Israeli citizenship to a child born overseas to an Israeli citizen is aimed at biological parenting, i.e. [it is understood] as a genetic connection between a parent and his child. Therefore, a genetic [paternity] test is a simple evidential means, with a high reliability rate of proving this link. The respondents [i.e. the state] stress that genetic testing is demanded of any [citizen] who approaches overseas surrogacy, same-sex couples and heterosexual couples alike...The reason for demanding a paternity test is not related to the parents' sexual orientation, but to the respondents’ concern of granting legal standing in Israel to non-eligible persons, [concern] of child trafficking and of bypassing international adoption laws. [HCJ 566/11 2013]

In this appeal, the state reiterates the genetic basis of kinship as it is understood in Israel. Parenting is not a social reality, supported by legal bureaucratic documents, as the petitioners sought to present it. Kinship is based on ‘biological facts’, manifested through genetic testing only. This criterion is directed at all male citizens, gay or straight, while a woman who has undergone a pregnancy is not required to prove a genetic link if the fact that she was indeed pregnant and gave birth is not disputed.

The Supreme Court accepted the state's position, upholding the ‘overseas procedure’ for granting citizenship. However, as with other cases, it also determined that once citizenship status is granted, both parents could register the children as theirs with the Ministry of Interior Affairs. This untangled the question of citizenship status from the question of parenting and kinship, and established effectively two sets of kinship, the ‘blood’, bio-medical kinship required for citizenship
status, and the social-legal kinship, established by the surrogacy contract and family law, and acknowledged by the parental registry.

Alongside the secular citizenship status, the State of Israel employs a parallel system of religious belonging, based on the Ottoman Empire's 'Millet' system establishing the autonomy of the religious court system over personal law rulings (Ben-Porat, 2000). The implication is that religion becomes – apart from being an important factor in ones’ identity and everyday practices – an administrative tool used to determine citizenship, status in Israel and to uphold ethnic segregation. Segregation is preserved in Israel through the enactment of marriages under the jurisdiction of religious courts, and through laws enforcing segregation in reproductive medicine and in adoption (Vertommen, n.d.; Ben-Porat, 2000; Nahman, 2013)39.

More importantly, the different religious sects within Israel are not just separated; the state enforces an ethnic hierarchy with the Jewish majority as holding privileged citizenship status, and the Muslim minority at the bottom of the hierarchy (with Christian citizens in a liminal position, dependent on their ethnic identity as well). This system of exclusion is such an intrinsic part of Israel's regime that the regime has been described by Israeli researchers as an 'ethnocracy' (Yiftachel, 2006). An ethnocratic regime provides democratic rights for one ethnic group – the ruling group – while maintaining legal systems of separation and control over other ethnic groups (Ibid.). In Israel, this describes the relationship between citizens who are identified as Jewish, and other citizens or permanent residents who are given (some) individual rights but not national rights (Shafir and Peled, 1998; Smooha, 2002; Yiftachel, 2006). Judaism in Israel therefore operates as a race (or ethnicity) as well as as a religion. In recent decades, according to Ivry (2010) the understanding of Judaism in Israel has become more geneticised, in contradiction to the religious Halacha. This tension becomes significant in the lives of cross-border surrogacy children.

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39 Other researchers have shown additional modes of segregation in the Israeli society, mainly in housing (Falah, 1996) and in the education system (Shavit, 1990).
In the Israeli ethnic hierarchy, children born through cross-border surrogacy are in a liminal position. They have Jewish heritage, since they have a Jewish father and they will be raised in a Jewish Household (albeit mostly secular Jewish households). At the same time, on a religious level - and therefore by state administration - they are not Jewish, since Jewish identity is based in matrilineal descent. In the case of surrogacy, and after extensive deliberations concerning the exact meaning of ‘matrilineal’ in this respect, most Rabbinical authorities have come to identify motherhood as stemming from the acts of gestation and birth, that is, through the surrogate. This is explained in the following policy document, published by Hevruta (literally translates as ‘religious learning companions’), a group of orthodox Jewish religious LGBT activists:

[F]ollowing this ruling, most adjudicators tend to see the birth mother, i.e. the surrogate, as the legal mother for the Halachic court. From this, it is clear that the child's Judaism is determined by the birth mother and not according to the egg [provider].

Moreover, according to the common [religious] ruling in Israel, a child born to a non-Jewish mother but raised in a Jewish home, can be converted through ‘Giur Ktanim’ [English translation: minor conversion]. However, a Jewish home in this respect is a home which operates according to the 'orthodox halacha', as is customary and accepted in Israel. To our great regret, we, as single homosexuals and as couples, are not perceived as having a 'Jewish home' in this respect.

In light of these statements, we as orthodox Jews that view the Halachic ruling as a binding adjudication, wish that our offspring will also be considered as Jewish for all purpose, and that their Jewishness not be questioned by any responsible body. [...] We request that the State of Israel, as a Jewish state, will enable us, Jewish homosexuals, to have Jewish offspring whose Jewishness will not be questioned and not undermined by any 'Halachic' body. (Hevruta 14.2.11)

As Lustenberger (2013) demonstrates, while Jewish Orthodoxy rejects homosexuality and same-sex families, for some non-heterosexual Orthodox Jews, claiming LGBT identity did not necessarily mean rejecting their religion or the religious establishment. Judaism is practiced in a community. Prayer should ideally be performed in the presence of other Jewish men, in a synagogue, and all of life's major events are supported and maintained by the religious parish. On the other hand, there is no unified ruling body in contemporary Judaism. There are state-sanctioned Orthodox rabbinical
courts, but these are not supported by all religious sects. There are also the Reform and Conservative religious movements, which are more progressive in their acceptance of same-sex relationships and parenting. However, these movements are a small minority in Israel, and while they have gained the right to perform conversion ceremonies, they cannot convene state-approved rabbinical courts. Therefore for most Israelis, Judaism means the more reactionary, state-centred national-Orthodox strands.

This is why the position statement by Hevruta, quoted above, called for an urgent change in regulation, one that will provide future offspring whose Judaism cannot be questioned or undermined by any religious body - that is, Judaism that a child is born into, as a result of having a Jewish birth mother (that is, a Jewish surrogate).

Since currently Jewish surrogates are not a possibility for Israelis who commission cross-border surrogacy (as there are no Jewish women who work as surrogates in India and other destinations in the East, and according to my informants this option is not explicitly catered for in the United States either), and since relinquishing Jewish status was unthinkable to most (but not all), my research participants had to negotiate their feelings towards Judaism and the rabbinical establishment, their desires for their children's integration into Jewish-Israeli society, and their gay identity. One potential strategy was to conduct the conversion process in the state of the birth (mainly in the case of United States surrogacy pregnancies), where there is more variety in Jewish communities and greater availability of support for male-gay parenting. That was the solution of Alon and Yogev, a couple whose daughter was born in the United States:

One of the most heartwarming moments was Nurit's [baby girl] conservative conversion, which we conducted in a charming Jewish community there. Three Rabbis, two men and one woman, gathered in an Halachic court, to determine that our daughter, Nurit, is Jewish by religion and law, despite the fact that she has two fathers. It was clear that the Rabbis were excited for us and for Nurit, and asked a lot of questions about the process that brought us to them, because they do not encounter families like us every day (Ledergor, 2013).
The conversion process is described in colourful, positive tones, as a joyful experience, a cherished memory. The meaning of the act – the fact that their child had to be transformed into Jewishness through this ceremony, and the potential risk of identification as an unfit household – appears in the text only briefly in the sentence ‘despite the fact that she has two fathers’. By finding a supportive community, the fathers tried to minimise the potential stigma, as well as the chances of rejection.

For others, the solution was to perform the conversion in a reform synagogue in Israel:

Adi: At what stage did you perform the conversion?
Shilo: Half a year after we arrived in Israel. We did it through [name of synagogue]. It was a really successful process.
Adi: What does this process include?
Shilo: The physical act is baptising. This is [pause]
Adi: They didn’t want to check your lifestyle?
Morgan: Nothing. Nothing. I think they had some lecture that they gave us. Half an hour about Judaism. We watched it everybody together, with the grandpas and the grandmas and it wasn’t anything [important]. And that’s it. Very simple. Not lifestyle and not [pause]. Very nice. And everybody went together to the seashore and we baptized him. There were blessings we had to say I think. Blessing there in the water. It was very nice.(interview, 19.9.12)

Here, the conversion is an insignificant experience, a pleasant day on the beach. No questions were raised as to why a Jewish family needs to listen to a lecture about Judaism, or about the meaning of the ceremony.

For many others, the choice was to conduct an Orthodox conversion within Israel, which required masking the parents’ gay identity and committing (often deceitfully) to maintaining an Orthodox lifestyle in the household. This is what Avraham, a single father of twins, told me:

Avraham: I did it for the children. So it will be easier for them. So that they will be considered Jewish. Even if it doesn’t matter on most accounts, maybe there will be cases where it will matter. That they are Orthodox Jews and that’s that. Most people, mainly couples, decide to go for reform conversion because the Orthodox conversion requires them to lie back and forth. They cannot present themselves as a family of two fathers so it is very problematic. And then with reform conversion they do acknowledge [two-father families] so they do reform conversion and that's it.
For me it was important at the time and also because I am a single father so I had the chance to escape this dilemma. [...] They can [define the conversion as invalid], because the conversion included my commitment to keep a Jewish household in all its meanings. [I] committed to go to a synagogue every Friday, Saturday, and all Jewish holidays. Committed to have a Torah lesson once a week, committed to lay the phylacteries every morning, committed to put the kids only in public religious schools until the age of 18.

Adi: Wow.

Avraham: Because of all these commitments. These are commitments that nobody checks. Someone can come and say, when they [the kids] wish to get married, that if they find that one of these commitments were not fulfilled, the only things they can really check is schools. I am not going to send them to religious schools. This I know today. When I did the conversion I still considered doing it. That is why I wasn't lying when I committed, but now I already know that I will not do that.

Adi: Why?

Avraham: This was another process I went through. How can I provide them with the option of learning at school that their father should be stoned? Or that they will study in a religious school where there are religious families and they will have religious friends and when they would like to visit these friends their parents will not agree or when they would like to invite friends over no one will agree that their friends will come here. What is this? It will make the kids miserable. Why should I do this to them? [...] So what I wanted to say is that because of all these commitments, eh, they can check and see that they weren't in religious schools. They can say, in hindsight, that the conversion was not performed. You cannot undo a conversion. For anyone who converted according to Halacha, you cannot say now that he is [pause] that the conversion was improper. But you could say 'he didn't convert'. Right? (interview, 8.1.13)

Choosing a conversion method posits different risks and possibilities for gay fathers. While the Reform strand of Judaism in Israel is generally progressive and permissive in terms of accepting same-sex families, it does not hold political power. While state authorities are bound by law to register Reform conversions as Jewish in the state registry, other state institutions (meaning the rabbinical courts who have complete control over the marriage of Jewish citizens) are not bound by the same laws, and in the future may reject such a conversion. As Avraham says, ‘[e]ven if it doesn't matter on most accounts, maybe there will be cases where it will matter.’ The Orthodox
conversion method, on the other hand, is conducted by the majority sect and by those who hold political and administrative power within the Israeli Jewry. But for many secular Jews and most gay fathers, this requires lying to the rabbinical court or subsequently breaching commitments that were made during the conversion process. These lies may be overlooked, in light of the parents' unquestionable Jewish identity, but they could also be used as a reason to undo the conversion, many years later. Moreover, the other option, of keeping all the commitments, is described as subjecting the children to the potential of social exclusion and harassment during their childhood years. It seems as though fathers and children have to choose between blending in now (in secular Jewish society) or blending in the future (that is, being considered as Jewish by all sects and strands of Jewish society).

The importance of conversion into Judaism in the lives of gay fathers was a major finding in Lustenberger's (2013, 2014) research on same-sex parenting in Israel. But while for Lustenberger 'same-sex couples unwittingly reinforce the primacy of religious law in family matters' (Lustenberger, 2014:543), I see their choices as part of a new 'homonormative' national order. This negotiation of the preferred route towards Judaism is conducted against the backdrop of an ethnically segregated society, where Jews are in a hegemonic, ruling position. And as Nira Yuval-Davis has discussed, maintaining the principle of the religious personal law helps maintain the boundaries of the Jewish-Israeli national collective (Yuval-Davis, 1980:21) and the segregation into what Fogel-Bijaoui defines as 'ethno-religious groups' (Fogiel-Bijaui, 2003). By choosing to perform the conversion and fight for religious belonging, my participants not only ensure their children's belonging within Israeli society, they also help to maintain the same institutions that are creating social hierarchies, primarily between Jews and Palestinians, but also between heterosexual and non-heterosexual Jews, and between majority and minority Jewish religious sects. By doing so, they become involved in maintaining the national order, with all of its exclusionary mechanisms and bio-political life management, as I discuss in the next section.
ASSIMILATION AND EXCLUSION

A direct articulation of the link between the gay equality struggle, as it is understood through the prism of family rights and access to reproductive medicine, and Israeli Jewish nationalism, was provided during the recent *Tsuk Eitan* (commonly translated as ‘protective edge’, but literally means ‘mighty cliff’) military campaign in Gaza. During this military engagement, which took place between July and September 2014, roughly 80,000 reserve soldiers were drafted, among them many gay men. During this period Facebook was replete with posts where gay men (and their partners and friends) utilised their participation in the war effort in order to raise political awareness and support for their peace-time struggles. One of the stories that received wider media attention (including international responses) was the story of Eyal Shamir and his boyfriend Itamar. The couple's story first appeared as a post of Facebook, which was quoted and republished by many. As a result of the attention this post was followed by articles in the Israeli media, some of which were translated into foreign languages. The media attention culminated in the following article, published on the website of ‘A Wider Bridge’, an Israeli organisation that ‘builds bridges between Israelis and LGBTQ North Americans and Allies’ (Dekel, 2014). It is worth noting that ‘A Wider Bridge’ is run by ‘StandWithUs’, a group supported financially by the Israeli Ministry of Foreign Affairs and a known player in the ‘pinkwashing’ foreign policy campaigning. The article read as follows:

*My Boyfriend is Going to War*

Eyal Shamir posted a photo of his boyfriend of five years, Itamar, an officer in the IDF, who was recruited for army service, with his back pack and uniform, going out the door.

"'Who would do this if not us,' 'this is our country and we should defend it,' Itamar always say to me," writes Eyal, "and I couldn't agree with him more, but it's a little bit disturbing to me that we're good for the country only in these situations."

When Itamar and I wanted to get married they immediately bothered to remind us that people of our kind don’t have the right to marry, don’t have the right to have children through surrogacy here, and don’t have the right to adopt. In a moment like this I can’t help but wonder why a person should cancel a planned vacation in the north, and go back home to pack the bag and go out to the battlefield” [...]
“Are we good only for war?” Eyal continues. “I hope all the soldiers come home safe, that the escalation will stop and we’ll be able to go back to our normal lives. And I also hope that the decision makers in this country will learn to realize that if I’m good enough to be sent out to war – I’m also good enough to build my dream home here with the family of my dreams.” (Dekel, 2014)

In a subsequent magazine article, Eyal explains his position again:

_These are hard times. It is true that we need to keep a unified front in face of the threat that wishes to hurt us, but when all this calms down and people go back to their homes, Itamar will come back to me and we will carry on with our private struggle. A struggle for the recognition of us as a couple in all senses. A struggle for the recognition of us being a family in all senses, a struggle for the recognition in our ability to have children, maybe not by nature but in a viable and predictable way, that seems very legitimate for a straight couple but when a gay couple wishes to do it they encounter hardships and sour faces. A struggle for the recognition that we are equal in our country. The country that we serve constantly._ (Shamir, 2014)

This account aligns the participation of gay men in national endeavours - in this case the ultimate sacrifice of going to war and potentially sacrificing one’s life - with struggles over assimilation into the heteronormative order. Similarly to Duggan's (2002) and Eng's (2007) claims about US queer politics, the struggle here is privatised, individualised, and domesticated: ‘when all this calms down and people go back to their homes, Itamar will come back to me and we will carry on with our private struggle’ Eyal does not define his and Itamar’s struggle for parenthood as a collective one, shared by many gay men or by a wider community. Rather, he speaks of populations, where each individual returns to his private home, and some of these individuals (gay men in this case) have fewer rights in their domesticity.

It is important to note here that the people addressed by the article, and the ‘we’ that the article refers to, are all Jewish Israelis. The aim of the military campaign, which killed over 2000 Palestinians in Gaza and demolished the homes of tens of thousands, is completely absent from the text, as well as the existence of non-Jewish Israelis who are not called to the army and are generally rendered ‘a threat from within’. The author capitalises on his partner's status as an able-bodied, young, Jewish Israeli who serves as a combat soldier, a position which requires sacrifice but also
carries significant prestige in Israeli society, in order to promote the same array of values that the nation is understood as cherishing: the couple-based family, and child bearing.

**CONCLUSION: BETWEEN BIOPOLITICS AND NECROPOLITICS**

States give privileged status to relations of kinship, defining them as the root source of belonging and of varying sets of rights, as well as a marker of commitment between members of the kinship relation. This is especially the case with child-rearing, where the parenthood status has significant implications for the mutual responsibilities and commitments of parents towards their children. Therefore, the struggle over same-sex kinship is much more than an ideological struggle for inclusion in heteronormative orders – it is first and foremost a struggle for the possibility of living together, and of maintaining meaningful bonds between spouses, parents and their children, and any other kind of family life that LGBT people may wish to maintain.

At the same time, the administrative recognition of kinship also serves to undo familial ties between some parents and their children. Silvia Posocco discusses how through transnational adoption, we see new configurations of ‘race’ and ‘sexuality’, not as identities but as ‘a biopolitical and necropolitical reconfiguration of death and life chances’ (Posocco, 2013:82). International adoption regimes manifest the power of the state and the market to remove children from their families and communities, who originate mainly from ethnic/political minorities and histories of colonial oppression (Briggs, 2012; Posocco, 2013). This makes international adoption, especially in places where it has been employed politically, like Guatemala (Posocco, 2013), into a necropolitical apparatus operating against the survival of underprivileged or persecuted communities. As queer subjects from the West fight for inclusion as adoptive parents, they take part in and enhance these necropolitical markets, in a manner that Puar has termed ‘queer necropolitics’ (Puar, 2007; Haritaworn et al., 2013).
Surrogacy always involves the doing and undoing of kinship relations. While commissioning parents receive parental status, the surrogate, egg seller and other participants in the reproductive effort are erased from the kinship registry, administratively although not always in practice.

Israeli gay men who commission surrogacy are embedded in regimes of necropolitics and biopolitics. On the one hand, like most Jewish Israeli men, they are implicated in the necropolitical apparatus of the Israeli army, which operates as the colonialist power over the civilian Palestinian population in the West Bank and Gaza. Through this participation, they try to establish their right to family life – that of the couple-based, genetic reproduction and genetic futures. In this desire, my research participants are no different from most members of the Israel-Jewish community, and their desires are formed under the same social constraints and social aspirations.

But in their struggle to participate in the surrogacy market, these commissioning parents take part in a market which also raises grave moral concerns, especially when it exploits marginal and impoverished populations in the global south. This is another form of necropolitics, as the choices of life and death are unequally divided along axes of race and gender in the global reproduction market.

Political and cultural forces operate as an assemblage of contradictions, oppositional interests and ambiguities. In the next chapter, I discuss these ambiguities and contradictions as they unfold within and as a result of the operation of reproduction within market logics, that is, within the growing global market for eggs, sperm and gestational services.
8. REPRODUCTION MARKETS

It was a lovely Tel-Aviv afternoon and I was sitting with Morgan, Shilo and their two children in their living room, located in one of the up-scale neighbourhoods of central-north Tel-Aviv. We were discussing their experiences as commissioning fathers, as they have a son from a surrogacy process in India. Morgan and Shilo were one of the first Israeli couples to go to India for this purpose, in a period when Israeli surrogacy agencies were at the beginning of their operation in this market, or in the couple's words: ‘the first Tammuz [one of Israel’s leading surrogacy agencies] baby was not born yet’. The children were obviously curious about the topic of the discussion – namely themselves – so the fathers took turns playing with them in the other room and speaking with me. As I spoke with Shilo, we quickly turned to the issue of the cost of surrogacy practices, or, more specifically, whether the cost is discussed among their group of friends who have also commissioned surrogacy.

*There is a price tag on every child [smiling]. Sure, that's part of the fun. That [our child] has the potential of covering his cost at some point of his life. Those U.S. surrogacy children, you know, they will have to work their entire lives to cover it [laughing]. (interview, 19.9.2012)*

As we can see from the quote above, the subject of cost, or even of the child as a commodity (‘there is a price tag on every child’), was not considered offensive, problematic or secretive. Contrary to some of the more public portrayals of surrogacy parenthood – and possibly contrary to the practice of heterosexual couples who opt to use surrogacy – Morgan and Shilo shared their surrogacy stories often with friends, family, other commissioning parents and their own children. When they commented that their surrogacy child had the cheapest cost, compared to the children of their circle of friends who were also surrogacy fathers, one could hear the pride in their voices. They expressed pride over their entrepreneurship, wise life choices, and healthy attitude towards the surrogacy contract. They were savvy consumers and devout fathers, and they saw no contradiction between these seemingly contradictory features of their family story.
Two years later, we had a completely different exchange regarding surrogacy, monetary values and children as commodities. During the write-up period of my PhD dissertation, I was invited to present my research at a queer reading group in one of Israel's research universities. The group was small in number of participants, and generally known for its radical views. Moreover, the group’s organisers were also part of an online advocacy group named ‘Gays Against Surrogacy’. Some of my research participants were angered by my participation in this event, which was understood by them as taking sides in the surrogacy wars that were, and still are, raging among activists in the LGBT community and feminist activists in Israel. They were especially outraged by the poster promoting the event, featuring a baby and a pile of dollars next to it. As Morgan wrote to me in an email: 'We would like to remind you that we are discussing our children here. Please do not defame them’ (email correspondence. 27.12.2014).

These two seemingly unrelated occurrences, one taking place in a private sphere and with a light-hearted atmosphere, and the other in the public arena, and perceived as libel (or at least beyond accepted critique of surrogacy practices) demonstrate the sensitivity and turmoil that discussing surrogacy as a form of market commodity evokes. Surrogacy agreements, and the medical-legal-commercial proceedings that bring them to life, operate under mixed ethical regimes, involving contractual law, medical discourses, as well as kinship norms. This chapter discusses the intricate 'ontological choreography' (Thompson 2005) that is performed by various participants in surrogacy practices in order to negotiate, define and frame these practices according to their perceived ‘proper’ mode of operation in each interaction. My main focus is the integration of kinship and market commodity, that is, the question of the commodification of kinship, as described through narratives of commissioning fathers and through media coverage of surrogacy as a social phenomenon. It should be stressed that my aim is descriptive, not prescriptive. Surrogacy effectively involves a global market for bodies, body parts and reproductive capabilities on the one hand; but it is also a new form of relatedness and an ethical moral terrain, with emerging norms of commitment, devotion and care towards reproductive collaborators and the newborn children.
Through surrogacy, I therefore wish to engage with broader theoretical concerns, of the relationship between the expansion of capitalism into new terrains of commodified bodies and body-parts, and the forms of social relations that potentially arise in these markets.

**MARKETS, BODIES AND RELATIONSHIPS**

Markets in gametes, reproductive tissues and gestation quite literally dissolve the boundaries between production and reproduction, producing surplus value from what Rose has termed ‘life itself’ (Rose, 2001). According to Waldby and Cooper, these markets produce: ‘A kind of labour that has been traditionally available to women but which has only recently been medicalised, technologised and standardised to an extent where it can be organised on a global scale’ (Waldby and Cooper, 2008:59).

The production of value from human biological processes and tissue therefore breaches the fundamental differentiation between subjects and things, which underlies the production of capitalist markets (Hoeyer, 2013). According to Hoeyer, a basic construct of market thinking is this separation of ‘exchange partners’ from ‘exchange objects’, and their linking through the mode of ownership. Human beings, body parts, sexualities and intimacies are thought of as belonging outside the sphere of the market. Therefore, setting a price tag on human life is against the very core of human dignity, and a violation of Kant's categorical imperative:

*Act in such a way that you treat humanity, whether in your own person or in the person of any other, never merely as a means to an end, but always at the same time as an end.* (Kant, 1785)

Yet markets for bodies, body parts and intimate practices pre-date capitalism, and their expansion is an intrinsic part of the growing global capitalism of the current era (Schepер-Hughes, 2003). These bodies-as-commodities are manifest in the fields of medicine, reproduction, alongside older markets such as slave labour and sex work (Schepér-Hughes and Wacquant, 2003). But what does it mean when bodies or bodily functions are sold on a global market? How shall we treat subjects who take
part as sellers and as commodities? Are there direct implications to the phenomenon of ‘commodification of human value’ in terms of social relations, of justice and of human dignity?

For Marx (Marx, 1867; Dodd, 2014), commodities are a form of alienated labour, detached from the individual labourer and abstracted, through the process of monetary exchange. Simmel, following Marx, claims that as social relations become mediated through money, they become more abstract and featureless. Our everyday encounters become depersonalised, and qualitative aspects of value are reduced and replaced by quantitative measurements (Simmel, 1903). At the same time, Simmel also saw money as a form of a strong social bond, a shared illusion which enhances shared understandings among members of the same economic circle through the expansion of interaction among different members of society. Hypothetically, the ties that are formed through cross-border third-party reproductive services could be seen by Simmel as both an abstraction of familial ties, and as an increased bond between people in very distant geographic and social locations.

Another form of Marxist market analysis is proposed by Arlie R. Hochschild (2003, 2011a). In contemporary capitalism, Hochschild asserts, the labourer is not just detached from the material fruits of her labour. More and more industries and positions require workers to manipulate their emotional presentation and create an emotional/affective sphere as part of the process of production. As the emotions are produced for the market, and controlled by market demands, they are no longer ‘owned’ by the labourer, whose range of feelings and desires becomes flattened, often also after work hours. In her recent work, Hochschild demonstrates the arduous labour performed by reproductive labourers (among others) in order to maintain the required dispositions towards the foetuses they gestate, and towards the intended parents (Hochschild, 2011b).

Concerns about the medicalisation and commodification of reproduction are not new, and had already been expressed by feminist authors in the 1970s and 1980s. Many feminist scholars responded to the challenges of reproductive medicine and reproduction commerce with caution and sometimes outright hostility (Franklin, 2013). In essays, manifests and ethnographic works, scholars...
such as Gena Corea and Rita Arditti warned against the heightened control over the female body that is achieved and mediated through the presence of medically assisted conception, IVF technologies and surrogacy. Gena Corea wrote about these technologies:

*producing sons for men has been a prime function of woman. Now, through technology, men may someday be able to employ her for this purpose with minimal human involvement* (Corea, 1986:221).

According to Corea and other feminist scholars of the time, surrogacy transforms reproduction into a non-relational technical method, eliminating social contacts between reproducer and the commissioning parent/s, and irrevocably commodifying female bodies and female reproductive capabilities (Rothman, 1984; Corea, 1986; Smith, 1988; Klein, 1991).

Other scholars are not as decisive in their views against, or for, reproductive medicine and markets. Feminist ethnographies present the complexity of surrogacy relations, as embedded in gross social, racial and economic global inequalities (Ginsburg and Rapp, 1995; Ikemoto, 2009; Roberts, 2009; Banerjee, 2014), and at the same time also as a site of agency and even resistance for women in the Global South, with limited economic and social possibilities (Pande, 2009a, 2010a, 2014). The term commodification, in this last view, becomes in itself a tool to de-subjectify the surrogate and ignore her own desires and life choices. Moreover, the intimacy and emotional attachments that are created within surrogacy processes are shared by the commissioning parents and the surrogates, and can create a shared project that is empowering and fulfilling for all parties involved (Teman, 2010a).

Surrogacy therefore, according to ethnographers, including Pande and Teman among others, is a form of labour and should be treated as such, with the political aim of improving working conditions for surrogates and ensuring their rights (Teman, 2008, 2010a; Waldby and Cooper, 2008; Pande, 2009b, 2010b). In addition, some scholars highlight that surrogacy can offer a route out of compulsory heterosexuality and the nuclear family model (Teman, 2010b), and is often the only viable possibility for gay men to have genetic offspring (Lev, 2006; Dempsey, 2013).
Finally, Laufer-Ukeles (2013) suggests depicting surrogacy as a form of commodity exchange, which nonetheless maintains human values and not just market values, thus producing an incomplete commodity. Laufer-Ukeles bases her argument on Radin’s concept of mixed commodities (Radin, 1996). Some commodities undergo what Radin terms ‘incomplete commodification’, and therefore are never treated as mere commodities. These commodities entail social relations and norms as well as market value. Human embryos are a very potent example of such commodities.

Laufer-Ukeles explains: ‘What makes surrogate motherhood so difficult to navigate is that it is a transaction in commercial intimacy, and it is hard to take account of commerciality and intimacy simultaneously’ (Laufer-Ukeles, 2013:1226). In evaluating surrogacy, Laufer-Ukeles suggests, we should take both the monetary and the relational, intimate aspects of it into serious consideration. Depicting only the commercial side ignores the intimacies that evolve during surrogacy contracts, and the desires and emotions of women who operate as commercial surrogates. But on the other hand, ignoring the market side is indeed to ignore a plethora of problematic labour and commerce relations which may be harmful to and exploitative of women, especially when the divide between commissioning parents and surrogates is significant in terms of economic and political power.

In my analysis of surrogacy as an intimate market, I utilise Viviana Zelizer's theory of the social construction of money (Zelizer, 1989, 1994, 2005). Zelizer demonstrates how people differentiate between different kinds of money (or different monies), each bearing different meanings and serving different purposes (e.g. pocket money, household money, savings, income). An exchange of money for goods is not always perceived as bearing the same social meaning. In her systemic framework, money transfers can take one of three primary ideal types: payment (compensation), gift, or entitlement (Zelizer, 2005). Each type differs in the form of social relations it creates, in the level of commitment, the enforcement mechanisms it involves, and the meanings that the transactions generate to the social ties created through it.
Surrogacy fathers’ narratives provide insights into how these monetary transactions are perceived by participants in surrogacy transactions. As has been well documented by other commentators on reproductive technologies (Nahman, 2008; Pande, 2011; Franklin, 2013), reproductive goods are often articulated in the form of ‘gifts’, and not as compensation for labour or for commodity. I show how pregnancy and the child itself are presented as a gift in the commissioning fathers’ narratives, and discuss the social desires the gift entails herein. However, in contrast to Zelizer's articulation, I demonstrate that more often than not, these relations are polymorphous, and their framing and understanding can be, and is, malleable to changes of script according to commercial needs, changing desires, or medical failures. Therefore it is not enough to analyse how people perceive a certain transaction in a given moment in time, and within a certain explanatory concept. Changes over a period of time, and their results, will also serve as basis for this analysis, as will be explained below.

Bearing in mind these different articulations of surrogacy – as a commercial act, as labour relations, as social relations and as an incomplete multi-dimensional combination of market and social relations – I shall now move on to analysing narratives of commissioning fathers, and how these articulate the surrogacy relations/contracts they initiated.

**Playing the Game**

The ethical considerations of surrogacy and assisted reproduction more broadly were not limited to academic or feminist circles. These discussions took place in media broadcasts, popular magazine articles, public debates, and parliamentary and legal hearings. In Israel one prominent example is a documentary named ‘Google Baby’, which was released in 2009 and has been aired several times on national television. Despite its sinister tone and harsh critique of Indian surrogacy practices, this film has helped raise awareness of the possibility of surrogacy for gay men, and according to my research participants even served as a promotion video for the surrogacy agent who stands at its centre.
Commissioning fathers were of course aware of the moral discussions on surrogacy, and took active part in the struggle over the legitimisation of this practice. They organised media campaigns, wrote opinion articles and created political pressure groups in order to change national legislation within Israel to allow single and gay men to commission surrogacy contracts. It was therefore a surprise to me that in the privacy of the interview, more conflicted positions were taken by the fathers with whom I spoke. Surrogacy fathers were very aware of the problematic aspects of the contracts they were signing, attempted to re-negotiate surrogacy contracts in ways that would ensure some of the rights of the surrogate, or found their own ways of improving her compensation, such as by giving the surrogate monetary gifts after child-birth.

This is of course not surprising, since people narrate their lives to themselves and to others in ways that maintain their dignity and present themselves as moral (Mills, 1940; Scott and Lyman, 1968). However, the level of conflict that was reported, and the acknowledgement of harm and the specific discursive articulations that were performed as means of justification, is telling in terms of the moral terrain surrogacy fathers negotiate, and perhaps say something even more broadly about the relationship between market, kinship, human relations and responsibility.

One way of narrating oneself as moral is by making distinctions (Lamont, 2000). Most parents that I interviewed could draw a clear divide between right and wrong: they commissioned surrogacy, but not on those terms, there was the contract they did not sign, the surrogacy state they will not go to due to low legal and medical standards. Many were critical about procedures taken by other fathers, while others were critical about their own actions.

The bluntest critique of surrogacy practices was voiced by Tom, a single gay man who was in the process of commissioning surrogacy in India when we met. Tom described his decision to commission surrogacy in India as a selfish choice. His first motive was financial: as a single father from a middle class background, he could not afford the higher costs of US surrogacy. At the same time, he also claimed the lack of human rights (and women rights) in India as a benefit to himself as
Tom's speech was relentless, unstoppable. In a few minutes he moved from gender relations in the Third World, labour relations in Western societies, sex work, debates about eating meat, and then the trump card of all ethical debates – the extermination of European Jewry by the Nazi regime. In this text he (maybe unwittingly) compares himself and other commissioning fathers to men who purchase sex, to the action of consuming another animal's flesh, and to the German citizens of the Nazi regime. While on the discursive level he repeatedly refuses to adjudicate over the moral value of surrogacy, his choice of examples speaks volumes. But he is also setting himself as a moral actor by acknowledging the potential harm that his choices cause. As he says, ‘surrogacy might not be moral but these are the rules of the game and this is my only way to become a parent’.
What is the game that Tom plays by its rules? Judging by the rest of his comparisons, and by other sections of our conversations where he mentioned the consumption of fashion items produced in sweat shops in the Far East, this game is exploitative global capitalism. The existence of exploitative, extractive markets that endanger labourers in the Global South has become a cliché of surrogacy debates. It is commonly used by speakers as a form of justifying surrogacy as being on par with other forms of labour exploitation, and therefore not worse than other consumer choices that we, as Westerners, can make.

For Tom, being moral meant being realistic about the implications of his life choices and being emotionally accountable to the harm that he sees in them (albeit not legally or financially). This locates the morality not within the actions, but rather through a series of affective responses to them. In the next account, we see a speaker who also engages with the conflict revolving cross-border surrogacy, offering a different set of moral values for the surrogacy relationship.

**WE EXCHANGE PAIN WITH HOPE**

While assisted reproduction technologies, and especially the cross-border for profit markets of surrogacy, take place in public, market-oriented arenas, for many participants in this trade these markets carry very intimate meanings, attachments and desires. One discursive pattern that emerged in surrogacy narratives was a foregrounding of the non-material aspects of surrogacy, while also finding justifications within market, pro-choice logics for the participation of surrogates in this trade.

In order to explain how these two patterns operate together, I present a text describing a surrogacy process which took place in India. The text was published in a national newspaper by Ilan Seinfeld, a poet, novelist and a veteran gay activist in the Israeli gay community. Seinfeld is also a father of twins that were born out of a surrogacy contract in India, and an avid supporter of surrogacy. Seinfeld expresses his opinions through his blog, Facebook page and occasional articles he
publishes in national newspapers. I am quoting here from one of his first publications, titled ‘We exchange pain with hope’. The text begins with a description of Seinfeld's first encounter with surrogacy in India:

In Delhi I met my previous surrogate. A small woman, approximately 1.5 meters tall, her head bowed down [...] I asked her to sit and thanked her from the bottom of my heart for the gesture that she was making for me. The clinic worker translated my words. Then she asked her whether she would like to sign with a pen or otherwise. Then she left the room and came back with an ink pad [...] The contract was 43 pages long, and she stood and pressed her thumb at the bottom of every page, tearing my heart apart at every press. This was the moment I realised for the first time that I was making a deal with an illiterate woman, from a low social-economic status, who needed my money (Seinfeld, 2012).

The first encounter with surrogacy is an encounter of miscommunication, of revelations and of strong emotions. The author describes his feelings towards the Indian surrogate, with her submissive demeanour and clear illiteracy. The scenario demonstrates the power hierarchies between the participants, as he is in position to order the surrogate to sit (‘I asked her to sit’). There is no direct communication between the parties of the surrogacy contract: his words are mediated through an agency worker, and the surrogate herself is mute in this narrative. This encounter is troublesome for the commissioning father, as he witnesses that the surrogate is signing a contract which she is unable to read or negotiate. The emotional burden is described as ‘tearing my heart apart’.

After the contract was signed Seinfeld returned to his hotel room, saddened and conflicted about the transaction in which he was taking part. But an encounter with a couple of friends changed his mind. As he explains:

Luckily, a few hours later I was invited to dinner at an Israeli couple's residence. When I entered their house, downcast, they asked me what had happened to me. I told them the story. ‘You know,’ they said smiling, ‘with the money that you pay the clinic for surrogacy, your surrogate could buy a house in Delhi, or, rent a flat for a few years and finance food and education for her children.’
The father to-be represents the first, and widely shared moral stance, which sees for-profit surrogacy as problematic, even exploitative, especially when it is using the bodies of the poorest populations: illiterate women in the Third World. But this viewpoint is immediately answered by a pro-market approach, measuring the value of the market transaction by the outcome of the compensation. The deal is proper due to the size of the compensation, which will enable the reproductive labourer to finance her family and provide her children a better future through education. As a form of justification, what is proposed here is an argument that Sykes and Matza (2002) describe as denial of injury, that is, acknowledgment that a questionable act was performed but due to the outcome, mutual gain by both sides, this act should be accepted.

But this text goes beyond justification within the market. After presenting the deal as fair, the narrative transforms the exchange into a form of reciprocal social relations:

This is not a nefarious business transaction, but an exchange of suffering. I take away your pain and allow you, with my money, to buy a home for you and take care of your children's living conditions. You bestow upon me, in your grace, your genetic traits and a right to become a father. In an advanced global world, albeit full of evil and injustice, a couple of free human beings, a man and a woman, come together in order to exchange pain with hope. I do not see this as exploitation, but rather as a grand human gesture.

The framing of the exchange is intriguing. First, the parties exchange emotions, not money nor goods. As the title already alluded, ‘we exchange pain with hope’. Moreover, despite the previous articulation of the fairness of the deal, this exchange is not depicted as payment or compensation in Zelizer's (2005) terms. Seinfeld describe the money that the surrogate will receive as a gift that will be made available to her: ‘I allow you, with my money’ and then ‘you bestow upon me, in your grace’.

Mauss’ seminal text on the gift (Mauss, 1954) shows how gifts are never spontaneous or free of obligation. On the contrary, gifting and receiving are actions that are guided by strict social norms and obligations, and create prolonged relations of reciprocity, commitment and gratitude. The
receiver is obliged to respond to the gift and reciprocate, either in a form of a similar gift, or greater gift, depending on the social context this exchange operates within. The exchange is therefore depicted as a gift, in order to trigger certain understandings in the listener, and to answer to views depicting surrogacy as a harsh market exchange which alienates the act of reproduction and alienates women especially from the fruits of their labour (Hochschild, 2011a). On the contrary, says the author, the surrogate is not a seller in a free market: she has a divine capability to bestow life upon others.

This mutual exchange of gifts between two free individuals, a man and a woman, creates a heterosexual-like kinship model, of mutual commitment and care which produces a child. This gendered relationship also follows the heterosexual ethos of the male-breadwinner and female reproducer, where the woman cares for her (and his) children, while the man provides for all. The context, a global capitalist market economy, is described as advanced, but also emotionless and exploitative. It is also depicted as harmful to both men and women, who find refuge in and out of the market, in the form of human emotions and benevolent gifting. The financial trade is a means for the emotional trade, enabling it rather than obliterating it as some critiques suggest.

There is a strong disparity between the framing of the relations and the practices that unfold through this narrative. The basis of gift exchange is a mutual cultural context that creates the gift norms and defines the obligations of the receiver and giver. In this case, the gaps between the two sides are overwhelming, and there is no actual negotiation of a mutual contract and understanding of the exchange. Moreover, while surrogacy is a long and cumbersome process, involving multiple procreation attempts and a long gestational period, the gift is centred around the birth of a healthy child, masking the efforts and labour that are part of the process. The surrogate that was described in the beginning of the narrative as ‘the first surrogate’ had a miscarriage in the first few weeks of the pregnancy. This is a common occurrence in surrogacy pregnancies and in pregnancies generally. However, under the terms of popular surrogacy contracts in India, this leaves the surrogate with no remuneration for her efforts. The author describes giving her monetary compensation, which he was
not obliged to do under the terms of the contract (and therefore again constitutes a gift of
generosity). However, the compensation is far from the promise of a life-altering income which will
help her care for her children.

Seinfeld’s attempts to become a father did not stop after the first failure. He contracted a second
surrogate who successfully became pregnant with two embryos, but the two reproductive parties
(the genetic father and the surrogate) had no contact with each other during the pregnancy, and very
little contact afterwards. Therefore, in this narrative the mutuality of the gift with its prolonged
social ties remains as a strong desire on the father’s side, a desire to wrap the reproductive tale
within normative understandings of reproductive commitments. However, as with many other
stories I collected of surrogacy in India, the strong desires did not materialise into full commitment
or even an encounter between the father and the surrogate.

As we shall see in the next section, relationships between surrogates and commissioning parents are
greatly affected by the governing regulations around surrogacy, reproduction and child-birth in the
surrogacy location. The following stories, of fathers who commissioned surrogacy in the United
States, show the challenges in maintaining surrogacy as a social relationship, even when an
encounter between commissioning parents and surrogate mother is indeed possible.

**Intimate Strangers**

While many commissioning fathers expressed their desire for building intimacy and reciprocity in
surrogacy relations, the actual level of intimacy which was achieved through their surrogacy
processes was greatly affected by the legal framework/context in the surrogacy location. According
to testimonies from commissioning fathers and surrogacy agents, the standard surrogacy contract in
India was signed retrospectively, meaning that the surrogate signed a contract when she was already
in the first trimester of the pregnancy. It was common, as I was repeatedly told, to change
surrogates between embryo transfers in order to reduce waiting times and increase the chances of
achieving a pregnancy. In these settings, parents had little or no contact with surrogates carrying their babies, and many parents had no contact with the surrogate until the birth.

In US surrogacy contracts on the contrary, the law dictates that the parents sign a separate contract with each party taking part in the surrogacy procedures. Parents signed a contract with the US surrogacy agency, another contract with the egg providers’ database, with the fertility clinic, with the egg provider(s) and with the surrogate. Each contract was negotiated separately and the terms differed from one agency to another or even within the same agency. It was also customary, indeed almost mandatory, for the parents to maintain direct contact with the surrogate during the pregnancy. These settings drastically altered the surrogacy relations that were created. Whereas from 19 interviews with fathers who commissioned surrogacy in India, only one couple maintained contact with the surrogate during their whole pregnancy, all seven parents who commissioned surrogacy in the US had ongoing communications with their surrogate during the pregnancy. The contact consisted of weekly calls, visits and socialising with the surrogate’s extended family, in a manner that mimics forming kin relations. Many commissioning parents maintain that these relations continued after birth, in the form of distant familial relations.

If we could draw a scale of the intensity of the relationship which is formed by surrogacy, my findings then would be in the middle between the results of Eli Teman’s (2010a) study among Israeli heterosexual couples who commission surrogacy locally, where she described the relationship as a dyadic relationship between the surrogate and the commissioning mother, and Amrita Pande’s (2011) findings in India which stress the social distance and different understandings of the surrogacy process among Indian surrogates and foreign commissioning parents.

Yet all ethnographic studies show similar ontological choreographies taking place within these intimate-commercial settings, which obfuscate the financial aspects of the contract and heighten the
emotional and relational aspects of collaborative reproduction. We shall now see two examples of how this choreography can be achieved and maintained.

Gil is a gay man in his early forties. We met on a Friday morning, while his daughter, Erin, took part in a holiday celebration in her nearby kindergarten. I asked Gil to tell me about the selection process they employed in order to find a surrogate:

"We got an email. Lavie [Gil's partner] called me from the other room that they had found surrogate women for us. A lesbian couple. Then I came and had a look and told him - but the picture is of a man and a woman! So... It turned out that the name of the surrogate's husband is a male name in Ireland... So we got information [about them], and we sent ours [...] and then two weeks later we flew to L.A to meet them and approve them. [...] it was a funny meeting in a way. They were very thrilled about having an Israeli couple. Said that, [pause]. They misread us. They said they are fans of Israel because everybody goes to the army here [in Israel] and they want mandatory army service in the US as well and that all the Arabs should be killed. So they were very thrilled about this option [of providing surrogacy for an Israeli couple]. [...] But [pause] there was something about them. Such good chemistry. We came out of this meeting with excitement and a very good feeling. (interview, 21.9.2012)"

Cross-border surrogacy narratives are often filled with little moments of misrecognition. In Gil's story, the surrogate and her husband are at first identified as a lesbian couple, and later this assumption is corrected via a picture that is attached to their profile. There is also an opposite misrecognition, of the gay, secular, leftist Israeli couple that are perceived as avid Zionists and supporters of mandatory army service. Even so, the encounter is described as having positive values: good chemistry, excitement, optimism about the relationship.

These positive, optimistic feelings and trust were recurring themes in the narratives of the commissioning fathers who conducted their surrogacy process in the US. Contrary to Indian contracts, in the US a separate contract is signed directly between the commissioning parents and the surrogate, and both sides choose whether to go further and can negotiate the terms of the contract. There is also the expectation that communications throughout the pregnancy will be frequent and direct. The encounters were often described in a terminology that matches dating sites,
although the aim of the ‘date’ is not to find a spouse, but the ensuing relationship is still conceptualised as a partnership: a reproductive, intimate commercial partnership. This partnership requires careful and deliberate maintenance throughout the pregnancy. Gil continued by describing their developing relationship with the surrogate:

Pretty quickly we realised that our surrogate really enjoys this … being the production manager of our pregnancy. And [we realised] that as much as we give her the stage to explain to us what should happen and all that she just enjoyed it very much. […] The surrogate came to our hotel with her husband and two children and we took her to breakfast. All of a sudden [pause]. It was like American suburbia was there in front of our eyes sitting there. [We saw] men and women sitting there with oxygen masks, [weighing] 150 kilos, stuffing their faces with pancakes […]. We went to breakfast with them and then they immediately invited us to her husband's family […] so we went to grandma and grandpa and … and so … she really managed our stay there.

Before and during a surrogacy pregnancy, the couples describe having regular Skype calls with the surrogate, sometimes including her husband and children. These conversations are a mixture of information transfer (How is she feeling? What happened in previous medical examinations? What is her day-to-day routine like?) and attempts to get to know each other, share hobbies, find common ground. Gil and Lavie discover that the surrogate enjoys ‘managing their pregnancy’. The biological body, which is pregnant, becomes a project that should be planned, controlled, and managed. By claiming that the surrogate is the manager the couple maintain the business mode of the transaction, but acknowledge the experience, knowledge and understanding that the surrogate has acquired through her previous pregnancy experiences.

In this account, surrogacy is similar to Radin’s mixed-commodity model (Radin, 1996; Laufer-Ukeles, 2013), where the surrogacy contract is rich with social values, obligations and commitments (getting to know the extended family, going on family dinners and excursions, maintaining a positive, friendly and intimate atmosphere), yet it is clear that this is also an economic exchange involving monetary compensation and contractual commitments. During these interactions, an elaborate and sensitive ‘ontological choreography’ (Thompson, 2005) takes place, where the surrogacy contract is seldom invoked, replaced instead by notions of trust, benevolence and
intimacy. Intimate information is shared and procedures are discussed, but money and contractual discussions are often performed on a different ‘stage’, and through a mediator in the form of the American surrogacy agency. However, this mutual framing on the process is delicate and fragile, as we shall see in the next step of Gil’s narrative:

_Gil:_ During our pregnancy [the agency] replaced approximately nine case coordinators. So the last and stupidest case coordinator sent the hospital a very very aggressive letter stating that we are the parents and the surrogate does not have any part of that child and that she [pause] that it should be clear beyond doubt. And she received a copy of this [letter] from the hospital and she was terribly offended. She thought we sent it or that it was with our knowledge and she called us like that. We were certain that something had happened. It was so […]

_Adi:_ What did she need to hear from you at this stage?

_Gil:_ That we trust her. Like [pause]. We already had the feeling during this whole time that we know that she is the manager of our pregnancy. That she is doing it. That we trust her. That we owe her our gratitude and respect her and all those things that we really felt and were [pause] But all of a sudden he created this feeling that made it very alienated, very business-like […]. And alright, in our relationship and our contacts were such that we explained to her that we received this letter together with her really. We were totally surprised and it turned to be about how much the agency [pause]. We actually found a common enemy.

The surrogacy agency has a very important and sensitive role in a commercial surrogacy agreement. It maintains a channel of communication regarding monetary and contractual commitments, keeping both parents and surrogates at an arm’s distance within these discussions. The use of a ‘back channel’ maintains the illusion of equal, reciprocal and close relations, while making sure that the contract is carried out as planned. The financial, contractual channel is also expected to operate quietly, as a form of resolving misunderstandings or gently reminding the parties of their contractual commitments when problems arise. The case coordinator breached this tacit agreement, by publicly declaring the contractual form of the relationship, and thus making visible the power-balance between the parties: parents who own the baby and a surrogate who according to the agency’s letter has ‘no part in this baby’. This description of the situation was of course not new to any of the participants in the trade, but voicing it signalled distrust, which in turn led to distress, thus harming the delicate balance that had been achieved in the relationship with much effort.
Resolving the matter required finding another common ground where all reproductive collaborators would once again be seen as mutual: through posing the agency as a mutual threat, an outsider that is a common enemy of both sides (and this although the agency was employed by the commissioning parents, and was to a certain extent an employer of the surrogate). Similarly to Seinfeld’s narrative in the previous section, the market appears here not in the form of an enabler to the relationship, but rather as a hostile, outside threat, to be quickly renegotiated and removed. In Gil and Lavie's example, the disruption was resolved through a post-natal ceremony, as Gil describes it:

Jessica [the surrogate] asked that we perform some ceremony. That when she is born, they will put her [the baby girl] in her arms and she will deliver her to us. So the nurses filmed this ceremony for us and that's it. And then we were extremely excited. [...] Jessica held her a lot, her children came and held her, the grandmother came. ... but she didn't breastfeed her and didn't give her milk.

During the long narrative describing the surrogacy relationship, Jessica was constantly referred to as ‘the surrogate’. The first moment that her name appears in the narrative is also the moment where Jessica exits the script that was agreed upon through the surrogacy contract, and narrates a script of her own by suggesting and performing a ceremony that she devised. This ceremony articulates child birth as a gift: the baby girl is first symbolically placed in Jessica’s hands, and then she willingly passes her on to the parents. The ceremony is filmed by the witnessing nurses. Similarly to other kinship ceremonies, this is not a private ceremony. It is public and has social implications, signifying who will be the rightful parents of the child from now on, yet maintaining the place of the surrogate as a meaningful person in this process.

In staging the ceremony, Jessica reiterates the nature of surrogacy as an act of gift exchange, thus placing herself in the position of an agentic social actor choosing to give this precious gift to the parents, while placing a moral commitment of gratitude on the commissioning parents who are the recipients of the gift. The moment of birth is also the final moment of the commercial surrogacy contract, with the transfer of money and rights, but this happens outside the room, in legal and financial procedures.
Why is the gift symbolism so important in surrogacy contracts? According to Zelizer (2005), framing monetary exchange as gift relations may serve to de-stigmatise questionable relationships and signify that the exchange is voluntary, and reciprocal. By marking surrogacy exchange as an altruistic gift, both surrogates and commissioning parents express the agency of the surrogate in entering the contract, and indeed in handing over the baby. It also de-commoditises the child, who instead becomes the outcome of a caring, reciprocal relation. These examples also show the limits of feminist discourses depicting surrogacy as coercion and exploitation. While these dimensions surely exist, it is also impossible to ignore the surrogates' agency in framing the relationship, and indeed in entering the contract and agreeing to undergo medical procedures and carry a pregnancy.

Gil and Lavie's story ended happily, with the birth of their daughter and the forming of a prolonged, grateful relationship with Jessica who gestated her. However, surrogacy contracts do not always reach full term and do not always work for the benefit of the surrogate, as we will see through the story of Shay and Dror, another Israeli gay couple who commissioned surrogacy in the US.

**EMBODIED CONTRACTS**

I met Shay and Dror during a surrogacy pregnancy they were commissioning with a U.S. surrogate. We met in their apartment in one of Tel-Aviv's skyscrapers. At the time of our meeting, they felt that their surrogacy process had become long and cumbersome, with over two years elapsing since the event of first signing a contract with a US-based surrogacy agency until finally the medical and legal attempts yielded a pregnancy. It would be three years, from beginning to end, until their surrogate gave birth to their first child. They told me the story chronologically, beginning with the initial surrogacy contract signing:

*[We need to start with] background information about our surrogate. When we arrived in Texas in order to meet her then a day earlier we went to the clinic to provide sperm and go through our medical tests and speak with the doctor about the surrogate, since he had examined her earlier. And we entered the clinic in Texas and he tells us ‘listen, I examined your surrogate and she is heavy. She is obese.’ In the BMI scale, there is underweight, there is normal and there is obese and...*
there is morbidly obese. These are the real fat ones. He said she is obese and this will be a dangerous pregnancy if she carries our pregnancy. Either she needs to lose weight dramatically or we need to look for another surrogate. So we are already under a lot of stress. We flew over to Texas from here [i.e. Tel-Aviv] after a few months that we had been in touch with her. One day before we meet [her] he tells us to replace a surrogate? We said no, we won't hear of that. How much weight does she need to lose? We spoke with the agency the same day and she [the agent] said that yes, the doctor spoke to her and she spoke with the surrogate and the surrogate swore that she will enter a diet regime and do sports and she will lose weight, whatever is needed. And we spent time with them... We spent three days with the surrogate and her husband and their child. Really a charming family and when you see her than she is fat but she isn't huge. […]

You don't discuss medical and financial issues directly with her, we always discussed these things through the agency and the agency assured us that she promised to be on a diet and lose weight. We said ok, she seems not so overweight to us, even though the numbers should have been a warning sign. (Interview. 1.8.2012)

Similarly to Gil and Lavie, Shay and Dror employed a US based surrogacy agency to locate a surrogate for them. After several months of contract negotiations and profile searches the couple found a match with a surrogate from Texas. But unlike the previous story, the first meeting is clouded by troublesome information. According to the fertility doctor, the surrogate’s weight might impose risks upon the surrogacy pregnancy. Therefore the doctor recommended replacing the surrogate. The couple were outraged by this prospect. They felt that replacing a surrogate is an extreme measure, and that as they say ‘she is fat by not huge’, which more than a medical estimation seems to be an estimation of character and self-conduct.

This story highlights the important role of the commercial mediator. All unpleasant discussions, about money, terms of contract and indeed in this case the need for the surrogate to lose weight occur through the mediator, who assures the couple that the surrogate is committed to do ‘whatever it takes’ in order to lose the necessarily pounds and reach the desired weight. This story also highlights another angle of surrogacy which is valid even under the most regulated medical markets: surrogacy is not just a contract of gestation and baby delivery for profit. It entails control over the bodies of the women who act as reproductive labourers to the most detailed level.

Contracts can include dietary clauses, restrictions on movement, or on recreation activities, sexual
practices and so on. Although the compensation model revolves around the production of a live, healthy genetic offspring to the commissioning parents, the commercial exchange closely monitors the surrogate’s body, which becomes part of the exchange for the duration of the pregnancy, and in this case also in the preparation period before attempting impregnation. This aspect of the contracts, while it does not reduce the surrogates’ bodies into mere objects, definitely places these bodies into the realm of commodities, and to a certain extent removes them from the sole ownership of the surrogate.

It eventually took nine months until a viable egg provider was found and the clinic was ready for the extraction process alongside fertilisation and impregnation attempts. These unrelated delays were mainly due to Shay and Dror’s selection of a small and relatively new egg brokering agency, who failed to find an egg provider who would be approved by the fertility clinic they worked with; eventually, a replacement of clinic was decided upon after examining eight different egg providers. During this period, which was longer that the period originally stated by the surrogacy contract, the surrogate was expected to have lost the necessary weight and to have maintained a dietary regime that would have got her body ready for embryo transfer. Shay described the next step:

*Fast forward nine months. So the doctor calls us from California to let us know that the ninth donor is ok. The next day the surrogate is due to arrive and we will be done with it. So we raised a glass that night. We had finally found a donor. And then he called after the medical examination of the surrogate and told us: ‘She can't carry your pregnancy, she gained weight and now she is morbidly obese [she reached the highest level on the BMI scale]’. That was a very hard evening. After a year and seven months into this process, ten months it took us to find her and another nine months to find a donor. And then in this examination that we were certain will be just a formality, because she already went through all the tests and everything that was needed back in Texas. But still the doctor that is going to try and get her pregnant needs to examine her so [pause]. We really didn't think much of this examination and then he calls us and tells us ‘this will not happen, I will not work with her.’ Even for insurance reasons. It exposes him too much to a highly risky pregnancy. So he was not willing to do it.*

The surrogate's body, which was contracted but cannot be controlled, is the root of the problem in this story. The body (and the surrogate) defied the contract which clearly demanded weight-loss. In
the nine months that elapsed between the first and second medical examinations, her body reached the next and (according to the fertility clinic) most dangerous level of ‘morbidly obese’ on the BMI scale.

The moment that is described here is of rupture in the process, of shattered hopes and disappointment of all parties involved. It was also a moment of rupture in the setting of the interview, which has been friendly and light-hearted up to that point. As a female researcher listening to two men describing the body of another woman, my identification abruptly changed, as I felt immediate identification with the pain and shame that was directed at the surrogate at this instant. My face obviously displayed my emotional reaction because Shay and Dror were quick to assure me that the medical reasons were valid, and that her own health could have been placed at risk with this pregnancy. They then moved to tell me about the surrogate’s reaction:

*Both the doctor and the agency told us that she of course left the clinic crying terribly when he told her that he was unwilling to work with her, because she understood that she is hurting us considerably. But we took the hard choice and said - whatever it takes we will not carry on with her. We will not look for another clinic that will accept someone with this weight, after two senior fertility clinicians said no to us.*

The strong expression of emotions, the surrogate’s tearful exit from the clinic, is framed in the context of the signed contract. As Dror explained it to me ‘she understood that she hurt us considerably’. The surrogate’s own desires and hopes did not have a place in the fathers’ narrative, nor in their future family. The intimacy is organised through and for the purpose of having a child, and when this purpose cannot be achieved, the intimacy itself is undone.

The surrogacy relationship, which began as a familial, intimate relationship, was easily replaced with a sub-contractor, or hired labour relationship. No niceties were spent in this moment of undoing the contract. In opposition with kinship arrangements that are dissolved (such as divorce or relinquishing a child to adoption), which requires the administrative work of untying the relationship and often involves monetary compensation, here the severing of ties is quick and
uneven in consequences. As with previous legal and monetary discussions, the undoing of the contract was performed by the surrogacy agency which quickly turned to look for another, thinner, potential surrogate.

Similarly to Pande’s (2010b) findings, also here the framing of surrogacy as an intimate exchange hinders the surrogate’s ability to seek compensation for the lost time and effort, while at the same time surrogacy also operates as a strict business contract, which sets limitations on the surrogate’s bodily autonomy and make her body permeable to and governed by the market. These relations are embedded in economic double-standards of care and commitment, as the needs of the fulfilment of the ‘deal’, that is, the promised birth of a live, healthy child, overcome other considerations of mutual commitment.

CONCLUSION: KINSHIP, AFFECT AND COMMODITY RELATIONS

The couples I interviewed often described surrogacy as an act of altruism, the child as a gift, the relationship between themselves and the surrogate as ongoing, reciprocal, and benefitting all sides. This part of the narrative might be true in some cases, but these relations are dependent on the outcome of a market exchange, entailing the (re)production of a live, healthy baby. When rupture occurs, the ‘back-channel’ framing of the relationship as a commercial commitment that is designed to produce a product takes over, and the market services are called in to re-align the relationship, undo the initial contract and find a replacement. This is not to say that the intimacy that develops within surrogacy relations is not real, but it is strictly dependent on the results of the market exchange on the one hand, and it does not ensure that standards of commitment and care ‘for better and for worse’ are entered into the commercial contract on the other.

In discussing surrogacy as a form of commercial relations, I do not wish to create a clear divide between kinship relations and commercial relations. After all, marriage creates a financial unit and enforces financial commitments between its members no less than it symbolises love and care. My
argument throughout this chapter has been to show how surrogacy is based on a mixed commodity relationship, developed both as a market commodity and as a form of kinship relations, and to explore the implications of this specific combination.

The fathers who took part in this research were involved in deliberations over the ethical stature of surrogacy. Some of these deliberations were private, even solitary, and some were designed for a more public audience, be this audience family members, colleagues, journalists or policy makers. In these discussions, two main themes were interwoven together. First, the articulation of the surrogacy contract as autonomous, benevolent, and rooted in kinship and in gift-like norms. This articulation of surrogacy involved developing ‘correct’ emotions towards other reproductive collaborators, and towards the surrogacy act. It is not only reproductive labourers that conduct emotional labour. Commissioning parents, especially with surrogacy contracts in the US, employed various techniques of creating intimacy and diffusing tensions throughout the surrogacy processes. They stressed the gift economy they employ, and the ongoing familial ties that are formed, or should be formed in their mind, as a result of surrogacy procedures.

In the second argument, which often coincided with the previous (as can be seen in the opening quote to this chapter), surrogacy should be approved under neo-liberal, laissez-faire ethics as a form of commodity exchange that takes place between subjects who freely choose to take part: both the seller of fertility services and the commissioning parents on the receiving end were described as autonomous and agentic, and both were conceived as operating under certain restrictions, of their body, their sexuality, the market surrounding them, and the state policies that govern kinship opportunities and reproductive markets.

Using Zelizer's (1989, 2005) analysis of the social dimensions of monetary transactions, I have shown that surrogacy is often depicted in terms of a gift. By doing this, the participants signify that they do not trespass social norms against the trade of human bodies, and the trade of children, and generate a narrative that is better suited to prevailing kinship norms and desires. These intimate
relations could be fantasised - when there was no direct contact between commissioning parents and surrogates - or could be based on mutual practices of creating intimacy and care relations, as was often the case with U.S. surrogates. At the same time, surrogacy maintained its status as a market exchange. The surrogacy contract included clauses that reiterated the intrinsic inequality between commissioning parents and surrogates, and was quickly dissolved when this aim of producing a child was no longer viable.

The intimacy that was described here was developed through different dimensions of emotional labour and emotional work, which is performed by surrogates and by commissioning parents. The literature (Lipkin and Samama, 2010; Pande, 2010b; Samama, 2012) documents emotional labour carried out by surrogates in order to distance themselves from the children they carry, while at the same time creating intimacy with commissioning parents. In the current study, the emotional work that is performed by commissioning parents comes to the fore, in their attempts to overcome embarrassment, to find shared interests with surrogates from very different backgrounds and to maintain intimate relations throughout the pregnancy period. These growing emotions come to serve an important part in the surrogacy industry, as a justificatory mechanism for the successful surrogacy stories; but at the same time, as we have seen, they can also be directed elsewhere in cases of failure, in a manner that does support feminist critiques of surrogacy as a form of alienation and estrangement.

In all the accounts described in this chapter, it seems that the parties who partake in surrogacy relations reject framing these relationships as a form of employment. Both the financial remuneration and the child were repeatedly referred to as gifts. Though seemingly a benign act, framing the transaction in terms of a gift meant that the elimination of labour relations left reproductive labourers in a precarious position, devoid of protection by the state or the market, as has also been found by Pande and by Waldby and Cooper (Waldby and Cooper, 2008; Pande, 2009a, 2010a).
Surrogacy is still a contested terrain for commercial action. In the last few years, we have witnessed the rise and fall of new surrogacy destinations, as state regulations change in order to accommodate growing global concerns and local feminist debates. As Klaus Hoeyer (2013) suggests, ethical controversies over ‘human body parts as commodities’ demarcate greater social concerns. Setting the line between subjects and objects defines limits in relations of power, which extend beyond the realm of market thinking and monetary worth. It is the importance of these relations, and the dignity of subjects who partake in them, that has been the centre of my analysis. Surrogacy relations show how monetary exchanges can and do create prolonged commitments, when articulated as gift exchanges and when the exchange is performed under regulations that encourage intimacy and closeness. They also display, however, that through market relations, especially in the presence of mediators and state regulations that enforce market thinking, other forms of relatedness (such as motherhood through gestation) become disqualified. This in turn creates fertile ground for the availability of estrangement as a commercial strategy for increasing profit by reducing care, and by externalising the risk into the surrogate's body.

40 In the last three years, several major surrogacy destinations in the east have tightened regulations and limited access to surrogacy. India has limited surrogacy to married heterosexual couples only, with the introduction of a special ‘surrogacy visa’. Thailand has a new legislation in process, which is targeted at banning commercial surrogacy altogether, and recently Nepal has also started deliberating banning surrogacy, as a result of feminist appeals to the Supreme Court
9. CONCLUSION: REMAKING FAMILIES

INTRODUCTION

Assisted Reproductive Technologies (ARTs), as they operate in contemporary neoliberal capitalism, are one of the most significant junctions at which scientific progress, social worlds and global markets meet. These technologies are revolutionising our understandings of procreation and relatedness, and have opened up new articulations of the nature/culture dichotomy (Strathern, 1992b; Franklin, 1997; Haraway, 1997; Franklin and Ragoné, 1998). Through the application of technology, new relations are formed, though their novelty is constantly negotiated and obfuscated (Thompson, 2005; Franklin, 2013). I argue that the use by gay men of surrogacy is positioned at a unique intersection in the entanglement of society and technology: on the one hand, gay men epitomise the possibility presented by technology to create relationships hitherto deemed impossible before, namely a procreative, male-couple nuclear family. And on the other hand, ironically, the usage of advanced medical technology naturalises gay families, and positions gay men on par with heterosexual couples who also use these technologies. In Israel, where ARTs are widely known and accepted and seen as a common good (Gooldin, 2008; Birenbaum-Carmeli and Carmeli, 2010; Mashiach et al., 2010), the entrance of gay men into the global reproductive commerce scene generates political discourses of sameness and assimilation into the folds of mainstream society. As such, reproductive technologies broadly speaking and surrogacy in particular both enable the creation of new gay families while at the same time neutralising their novelty.

This research is situated at the crux of several discursive and theoretical shifts. One is the development of ‘homonormative’ (Duggan, 2002) publics, that is, a gay normativity which values the same procreative, productive and national ideals as the heterosexual hegemony. The development of a homonormative culture is Janus-faced. On the one hand, gay couples who wish to become fathers have more options to do so, and they (and their children) encounter considerably
less social stigma following the expansion of gay parenting models. But on the other hand, normativity is a vehicle for social closure. By bringing more queer subjects into the fold of coercive hegemony, other queers become even more marginalised (Halberstam, 2007; Puar, 2007). Thus, while for some men the availability of procreative technology means enhancing life possibilities and widening imagined futures, others might feel more pressure towards respectability and adaptation – that is, accepting heteronormative ideals of monogamy, long term relationships, procreation and participation in the capitalist market. When the lines of inclusion and exclusion are redrawn, some people are brought into the fold whilst others are cast further outside the arena of social protection and care. In the case of commercial surrogacy, which requires considerable financial investment, many queer subjects are excluded not only in terms of their sexuality, but also their class, that is, lack of means required in this market.

On another level, commercial surrogacy undoes the capitalist distinction between production and reproduction. Instead, it reproduces lives and produces exchange value simultaneously. It is an embodied form of labour, performed in and by the bodies of women mainly from marginalised or impoverished populations, especially when surrogacy is enacted in the Global South. Commercial surrogacy develops under global rationales of racialised and gendered relations, and within a financial sector that constantly aims for growth in the pursuit of greater profit. Waldby (2002) termed this form of value production ‘biovalue’, as it extracts surplus value from biological processes by adapting, manipulating and harnessing them to the requirements of capitalist markets. These reproductive markets therefore form a ‘contact zone’ (Haraway, 2008) between biopolitics and necropolitics, becoming another terrain for the uneven distribution of life and death chances.

In my analysis of reproduction politics I position myself within the theoretical framework of reproductive justice (Parks, 2010; Bailey, 2011), a framework that positions reproductive medicine within broader concerns of gendered health care and welfare regimes: systems which greatly affect women’s life chances, as well as their capacity to make informed and free choices concerning reproductive labour or indeed of reproduction at all. That is to say that universal healthcare, access
to shelter, living wage and education systems are an underlying requirement in assessing women’s reproductive choices and cannot be removed from the ethical consideration of cross-border commercial surrogacy, or any other third-party reproductive commerce.

Another aspect of parenthood through surrogacy is the relationship between the global commerce of reproduction and the borders of the nation state. Globalization is always situated in specific geographical areas, and is affected by state regulations and economic and social terrains. These are the reproscapes of global reproduction (Inhorn, 2010), which are developed through the movement of objects, bodies and technologies in the form of reproflows (Kroløkke et al., 2012). In my analysis, I have foregrounded the operation of borders (whether material, bureaucratic or conceptual) in directing these flows. I have shown that surrogacy always involves several state bodies (typically of more than one state), even when conducted overseas or allegedly against the legislation of the commissioning parent’s state of residence. These involvements of state regulatory bodies are not unilateral and the outcomes are not always predictable. Yet it is very clear that even in a global race to the bottom (in terms of costs and availability of reproductive services), nation states have a lot to offer in terms of setting minimal ethical boundaries to the operation of reproductive services. These state regulations determine the nature of contractual gestation and the labour/commodity relationship between all parties in the reproductive trade.

In this thesis, I have argued that surrogacy develops as a result of a confluence of elements which support bio-genetic reproduction, the application of a market rationale in all aspects of social life, and biopolitical and necropolitical apparatuses, which are extremely visible in the case of the geopolitical context of Israel/Palestine. Below, I summarise the main findings of the research: the re-articulation of gay parenthood and the development of homonormative parenting through surrogacy; understanding surrogacy as a market that operates accordingly to maximise profits, and offers a specific array of ethical conundrums which are tied with the question of differentiating subjects and objects; the operation of nation states in both regulating and opening up surrogacy markets; and finally the relation between individual procreative desires and national identity,
including the racialised stratification of reproduction and the relationship between policies directed towards making life on the one hand, and the apparatuses of letting die (or even inflicting death and destruction on racialised others) on the other.

The penultimate section presents a critical reflection of the gaps in the thematic content of my analysis thus far and of the limitations of the sample and methodological approach used in this study. I suggest steps for future areas of research into the relationship between technology and family making, and the emergence of new families in and through global markets. In the final section I describe additional theoretical engagements that point to new directions for research in the field.

I now turn to discuss my findings, starting with surrogacy as a means to create normative male-gay families.

**Paths to Fatherhood**

Much of the current literature on late-liberalism and familial norms presents ‘the family’ as an institution that is currently transforming into a more egalitarian, polymorphous field of social practice, less constrained by old traditions and conservative ideals and idioms (Weston, 1991; Beck-Gernsheim and Beck, 1995; Bauman, 2002; Beck and Beck-Gernsheim, 2002; Weeks, 2007). In my analysis, I discuss fatherhood through surrogacy as a new family norm among Israeli gay men. By this, I mean that surrogacy families are perceived – at least by media representation – as desired socially and as achieving desired social goals. I have shown that while surrogacy serves to broaden familial possibilities in the lives of gay men, by making their families less stigmatised and by disseminating knowledge concerning the practices that make these families attainable. It also creates an effect of closure of alternative ways of being and desiring, as the normalisation of surrogacy also closes down alternative family models, such as co-parenting or adoption.
Much of the discussion on the democratisation of family life is attributed to the work of Giddens (1992), who sees postmodern relations as being based upon equality between spouses, freedom from social enforcement and mutual desire between partners. In these democratic, ‘pure’ relationships, people enter a couple relationship based on a shared will, freely and equally divide care responsibilities among themselves, while each party can leave the relationship if or when they so desire. Giddens (1992) suggests that same-sex partnerships are at the avant-garde of these relationships, as same-sex couples enter a loving relation without relying on social support, and sometimes despite external social stigma. However, Giddens’s critics correctly note that he overlooks the lingering dimensions of inequality in relationships, based on social locations such as gender, race, and class (Silva and Smart, 1999; Heaphy, 2007; Gilding, 2010). Giddens also does not include child rearing in the ‘pure love’ equation, nor does he refer to the financial and emotional dependency which might be part of any relationship (Jamieson, 1999).

Other scholars (Gillis, 1997; Silva and Smart, 1999; Gilding, 2010) have shown how the ideal of the heterosexual conjugal couple is still central to contemporary understandings of what amounts to a desirable family structure. The couple-based, monogamous procreative unit also sits at the heart of various state regulations, privileging normative familial relations above any other relationship of care in granting social rights and support, such as welfare endowments, health related rights or acknowledgement of care and commitment relations (Silva and Smart, 1999).

Desiring surrogacy has often been articulated as a form of desiring sameness, of having the same kind of relationships and reaching the same adulthood milestones as heterosexual friends and family: getting married, buying a house, and going on long vacations before planning parenthood, and then bringing sameness to the next level through becoming parents. This is part of a development of ‘gaystream’ society, rooted in mainstream culture and in a privatised, individualised understanding of sexual identity, congruent with neo-liberal notions of care of the self (Duggan, 2002; Edelman, 2004; Butler, 2006; Puar, 2007).
As discussed in Chapter 5, surrogacy usage among Israeli gay men provides an opportunity to research family norms as they are produced and normalised. A family of two men raising their genetic children together – something that was unthinkable two decades ago – is now becoming a model for gay fatherhood among certain strata in the Israeli gay community. As such, this shift shows how norms can dramatically alter and yet appear as timeless.

This research makes clear that self-authorship and creativity in forming one’s life style and everyday practices are not contrary to following in the footsteps of others, or attempting to comply with social norms. On the contrary, my research participants needed to employ creativity and innovation, and literally cross borders in order to belong to the social order that currently excludes them. In this, they behave as Beck and Beck-Gernsheim describe (1995), as walking in their own footsteps, but do so in order to achieve what they perceive as sameness with the society around them. In this respect I agree with Weeks’s (2007) assertion that there is a mixture of fluidity and structure in contemporary kinship, however my claim is that within the contradictory demands of our era, fluidity and structure are co-constituting. The social order becomes dependent upon the individuals’ innovation and self-creation, and gay kinship displays this more clearly than other areas.

My findings show that the development of the ‘homonormative surrogacy family’ is embedded within heteronormative nuclear-family relationship standards, that is, norms of genetic relatedness and the couple-based family. The homonormative family introduces an additional familial standard: ‘the balanced family’. According to this norm, familial balance is defined in negotiations over the relative importance of genetic and social parenting, and is achieved through a perceived equilibrium in the level of relatedness each parent has to the family’s children. That is, both parents are expected to aspire to have at least one genetic child, thus dividing ‘equally’ the children among fathers along the axis of genetic relations. The research participants expressed divergent reasons for their desire for creating genetic offspring. For some, it was an administrative prerequisite to fatherhood, set by the state, as the State of Israel demands that surrogacy relationships must be
genetic relationships, while at the same time restricting gay men’s access to adoptive services. For others, genetics meant extending and continuing their family of origin, thus reconnecting with their parents and other kin. For some, it was also a way to perpetuate their Jewish heritage and Jewish identity, in response to the near-extermination of the European Jewry in the Holocaust. Yet most accounts also needed to negotiate the existence of non-genetic relations in the family, as for all male couples when one parent is genetically related to a child, the other parent is not. This was mitigated by having several children, such that each father has at least one genetic child. In this way the family is ‘balanced’, and therefore perceived as rooted in equality between the two fathers, each of whom is both a social and a biological father.

Another norm that emerged through accounts of gay surrogacy families is the presentation of the surrogacy act itself as an intimate, reciprocal and generous act. This entails generating intimacy within the surrogacy relationship (when applicable) and expressing gratitude and emotional closeness to the surrogate, yet also maintaining clear familial boundaries, that places the surrogate beyond the sphere of the nuclear family. This was especially acute in cases of United States surrogacy, where commissioning fathers maintained direct contact with the surrogate before, during and sometimes after the surrogacy process. Participants in the reproductive transaction had to employ intricate ontological choreographies, involving negotiated naming of practices in a manner that would marginalise the monetary essence of their transactions, and to employ nuanced intimate work for creating intimacy with the surrogate and her family, generating an atmosphere of gratitude, and of shared aims and desires.

Through this ontological choreography surrogacy was constructed as a legitimate market, but one that requires many ethical deliberations: Where to commission surrogacy? With which egg provider and what will be the relationship between the fathers and these potential egg providers and surrogate? How to create reciprocal (and therefore ethical) relations with the surrogate when often, the social and geographical distances make these social realms incommensurable?
The development of the surrogacy industry and markets has also involved the routinisation of certain ‘surrogacy ethics’, as I discuss in the next section.

**The meaning of Markets**

The surrogacy cases discussed in this work, like most surrogacy contracts worldwide, took place in a commercial, transnational market for gestation services and gametes. The existence of markets for body parts and for female reproductive services raises ethical questions, hinging on the differentiation that lies within the core of liberal ethics – that of the distinction between being an object and being a subject (Radin, 1996; Spar, 2006; Hoeyer, 2013; Laufer-Ukeles, 2013). According to these ethics, a person should not be sold or bought on the market, and by extension neither should human body parts or a future child (Hoeyer, 2013; Dodd, 2014). However, in the global markets today, persons and body parts are abundantly sold ‘in whole or in part’ (Scheper-Hughes, 2003). Moreover, for participants of the various embodied market practices, providing reproductive capacities for profit does not necessarily translate into subjective feelings of estrangement from the body and its capabilities or from the children who are the outcome of this commerce; nor does it bring about commodification of the person per se.

As previously mentioned, Catherine Waldby uses the term ‘biovalue’ to refer to the surplus value that is produced from living processes:

> Biotechnology tries to gain traction in living processes, to induce them to increase or change their productivity along specified lines, intensify their self-reproducing and self-maintaining capacities. (Waldby, 2002:310)

These operations, which typically occur in-vitro, but which in surrogacy is embodied by the surrogate, create capital from harnessing biological capacities such as cell regeneration and gestation. Thinking of surrogacy through the concept of biovalue is useful because it foregrounds the main arbiters of surrogacy markets – medical doctors, laboratory clinicians, agents and lawyers – who all receive financial gains in the process of contracted pregnancy. Despite much of the
current academic and political debate, especially in the field of bioethics, surrogacy is not an encounter between commissioning parents and a surrogate. Rather, it is a complex, multi-faceted industry in which commissioning parents and reproductive labourers are separate distinct end-nodes within the system, with different capacities and social locations, but still very much governed by the operation of the market, and by a market rationale.

Surrogacy markets operate within the neoliberal logics of self-authorship through consumer choice. As consumers enter the market, they encounter a plethora of life choices – of surrogacy location, agency, clinic, gamete repository and within the repository gamete provider, and in certain areas also a surrogate, the terms of the contract (with the aid of intermediaries and lawyers), and whether the child will be registered as the couple’s child before the birth or after. All of these choices, which are rarely considered outside the surrogacy procedure, construct the surrogacy process as free, diversified and rooted in individual desires. Under this neoliberal ethics regime, surrogates are also depicted as choosing subjects, whereas critical discourses are referred to as limiting women’s subjectivity by limiting their entrance into capitalist markets as sellers. At the same time, participation in the market itself is often not depicted as choice, as commissioning parents repeatedly defined their use of surrogacy as being ‘without alternatives’\(^4\)

I have also discussed how, when the product is an actual living body, often the choices become prone to chance and error – introducing unequal layers of risk to the surrogacy contract and setting surrogacy projects into very different trajectories than those initially expected. IVF procedures operate under statistical probabilities, with no concrete way of foretelling the outcome of specific procedure (Franklin, 1998, 2013). This introduces various risks into the processes of third party reproduction: it is unknown in advance if and how many eggs a specific egg extraction cycle will yield; it is unclear whether and how many embryos will develop in vitro from the fertilisation attempts; it is impossible to tell in advance how many embryos will be viable after transferring them

\(^{4}\) My findings here confer with similar findings in ARTs more broadly, where fertility patients define entering the procedure as an unavoidable step to parenthood (Thompson 2005; Franklin 2013)
into the uterus, or whether some of these embryos will split into twins; and there is no guarantee whether a pregnancy will reach its successful aim of live births.

All these margins of error bear health risks to egg providers and surrogates, in terms of complications in the medical procedures (such as ovarian hyper-stimulation in case of egg extraction, or pregnancy complications, especially in multiple-embryos pregnancies). These risks also involve potential financial losses, due to the imperfectability of surrogacy in terms of production procedure – it simply cannot guarantee the provision of the end product. As surrogacy is practiced today, many of these risks (physical, emotional and financial) are transferred to the reproductive labourers, especially surrogates, who receive financial remuneration mainly after the birth of a child, leaving surrogates who have not reached this stage with reduced monetary compensation, or sometimes even with nothing at all.

Aware of these moral critiques of surrogacy, many fathers have found their own moral paths for navigating surrogacy choices. Some saw significance in favouring specific surrogacy locations over others which seemed less ethical to them; some drew a moral line, on the other side of which lay certain practices which they refused to conduct; still others signified their commitment towards the surrogate as a form of reciprocal and ongoing relationship of care, as she provides care through the gestation of the future child, and the commissioning parents return care and commitment through the payment, and through a prolonged sense of gratitude. I see these as a form of intimate ‘surrogacy ethics’ which commissioning fathers employ and develop. However, these feelings of commitment, gratitude and care were dependent upon the outcome of the surrogacy contract, that is the birth of a child. Since most IVF attempts do not reach the goal of live birth\textsuperscript{42}, care is not extended to the rights, interests and desires of reproductive labourers during the attempts to achieve pregnancy or when gestation fails.

\textsuperscript{42} According to Eti Samama’s research (Lipkin and Samama, 2010; Samama, 2012), roughly 40% of surrogacy contracts in Israel reach a live birth. There are no accurate statistics on surrogacy projects elsewhere (due to the lack of a single regulatory body) but IVF success rates range between 20% - 30% success per cycle.
The surrogacy processes I documented occurred in two very different geopolitical locations. Seven surrogacy processes took place in the US, and 14 took place in India\(^{43}\). In most cases in India, the lack of a common language between surrogates and commissioning parents made any direct communication problematic and prone to cultural misinterpretation. Moreover, Indian surrogates often come from impoverished, marginalised populations (Rudrappa, 2015; Vora, 2015). In the data that I collected, this is reflected in the stories of surrogates who sign the surrogacy contract with a thumbprint and without being able to read it, and even evidence of surrogacy contracts being signed and back-dated after gestation has already commenced. These factors generated very distant relationships between surrogates and parents, who in most cases only met the surrogate post-birth, usually in order to provide the Israeli authorities with proof of the surrogate’s voluntary surrender of the baby. Some couples did manage to maintain contact with the surrogate after birth, but this was depicted as requiring much effort on the fathers’ behalf, including fighting against industry officials who sought to minimise direct contact.

The US situation was very different. Although regulations vary considerably from one US state to another, all US surrogacies surveyed in this research required negotiation and direct contact between the surrogates and commissioning parents. In the case of US surrogacy contracts, commissioning fathers were encouraged to create intimate relationships with the surrogate before and during pregnancy, and often expressed a desire for these relations to carry on after the birth, for the sake of the children and as part of the evolving ‘surrogacy ethic’. In their very divergent narratives, most of the parents I interviewed framed surrogacy as a benevolent act of gifting life – to the child and to the gay family. Although surrogacy markets have been routinised and normalised, especially in the Israeli gay community, the idea of surrogacy as baby selling or pure market exchange still raises an outcry – and especially among surrogacy fathers.

\(^{43}\) The numbers here refer only to accounts of surrogacy fathers interviewed by me. In addition, I gathered information on these two localities by interviewing surrogacy lawyers, agents, state officials, and collecting media snippets referring to gay surrogacy.
This construction of the relationship as intimate and mutual, can alter abruptly when the biological and medical apparatus fails (for example – when there is no pregnancy or when there is a medical reason to stop the process). In these cases, intimacy is quickly dissolved, even when the surrogacy process has involved a close and intimate relationship up until that point. This only serves to highlight that the kinship developed between commissioning parents and surrogate is dependent upon the production of a child. In these cases the limits of the surrogate’s rights are also most apparent.

Providers, labourers, consumers and intermediaries in reproductive markets engage in a complex and dynamic ‘ontological choreography’ (Thompson, 2005), through which they maintain separate understandings of their relationship as concurrently commercial and intimate. This means that both providers and consumers often refrained from defining their relations as a commercial or employment relationship, and instead highlighted their mutual intimacy and trust, while keeping open a mute ‘back-channel’ for contractual negotiations. Similarly to Amrita Pande (Pande, 2010b), I have shown that this articulation of the relationship harms the surrogate’s potential for resisting contractual terms or negotiating further rights and compensation. However, I remain unsure whether Pande’s suggestion of depicting surrogacy as a labour relationship would indeed work to the surrogate’s benefit. Normalising surrogacy as labour may reduce social stigma. However, in an era of de-regulation of labour it is unclear how acknowledging the employment relationship that exist in surrogacy contracts will indeed further the rights and ensure protection to surrogates. This is even more the case in areas of the world where labour rights are already precarious and many jobs involve significant bodily risks. Instead of focusing on the social stigmatisation surrounding surrogates (and egg providers to a lesser extent) I suggest directing the critique at the operation of reproductive industries: clinicians, legal advisors and intermediaries, who profit from these processes. The division of risk and profit should be realigned to properly compensate surrogates for their bodily (and other) labour for the sake of others, and at the same time the profit of others should be limited, in order to keep the levels of commodification and exploitation at bay.
Moreover, the lack of national and global regulations for reproductive commerce is not accidental, but deeply rooted in gender hierarchies which make women’s bodies more expendable (c.f. Cohen, 2004), as well as bodies of people belonging to underclasses or ethnic minorities (Schepер-Hughes, 2003; Povinelli, 2011). In this, reproduction politics operate in uneven terrain of life chances and protection, through apparatuses of *biopolitics* and *necropolitics*. The answer therefore should be in the form of reproductive justice frameworks, ensuring state protection for all individuals regardless of their gender, health and ethnicity. Reproductive justice locates reproduction within greater issues of maintaining and reproducing life. This should first and foremost provide equal access to food, shelter, healthcare, as well as fertility treatment which should also be recognised as a public health issue.

Market rationality carries with it contradictory effects in reproductive assemblages. On the one hand, many parents enter the market for the promise of a child arriving with ‘no strings attached’, as a ready-made commodity. Yet on another level, the same parents acquire and develop market ethics, which determine their aspirations – and sometimes also their practices during the surrogacy process itself. These ethics are embedded within kinship ethics, which ideologically separate family making and care from monetary exchanges. In mediating the intimate and the market, the fathers I interviewed discursively minimised or limited aspects of surrogacy, such as the role of payment, or the restrictions on mobility and bodily autonomy that are standard in surrogacy contracts and that transform surrogacy into a financial exchange. These fathers spoke of the surrogate’s generosity, and defined her role in their lives as angelic, based on altruistic values of giving and care. These findings are congruent with findings of research among lesbian mothers who use sperm ‘donations’, who often also re-define the need to purchase sperm in a clinic as an act of altruism on behalf of the sperm ‘donor’ (Nordqvist, 2011a, 2011b).

Surrogacy fathers operate as ‘moral pioneers’ (Rapp, 1999), however, as time passes their moral decisions and considerations become routinized through the operation of professionals and intermediaries. My data does not offer statistical representativeness, but my informed conclusion
from interviewing fathers in various stages of the development of surrogacy in Israel is that the more the market progresses and becomes standardised, the less commissioning parents are concerned with negotiating their relationship with reproductive labourers. That means that there is also less concern over ensuring reproductive labourers and providers’ well-being as well as the fairness of surrogacy contracts to all parties involved. I therefore see the growth of the market as problematic not simply in terms of scope, but in terms of routinising the kind of intersubjective meeting points that could have generated other futures – for all parties in the reproductive endeavour.

The next aspect of the findings lies in the role of the state in defining, governing and directing reproflows across borders.

**Surrogacy and the State**

Since Israeli gay men cannot commission surrogacy in Israel, their surrogacy practices always involve movement between two countries or more, and therefore operate within different and often contradictory legal regimes. This set of circumstances may change the legal status of the parents and the children, including kinship, citizenship and the legality of surrogacy as a whole or certain aspects of it.

The globalisation of markets does not mean that social and technological/economic spheres are now able to operate in thin air. Even the most abstract, virtual transactions are localised: by the web servers that perform them, by the localities of all people participating in them, and by the concentration of people who manage and oversee virtual market operations and virtual spaces. In fact, globalisation creates simultaneous processes of dispersion and concentration, as companies disperse across nations and continents. Some cities, indeed, have become ‘global’, attracting a growing numbers of headquarters for transnational companies and, with them, large numbers of
professionals and service workers who operate in the ‘global’ economy (Appadurai, 1996; Sassen, 2001).

Inhorn (2010) has suggested the term reproscapes to describe the global locatedness of reproduction commerce, and Kroløke (Kroløkke, 2012; Kroløkke et al., 2012) adds to this understanding of the movement of reproductive consumers, providers and objects across space in her analysis of reproflows. This notion of ‘flows’ directs the analytical attention to the importance of movement of parts of the reproductive assemblage, the ways these movements are articulated through changing localities and the places where movement indeed stops. In my analysis, I used moments of arrested movement to focus on the way flows are shaped by borders; that is, by the operation of nation states.

The State of Israel is a driving force in shaping the nature of surrogacy usage among Israeli citizens as an international process. First of all, in a way akin to the operation of triage within medical settings, the state defines some citizens as unworthy recipients of surrogacy pregnancies. This could be seen as an attempt to prohibit surrogacy for these citizens, except for the fact that while the state bans surrogacy internally, certain bodies of the state routinise and support cross-border reproduction. This is justified as a means to reduce pressure on the local markets and to leave local surrogacy markets for the most ‘deserving’ recipients, that is, heterosexual couples (Mor-Yosef et al., 2012; Mor-Yosef, 2013).

Another aspect of shaping and creating cross-border surrogacy markets lies in the state’s definition of relations and of citizenship rights as being tied to genetic kinship. The state has elaborated and routinised a set of regulations, colloquially termed ‘overseas regulations’, from 2005 to this day. These regulations define the requirements for the practice of surrogacy by Israeli citizens, but as discussed in Chapter 7, they are part of the complicated and often secretive state citizenship regulations. According to the regulations, commissioning parents must prove a genetic link between at least one parent and the child(ren) in order to gain paternity recognition and citizenship rights for
their children. In cases where no such connection between parents and children has been established the state has intervened, to the extent of suspecting the parents of participating in child trafficking. In one famous case, the child in question was taken into adoption and separated from his commissioning mother\textsuperscript{44}.

This means that the state intervenes in cross-border surrogacy processes, in the form of affirming surrogacy processes after the fact, recognising (or not) the kinship created by the contracts and the kinship they remove – between parents and children and between surrogates/gamete providers and children. This is true of any state, since childbirth, contracted or not, is an administrative procedure no less than a biological one. And since the ‘facts of life’ are no longer straightforward, states are requested to intervene and acknowledge the contractual agreements between labourers and consumers within the reproductive market. As each state interprets surrogacy relations according to a different set of kinship and citizenship regimes that carry different assumptions, the children that result from surrogacy are often left in a contradictory position, and run the risk of becoming stateless and parentless (Kroløkke, 2012; Lin, 2012). These different regulatory regimes also create slippages between contracted pregnancy and adoption – two operations that might be similar in their enactment but involve very different regulatory regimes. Currently, the differentiating barrier – at least in the State of Israel – is the question of genetic kinship between commissioning parents and children. Therefore, genetics become not just a ‘fact’ of kinship; they also become a legitimating force in analysing the morality of surrogacy practices.

My findings demonstrate the operation of three types of borders: the legal/regulatory border defining access to reproductive medicine; the border that governs movement across geopolitical space; and the inclusion/exclusion mechanisms of citizenship, including migration rights. These

\textsuperscript{44} In this case, Ora Mor-Yosef (no relation to the Mor-Yosef committee), a disabled woman without the ability to carry pregnancy herself or use her eggs, commissioned surrogacy from a friend who agreed to undergo IVF with donated sperm and egg, and to give Ora the child after birth. When the child was born, the authorities intervened and accused Ora of violating Israel’s surrogacy regulations. In her defence, she argued that the situation was an equality of access issue, since if she had a male partner, his semen would have been enough to determine her relationship with the child. Although the intentions of all parties involved were clear in support of her motherhood, and although members of her family volunteered to support her in child rearing, the court ruled that the child should be given to adoptive parents, and all contacts with her to be severed.
borders operate simultaneously but not necessarily harmoniously and are used by state legislators and by industry entrepreneurs to direct and manipulate the flows of global reproductive markets.

These findings situate the border not at the margins of the state, but rather at the heart of both the state apparatus and the reproduction industry that is shaped by borders, and constantly attempts to disrupt them. Through citizenship regulations, control over movement, and administrative definitions of kinship, states manage biopolitical apparatuses – that is, the forces that define certain lives as liveable and desirable and others as not worthy. The lives at stake include not only the lives of children, who may be born out of local and transnational surrogacy relations, but also the different affinities that these children may have. For instance, by removing a surrogate’s name from the child’s birth certificate, the state ensures that the surrogate is written out of the children’s history as well as potentially their future.

Another element of state involvement in surrogacy is based on the state as an ideal, that of a nation, and the reproduction of the national body, which will be the focus of the next section.

**Desiring the Nation**

Foucault (1978, 2007) tied the development of the modern nation state with a new form of governmentality which was directed at the maintenance of life, that is enhancing, protecting and governing the population by the use of apparatuses which operate through professional knowledge, such as health and sanitation systems, education and psychology (Foucault, 1978; Foucault and Rabinow, 1984; Rose, 2001). This governmentality was termed by Foucault (2007) ‘biopower’ or ‘biopolitics’. Ultimately, reproductive regulations are tied to the eugenic logics of population management, health and demography of the nation. Surrogacy is an example of the operation of biopolitics within the realm of reproduction. On one level, biopolitics operate through regulatory mechanisms which define access to reproduction services, making some families worthy of this manner of procreation and barring others. On the other hand, as Rose (1996, 2001) has analysed,
under late-liberal governmentality biopolitics have been disseminated and individualised. As such, they also operate within the surrogate agency and the clinic, in discussions of desirable ova, testing of the foetus, decisions whether to abort a risky pregnancy, setting boundaries that delineate who can be a surrogate, or under what conditions to use the father’s sperm. These are all decisions of life and death that take place in the fertility clinic and the surrogate agency. But biopower is also exercised through other apparatuses, still tied to the state even in neoliberal times. These apparatuses include bureaucratic practices and discourses that encourage reproduction of the ‘right kind’ of population (namely, belonging to state-preferred ethnic groups or classes), and creating the ‘right kind’ of families. In this respect as well, the gay surrogate family in Israel is currently in transition mode, from exclusion to inclusion.

The Israeli regime is an ethnocracy (Smooha, 2002; Yiftachel, 2006), based on ethnic segregation and differentiation between its Jewish and non-Jewish citizens. These politics play out in the field of reproduction, in a form of a state managed ‘demographic race’ (Berkovitch, 1997; Remennick, 2008) in which the state attempts to ensure a Jewish majority and thus political supremacy within the national borders. Surrogacy children take part in this race, but they have an unclear belonging in terms of their Jewish identity.

While Judaism is a religious belief and practice that can be chosen or abandoned, in Israel Jewish identity has been racialised and geneticised (Ivry, 2010; Nahman, 2013). This positions cross-border surrogate children in a liminal position vis-à-vis the state’s reproductive policies. Since Jewish identity, according to most Halachic rulings, is determined by gestation and birth, cross-border surrogate children are not Jewish (as they are gestated by non-Jewish women). However, racially and culturally they belong in the Jewish majority. For many of the fathers who took part in this study, this constituted a barrier to overcome, which they did through the practice of ‘Giur Ketanim’, which literally translated means ‘small children conversion’. This means that the child is converted into Judaism while still in her or his infancy, but in addition, that the parents (in the main, secular) must renegotiate their Jewish identity and proclaim that they will observe the Jewish
lifestyle. Thus gay fathers are incorporated into the state’s identitarian, ethnocentric and *ethnocratic* politics. But in Israel, the collusion between gay activism and the exclusion mechanisms of the state is much more profound.

Apart from being racially segregated internally, Israel has occupied the Palestinian territories of the West Bank since 1967; although it withdrew from Gaza in 2005, it still maintains control over the access of people and goods, via Israel or international waters, in and out of Gaza (prior to 2005 Gaza was colonised, like the West Bank). Palestinians who reside within these territories live under military rule and are targets of assaults and limitations on every aspect of their daily lives. This situation brings about eruptions of armed conflicts, fuelled by the presence of settlers within Palestinian territories and a state of near-starvation in Gaza (Bachmann et al., 2014). The Israeli army, which has mandatory service for all able-bodied Jewish citizens between the ages of 18-20 for women and 18-21 for men, is the main enforcer of Israel’s colonial rule.

Israeli LGBT activists, and especially gay men, have successfully fought for full inclusion in the army since the 1990s. This was one of the main issues to be raised by the second wave of LGBT politics after the repeal of anti-sodomy laws (Kama, 2011). The struggle for surrogacy can be seen as an attempt to be included in heterosexist modes of being – couple-based families, procreation and consumption – in a way that Duggan (2002) has termed ‘homonormativity’. In addition, when gay men fight to take part in Israel’s colonisation of Palestine and the subjugation of Palestinian populations, they (like the majority of Israeli Jewish society) take part in politics that Puar has called ‘homonationalism’, a form of inclusion politics that are part of mechanisms of oppression towards racialised others (Puar, 2005). The surrogacy debate in Israel is shaped under homonational politics in several respects: it is driven by the demographic race towards a Jewish majority, and it is discursively linked with gay men’s participation in army service, and therefore in waging war over

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45 There are a few exceptions to the mandatory army service, such as membership of an ultra-orthodox religious community, or pacifism. In addition, the army examines the physical and mental health of designated soldiers, and discharged candidates who are deemed incapable of service. Since the early 1990s, sexual identity has not been considered a reason for discharge, and LGBT soldiers are incorporated into all segments of the army.
Palestine. In addition to this, gay men who commission surrogacy take part in global bio- and necro-politics, through their participation in the uneven terrains that reproductive extractive markets operate within. In these markets, the value of life is literally determined by participants’ markers of race, nationality, gender, and geopolitical location.

While my stance here is critical, I wish to make clear that my critique is directed at the state’s mechanisms of oppression, exclusion and extraction. I do not in any way claim that gay men’s procreative desires are less meaningful or less valued than heterosexual procreative desires, or that their collusion with apparatuses of oppression and exclusion are greater than heterosexual publics. I do claim, however, that as marginalised populations, LGBT people were once positioned (mostly against their will) outside of the state’s boundaries: their inclusion, under restricted conditions and often in response to great political effort on their part, should be much more collectively and politically reflexive with regard to the costs of their inclusion, insofar as this related to the furthering of harm to others.

**Critical Reflections and Wider Political Implications**

Any research is limited by its scope and the theoretical lens through which it is conducted. This is clearly the case in this research, where the scope of the phenomenon I researched spread across continents and with multiple research aims and analytical lenses. The multiplicity of viewpoints that were chosen as a means for looking into surrogacy implied that other aspects of potential research had to be limited, such as observing additional geographical sites or using a larger sample.

While the phenomenon I studied is multi-sited, and involved actors in four states at least (the commissioning fathers from Israel, surrogacy sites in India and the US, and South Africa as the main source of egg providers), I chose to limit my research to the Israeli participants and geographically to set my research base in Israel. That meant conducting all interviews face to face with Israeli actors, and following the practices that were conducted overseas through their
narratives, and through additional documents they supplied me with. It therefore follows that some of the data I rely on is second hand, and that I can only present one-sided narratives, that is, the experiences of commissioning parents and of Israeli agents who take part in performing surrogacy processes overseas. Nevertheless, taking into account the breadth of research into reproductive commerce that has so far almost exclusively focused on the experiences of reproductive labourers, mainly in and around surrogacy clinics, I believe my research adds an important and currently lacking viewpoint to the theoretical landscape.

Another limitation lies within the nature of the sample of commissioning fathers. Most of the surrogacy fathers I interviewed earned above, or greatly above, the average national income. Parents with had limited financial resources themselves often came from families who could afford to support the surrogacy project financially, which in practice meant gifting or lending their sons considerable sums of money (at least $20,000 USD, and often considerably more) for the purpose of contracting gestation and becoming a reproductive family. Only one respondent had to take loans in order to finance the surrogacy process. In addition, all but one father had attained a university degree, and most were living in the greater Tel-Aviv area. All respondents were Jewish, although not all were born in Israel. This means that my respondents were upper middle class, educated, mostly secular and living in the cultural and economic centre of Israel. Their perspectives on family life, material possibilities and external homophobia are therefore potentially different from the perspectives of gay men from Israel’s geographic and economic periphery. The views of my sample are also probably different from the views and life experiences of Palestinian gay men living in Israel.

Thus, the development of norms as expressed by my respondent group signifies changes within a certain portion of the elite in the Israeli Jewish ‘gaystream’, and future research should investigate how other participants in the Israeli gay scene, and especially working class people or people of different ethnic identities respond to these norms.
A further constraint of the sample is that it did not include any men who have attempted surrogacy and failed or who have decided not to pursue surrogacy further. It is already documented that people find it hard to stop assisted reproduction attempts ‘in the middle’ (Franklin, 2013), and my sample is no different. Even when India banned surrogacy for gay commissioning parents, fathers I was interviewing at the time expressed confidence in the success of their attempts and the viability of a solution. That is despite the fact that the retrieval of their frozen embryos from India was not guaranteed, and that at the time there was no clear solution for furthering their reproductive attempts. These commissioning fathers were proven right, as all the participants in this research today have children, and some have already successfully commissioned another process since our interview. This is not to say that surrogacy is a fail-proof project, but rather that it is very hard to locate people who withdraw and are still willing to share their accounts. This lacuna should be addressed in further research into surrogacy experiences, especially as surrogacy usage continues to grow and become mainstream in Israel and elsewhere.

Another original contribution of this research lies in the fact that it was the first to systematically document the experiences of Israeli fathers who commission surrogacy overseas. As such, it can contribute in an important way to the current political debates concerning extending access to surrogacy and changing regulations, for local and cross-border surrogacy and fertility treatments. While I hope this research helps shed light on the limits of commercial surrogacy as a solution for infertility for all, and therefore reduce its lure, it might be worthwhile to also note some intermediate amendments that could benefit participants in the reproduction trade conducted by Israeli citizens in Israel and beyond.

At the national level, my research criticises the heteronormative understandings of body and reproduction that guide the current legislation in Israel. When defining women and heterosexual couples as the most deserving target population for surrogacy (see discussion in Chapter 7), Israeli legislators reiterate a hierarchy of families and parental needs, with the heteronormative family as the privileged form worthy of protection and support (Teman, 2010b). At the same time, these laws
reify the status of women as ‘natural’ reproducers, by construing their reproductive role as natural and primal, even for women who cannot biologically carry a pregnancy and fulfil this role by themselves. Under this articulation, the female body becomes ‘naturally reproductive’ and the masculine body only ‘tentatively reproductive’, dependent upon wealth and male privilege. My research findings point to the need to undermine these hierarchies and essentialist assumptions, to remove gender-based limitations on equal and meaningful parenting primarily, and remove inequalities in access to surrogacy as part of that. At the same time I maintain a critical stance on the surrogacy industry and surrogacy as a valourised family form.

In terms of cross-border surrogacy, my findings show that the nature of the practice of surrogacy is greatly affected by the regulatory bodies that oversee the application of reproductive technologies, and by the legal framework that surrogacy contracts operate within. This shows that state regulations can enforce moral boundaries, even in a field that seems porous and driven by a race to the bottom. This calls for international deliberation on reproductive commerce, but also highlights state involvement in approving and defining boundaries for the application of reproductive technologies – even if sometimes after the fact. For instance, the Israeli family courts approve every overseas surrogacy contract as part of the citizenship and parenthood procedure. Changing the procedure to require submitting the contract prior to the beginning of a surrogacy pregnancy might mean that limitations on the content of the contract could be set (such as including clauses that would make illegal forced abortion or the lack of compensation in cases of pregnancy failure), and that more direct contact between commissioning parents and surrogates prior to the fertilisation process could be encouraged by proper regulation. This is of particular importance since while many commissioning fathers expressed their desire for fairness and reciprocity towards surrogates, the current lack of regulation and the operation of surrogacy agencies, clinics and lawyers, often discourages direct contact in various stages of the process. Regulation therefore could assist commissioning fathers in achieving the level of intimacy and involvement they express interest in, while reducing the margin of profit within the international fertility trade.
During my research period surrogacy practices have only increased in volume and have been extended to additional locations (such as Mexico and Georgia), often in countries with ‘flexible’ legal standards and very low wages, as well as problematic human rights regimes. I view this development with great concern because without proper regulation, the surrogacy industry will advance into more profitable avenues that will extract value at the expense of lesser care and lesser protection of labourers in the industry. At the same time, surrogacy offers no solution to gay or single men (and non-fertile women) who do not wish (or cannot afford) to engage in commercial trade in order to become parents. The more surrogacy becomes routinised, the more likely it is that avenues to alternative forms of relationality are closed. I believe that this could also work in the reverse: in order to radically alter the possibility of reproductive commerce, we need to first change the norms that enable it and push it forward. That is, in order to undo surrogacy we need to both undo the heteronormative family, and truly democratise gendered family norms that currently define the relationship between men and women with regards to reproduction and child-rearing.

It is only when imagined familial futures are multiple and can be chosen freely that men and women will be able to seek new constellations to bring children into this world and raise them. These constellations will not necessarily mean that a birth mother is a social mother or that no monetary compensation should be given for gestation; but perhaps we should imagine futures in which, similar to the ‘wage for housework’ feminist slogans of the 1970s (Federici, 1973, 2012), women’s labour is remunerated without at the same time subjecting women to extractive and exploitative global medical industries. In this future that I envisage, families are selective associations, based upon mutual care and commitment as well as monetary support and shared futures. These relations will be extended to incorporate a variety of people who take part in reproduction and care, often more than two adults and with a variety of roles and levels of involvement. These models, as far-fetched as they might seem, are all around us in contemporary society. As parents divorce and remarry, more adults become involved in informal and formal child rearing, and many families today include more than two named parents. In many families of two-breadwinners extended kin
and friends are routinely involved in the everyday tasks of care, and develop intimate and close relations with children under their care. This is also true in the case of long-term hired carers, who conduct child-rearing activities without proper (meaning legal) recognition (Laufer-Ukeles, 2013). These examples, among others, are however constantly purified from the common definition of ‘family’. Thinking queerly about family life in the 21st century should begin with mapping all the different parenting paths currently emerging, and seeking to enhance them culturally as well as administratively.

**LOOKING FORWARD**

Research into the lives of same-sex families in Israel is still very limited in scope (Kama, 2011). With the rise in numbers of these families and the shifting social terrain, there is urgent need for research that will articulate these families’ concerns and needs and follow the development of new family models, as well as look critically into their constitution and the social closure that their integration into the fold of mainstream society can facilitate. I therefore hope that additional research projects will continue to look at the male-gay parenting model I documented and analyse its development in the years to come.

Another issue that sits at the core of this project is the importance of discussing monetary relations within kinship models. This is clearly significant in cases of commercial surrogacy, where kinship is created through financial commerce, but it is also true for any other family form, sometimes implicitly and sometimes explicitly. As Viviana Zelizer (1989, 1994, 2005) has argued, monetary transactions are charged with social understandings and are embedded in social relations. In my research it is clear to see how people use money to define the boundaries of their relationships. Commercial surrogacy allows the commissioning parents to keep the gestating woman outside their nuclear family (although they often define her as distant kin). At the same time, many men rejected the idea of paying a woman to be an active co-parent, that is, a mother (or mothers) to the children they reproduce. The perspective of gay fathers as well as women who have chosen to co-parent
remains a significant gap in current research and might broaden the understanding of how monetary exchanges are framed in relation to changing social definitions of familial relations.

Finally, a broader understanding of reproductive justice is urgently needed in the field of surrogacy and family making writ large. Such an understanding would incorporate queer lives and queer reproductive desires, yet take into account differences in life chances, based on race, class, geographical location and access to global financial circuits.
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fertility and reproduction in Israel. Jerusalem.


Pande, A. (2009a) “‘It may be her eggs but it’s my blood”: Surrogates and everyday forms of kinship in India.’ Qualitative Sociology, 32(4) pp. 379–397.

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Simmel, G. (1903) ‘The metropolis and mental life.’ *Individuality and Social forms.*


APPENDIX A: RECRUITEMENT MATERIAL

The following text was sent by mail or fax to policy makers and surrogacy industry officials before scheduling the interview. English translation follows the Hebrew version.

_request: request for assistance in research regarding surrogacy among Israeli men_

Dear [name],

My name is Adi Moreno and I am a PhD candidate from the University of Manchester. My PhD dissertation is written under the supervision of Prof. Brian Heaphy and Dr. Vanessa May. The research deals with surrogacy among gay men in Israel. My research question focuses upon new families and changes in family patterns with respect to new possibilities of commissioning surrogacy.

I would appreciate it if we could meet for an interview regarding surrogacy processes and related legal proceedings by intended parents. Please see detailed information in the attached documents.

[contact details]

Regards, Adi Moreno
APPENDIX B: PROSPECTIVE PARTICIPANT INFORMATION SHEET

ORIGINAL (HEBREW) VERSION

דףMiluda Lemishavak - Fonnakota Abotutu Aa Biyrael

 kullanıcı

דףMiluda zera ule mitu lehalele ti aabang lehashbashat lefederik yemak "fonnakota Abotutu Aa Biyrael." dud.

muskem Miluda abashur lomashat yemak, amu baywone ule dirdi mbele yemashat/.

mam meorte yemak?

yemak mitum bye oto abang eu matseb yemosh bozonakot bokboy biya yemoshkula/bisemakula biyrael eu resh.

yemak mitum bye oto abang eu matseb yemosh bozonakot bokboy biya yemoshkula/bisemakula biyrael eu resh.

shoresh tsoy betum lehashbashat lefederik yemak, amu baywone ule dirdi mbele yemashat/.

mam ye'asher minni yemishakot?

mam ke negan le shemo ule ato yekhun lehalel yale khouk yemak?

mam ke negan le shemo ule ato yekhun lehalel yale khouk yemak?

kesh wen nevarim emanari yale khouk:

Prof. Brian Heaphy, University of Manchester: brian.heaphy@manchester.ac.uk

Professor Lambon Ralph, the Associate Vice-President for Research, Christie Building, University of Manchester, Oxford Road, Manchester, M13 9PL.

kahane yemula kempani le yemishakot ariyot?

kahane yemula kempani le yemishakot ariyot?

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kahane yemula kempani le yemishakot ariyot?

kahane yemula kempani le yemishakot ariyot?
Introduction
This sheet contains some important information that will explain why the research is being conducted and what it will involve. This information should help you decide whether you would like to participate.

What is the aim of the research?
This research aims to explore surrogacy for gay parents in Israel and explore different points of view on this subject. This is a PhD research in Sociology, conducted at the University of Manchester. I am researching people who are either activists in the campaign around gay surrogacy in Israel; are providing assistance to couples in surrogacy processes; or have commissioned surrogacy themselves. My research will be performed during the period of 7/2012-2/2013.

What do I have to do & where will the interview be conducted?
If you take part I will ask you to discuss your views in regard to surrogacy for gay parents and your involvement with surrogacy arrangements in Israel. The interview will last between one to one and a half hours. We will decide together where the interview will be held. The important thing is that the venue is one where you feel comfortable to share your story. If you wish to be informed of the research outcomes, I will send you a summary of the research findings and the complete thesis upon request.

What happens if I do not want to take part or if I change my mind?
Participation in the interview is entirely voluntary. You are free to withdraw from being interviewed or stop the interview at any time without giving a reason.

What happens to my story & how do you preserve my confidentiality?
Everything that is said within the interview will be kept confidential and only I will have access to your information. I will audio-record your account so that I can type up an accurate record of your story. I will remove any identifying details from your account and use pseudonyms in place of real names and places. Some parts of your account may be used in the final write up of the thesis – but these will always be anonymised as explained above.

What benefit might this research be to me or other subjects of the research?
Surrogacy is an evolving practice in Israel and world-wide. It is seen by many as the only option for gay men to achieve parenthood, and yet there is very little academic research about it and about gay fatherhood in general. This research is therefore aimed at advancing academic knowledge about LGBT families and about people’s ideas and feelings about assisted reproduction techniques.

Would you like to find out more? If you are interested in taking part or have questions and/or queries about the project please contact me:
Adi Moreno
Mobile: +972-(0)548310844
Email: adi.moreno@postgrad.manchester.ac.uk

What if something goes wrong?
Personal interviews can sometimes raise issues that are emotional or distressing. If you feel that you need to discuss something that came up in the interview and that you find upsetting, there are a number of hot-line services that will be able to help. Please see the full list on the back of this sheet. If there is any issue that you would prefer not to discuss with the researcher, please contact the Research Practice and Governance Coordinator, either by emailing: Research-Governance@manchester.ac.uk or by telephone +44-(0)161-275-7583 or 8093

Thank you for taking the time to read this sheet!
APPENDIX C: CONSENT FORM

School of Social Sciences
Surrogacy and Gay Parenthood

CONSENT FORM
If you are happy to participate please read the consent form and initial it:

I confirm that I have read the attached information sheet on the above project and have had the opportunity to consider the information and ask questions and had these answered satisfactorily.

I understand that my participation in the study is voluntary and that I am free to withdraw at any time without giving a reason and without detriment to any treatment/service.

I understand that the interviews will be audio-recorded.

I agree to the use of quotations that are anonymous.

I agree to take part in the above project.

Name of participant

Signature

Date

Name of person taking consent

Signature

Date

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# APPENDIX D: RESEARCH PARTICIPANTS

Table D.1 Surrogacy Fathers

<table>
<thead>
<tr>
<th>Alias</th>
<th>Interview date</th>
<th>Area of residence</th>
<th>Surrogacy status</th>
<th>Surrogacy state</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arnon</td>
<td>17.2.12</td>
<td>Tel-Aviv suburb</td>
<td>Post (twins)</td>
<td>India</td>
</tr>
<tr>
<td>Shay and Dror</td>
<td>1.8.12</td>
<td>Tel-Aviv</td>
<td>During</td>
<td>US</td>
</tr>
<tr>
<td>Yuval</td>
<td>5.8.12</td>
<td>Central Tel-Aviv</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Re’ah</td>
<td>14.8.12</td>
<td>Central Tel-Aviv</td>
<td>During</td>
<td>US</td>
</tr>
<tr>
<td>Mor</td>
<td>22.8.12</td>
<td>Southern Tel-Aviv</td>
<td>Post (one child)</td>
<td>India</td>
</tr>
<tr>
<td>Alon and Assaf</td>
<td>5.9.12</td>
<td>Tel-Aviv suburb</td>
<td>During (early stages)</td>
<td>India</td>
</tr>
<tr>
<td>Elad</td>
<td>12.9.12</td>
<td>Tel-Aviv suburb</td>
<td>Post (three children)</td>
<td>US</td>
</tr>
<tr>
<td>Morgan and Shilo</td>
<td>19.9.12</td>
<td>Northern Tel-Aviv</td>
<td>Post (one child)</td>
<td>India</td>
</tr>
<tr>
<td>John and Eliyahu</td>
<td>23.9.12</td>
<td>Tel-Aviv suburb</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Tom</td>
<td>18.11.12</td>
<td>Northern Tel-Aviv</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Lior and Yaron</td>
<td>12.11.12</td>
<td>Tel-Aviv suburb</td>
<td>Post (one child)</td>
<td>US</td>
</tr>
<tr>
<td>Garry and Arnon</td>
<td>26.11.12</td>
<td>Central Tel-Aviv</td>
<td>During (early stages)</td>
<td>India</td>
</tr>
<tr>
<td>Efrayim and Golan</td>
<td>9.12.12</td>
<td>Jerusalem</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Yosef</td>
<td>11.12.12</td>
<td>Central Tel-Aviv</td>
<td>Post (twins)</td>
<td>India</td>
</tr>
<tr>
<td>Noah</td>
<td>26.12.12</td>
<td>Central Tel-Aviv</td>
<td>Post (one child)</td>
<td>US</td>
</tr>
<tr>
<td>Jordan</td>
<td>1.1.13</td>
<td>Northern Tel-Aviv</td>
<td>Post (one child)</td>
<td>US</td>
</tr>
<tr>
<td>Niv</td>
<td>7.1.13</td>
<td>Central Tel-Aviv</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Avraham</td>
<td>8.1.13</td>
<td>Tel-Aviv suburb</td>
<td>Post (twins)</td>
<td>US</td>
</tr>
<tr>
<td>Nevo</td>
<td>9.1.13</td>
<td>Haifa</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Eric</td>
<td>9.1.13</td>
<td>Central Tel-Aviv</td>
<td>During</td>
<td>India</td>
</tr>
<tr>
<td>Aaron and Allen</td>
<td>11.1.13</td>
<td>Tel-Aviv suburb</td>
<td>Post (twins)</td>
<td>India</td>
</tr>
</tbody>
</table>

*two participants who wished to withdraw from the research are removed from the list

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46 Dates appear by European standard: dd.mm.yy, whereas yy translates into 20YY
Table D2: Industry Representatives

<table>
<thead>
<tr>
<th>Alias</th>
<th>Interview date</th>
<th>Profession</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jessica</td>
<td>22.7.12</td>
<td>Family Lawyer</td>
<td>Represents fathers in adoption &amp; parenthood proceedings</td>
</tr>
<tr>
<td>Haim</td>
<td>12.8.12</td>
<td>Surrogacy Agent</td>
<td>Mainly deals with surrogacy in India</td>
</tr>
<tr>
<td>Shirley</td>
<td>20.8.12</td>
<td>Family Lawyer</td>
<td>Mainly represents in cases of US surrogacy</td>
</tr>
<tr>
<td>‘New Family’</td>
<td>3.9.12</td>
<td>NGO: Family law advocacy and consultation</td>
<td>Leading organization for the democratization and privatization of reproduction &amp; family in Israel</td>
</tr>
<tr>
<td>Gil</td>
<td>21.9.12</td>
<td>Surrogacy Agent</td>
<td>US surrogacy</td>
</tr>
<tr>
<td>Noa</td>
<td>20.12.12</td>
<td>Lawyer and Surrogacy Agent</td>
<td>Mainly deals with surrogacy in India</td>
</tr>
</tbody>
</table>

Table D3: Policy Makers

<table>
<thead>
<tr>
<th>Alias</th>
<th>Interview date</th>
<th>Profession</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alex</td>
<td>1.8.12</td>
<td>Lawyer &amp; LGBT activist</td>
<td>Participated in drafting response to the ‘Mor-Yosef’ committee</td>
</tr>
<tr>
<td>Sharon</td>
<td>14.8.12</td>
<td>Legal scholar</td>
<td>Participated in drafting response to the ‘Mor-Yosef’ committee</td>
</tr>
<tr>
<td>Ayelet</td>
<td>9.9.12</td>
<td>Feminist activist</td>
<td>Participated in drafting response to the ‘Mor-Yosef’ committee</td>
</tr>
<tr>
<td>Dvora</td>
<td>24.9.12</td>
<td>Obstetrics specialist</td>
<td>Committee member</td>
</tr>
<tr>
<td>Adrianna</td>
<td>14.10.12</td>
<td>Academic and LGBT activist</td>
<td>Participated in drafting response to the ‘Mor-Yosef’ committee</td>
</tr>
<tr>
<td>Nechama</td>
<td>28.10.12</td>
<td>Social worker, child care services</td>
<td>Committee member</td>
</tr>
<tr>
<td>Sylvie</td>
<td>18.11.12</td>
<td>LGBT activist</td>
<td>Active in parents of LGBT persons organization</td>
</tr>
<tr>
<td>Joseph</td>
<td>20.11.12</td>
<td>Healthcare scholar</td>
<td>Committee member</td>
</tr>
<tr>
<td>Shimon</td>
<td>2.12.12</td>
<td>Obstetrics specialist</td>
<td>Committee member</td>
</tr>
<tr>
<td>Isaia</td>
<td>20.12.12</td>
<td>Bioethicist</td>
<td>Committee member</td>
</tr>
<tr>
<td>Alias</td>
<td>Interview date</td>
<td>Profession</td>
<td>Comments</td>
</tr>
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<td>---------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>Menachem</td>
<td>31.12.12</td>
<td>Obstetrics specialist</td>
<td>Committee member</td>
</tr>
<tr>
<td>David</td>
<td>6.1.13</td>
<td>Rabbi and Halachic expert</td>
<td></td>
</tr>
<tr>
<td>Hilla</td>
<td>7.1.13</td>
<td>Child Psychologist</td>
<td>Committee member</td>
</tr>
</tbody>
</table>
Table E.1 Participant Observations by Data

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
<th>Location</th>
<th>Organized By</th>
<th>No. of Participants</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Be'er-Sheva Pride</td>
<td>2.7.12</td>
<td>Be'er-Sheva city centre</td>
<td>LGBT Organization, Be'er-Sheva branch</td>
<td>150</td>
<td>Met with several LGBT activists, one member of parliament.</td>
</tr>
<tr>
<td>2 'Keshet' (Rainbow) Families Seminar</td>
<td>26.7.12</td>
<td>Giv'atayim, elderly community centre</td>
<td>'Keshet Families' with support from Giv'atayim municipality</td>
<td>100</td>
<td>Two lectures about surrogacy, legal consultation for men who desire to embark on surrogacy</td>
</tr>
<tr>
<td>3 Raising children in LGBT families</td>
<td>31.7.12</td>
<td>Tel-Aviv LGBT centre</td>
<td>'Hoshen' (education and change)</td>
<td>60</td>
<td>Close event, Hoshen volunteers only. Recruited two participants</td>
</tr>
<tr>
<td>4 Jerusalem Pride</td>
<td>2.8.12</td>
<td>Jerusalem city centre</td>
<td>The Jerusalem Open House</td>
<td>3000</td>
<td></td>
</tr>
<tr>
<td>5 B-Festival</td>
<td>20.9.12</td>
<td>Tel-Aviv 'young' centre</td>
<td>Panorama: Pansexual/bisexual organization</td>
<td>80</td>
<td>Queer parenting / anti parenting discussion</td>
</tr>
<tr>
<td>6 Divorced and Proud</td>
<td>20.9.12</td>
<td>Private house, 30 minutes’ drive from Tel-Aviv</td>
<td>'Divorced and Proud parents' group</td>
<td>25</td>
<td>All members of the group are parents, some consider commissioning surrogacy in the future.</td>
</tr>
<tr>
<td>7 'Gal and Noa's two fathers' book launch</td>
<td>11.11.12</td>
<td>Tel-Aviv LGBT centre</td>
<td>The book author and publishers.</td>
<td>30</td>
<td>Apart of the gay couple that is the topic of the book, no gay fathers are present</td>
</tr>
<tr>
<td>8 'men having babies' conference</td>
<td>13 – 15.2.13</td>
<td>Tel-Aviv LGBT centre</td>
<td>'men having babies' international organization</td>
<td>hundreds</td>
<td>Commercial conference, publicizing surrogacy services for gay men</td>
</tr>
<tr>
<td>No.</td>
<td>Name</td>
<td>Date</td>
<td>Location</td>
<td>Organized By</td>
<td>No. of Participants</td>
</tr>
<tr>
<td>-----</td>
<td>----------------------------------------------------------------------</td>
<td>-------</td>
<td>-------------------------------</td>
<td>--------------------------------------</td>
<td>---------------------</td>
</tr>
<tr>
<td>9</td>
<td>'Response to the mor yosef committee'</td>
<td>19.2.13</td>
<td>Tel-Aviv Academic college</td>
<td>The college's politics department</td>
<td>150</td>
</tr>
<tr>
<td>10</td>
<td>Surrogacy in Israel, current state and thoughts for the future</td>
<td>4.6.13</td>
<td>Hebrew University Jerusalem</td>
<td>Law department, the Hebrew university</td>
<td>60 (first day)</td>
</tr>
</tbody>
</table>
**APPENDIX F: INTERVIEW SCHEDULE**

**INTERVIEW SCHEDULE FOR GAY FATHERS**

<table>
<thead>
<tr>
<th>Question / Interview Section</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>A short introduction on the research aims. Signing informed consent. Making sure the participants have my phone number, email address, ways of maintaining contact</td>
</tr>
<tr>
<td><strong>Tell me your story in your own word, starting from the earliest point that you remember desiring to become a father.</strong></td>
<td>The participants’ parenthood stories typically started with childhood stories and the way coming out was handled by them and their family. Some participants also had long stories of previous (and often failed) attempts to become fathers in other means, such as adoption or co-parenting.</td>
</tr>
<tr>
<td><strong>Provide a detailed description of the surrogacy process.</strong></td>
<td>I asked participants to provide as much detail as possible; emphasizing the technical, legal and financial measures that were required during the process, as well as the decision making that was involved. This phase of the interview was typically concluded by a question on how they would advise a friend to go about commissioning surrogacy, and what would they change in the process (or in the political situation surrounding it). This discussion also included their thoughts on the morality of surrogacy practices generally and reflecting over the choices they have made personally.</td>
</tr>
<tr>
<td><strong>Being a gay father</strong></td>
<td>Participants were asked what are their hopes and worries towards the future as gay fathers, inviting reflection over their family structure, gender roles and social norms towards same-sex couples and fathering.</td>
</tr>
<tr>
<td><strong>Demographic information</strong></td>
<td>Age, area of residence, education. I also recorded whether the participant is in a couple relationship.</td>
</tr>
</tbody>
</table>
## Interview Schedule for Surrogacy Professionals

<table>
<thead>
<tr>
<th>Question / Interview Section</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>A short introduction on the research aims. Signing informed consent. Making sure the participants have my phone number, email address, ways of maintaining contact</td>
</tr>
<tr>
<td>how did you enter the surrogacy 'business'?</td>
<td>For most people this question invoked their personal surrogacy story, which was told in varying length</td>
</tr>
<tr>
<td>Which services are you providing</td>
<td>A detailed account of the services – I checked their advertisements beforehand and could ask clarifying questions</td>
</tr>
<tr>
<td>Are there requests you refused to fulfil?</td>
<td></td>
</tr>
<tr>
<td>Populations you refuse to service?</td>
<td></td>
</tr>
<tr>
<td>What would you suggest in terms of regulation changes?</td>
<td>This question was prompted only when time permitted</td>
</tr>
</tbody>
</table>

## Interview Schedule for Policy Makers

<table>
<thead>
<tr>
<th>Question / Interview Section</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Introduction</strong></td>
<td>A short introduction on the research aims. Signing informed consent. Making sure the participants have my phone number, email address, ways of maintaining contact</td>
</tr>
<tr>
<td>Describe your participation in the 'Mor-Yosef' committee</td>
<td>Occupation, reason to participate, the atmosphere in the committee's discussion</td>
</tr>
<tr>
<td>What was the main source of concern / main discussion Quotes / references to report excerpts</td>
<td>Depending on person interviewed. Was relevant mainly to persons who were part of a minority group within the committee</td>
</tr>
<tr>
<td>What do you think of the outcome?</td>
<td>Also referred to potential legislation changes</td>
</tr>
</tbody>
</table>
APPENDIX G: SURROGACY BIRTHS BY ISRAELI CITIZENS

Table G.1 Surrogacy Births in Israel 1998 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of Births</th>
<th>Number of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>1998</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>1999</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>2000</td>
<td>8</td>
<td>6</td>
</tr>
<tr>
<td>2001</td>
<td>12</td>
<td>10</td>
</tr>
<tr>
<td>2002</td>
<td>15</td>
<td>10</td>
</tr>
<tr>
<td>2003</td>
<td>20</td>
<td>16</td>
</tr>
<tr>
<td>2004</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>2005</td>
<td>31</td>
<td>27</td>
</tr>
<tr>
<td>2006</td>
<td>34</td>
<td>25</td>
</tr>
<tr>
<td>2007</td>
<td>42</td>
<td>36</td>
</tr>
<tr>
<td>2008</td>
<td>32</td>
<td>26</td>
</tr>
<tr>
<td>2009</td>
<td>41</td>
<td>30</td>
</tr>
<tr>
<td>2010</td>
<td>56</td>
<td>46</td>
</tr>
<tr>
<td>2011</td>
<td>68</td>
<td>49</td>
</tr>
<tr>
<td>2012</td>
<td>N/A</td>
<td>41</td>
</tr>
<tr>
<td>2013</td>
<td>N/A</td>
<td>58</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>408</td>
</tr>
</tbody>
</table>

Table G.2 Cross-Border Surrogacy Births for Israeli Citizens 2005-2013

<table>
<thead>
<tr>
<th>Year</th>
<th>India</th>
<th>US</th>
<th>Canada</th>
<th>Thailand</th>
<th>Nepal</th>
<th>Eastern Europe*</th>
<th>South Africa</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2006</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2007</td>
<td>1</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2008</td>
<td>5</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2009</td>
<td>14</td>
<td>17</td>
<td>1</td>
<td>1</td>
<td></td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>39</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>59</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
<td>21</td>
<td>1</td>
</tr>
<tr>
<td>2012</td>
<td>73</td>
<td>25</td>
<td></td>
<td></td>
<td></td>
<td>25</td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td>72</td>
<td>18</td>
<td>30</td>
<td></td>
<td></td>
<td>47</td>
<td></td>
</tr>
</tbody>
</table>

*Surrogacy states in Eastern Europe include: Russia, Ukraine, Armenia, Georgia, Kazakhstan.