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Emotion, Embodiment, and Reproductive Colonialism in the Global Human Egg Trade

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Conflicts of Interest

Neither author has conflicts of interest to report.

Data Availability Statement

Due to the sensitive nature of this research, participants of this study did not agree for their data to be shared publicly, so supporting data is not available.

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Emotion, Embodiment, and Reproductive Colonialism in the Global Human Egg Trade

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Abstract

In the transnational fertility industry, individuals have differently positioned bodies, ranked by race, class, education, socioeconomic status, gender and citizenship. Different forms of labor support the transnational fertility market, bringing geopolitical and social inequities to the fore. While some people need wombs, eggs or sperm to create their families—and have the means to pay for third-party reproductive services—others emerge as suppliers of reproductive labor, and still others as coordinators or service agents in the international fertility industry. Building upon contemporary feminist social science and postcolonial research on reproductive travel and labor, this article explores three intersecting components: the forces that influence reproductive travel and cross-border egg donation; how emotion and meaning are framed in clinical settings to recruit a young, healthy, able-bodied workforce; and the embodied experiences of women who travel across borders to provide eggs for pay. Drawing upon donor and professional interviews, and multi-sited online and ethnographic fieldwork in fertility clinics, we explore the linkages between emotional choreography and the creation of a bioavailable workforce for the global fertility trade. Here, we examine how local and cross-border egg provision illuminate global reproductive hierarchies—what we call "reproductive colonialism"—in transnational reproduction.

Keywords: egg donation, bioavailability, commodification of the body, reproductive work, reproductive travel, colonialism

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Introduction

We have donors from many different countries—there's probably 20 right now—and they decide which of the clinics that we work with that they feel comfortable going to. So they can decide if they feel comfortable going to Mexico or Thailand or India or the US, or other countries with clinics we work with. Then when the couple comes to me and they decide that they want that donor, looking at all the pictures on the website and reading her application, then they decide which clinic they want to go to...I pay [donors] the $1500 I think is fair and they are more than happy to receive that plus their vacation.

Renate, Egg Donors, International Agency Founder Interview

Country-specific regulations—coupled with the varying cost of fertility treatment in different locations—influence local and global dynamics of the international fertility industry. Regulations surrounding third party reproduction vary, from completely unregulated, to moderately regulated, strictly regulated, and banned. These different policies influence which reproductive services are available, how people are selected for different reproductive roles, and how and where reproductive travel occurs—including the global flow of people across borders. Drawing on the work of Arjun Appadurai (1990), Marcia Inhorn refers to these global flows of people, technologies, money, gametes, and ideas as a "reproscape" (2010: 68). The range of actors on the supply side include medical professionals in fertility clinics, egg donation agency founders and staff, donor recruiters and coordinators, marketing teams, lawyers and psychologists, patient coordinators, fertility patients, egg donors, sperm donors and gestational surrogates.

Set within the context of neoliberalism, analyses of such "global assemblages" (Collier and Ong, 2008), illuminate how global forms of technoscience, knowledge production, economic rationalism, and often conflicting legal regimes and moral systems gain significance (Collier and Ong, 2005; Collier 2006) and function through differently positioned individuals. In regard to the

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illicit market in human kidneys, anthropologists Nancy Scheper-Hughes (2005, 2011) and Lawrence Cohen (2005) each provide tangible examples of how these assemblages operate, where networks of kidney brokers, physicians, buyers and sellers, donors and recipients intersect in various body economies, regulations, and moral systems. Scheper-Hughes (2011) unveils the interplays between economic marginality and medical migrations to understand how people's bodies are transacted across borders, where organ trafficking follows well-established routes of capital from the South to the North and from the Third to the First World. In Iran, where compensated kidney provision is both legal and paid for by the government, laws that prohibit transplant tourism are sometimes circumvented, and poverty strongly influences people's decisions to sell a kidney (Zargooshi, 2001; Tober, 2004). In discussing how Indian kidney sellers become "bioavailable" supplements for another's life, Cohen borrows the term from pharmacology, noting that to be bioavailable is to be "available for the selective aggregation of one's cells and tissues and their reincorporation into another body" (2005: 83).

When it comes to reproductive outsourcing "women are important stakeholders both as producers and reproducers in the global bioeconomy of reproduction" (Gupta, 2012). Part of the way in which embodied labor is created in assisted reproduction centers on how emotion is constructed in these complex transactions between different parties and 'assemblages' (Chee et al., 2017). Reproductive bioeconomies, however, both parallel and contradict other body markets--though financial insecurity often plays a significant role in decision-making. In many ways, cross-border gestational surrogacy, where a woman carries an embryo created from a donor egg and usually the sperm of an intended father, can mirror the same kind of flows from South to North, or vulnerable to privileged, Scheper-Hughes and Cohen each speak of, where brown bodies are made available to gestate and deliver white babies (Harrison, 2013, 2016;

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Lustenberger, 2017; Rozée, et al., 2019; Deomampo, 2016). However, when it comes to human gametes—particularly oocytes—it is predominantly White, usually educated, but often still financially precarious women who become the bioavailable suppliers (Tober and Pavone, 2018); although, eggs from women of Asian ancestry can also be in high demand as "racialized commodities" (Deomampo, 2019). Examining the concept of bioavailability and the role of financial compensation is useful for understanding how socioeconomic and geopolitical inequities come together with an industry need for bodies and body parts and is applicable to reproductive outsourcing as well.

By extending the concept of bioavailability to the buying, selling, and donating of human eggs we ask: How does physical mobility and emotion intersect with bodily bioavailability within contemporary forms of reproductive colonialism? How are the exchanges of eggs for pay—through which genetic traits are passed from donor to recipients' future donor-conceived children—both similar to and different from other human biomarkets, including gestational surrogacy? How does the tiered market in reproductive materials and embodied labor reflect broader postcolonial concerns surrounding privilege, gender, race, and citizenship? By addressing these questions, we expand current analyses of emotion work and bioavailability to address not only how these two operate together, but also how these phenomena intersect with the stratified dynamics of cross-border reproductive arrangements. This paper ultimately reveals the vestiges of reproductive (neo)colonialism in contemporary society through the lens of reproductive labor and fertility travel.

Neocolonialism is a kind of "colonialism that starts with monopoly industrial capitalism which requires territorial imperialism in order to train up the subject to establish markets, to free labor, and so on" (Spivak 1991: 220). Neocolonialism operates through the use of political,

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cultural, and economic pressures to control. Most discussions of neocolonialism focus on state-to-state relations; however, this dynamic operates in more subtle ways through individual relations, bodies, and hierarchies. Global markets in human biogenetic material and fertility tourism similarly reveal how social paradigms and hierarchies operate. The concept of bioavailability, coupled with the notion of emotional labor, is thus useful for understanding how neocolonialism and differential systems of power operate through individual bodies, in both the context of assisted reproduction as well as other aspects of body commodification.

Like the market for kidneys, financial need creates a dynamic in which reproductive cells become objects. While Hoeyer (2013) suggests a new vocabulary in order to understand the exchanges in reproductive cells, the human egg market is also intrinsically stratified, with some women's eggs worth vastly more than others, depending upon both the country where the donation occurs as well as the physical and social traits the donor possesses (Tober and Pavone, 2018; Waldby, 2019). When considering the time investment required providing eggs, compared to gestating and delivering a live birth, human eggs--especially from US egg providers-- are substantially more costly than the labor involved to bring a child to term. In the human egg market, the dynamic between similarity and difference operates differently, more idiosyncratically, and is highly variable across the globe. In addition, international laws surrounding third-party reproduction--including regulations on the legality of egg donation and donor compensation--vary from country to country. Financial and legal considerations drive both intended parents and egg providers from countries with more restrictive laws to other countries that are more permissive, or from countries where compensation to egg providers is limited or prohibited to countries where compensation is permitted or more flexible.

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In countries where egg provider compensation is prohibited or strictly regulated, both providers and recipients travel to countries where egg donation is either unregulated or minimally regulated (Kenney and McGowan, 2014). For example, in the opening quote, Renate—the founder of an international egg donation agency based in the US—describes how intended parents select oocyte providers and eventually agree to meet in a foreign location to undergo the egg donation process. She also addresses how international donors have an opportunity to travel in addition to compensation—a type of working vacation. Like the majority of agencies and clinics that serve international client-patients, the presentation of emotion and leisure serve to both recruit egg providers and frame the meanings behind what they do, and also provide intended parents with a sense of security that they are working with an agency or clinic they can trust. For people considering providing eggs, these presentations of emotion, adventure, and promised compensation intersect with the process of becoming bioavailable.

In outsourced reproduction, the framing of emotion contributes to how egg providers (and gestational surrogates) see their role in the process and make sense of what they do, how genetic material and resulting children are perceived by both providers and recipients, and how these transactions are imbued with higher meanings of altruism and hope**.** In medical language "donor" simply refers to the person from whom a cell, tissue, blood, organ or other substance comes from—regardless of whether or not the individual was compensated in the process (Tober, et. al., 2020). Yet the language of "egg donation" and "egg donor" also serves to highlight donation/gift, while downplaying the reality that, in most instances, services or products are bought and paid for. As many have noted, narratives of altruism infiltrate the entire gamete and surrogacy industry and are employed in the process of recruitment to frame what "donation" means (Tober, 2001; Tober 2019; Esposti and Pavone, 2019; Lafuente-Funes, 2019). Many

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feminist scholars have addressed the problematic and euphemistic language used when referring to third-party reproduction and the women who are paid for either their eggs, or to carry and deliver someone else's child (Beeson, Darnovsky, and Lippman, 2015; Lafuente-Funes, 2019). For this reason, most prefer the term "egg provider," to more accurately capture the commercial realities of these transactions (Majumdar, 2014; Baylis, 2014), but to still be more neutral than the term "vendor."

In the following sections of this paper we examine the intersecting components of both local and cross-border reproduction: the presentation of online egg provider travel stories; the role of travel coordinators in managing emotion and cross-border arrangements; and the lived experiences of international egg providers. Discourse and management of emotion exists at each of these levels and are incorporated into the entire way in which oocyte providers are recruited, managed, and made bioavailable, and the products they produce (oocytes) are bought, sold, transferred, and made meaningful. In addition, while emotion language is infused in the recruitment and management of egg providers, it is also unidirectional. Egg providers are expected to have deep empathy for struggling intended parents but may discover such empathy is not returned if they experience emotional or physical effects or change their minds. These phenomena are considered through the lens of what we call "reproductive colonialism," a system in which individuals are ascribed different levels of economic value in the outsourced reproductive hierarchy.

Reproductive Colonialism and Emotional Choreography

While extensive research does exist on cross-border reproductive travel and fertility outsourcing, very little exists on how the management of emotion makes fertility outsourcing

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possible, frames meaning into a singular discourse across cultures and reproscapes and ensures the success of reproductive journeys and hence entire markets. In her study of Australian cross-border reproductive care, Millbank (2018) examines how facilitators and service providers manage matchmaking and relationships between donors and intended parents, the ethical concerns that arise when the needs of different parties conflict, and how facilitators understand allegiance in intimate labor. Other feminist-oriented analyses have likewise examined the "intimate labor" facilitators provide while arranging egg donation journeys in Thailand and the Czech Republic (Whittaker and Speier, 2010; Speier, 2015), how altruistic narratives are manipulative, and infiltrate fertility outsourcing (Almeling, 2011; Tober, 2001, 2019; Esposti and Pavone, 2019), and how egg donors' "reproductive biographies" in Mexico are intrinsically connected to global bioeconomies and systematic feminicide (Perler and Schurr, 2020) . We contribute to these conversations by examining how "emotional choreography" is an underlying catalyst for creating bioavailable bodies, how management and framing of emotion enables smooth market functioning across borders, and how different types of reproductive labor is stratified and reflects entrenched systems of power and privilege.

Across borders, clinical and online spaces, and the management of bodies and emotions, we see other phenomena emerging as well. The ways in which intended parents, the predominantly female professional workforce, and suppliers of reproductive labor are differentially positioned in global reproductive hierarchies reflect the vestiges of postcolonial histories in relation to economic and embodied power. Neocolonial forces of capitalism, globalization and cultural imperialism operate through individuals and populations, and through reproductive bodies. We discuss how these examples of "reproductive colonialism" operate in the global human egg trade in more detail below.

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In cross-border reproduction, people occupy stratified positions according to race, class, education and citizenship, and economically precarious and brown bodies around the globe are commissioned to "reproduce whiteness" (Harrison, 2010, 2016; Twine 2011; Cooper and Waldby, 2014; Deomampo, 2016; Harrison, 2010, 2016; Kroløkke, 2014; Nahman, 2013; Pande, 2011, 2016; Speier, 2016; Tober and Pavone, 2018). Whereas local economies and fertility clinics in destination locations benefit from fertility travel—or "fertility holidays," as Speier examines in the Czech Republic (2016)—like other types of tourism, for local populations it is a double-edged sword. Fertility outsourcing may provide economically deprived women some financial relief, but not without potential physical and emotional risks providing eggs or gestational surrogacy services (Subramaniam, 2015, 2017; Perler and Schurr 2020). In most cases, gestational surrogates are used to carry and birth babies created from egg providers who match the intended parents' phenotype, and reflect predominantly European standards of beauty. Although, we have seen instances where intended parents selected an egg provider specifically because they were of a different ancestral background—which raises other concerns surrounding the commodification of race and the "fetishized other." As Deepika Bahri notes, human biology is both political and biocultural, and postcolonial biologies are embedded in the hierarchies, aesthetics, ideologies, and power structures of new forms of colonialism (2017).

Oocyte providers, on average, receive much higher compensation for a three-week or so process, than those who carry a pregnancy to term and deliver. The range of payment to oocyte providers in the United States fluctuates wildly, from as low as $1,000 to a high of $250,000, with most compensated between $5,000-$10,000 US, depending upon their physical, social, and intellectual traits and proven reproductive success; yet in Spain all egg providers are compensated the same, no more than €1100, regardless of phenotypic or social traits, reflecting a

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more egalitarian approach (Tober and Pavone, 2018). While surrogacy is not permitted in Spain, in the US gestational surrogates are compensated roughly between $30,000-$50,000. Surrogates in the global South and Eastern Europe, however, receive far less--usually no more than the equivalent of a few thousand dollars. India and Thailand were once popular destinations for gestational surrogacy but, following a series of scandals, were eventually closed to foreigners seeking more affordable options. Other countries, like Cambodia, Mexico, Laos, Kenya, and the Ukraine, quickly emerged to fill the gap. Economic, legal, and postcolonial geographies shape the global fertility market (Schurr, 2018; Perler and Schurr 2020)—including the laws of supply and demand.

Feminist postcolonial scholars offer sophisticated theoretical frameworks for understanding how fertility travel unfolds within the nexus of neoliberal geographies (Mohanty, 1986, 2013; Subramaniam, 2015). Addressing the ability to travel in the first place, Mohanty (2013) notes: “While neoliberal states facilitate mobility and cosmopolitanism (travel across borders) for some economically privileged communities, it is at the expense of the criminalization and incarceration (the holding in place) of impoverished communities” (p. 970). Schurr (2018) similarly calls for an attention to postcolonial histories and economic geographies to help reveal the ways that the transnational fertility market reinstates histories of difference. To Subramaniam (2015), reproductive practices must be understood in light of larger economic, postcolonial contexts. In what she frames “postcolonial biologies” (Subramaniam, 2015: 30), the transnational market in reproduction including the reproductive technologies and the bodies that it seeks to intervene upon is shaped by colonial legacies.

While postcolonial geographies and imaginaries shape the global fertility market, the transnational market in reproduction is racially stratified. Notably, the desire for whiteness

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increases the demand for white-skinned donors, thereby, enabling particular routes of reproductive travel (Deomampo, 2019; Kroløkke, 2014, 2015; Moll, 2019; Schurr, 2018; Valdez and Deomampo, 2019). Moll (2019), for example, develops the concept of "curature" to problematize reproductive "choice" while also framing the relational and reproductive work that goes into matching egg donors and recipients in the case of South Africa. Similarly, Deomampo (2019) shows how eggs gain market value through neocolonial racialization processes: "Human eggs are racialized in various ways in order to convert them into key commodities of the fertility industry" (p. 629). In this manner, the desirability and imaginaries of whiteness reflect what Valdez and Deomampo (2019) call: "A neoliberal shift to privatized sites of power, which draw upon and stabilize racial categorization and modes of whiteness" (p. 554). The available reproductive routes and the ways that prospective parents and egg donors travel become, in this manner, intimately tied to colonial and racialized legacies--a complex we call "reproductive colonialism."

Reproductive colonialism functions, in this paper, as a wider theoretical framework to critically understand the dynamics of embodied labor in cross-border reproduction arrangements, and the dynamics of power and privilege in fertility outsourcing. Similarly, "emotion work" (Hochschild, 1979) or "affective labor" (Hardt, 1999) is situated within larger societal structures, and is integral to how meaning is created at multiple levels within clinical and professional settings--between clinic staff, oocyte providers, and intended parents. Emotions have become, Hochschild (1979) argues, commoditized as well as gendered and classed. Meanwhile, Hardt (1999) situates what he refers to as affective labor in relation to Foucault's notion of biopower to reveal the "networks of the production of affects reveals these processes of social constitution. What is created in the networks of affective labor is a form-of-life" (1999: 98). Characteristic of

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both sets of scholarship is the tendency to view emotions as forms of immaterial labor that performatively naturalize particular relations and, in our case, contributes to the making of a globalized reproductive bioeconomy and workforce.

Hochschild (1979) and Hardt (1999) grant us important analytical avenues into how reproductive actors manage emotions in the clinical context. But in this paper, we employ Adrian's concept of "emotional choreography" (Adrian, 2015). Adrian's concept of "emotional choreography stems from her fieldwork in Danish and Swedish fertility clinics, and is inspired by Thompson's (2005) discussion of "ontological choreography" and the theoretical perspectives afforded by new materialism (Barad, 2003). The concept of emotional choreography captures, Adrian argues, the ways that emotions materialize differently throughout her rich ethnographic fieldwork. This includes the clinical interactions as well as the ways that emotions emerge in intra-action with "drugs, syringes, physical reactions to drugs, expectations of side effects, and the psychological challenges resulting from prolonged treatment" (Adrian, 2015: 312). Due to its affinity ties with new materialism, as a concept, emotional choreography serves as an interesting analytical framing privileging not only discourses but also the ways that emotions materialize through bodies and things.

Clearly, feminist scholars have positioned reproductive labor critically in light of wider power differentials, noting how women become alienated to their own labor including that of their own reproductive material and bodies (Dickenson, 2007). While we share this concern, we also note that more is at stake in the increasingly transnational and global reproductive workforce, where individuals are differentially selected and compensated. The concept of reproductive colonialism enables us to critically interrogate the role of emotion management among international fertility travel coordinators and how women—whether traveling to provide

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eggs or providing eggs near home—incorporate emotion packaging into what it means to provide eggs for someone else's child.

Akin to Ahmed's (2007) understanding of whiteness as an orientation device, we view emotion work as strategically orienting IVF travel coordinators, egg donor recruiters, and providers towards naturalizing biological exchanges as merely providing "just cells" or "lending their DNA" to enable the 'real' parents to raise their "own child" (Melhuus, 2012). Situating reproductive emotional work within larger postcolonial structures and histories enables us to critically interrogate the ways in which the buying and selling of oocytes reflect new forms of colonialism.

Methods

This article draws upon information gained from our independent, but overlapping, research on egg provision. Our methodology is, in a sense, its own "assemblage" of multi-sited work (Marcus and Fischer 1986). Here, we bring together our respective data in order to more fully explore how different pieces of the cross-border reproductive complex fit together. This paper provides a multi-level analysis of the mechanics and intricacies of the international fertility industry with an eye toward how fertility outsourcing operates from different vantage points and between different actors. Kroløkke examines online egg provider testimonials and travel accounts available on an international egg donation agency website, a group we will call "Egg Donors, International." Her fieldwork in fertility clinics in Spain, and interviews with 13 international patient coordinators in Spain, illuminates how emotion narratives operate both in the clinical reproductive workforce and in online egg donor testimonials.

Tober draws from her mixed-methods longitudinal study of egg donors' decisions and experiences—The OVADO Project. This project currently includes 657 egg donor survey

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participants from around the globe, of which 130 also participated in semi-structured, open-ended interviews. She also observed and interviewed an additional two groups of five traveling egg donors from abroad while they were undergoing donations in Los Angeles, CA, along with their egg donation agency founder and donor coordinators. Of the 130 egg providers interviewed to date, 20 are from outside the United States and an additional 20 are from Spain. Tober also conducted fieldwork in fertility clinics in the United States and Spain and conducted 20 interviews with professionals and policy makers in the fertility industry in each location. Professional interviews include egg donation agency founders (US), and donor recruiters, physicians, travel coordinators, psychologists, embryologists, and other medical professionals from both countries. Interviews typically last between 45 minutes and three hours. A summary of our respective sets of data can be found in the table below. Data presented in this article is a subset of the larger study and, aside from identifying donor travel trends, does not include survey data or interviews with Spanish egg providers.

Table 1. Respective Sources of Qualitative/Ethnographic Data

Investigator	Online Testimonials	Donor Interviews	Professional Interviews	Fieldwork
Kroløkke	20	0	13	Spain
Tober	0	90 US 20 International 20 Spain	20 US 20 Spain	Spain/California

Tober's interviews in Spain were conducted in collaboration with a team of Spanish investigators from two universities in Madrid.[3] We recognize the importance of collaborating with local investigators in carrying out ethnographic fieldwork and interviews as it enhances understanding of the issues, ensures comprehension of the local language (in this case, Spanish),

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and reduces the tendency to privilege foreign researchers at the expense of those with local cultural knowledge.

Egg provider interviews covered a range of topics, including but not limited to: how they first found out about egg donation, why they decided to become an egg donor, if/how much they were compensated, what they were told about risks and benefits during the informed consent process (Tober, et. al., 2020), their experiences providing eggs, levels of satisfaction and regret, how they think about the children born from their eggs, the role of financial incentives and financial need in decision-making, the degree to which they do/do not have contact with intended parents or donor-conceived children, the degree to which their perceptions have changed over time, and recommendations to improve satisfaction, among other topics. Open-ended, semi-structured interviews included follow-up probes during the interview to address themes individual donors expressed beyond the core set of questions. The OVADO Project interviews were uploaded to Dedoose and are being coded according to themes that emerge from the data.

Most traveling egg donors interviewed were recruited via Egg Donors, International and We Are Egg Donors--an online international egg donor community. Countries of research participant residence and donation travel destinations can be seen in the table below.

Table 2. Egg donor countries of residence and international donation destinations.

Egg Donor Countries of Residence	Egg Donor Travel Destinations
Australia	Canada
Canada	Cyprus
Caribbean	France
Mexico	India
South Africa	Spain
Spain	Thailand
Ukraine	United States (California)
United Kingdom	
United States	

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There does not appear to be a consistent flow of sending and receiving donation countries for the egg donors in our groups and, of course, there are far more donation destinations than those presented in the above table. The majority of egg providers interviewed who did traveling donation cycles reported that their recipients were also from other countries. For example, one donor traveled from South Africa to India three times in 2014 and to Los Angeles twice, all for intended parents from the US. Another traveled from Los Angeles to Thailand to provide eggs to a same sex male couple from Spain. Several Australian donors traveled from Australia to either India or the United States to provide eggs for Australian intended parents. Several of these cases will be discussed below in more detail.

Our different sets of data highlight the dynamics of donor and recipient cross-border travel. By examining how emotion and reproductive bodily work are constructed and mediated between professionals and donors, how young, predominantly cisgender women occupy different roles in cross-border fertility travel, and how the public presentation of donors' emotional motivations and travel experiences may differ from actual lived experiences, we aim to gain a more holistic view of the egg donation industry and how multiple actors work both independently and collectively to frame the egg donation narrative.

Interview and online excerpts presented in this paper were selected according to the themes represented in the data regarding reproductive travel and the degree to which they captured the concepts of emotion, bioavailability, and commodification of the body. As we discuss below, online narratives portray a somewhat different story than in-depth interviews. Reading these two sources of data together illuminates how travel stories and emotion are choreographed in both spaces to create a bioavailable workforce. For many egg providers--as

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well as intended parents--online spaces provide the first primer into what it means to be (or use) an egg "donor."

Orchestrating Fun and Constructing Hope Online

The most inspiring of it all was the feeling that I was able to give a couple the opportunity to be one step closer to their dream of having a baby. It is amazing the joy it generates inside when you are able to give a gift so priceless and important. It was not only a wonderful holiday experience but an uplifting journey.

--Grace, Egg Donors, International

The above testimonial was posted on the Egg Donors, International website. Online donor testimonials are part of a marketing strategy, and provide the initial window to the company while simultaneously framing the meanings of egg donation for both intended parents and prospective donors. This donor testimonial attests to the emotional and physical journey involved in being a traveling egg donor, coupled with a "wonderful holiday experience." The donor, inspired by her ability to help someone achieve "their dream of having a baby," expresses her joy at being able to give a priceless gift, and have fun while doing so. Narratives like this permeate the egg donation industry from all angles—from egg donor agency and clinic staff, to egg donor and patient coordinators, and to how women who provide eggs internalize these frameworks to make meaning out of what it is that they do. Online spaces are frequently the first entry point for prospective egg providers and intended parents. These spaces provide the initial frame for setting up how emotion, and emotion work, are constructed, as well as travel imaginaries for all parties involved.

Online representations of global egg donation are framed in terms of hope (for intended parents), along with promises of individualized adventures manifested in exciting, fun, working vacations for the women who travel to provide eggs. "Hope" and "fun" travel between

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differently available bodies. In the narratives of the international coordinators, as well as in the way that reproductive travel is discursively constituted in the globalized reproductive workforce, these concepts are presented both visually and in the construction of narratives. For example, advertisements aimed at recruiting egg donors show images of attractive and smiling women, simultaneously providing imagined adventure and feminized camaraderie with the hopeful, altruistic language of “women helping women” juxtaposed against the promise of thousands of dollars to “gift” life. Through adventure with a purpose, young women can offer hope to others in their quest for a child. Online testimonials—from “egg donors” to intended parents—construct the meanings of experiences.

The testimonials provided on the Egg Donors, International agency website, both illuminate how emotion and experience is constructed throughout the industry, but also how these stories come to be presented to appeal to attract new donors and new clients. In the publicized presentations of donating abroad, the emotional work carried out by agency recruiters and coordinators is frequently highlighted as making donors feel comfortable, at times even, turning egg donation into a pleasurable experience. The narratives presented below demonstrate how online testimonials work to simultaneously downplay the potentially arduous medical side of the egg provision process, while highlighting donor and donor-coordinator camaraderie, care, and adventure. As echoed by one egg provider in her testimonial:

> *I was quite relaxed on the day of the procedure...Everyone involved came to see me, talk to me, make sure I was OK and explain everything that was going to happen. As I drifted off I was smiling.*

While this provider reportedly “drifts off smiling” during her egg retrieval surgery, the hormone injections leading up to retrieval—most often found to be uncomfortable—are also

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downplayed in these online accounts and rewritten into a smooth journey. As another testimonial explains:

> *But even though the needles were tiny, it was all very intimidating. As time passed I got more and more nervous about doing the injections. But when the time came, and I did the first injection, I was so surprised! It didn't hurt the tiniest bit – it was far easier than having a blood test done! I literally felt nothing! Boy, it felt like an enormous victory.*

Egg provision can also morph into friendly togetherness:

> *As the only first-time donor of the group, I had support coming at me from every which way! The other girls really were so kind in making sure I knew what was happening at each stage of the process, and making sure I was feeling ok. I honestly can't begin to say how much I loved our little group of donors-and-friends.*

The circulation of hope is found throughout the mediated donor narratives, combined with the orchestration of fun. In these narratives, the discomforts of travel, medication injections, and the uncertainties of medical procedures in a foreign place is turned into a fun tourist experience more likely to be experienced by a privileged or mobile elite:

> *Together we visited countless markets, temples, restaurants and some of us even ventured out to the neighbouring city of Agra to see the Taj Mahal.*

Accordingly, the ever-expanding global market in human oocytes means that traveling egg providers undergo medical procedures in different cultural contexts and under different regulatory, medical and socioeconomic systems. In these online accounts egg provision and travel come together:

> *I saw egg donation as an opportunity to travel and see beautiful places, but I soon realized it offered a greater opportunity to make a difference in someone's life.*

Here, traveling to provide eggs is not only about having fun, but "making a difference." For providers, this feeling of "making a difference" can be enhanced through agency-mediated contact between providers and intended parents. Some agencies will exchange anonymized

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letters or emails between the parties, and some even facilitate telephone or Skype calls. Such managed contact can have an enormous impact on egg providers' emotions and sense of purpose. Intended parents may write letters to prospective providers, explaining their journey of pregnancy loss and failure along with their deep desire to become a parent:

> *Every time I get a request letter from a couple, my heart goes out to them, the disappointed hopes and crashed dreams that they have had to face. At the same time, I am filled with a warm glow, cause I can help, I can renew their hopes and hopefully help fulfill their dreams.*

In this manner, grief and hope circulate to create bioavailable bodies along with a naturalized desire for motherhood.

The above testimonials provide multiple levels of underlying meanings of oocyte provision and framing of egg providers' experiences: the despair of involuntary childlessness; the hope donors provide others who, for whatever reason, need someone else's eggs to complete their family; the adventures they can experience while helping others; receiving a paid vacation while donating, with some money on the side; the ease of the egg donation process, from beginning to end; the camaraderie; and the joys of helping make babies. For people considering becoming egg providers, these overwhelmingly positive representations of the process can be convincing enough to at least contact the agency and find out more. Once they do, and enter into the recruitment process or the clinical space, emotion choreography continues to frame the meaning and process of becoming bioavailable. When prospective egg providers enter into the next phase of the recruitment process, they encounter an array of professionals in the reproductive workforce, who continue to package the emotion of egg "donation" as a "beautiful thing to do," while assuring the prospective donor providing eggs is safe and—if travelng—adventure awaits.

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The Reproductive Workforce

This work really gets to me. I sometimes even dream about it in my sleep. It is very demanding.

-- Vanessa, Repro-travel coordinator in a private clinic

Repro-Travel Coordinators—The Private Clinic

Serving clients from around the world, most private fertility clinics hire coordinators to help address the emotional and logistical needs of their international patients. International fertility coordinators are predominantly young, female workers who, through a feminized performance and embodiment of care, assure the prospective clients that they are in the competent hands of the right clinic. International fertility coordinators act as go-betweens: they manage the clients' needs along with institutional and medical demands, and in some cases may serve as intermediaries between donors and recipients as well. In the reproductive workforce, repro-travel coordinators may interact with both egg providers and intended parents or focus on assisting one or the other.

Being an international fertility coordinator is, as noted by one young woman employed as a fertility travel coordinator in a Spanish clinic, an all-consuming and frequently stressful job. This is echoed in job advertisements seeking international coordinators in which the required experiences include language and people skills. As noted in one job announcement for a U.S. based job, the successful applicant will coordinate all aspects of patient care, work in a fast-paced environment, collaborate with medical staff and the financial department, work off hours and preferably, in this case, speak English as well as Mandarin. In the case of the Spanish fertility clinics, most are university-trained young women with tourism industry experience, many of whom have a flair for foreign languages or are from another country.

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The desire for a client-oriented approach is evident in the ways in which international coordinators are represented visually as well. Aesthetically, the international coordinators in Spain embody a particular gendered performance. For example, at one Spanish fertility clinic website, the all-female international coordinator team visually stands out. They are all young, attractive, healthy-looking women, dressed in black business suits, with white shirts and red scarves. Reframed by this clinic as "personal assistants," the coordinators are visually distinct from the medical personnel who—in white coats and blue slacks (in the case of medical doctors), shorter white jackets and slacks (in the case of the nurses), or surgical scrubs (in the case of surgeons and embryologists)—draw upon a recognizable medical and clinical aesthetic.

In comparison, the international coordinators aesthetically resemble the attire expected of flight attendants. Constituting a total of twenty-five women, they make up the single largest group of employees at this clinic. They speak at least two languages or, in the case of several of them, three and even four languages. A photo of each coordinator along with a small flag reveals her linguistic expertise spanning, in this clinic, a total of thirteen different languages. The coordinators appear friendly (they are all smiling) and look directly at the prospective clients. Three of the assistants are, moreover, featured in short separate videos. In the videos, they welcome the prospective clients and stress their desire to help others achieve "happiness" demonstrating empathy and understanding of the emotional, physical and financial hardships that the prospective client faces due to infertility. Accordingly, prospective clients are promised a "warm welcome," "personalized assistance," and "care" all embodied in the work conducted by the travel coordinators who, in this rhetoric, become transformed into personal assistants. Meanwhile, the clinic transforms itself away from that of a hospital environment to that of a spa and wellness center.

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The emotional care that these young women visually display turns *assisted* reproduction into personalized experiences. The prospective clients, we are told, will communicate directly with *"their"* personal assistant via phone, email or Skype who then manages their trip to the clinic. The desired outcome is client-oriented as well; namely, as displayed by the personal assistant Nele Kuhn, in fluent German, the birth of a healthy baby. As noted by another Spanish clinic and self-proclaimed "world leader," the needs of the prospective clients come first. The prospective clients' trauma associated with a history of infertility and the need for assisted reproduction are, in this manner, openly managed and recognized. Meanwhile, egg donors' emotions and notably their desire to provide women with eggs for altruistic purposes are also displayed on the websites, so prospective recipients can rest assured that egg donors are in good physical and mental health, and are "donating" for the "right reasons."

The presentation of these international coordinators is choreographed in a highly gendered manner. For example, in the promotional video of another Spanish clinic, passing clouds are replaced with the sound of soothing music and a new modern building in which three young fertility coordinators walk down the stairs. Meanwhile, the (presumably) international couple arrives in a white Mercedes (with driver) to the clinic. Greeted by a smiling, white and blond coordinator, who swiftly and without any waiting walks them to their first appointment with the fertility specialist (a white male). There are no waiting lists and the paths to treatment are made to appear easy in part by the forthcoming fertility coordinator who visibly (but also in an almost invisible manner) opens up doors for the prospective parents. The international coordinator is part of a larger package ensuring quality care, a commitment to meeting patient-client needs, and providing luxury resort-level service.

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Egg Donor-Coordinators and Traveling Donors

Egg donation agencies and independent clinics hire a predominantly female workforce to help intended parents and donors with their travel plans. Some fertility coordinators work for a single clinic to help facilitate fertility patient travel and care. Others work in more dispersed environments, and may be required to manage patient travel and care, donor travel and care, and gestational surrogates, while networking with other professionals at agencies and clinics around the world. International egg donor coordinators must navigate complex cross-border arrangements in multiple fertility travel destinations. International repro-travel coordinators must stay abreast of shifting regulations in different countries, and be able to quickly adapt to changing conditions in order to meet their clients' needs. The ever-changing legal landscape, and country-specific laws, can make cross-border reproductive travel complicated for both donors and intended parents. Most people pursuing third-party reproduction abroad are not going to necessarily be aware of the different legal landscapes and options in different locations.

There are many egg donation and surrogacy agencies that work with both local and international donors. Coordinators at agencies with an international focus bring together both traveling intended parents and traveling donors to meet in a foreign destination that suits them. Other US based egg donor agencies may recruit donors from other countries to provide eggs in the United States, but most stop short of sending donors abroad, out of concern for donor safety and possible different standards of medical care. One donor coordinator, who founded an "elite" egg donation agency that specializes in Asian donors for primarily Chinese nationals and other foreign clients, stated: "We're responsible for these girls. We can't just send them around the world...But we'll fly the donor here, and our international clients will fly here too." In this

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manner, reproductive responsibility becomes an earmark of administering the, at times, complex travel arrangements and synchronizing them in order to optimize donor cycles.

Traveling donor coordinators are responsible for making sure everything runs smoothly with their donors—from issuing visas, ensuring donors make it to their accommodations, taking them to their doctors' appointments, making sure they take their hormone injections, and to be available in case anything goes wrong. Traveling donor coordinators take on a high level of responsibility—especially given that many of them are young women, current or former egg donors themselves, and are responsible for the health and well being of groups of traveling young women undergoing medical procedures in a foreign country with minimal ability to communicate in the local language.

Katrina, 23, an egg provider from Australia, had done several traveling cycles: two were in India for two different sets of intended parents—a same-sex couple from Australia and a heterosexual couple from Australia—and another cycle in the United States for a heterosexual couple from Canada. She relays her experience with her donor coordinator for her first cycle in India:

> *Sharon, my donor support person, taught me what I would expect in the medical appointments, with the hormones, with the meds, and all that stuff, but getting there and experiencing it was a whole different world. I mean there were 7 different donors from different countries, so we had a donor from Iceland, Finland, Canada, the US and me from Australia, and yeah so we kind of all stayed at the hotel together, went to our appointments together and I didn't expect how tight we would all bond and it was kind of like we'd become a temporary family of donors. And it was really sweet to be supported by the other girls and great to have some company over there. I would have been terrified going over there by myself but knowing I had a support person, as well as the other donors, made it easier.*

Traveling donor coordinators are often either current or former donors themselves who decide they want to continue in the business after they have done the maximum recommended

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numbers of egg donation cycles (which in the US is 6). Some take on a dual role—managing a group of traveling egg donors while simultaneously providing eggs themselves. Madeline, 27, is from South Africa. She decided to become an egg donor when a high-school friend, Bibi—also an egg donor—started work as an egg donor coordinator with an agency based in South Africa. Within a month of filling out the required forms, she had been matched with a heterosexual couple from the United States who had hired a surrogate in Mumbai. She traveled to Mumbai with Bibi—who was also scheduled to provide eggs on that trip—and a group of four other South African donors. When the group landed in Mumbai, confused and tired, one of the donors did not have the proper visa, and was forced to return home; the limousine that was supposed to pick the rest of the group up never arrived, and the hotel had no record of their reservation. Bibi, her coordinator/friend decided to take everyone to a hotel she had stayed in during her last trip, but it turned out to be the wrong hotel, and Bibi's boss was extremely angry and yelled at Bibi for the mix-up. While Bibi provided much support to her fellow donors throughout the process, according to Madeline the owner of the agency essentially left her donors in a precarious position. As Madeline explains:

> *Then we went to the clinic in the morning for our scans...and I was looking through my file and I was like, this is not me. They were someone else's photos—the age, height, weight, eye color, medical history. I sat there and I was like, ok, I need to say something about this. And luckily the doctor walked in and she looked at me and she looked at my file and she was like, 'You don't have green eyes. And you're not that short either.'*
>
> *So the doctors called the intended parents and they called the agency in Cape Town, and they said "you fucked up" to say it in a nice way. The recipients were obviously upset because we weren't the donors they wanted. They spent a lot of money on this. So we went back to the hotel, crying, ready to pack our stuff to go home.*
>
> *Then on top of it, the intended parents didn't really want my eggs. That was a slap in the face. And I thought to myself this is the first and last time I'll ever do a donation.*

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Madeline's experience illuminates how important and complex the donor coordinator role is for handling logistics and making certain everything runs according to plan. They are responsible for making sure donors get to their appointments on time and take their injections according to schedule, managing lodging and other logistics, and serve as intermediary between donors, medical staff and the agency. They are also responsible for creating and managing donors' emotional experiences. Groups of traveling donors count on her to figure things out, to share in the physical and emotional experience of being "hormonal" and undergoing surgery in a foreign country, and providing support when donors' expectations are not met by the reality of the donation experience. Most of the women in Madeline's group—referred to as "girls" in the clinical setting—were distraught that they had not been "chosen" after all. The idea of not being "chosen" can be an enormous let down when a woman is going through this process thinking that somebody wanted her, that she was "good enough" to provide genetic material for someone else's future child.

At the same time, these emotionally and physically arduous journeys can foster a sense of community and friendship for women who share these experiences. Traveling groups of egg providers—regardless of where they come from—leave their homes behind, and spend weeks together, undergoing the shared experiences of injections and heightened emotions in response to fertility drugs. They share rooms, meals, and go to clinic appointments and sightseeing together. They undergo potentially precarious medical procedures under anesthesia. If anyone experiences medical complications during or following the procedure, the coordinator and other providers take care of her until she recovers, and may advocate on her behalf. Through these excursions, some of them form lasting friendships and arrange to undergo future donation cycles together. The process has many parallels with what Victor Turner describes as the ritual cycle of

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"liminality" and "communitas" (1969); for traveling egg provider "initiates," rites of passage can be dangerous and strong bonds can also form. Donating coordinators are part of that process.

Traveling Cycles and Exchanges of Affects of Care

> *It sounded like a "win-win." When I found out I could travel and see the world while helping somebody, and making a little money on the side, I decided to give it a try... I also felt more comfortable, because I knew this person who worked there and I felt like the agency was someone who cared about you—and not so much about all the money they're making.*
>
> *--Janine, 22, Traveling Egg Provider*

In addition to wanting to help others while making money, egg providers also want to feel that the agency personnel and donor coordinators actually *care* about them and the people they are helping to create a family. From all sides, even though money is a motivating factor behind most women's decisions to provide eggs for pay, even though agencies or clinics pay donors for their "time and trouble," and even though clinics and agencies make an enormous profit from egg "donation," the overarching framework for all participants in the equation is "helping others create a family." Donor recruiters look askance at prospective egg providers who are too financially motivated and not providing eggs "for the right reasons." Egg providers also want to feel that they are participating in an *exchange of care*, where their humanity and safety will be prioritized.

Janine was a first-time egg donor in 2014, at 22, living in Los Angeles while going to school. She had never traveled outside the United States before and wanted to see the world. She had first thought about going on a "Habitat for Humanity" trip, but decided against it because she did not have the money to pay to volunteer. When one of her friends—an international egg donation agency recruiter—posted a comment about international egg donation on Facebook, she decided to look into it further. Janine's story illuminates how local regulations can affect a range

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of actors in fertility travel arrangements across the globe, from intended parents, to clinics and travel coordinators and egg donors.

Over a year after Janine signed up with her agency and made it through their rigorous screening process, a same sex male couple from Spain selected her to be their donor. As soon as they chose Janine, the couple's fertility coordinator in Spain made arrangements to hire a gestational surrogate in India, since surrogacy is not permitted in Spain. Within weeks of scheduling their trip, there was news that India had passed regulations prohibiting gay men and foreign nationals from using gestational surrogates to have a child. Janine shares her experience:

> *So we finally found the people that wanted my eggs and we were going to go and donate in New Delhi, India. Unfortunately, right at that time, India changed their laws against gay couples using egg donors and surrogates. So the agency said we could do Canada, or Japan, or Bangkok. Once we figured out Bangkok, they lined up a Thai surrogate right away, who would get pregnant with my eggs. They gave me like a one or two week notice and said we want you to go right now.*

Within weeks, Janine and her cousin were on a flight to Thailand. When they arrived at their hotel, within walking distance from the clinic, she discovered that about six other egg proiders from the US and other parts of the world were also staying at the hotel, all of whom were scheduled to go through the process at the same clinic. Janine's cousin was a nurse, and accompanied her on her visits to the clinic, and also administered her nightly hormone injections to cause her ovaries to produce more eggs. Janine was scheduled for her egg retrieval surgery two weeks later, after arriving.

> *My agent was supposed to be there. She had flown in a couple of days prior with another donor and she said, 'ok, we're going to be there. Everything's fine; everything's set'… But as I was going into the retrieval surgery, she still wasn't there...and it wasn't until I started waking up that things went really bad.*
>
> *I felt a ridiculous amount of pain. It turns out I was screaming for at least 20 minutes before I woke up. I didn't know it. Apparently, my cousin was in the waiting room and she*

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was hearing screams, which she described like a mother losing her child, just wails. Finally, I started coming to and my cousin was there holding my hand. And the pain just kept going. It just kept hurting; it was like knives constantly stabbing me in my ovaries.

It turns out my agent wasn't even in Bangkok. She had flown to New Delhi, India that morning for a meeting. I had no idea. And that was really, really frustrating to me because this was the first time for me and I had a really negative reaction, and my agent wasn't there for me when she said she was going to be.

And even though I was screaming in horrible pain, the doctor told me, "We definitely want you back. You're a good donor. You produced over 30 'grade A' eggs. That made me feel like they didn't care about my well-being at all.

Janine's experience is significant on multiple levels. For one, it reveals how ever-fluctuating country-specific regulations affect multiple players, including intended parents, clinics, agency coordinators, and egg providers and potential gestational surrogates. Her story also reveals the important role egg donor and travel coordinators play in both the response to shifting regulations, but also in being present for the women providing eggs. Janine felt abandoned by her coordinator, who was not there for her when she had complications following her retrieval surgery. She had never traveled outside the US before, had no idea how to communicate in Thai, and had no idea what was going on with her body after her egg retrieval. The doctor who performed her egg retrieval was more concerned with Janine's "30+ grade A eggs" than he apparently was with her as a patient suffering in pain. Janine perceived the doctor's statement as a failure of care—especially in light of the pain she was experiencing.

Janine's case also brings to the fore how reproductive work and bioavailability is stratified across borders. The recipients, a same sex male couple from Spain, could not undergo egg donation and surrogacy in their own country, due to Spanish law that prohibits surrogacy in any form. In order to hire a surrogate, their US-based egg donation agency assisted them in finding another country where surrogacy was legal. While Janine was compensated $5500 for a three-

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week process—a modest fee compared to the majority of US egg donors—the Thai surrogate was paid about $10,000 for a nine-month process. Surrogacy in Thailand was still less than a third of what a surrogacy cycle would have cost in the US (between $30,000-$50,000+), but double what it would have cost in India. Of course, local economies influence surrogate compensation, but eggs from white donors--to be turned into embryos and transferred to the bodies local Thai or Indian surrogates--cost far more than the extensive gestational labor provided by the surrogates. Janine's international egg donation journey demonstrates how these arrangements are facilitated across borders, and how rapidly changing local laws drive the market to new destinations.

While this story demonstrates the hierarchy of reproductive labor and place, it also reveals the higher value of "white" genetic material compared to the extensive embodied labor provided by the women who gestate and deliver someone else's child. In the case of Janine, oocytes are turned into commodities ("30+ grade A eggs"), while whiteness, privilege, and economic and regulatory contexts enable specific—and often shifting—routes of travel. Janine's experience also reveals that egg providers expect a certain level of reciprocal emotional and physical care—to be "treated like a patient." When those expectations are not met, they begin to feel cynical about the entire process. Egg providers who do not feel cared for by the clinic or agency may decide not to undergo another cycle.

Emotional Choreography, "Fun," and Failures of Care

For the donors it is so honoring to be chosen out of thousands of people in the world to donate to a certain couple. I mean it's such an honor. And then the excitement comes when they realize they get to go to a country they've never been to before. And then we make certain that they have one or two very fun experiences. If they come to California, we make certain they go to Disney Land, if that's what they want. And plenty of beach time. If they go to Barbados, we make certain that they have a full day out on the catamaran where they're swimming with the turtles and other

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things. they have a blast in Barbados. In Mexico, I always raise my hand for that trip because in Cancun we go cave diving, we go on boat trips, we have fun….

--Renate, Egg Donors, International Interview

During several fieldwork trips to Los Angeles, where she documented many of her interviews on fim, Tober followed a group of traveling egg providers from Egg Donors, International. These observations revealed many contradictions between the imagined fictions of "fun," "adventure," and "care" provided online, and the real, lived experiences when care fails. Yes, the group ventured out to Venice Beach, Disneyland, and made dinner together at the ranch, but they also roomed together in budget hotels, administered daily hormone shots, had daily appointments at the clinic, culminating in a final retrieval surgery—a mix of leisure and reproductive work. One such observation included the post-retrieval recovery room at the clinic, where four international egg providers were in various stages of awaiting, undergoing, or awakening from surgery.

Renate and her new 20-something, multi-lingual, English-speaking, Ukrainian assistant, were standing at the bedside of an Australian egg provider, who had just come out of surgery. Renate was trying to encourage her assistant to donate her eggs, telling her "it's so easy, and a beautiful thing to do, and you can make a little extra money while you work." In that same conversation, Renate was telling her new assistant about one of her former egg providers, Malia, who she referred to as a "drama queen." Malia was one of the few donors who was of Afro-Caribbean descent, and who Tober had interviewed on an earlier trip to LA. At the time of interview, she had completed five cycles, but later went on to do a sixth. Malia had provided eggs in India several times as well and in Los Angeles for at least two cycles, mostly to white recipients from Australia, South Africa, and California. She also had a history of experiencing

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severe pain following each of her donation cycles—where she was routinely stimulated to produce between 40 to 60 eggs per cycle—so she had her mother accompany her each time to "wheel me back." For Malia, the emotional joy that came with being an egg donor and knowing what she gave to someone else overwhelmed any concerns she had over her own health, as she stated: "You could take me to the brink of death, and just as long as I don't cross over, I would still do it."

When Malia returned to LA for her sixth and final cycle,[4] she was stimulated to produce 56 eggs. After her retrieval she was screaming in pain crying out for Renate to help—who reportedly dismissed her complaints and told her to take some Tylenol. Malia tried to get in to see the doctor who performed her retrieval but he, too, dismissed her symptoms and refused to see or treat her. Malia's mother got her on the next plane home to the Aruba, where she was in severe pain for the duration of the flight. Once her plane touched ground, an ambulance was waiting on the tarmac to take her to the hospital. Due to her high egg production, her ovary had swollen and twisted in her body—a complication known as "ovarian torsion"—and had to be surgically removed.

In Malia's case, like Janine's, the emotional choreography only served to keep her coming back to do repeat donations, to help others. But the expectation of care was unidirectional: she never received the empathy she was expected to give to the paying intended parent-patients—and that neglect could have cost her her life. Ironically, Malia had also previously given Egg Donors, International a glowing online testimonial—one which she would now certainly retract.

While the online testimonials discussed above address the ease and adventure involved in being an international donor and donor coordinator, the realities of coordinating and donating internationally may be a different story. For Janine, who awoke from her retrieval surgery with

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her donor coordinator nowhere to be found, the thrill of traveling to Thailand was offset by the reality of not only awakening in extreme pain, but also experiencing extreme bloating, a common complication known as "ovarian hyperstimulation syndrome," or OHSS. She was forced to delay her flight home for several days, in order to partially recover, before she was able to fly. Online narratives, of course, sell the dream of travel, fun and adventure while doing something good, but gloss over the reality that complications do occur. Online testimonials reveal how emotion and adventure are choreographed to sell the process for both egg providers and intended parents. Interviews and observation reveal the complexity of egg providers' experiences—and the dichotomies between the real and the imagined.

Conclusion

By exploring the presentation of online egg provider travel stories, the role of travel coordinators in managing emotion and cross-border arrangements, and the lived experiences of international egg providers we address how emotions are constructed to create and maintain a reproductive workforce. Emotional choreography exists at each of these levels and is incorporated into the entire way in which oocyte providers are recruited, managed, and made bioavailable, and the products they produce (oocytes) are bought, sold, transferred, and made meaningful. In an industry where the primary focus is on the emotional needs of intended parents, emotional choreography (Adrian, 2015) centers on helping intended parents achieve their dreams of parenthood, and thereby overcome the trauma of involuntary childlessness.

Our framework centers how the emotional choreography of reproductive labor intersects with the creation of bioavailable, egg-producing bodies to demonstrate how emotions reinvoke certain gender performativities. Intended parent narratives, and donor coordinators' translations of those narratives to prospective egg providers, further inform how egg providers construct

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meaning out of what they do and the sacrifices they make of their bodies. By demonstrating how meaning is constructed throughout these encounters, we contribute to feminist debates pertaining to how "emotional choreography" enables the commodification of the body—how gendered formulations of care and emotion are integrated into feminized reproductive work and are deeply embedded with the fertility industry at large, and how these are part of a larger web of global assemblages and relations. Emotional framing in both online and clinical spaces also serves to create and sustain a bioavailable workforce and produce a shared narrative in which all parties in fertility outsourcing participate—whether donor recruiters and coordinators, physicians, intended parents or donors—and where the primary focus is on helping people experiencing infertility achieve their dreams of having a child. In these spaces, the term "egg provider" would never be used, as it contradicts the emotional narrative of altruistically given gifts of life.

The success of the entire fertility industry relies on third-party reproductive donors where the emotional framing of "altruism," care, and helping people have babies are foregrounded over the physical or emotional care of the people providing eggs (or wombs). Fertility travel coordinators—whether working with traveling intended parents, traveling providers, or both—are responsible for translating and transmitting emotional frames and meaning from recipients to egg providers, as part of the recruitment process. This emotional framing and experience are so powerful that many egg providers find themselves propelled to undergo multiple donation cycles to "experience the joy of giving"—sometimes at a cost to their own health and well-being. In addition to financial compensation, the feeling of helping others create families can be addictive. The orchestration of emotion—coupled with income and the thrill of foreign travel—overshadow other embodied realities of egg provision: that things can and do go wrong and when they do, care can be a one-way street.

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Cross-border fertility industries are also embedded in local cultural contexts, creating new ethically problematic bioeconomies. Fertility outsourcing and cross-border reproductive arrangements illuminate global hierarchies of privilege and assign women different levels of biological value according to place, gender conformity, race, class, aesthetic, and type of reproductive labor. This is a complex we refer to as "reproductive colonialism." Post-colonial scholars rightly foreground the impact of European colonialism on the colonized (and postcolonial) body, and how imperial notions of the body are fundamental to global power structures (Bahri, 2017). By exploring international egg donation within the broader context of cross-border reproduction we adjust the vantage point to examine how predominantly White (less affluent) women become bioavailable for predominantly White (more affluent) intended parents—frequently through the gestative bodies of poor women often residing in the Global South. The driving force behind these reproductive journeys is the continuation of the White affluent, but not necessarily heteronormative, family.

In these international arrangements, many of which have now been temporarily curtailed by the COVID-19 pandemic, tourist destinations offer promises of "fun," "hope," and sight-seeing excursions. It is important to note, however, who is present and who is absent in these online imaginaries of "fun" and "hope." Traveling egg providers may be young women seeking adventure, while undergoing a process that is not without risk. As reckoned in this paper, women's reproductive bodies become embedded within the hierarchies, aesthetics, ideologies, affects and power structures of these new forms of reproductive colonialism. Notably, the gestational carriers from local communities, whose bodies are used for nine months to incubate and birth the hoped-for baby are absent from the online advertisement spaces and certainly absent from the framework of "fun." Like other tourisms, the fiction of travel adventure erases

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the complicated cross-cultural interfaces and impact on local communities, as well as the women who gestate and deliver foreign and predominantly (but not always) White babies.

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NOTES

1. All participant names and names of clinics have been changed to protect anonymity.
2. Interviews with traveling egg donors were part of a larger study. Participants were recruited from websites and online forums, egg donor Facebook groups, directly from clinics and agencies, and referral.

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3. The US-Spain research is funded by The National Science Foundation research grant #1828783, "The Effects of Socio-cultural Context on Human Biomarkets."

4. Madeline, a South African donor who is also included in this paper, was one of Malia's closest friends. They initially met while providing eggs in Mumbai, during Madeline's second donation. From that point forward the two scheduled all of their egg provision trips together. Madeline was with Malia on this trip and told Tober what happened during a follow-up interview.

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