

Ova provision in Romania
Identity dynamics and exclusionary practices

Alexandra Gruian

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Abstract

This research investigates the social and political framings and experiences of actors involved or concerned with ova exchanges following two cases of cross-border ova ‘trafficking’ from Romania. I explore the impact that these two cases have had on the subsequent regulation of ova provision in the country, and on the procurement of female gametes for IVF treatments.

During eight months of ethnography in Romania I interviewed 37 participants from various backgrounds connected to the world of IVF. I conducted observation in medical and institutional settings, and analysed relevant EU and Romanian regulations, as well as media stories related to ova ‘trafficking’.

My findings show that, following the ova commercialisation cases, Romanian authorities have established an official regime of ova provision rooted in a set of regulations, institutions, and practices that ensure all exchanges are ‘free and altruistic’. However, the regime’s ambiguity has allowed its circumvention by IVF patients and ova providers, who sometimes engage in direct monetary exchanges. Additionally, the regime has attracted the criticism of many stakeholders, who have engaged in identity performances to legitimise their claims. Nevertheless, power differentials and the challenging of the identities of those opposing the regime have curtailed attempts at changing the current framing of ova provision, with practical and ethical consequences that affect the most vulnerable: infertile persons and ova providers.

This thesis is the first to give an in-depth understanding of Romanian ova provision. Rooted in STS scholarship, my findings contribute to the understanding of ova provision ‘in the making’, as it is enacted in a multiplicity of contexts, under the action of a diversity of apparatuses. I challenge the country’s portrayal as a victim of exploitation and emphasise its role as a consumer of foreign reproductive services, arguing for a more nuanced approach to the analysis of reproductive stratification.

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Abbreviations

AR – assisted reproduction

ARTs – assisted reproductive technologies

EU – European Union

NTA – National Transplant Agency

REA - Romanian Embryologists' Association

SOSI – SOS Infertilitatea

Chapter 1 - Introduction

1.1 Setting the scene: events that act as triggers

In 2005, Global ART, an Israeli fertility clinic in Bucharest, was accused by the British Fertility Society of commercialising ova extracted in Romania and sold to clinics in the United Kingdom (BBC, 2005). The BBC made the case public, which led to several European MPs asking the European Commission to issue stricter regulations pertaining to gamete provision. Consequently, the Commission asked for a ban on gamete trade and stricter gamete provision regulation (BioNews, 2005). The Romanian police intervened in the case and discovered that Global ART had been performing ova retrievals from young women for some time, giving them money in return (BBC, 2005). The ova had been mixed with sperm in order to produce embryos for patients as far as Israel and the USA. Following the Global ART case, which most of the media classed as a 'scandal', Romanian authorities established a ban on commercialised or compensated ova provision, so that only voluntary and exclusively altruistic provision was allowed. Any other type of provision was criminalised and categorised as 'trafficking'. This new legislation was adopted and put in practice without any public consultation.

In 2009, Sabyc, another Israeli clinic also working in Bucharest, was discovered by the police to have retrieved ova from women in exchange for money. By that time, any material gains in return for gametes had become illegal in Romania, bringing Sabyc under accusations of ova 'trafficking'. Police investigations revealed that many of the IVF patients treated at the clinic had been Israeli. The authorities claimed that the patients had unknowingly received eggs from poor, Roma women. Although it was not the first case of commercialised ova, the Sabyc scandal was covered extensively by the national media and fuelled fears of the destructive commodifying effects of assisted reproductive technologies (ARTs).

In the field of biotechnology, extraordinary events are treated with extensive media visibility (Franklin and Roberts, 2006; Jasanoff, 2005;

Throsby, 2004). The message usually conveyed is that of 'science racing ahead' (Franklin and Roberts, 2006), spreading anxiety in society and challenging the boundaries of social and moral acceptability. Such messages are taken up in public policy debates and set a certain frame for analysing subsequent events. For Jasanoff (2005, p. 24), 'framing allows us to see that events do not in and of themselves dictate the pathways along which public responses will move — nor even necessarily provoke any political action'. Consequently, events can be read in different ways by different people, and the ways in which they are framed determines the path for future action. It is for this reason that Global ART and Sabyc cases emerged as essential for my analysis: they represent classic cases of science made public; they occasioned the emergence of various framings of ova provision; and they highlight the entanglement of the social relationships enabled by and enabling this medical practice. Global ART and Sabyc drew attention to ova provision, and triggered complex processes of boundary drawing, processes which had not been as fraught with conflict before. While Global ART contributed massively to the shaping of a legal and administrative response which culminated with the official ova provision regime, the Sabyc case gave concreteness to commercialised ova provision through the intense scrutiny it was subjected to by the media. Both cases led to the coproduction of science and legislation in which definitions of 'nature' and 'society' were developed simultaneously in the context of ova provision (Jasanoff, 2005). Ova were not simply biological matter involved in procreation (nature), but biological actors which could trigger detrimental behaviours and ultimately endanger social order (society).

The aim of my research is to understand the exclusionary practices through which ova provision and the identities of those involved with it have been constituted. More explicitly, I look at the material and discursive means through which ova provision has been enacted and constructed as legal or illegal, and how this has affected who participates in the social and political framing of ova provision. Taking Global ART and Sabyc cases of cross-border ova commercialisation from Romania as my starting point, I approach ova provision as a site of contestation in which different actors have tried, successfully or not, to support a certain

framing of ova provision. I investigate how those having a say in ova provision – legislators, administrative personnel, patients, providers, medical professionals, activists – have made efforts to acquire socially accepted identities, to be legitimised in their claims, or to be legal in their activities, while sometimes failing to do so. In this context, I open up the issue of accountability in matters of legislation, tending to the exclusions performed in terms of what perspective and who has been deemed legitimate to participate in decision making. Ova provision is thus addressed as a phenomenon predicated on and reinforcing power differentials in Romanian society.

1.2 Short overview of Romanian IVF context

From the point of view of Romanian IVF history, the Global ART and Sabyc cases are not the only important moments defining the evolution of assisted reproduction in the country, and although they are paramount for my argument in this thesis, looking at other particular events helps put things into perspective.

The first public IVF clinic was opened in Romania in 1995 by Professor Ioan Munteanu, a gynecologist practicing in Timișoara, who benefited from the help of the Rhein-Neckar-Heidelberg German Red Cross. Consequently, in 1996, the first IVF baby was born in Romania at the Bega University Clinic of Obstetrics and Gynecology. The first private IVF clinic, Medsana, opened in 1996 as well, operating as a subsidiary of the Greek Athens Medical Group. Sabyc, whose activity I will comment on at length in the following chapters, opened its doors in 1999, the same year in which the second public fertility clinic opened in Bucharest under the supervision of Professor Bogdan Marinescu. During these first years of IVF practice, intense working relationships were formed between Romanian and foreign medical professionals, with the former travelling abroad to specialise in the new treatments and learn how to operate the complicated clinical machineries. Taking advantage of this void of service provision, foreign clinics opened their own facilities on Romanian soil. The fall of communism in the winter of 1989 had thus

enabled a multi-stranded flow of people, technologies, expertise and money, besides the flow of ova which makes the focus of this work.

It should come as no surprise that the Romanian AR industry emerged with foreign help. Before 1989, the communist regime had no interest for this kind of reproductive technologies. Back then, the reproduction of the body politic was enacted through a legal ban on contraceptives and abortions (starting in 1966), invasive gynecological check-ups and policing strategies (Kligman, 1998), but not *in-vitro* fertilisation. After communism fell and women gained the right to have their unwanted pregnancies terminated, attention drifted to other, more stringent, issues of everyday life. For the larger population, the move towards a market economy was not met with adequate purchasing power, leading to large social disparities. AR was not identified as a priority either from a medical, scientific, or economic perspective.

Immediately after the Revolution, besides the horrific illicit abortion practices and orphanage conditions for unwanted children, another reproductive issue was brought to light, focusing on the Roma minority in Romania. Research shows that the free economy enabled certain Roma families to sell their children to foreign nationals in an attempt to make a living in a fluid socio-economic context (Gal and Kligman, 2000). Either by selling children¹ or ova, the contribution of the Roma towards the reproductive economy illustrates an enduring struggle for a decent living, marked by marginalisation and stigma (Raț, 2005). Oprea (2012) draws attention to the increased vulnerability affecting Roma women in particular, caught between the need to navigate gender inequality inside Roma communities on the one hand and to stand up to more general discrimination against the Roma ethnicity on the other. Their role in the reproduction of the Romanian body politic is still shunned as undesirable, with elected politicians and extremist groups advocating the sterilisation of Roma women (Tobias and Lungu, 2013). It is in this context that Roma workers have been approached by Sabyc employees and asked to provide ova through unethical and physically threatening procedures.

¹ This phenomenon was documented immediately after the Revolution and cannot be considered a continuing practice.

It was only in 2006 that Romania adopted its first regulations in relation to assisted reproduction, banning commercial gamete provision through Law 95/2006 Regarding the Reform in the Health System. Six law proposals have been elaborated to tackle the specificities of AR², but none has been adopted to date. Medical professionals have been guided in their work by secondary legislation largely based on European directives and other official guidelines adopted after Romania's accession in 2007.

A national programme aimed at helping IVF patients tackle infertility was set up in 2011 and, with a 3-year break between 2012 and 2015, it has been financed up to this day (Digi24). State support consists in one free cycle of IVF for heterosexual couples using their own gametes. For those who need gametes, the situation is complicated by the fact that gamete banking is illegal in Romania for reasons discussed later. Consequently, sperm is usually imported from foreign banks, and plans for importing ova from Spain were already put in practice at the time of my fieldwork.

In the following chapters, this contextual picture will be articulated in relation to ova provision, a distinct procedure that has left a particular mark on the history of IVF. However, in this thesis, I do not plan to construct a history of ova provision, but to analyse the ways in which ova provision has been enacted as legal or illegal, affecting and being affected by those involved with it. To this aim, I have devised four research questions, to which I now move on to discuss. After that, I will explain the main concepts that represent the framework for my approach, arguing for my choices and illustrating their applicability in the context of my research. Finally, I will guide readers through the rest of the chapters of my thesis.

1.3 Research questions

This thesis addresses four major questions: 1) what kind of practices does ova provision involve in the Romanian context? 2) how

² These will be analysed in Chapter 5.

are the identities of ova providers constructed across different settings?
3) what identity dynamics do those involved with ova provision engage in? and 4) to what extent do these dynamics affect the governance of ova provision?

The first question is a broad one, triggered by the overall aim of my research – to investigate how ova provision is constituted as a practice in Romanian society. Instead of taking ova provision for granted, I set out to explore the different ways in which it comes into being, highlighting the various material and discursive practices that shape it as a phenomenon. Additionally, this question expresses the exploratory character of my fieldwork. When I departed for Romania I knew only the outlines of ova provision as presented in academic literature or media reports. In these sources, ‘donation’, ‘trafficking’, ‘commercialisation’, all emerged as practices related to ova for IVF. It is for this reason that I chose to use ova ‘provision’ instead of the more common ‘ova donation’, in order to allow for a multiplicity of practices to be accommodated as part of this phenomenon. I intended to explore whether ova provision was ‘multiple’ (Mol, 2003; Murphy, 2006)³ in the sense that it came in different forms, it involved partially different practices, people, and technologies, and it meant different things for different people. Understanding these various manifestations of ova provision was a prerequisite for more in-depth explorations.

The second question is particularly relevant because of the very few accounts we have from women considering or engaging in ova provision in settings in which this practice transgresses legal boundaries. The reliance of ARTs on women’s bodies, both as patients and ova providers, indicates that this is a highly gendered issue, and, as it turned out, also classed and raced. I set out to investigate whether, given their essential contribution to IVF with provided ova, the voices of ova providers were present during efforts for defining and regulating ova provision. Additionally, this question was intended to illustrate the construction of providers’ identities by other participants, the diversity or, on the contrary, the stereotyped portrayal emerging from their narratives.

³ I will discuss these authors in the following section.

This question also prompted me to analyse the way in which providers' identities and various practices of ova provision were connected, and whether the multiplicity of the latter would be reflected in the former.

The third question introduces the issue of identity more straightforwardly and in relation to the rest of the participants. It is in fact a continuation of the second question and indicates a contrast. The need to know who the ova providers are was motivated by their invisibility, partly due to the difficulty of reaching them – very few academic works, and especially those including Romania in their analysis, have ova providers as the narrators of their own experiences. By comparison, the identity of the other stakeholders involved in infertility – medical professionals, IVF patients, legislators, administrative personnel, activists – became a matter of concern exactly because of their visibility and their apparently over-determined character (maybe less so in the case of patients) due to their public functions and professional expertise. Ova provision was shaped by a variety of actors, so it became important to know who the ones participating in this process of definition and 'multiplication' of this practice were. By focusing on their identities as performances and not essentialised personal characteristics I was able to analyse the way in which actors' identities were constantly constructed and deconstructed in various settings, and how this dynamic impacted the enactment of ova provision.

Considering that identities are not stable, but are constantly redefined, my fourth question was thus preoccupied with elucidating the dynamics of identity construction and contestation amongst stakeholders that emerged during efforts to define and standardise 'ova provision' through legislation and institutional developments. Deciding what desirable 'ova provision' is does not entirely rely on institutional authority, but involves numerous parties that have to perform in accordance with others' expectations. Thus, I was interested in exploring the role of identity performance in legitimising a certain view on ova provision in the eyes of others (Braidotti, 1994; Probyn, 1996; Skeggs, 2004).

The focus on identity construction and contestation in relation to ova provision cannot be taken as the only explanation for why this medical and social practice was enacted the way it was. Nor can it lead

to a clear hierarchy of identity performances in terms of their importance in shaping ova provision. Additionally, although I talk about concepts such as 'altruism', 'gifts', 'commodification', or 'kinship', I do so primarily to underline their role in identity formation, and not necessarily for how gifts or commodities are generally conceptualised in Romanian society. Thus, a major challenge with my approach was to give an account of ova provision that did not reify participants' identities, or their understanding of gifts, kinship, altruism, as if the latter were given entities with a particular essence. In this sense, if paying an ova provider was seen by some participants as lessening her moral worth, payment itself could be legitimised by other participants as an act of care. I had to tend both to the fluidity of identities, and that of exchange relationships, without eluding the power differentials that affected their construction and contestation.

The research questions I have outlined indicate the main issues that make the focus of this thesis. But tending to the multiplicity and ambiguity of ova provision requires that, in terms of my use of concepts, I eliminate as many uncertainties as possible. The two sections that follow discuss *how* I approach these issues by presenting the conceptual framework that has guided my analysis. Organised around the concept of *boundaries*, what follows is a detailed theoretical explanation of how these come into being, performing exclusions through their very emergence. I will discuss Barad (2007), Mol (2003) and Murphy (2006) in terms of the concepts that they developed and which I found most useful. After singling out identities as specific types of boundary enactments, I then discuss what it means to inhabit certain identities which may or may not fit with social expectations. Here I will also discuss Braidotti (1994), Probyn (1996) and Skeggs (2004) as the most prominent authors who have informed this part of my work.

1.4 Boundaries: how things come to matter

Attempts to define and understand practices, actors, and phenomena come with the need to set *boundaries*, that is, decide where something begins and ends, what is 'inside' and what is 'outside' of a

given entity. In engaging with, talking about, or regulating ova provision, people have had to decide what is acceptable and what is unacceptable, what kinds of individual and social risks they can allow to exist, and who is most legitimate to give advice, provide ova, or participate in public consultations. In my work, all these processes of rendering ova provision intelligible are continuous so that ova provision is constantly *re-enacted*. For Mol (2003), something being *enacted* means being brought into being as a comprehensible entity, with clearly defined but never fixed boundaries. In this sense, a certain thing/phenomenon is defined by different sets of characteristics depending on the approach applied to it. Consequently, ova provision and the identities of those concerned with it are made and remade according to different circumstances and in different settings.

Boundaries clarify what makes certain kinds of ova provision legal and others illegal, and while I clearly outline the kinds of boundaries people set in this regard, my aim in this thesis is to analyse how these boundaries emerge in the first place. Since I do not take boundaries as inflexible and given, or legality and legitimacy as expressions of a metaphysically determined order of things, I find Barad's (2007) work extremely useful for understanding how boundaries are enacted due to her extensive and illuminating conceptual developments. Barad (2007) explains that boundaries arise following the intra-actions between material-discursive agencies. For Barad, there is no independent entity existing on its own, and everything we perceive is an entanglement of agencies in constant flux. It helps to think of agencies as the waves of an ocean that are impossible to differentiate: one cannot say which affects the other, which is the cause and which is the effect, or where one wave ends and the other begins. In this sense, agencies cannot be individualised, hence the concept of 'intra-action' which, in contrast to the more banal 'interaction', makes direct reference to the indivisibility of matter. It follows that not only humans have agency, but also non-living things are also agents in that they effect change by intra-acting. In relating to the world, then, we not only create symbolic representations, but also engage with its materiality.

In this sea of constant intra-action, Barad (2007) argues that boundaries emerge, or things become discrete, once an *apparatus* is applied to make things intelligible. An apparatus should not only be taken to mean a machine such as a microscope or ultrasound, but as a mental framework through which the world is interpreted. Thus, boundaries are enacted as a means for and as a result of people trying to make sense of the world around them. The gender, class, racial, and professional identities of those involved in ova provision thus become essential in understanding this phenomenon because they play the role of an apparatus, and ova provision cannot be understood outside these comprehension-aiding mechanisms. In fact, Barad (2007) urges researchers towards a *diffractive* epistemology, one that acknowledges that ‘reality’ and its representations cannot be accessed directly (hence a *diffractive*, and not a *reflexive* epistemology). Barad does not presume that there is an objective ‘reality’ in the metaphysical sense, therefore she believes it is essential that we pay attention to the diffractive effects of apparatuses, the way in which they shape what we see and understand to be ‘true’. Interrogating ova provision by exploring its intra-actions with people’s identities is an attempt to bring those diffractions to light. Without the concepts of *apparatus* and *diffraction*, my analysis could not tend to the mediated character of knowledge creation and would instead convey the message that what we know is accessed directly, with no bias affecting interpretations.

‘Diffraction’ is compatible with the more largely used feminist concept of ‘reflexivity’ in as much as it makes researchers aware of their responsibility towards their participants and their research endeavour. According to Day (2012), reflexivity has been defined in various ways by various authors, but the bottom line she identifies can be achieved by answering three questions: “what are our underlying assumptions about the production of knowledge?”, “what is considered legitimate knowledge, and what role does power, identity and positionality play in this process?”, and “how does one put into practice the reflexive techniques and address methodological issues in a way that results in valid, good-quality social research?” (Day, 2012, p. 61). The diffractive approach proposed by Barad (2007) is particularly attuned to tackling

these questions. By using the concept of 'apparatus', Barad makes researchers aware both of their impact as intruders into the world they study, as well as of the boundaries and power relationships enacted through everyday intra-action defining legitimate knowledge and exclusions. Researchers are thus conceptualised as immersed in the phenomena they analyse, responsible for the 'marks' they leave on their research participants, but also conscious of the biases introduced by the use of specific analytic tools (apparatuses) for which they can then stand accountable. The quality and ethics of knowledge production thus come together in Barad's epistemological approach, requiring a state of constant awareness and responsibility on the part of researchers in terms of their academic and moral impact. These commitments reflect the concerns expressed by Day (2012) in the questions she has devised to delineate a good reflexive process. Nevertheless, a diffractive approach leaves room for acknowledging that the knowledge researchers produce can never unravel an underlying 'truth', and that the infliction of harm can only be partially managed, but never known in its entirety.

Through this diffractive approach, I go beyond the question of what people think about ova provision and instead inquire into what shapes people's understanding and how. Additionally, I turn the first question around – how does ova provision affect the people thinking about and engaging with it? – so that I accomplish two things. First, I highlight that ova provision and identities are *performative*, affecting each other. Barad's concept of intra-action allows this mutual influence to surface, constantly reminding readers that no agency is truly independent or isolated. This leads to my second point: intra-action means that agency can be attributed not only to humans, but also to non-human things and practices. How ova provision is done does not merely create representations in people's minds, but it also affects their identities and lives. Engaging in commercial ova provision, or failing to find an 'adequate' ova provider are events that leave social, emotional, and physical marks.

Barad (2007) traces the concept of performativity back to Butler, but adapts it so that it can achieve a more general applicability. Primarily

concerned with the production of gender, Butler (1993) defines performativity as the power of discourses to constitute subjects. Therefore, for Butler, discourses do not merely convey information or knowledge about bodies, but create (gender) identities, shaping the matter that they describe. Although Butler draws attention to the materiality of bodies, Barad (2003) criticises her for eventually rendering matter passive and analysing it simply as a product of discursive practices. In her work, Barad places materiality and discourse on an equal standing, constantly referring to practices and agencies as simultaneously *material-discursive*. But the biggest change that Barad introduces to Butler's understanding of performativity is that it is theorised to apply not only to human bodies, but to any agency, human or non-human. Performativity, then, should be understood in my thesis in the way Barad defines it, as discursively and materially intra-acting with the world, affecting it. The practices of ova provision that I set out to investigate simultaneously describe and change the world I analyse. These practices construct the subjects of my research, affecting not only their reputations, but also their physical safety and wellbeing.

For Barad, the fact that boundaries emerge through the use of apparatuses does not mean that they are the result of a purely rational process. Boundaries are enacted through the intra-action of a plurality of factors that include 'the observer' and the apparatus used, as well as previously existing material-discursive practices that shape the world. Thus, just like apparatuses can be disentangled in their constituting parts – discourses, practices, objects, and subject positions, they can also be integrated in the enactment of larger apparatuses, according to a model of Russian dolls. For instance, I analyse the way in which ova provision was enacted in a specific way through the use of the police's apparatus. But then, I go further and analyse this apparatus as an assemblage of elements, focusing on what exactly that apparatus is made of, taking into consideration the legislation that guides it, the specific methods and tools of police investigations, the subject position of the prosecutor involved in these investigations (his class and race, his professional training) etc. Finally, I integrate the police apparatus into a larger one enacted by the state in order to regulate and manage ova provision.

Since more than one apparatus can be applied to an 'object', there can be more than one enactment of it; in fact, Mol (2003) draws attention to the fact that it is more correct to talk about an 'object's' *enactments* in the plural, and this has determined her to frame the body as 'multiple', according to the different enactments of the human body performed by medicine. Murphy (2006, p.12) centres her work around *multiplicity*, an effect resulting from the "manifold material relationships" through which "objects are constituted". Following Mol and Murphy, I account for the multiple manifestations of ova provision, and the ambiguities and conundrums that arise when the complexities of the phenomena accumulating under this label are ignored or remain invisible. However, in contrast to the two authors, the multiplicity I am concerned with does not derive so much from the technical devices involved – after all, the medical practice itself is more or less the same irrespective of setting, largely consisting of a hormonal treatment followed by ova extraction. My work does not interrogate the medical aspects of ova provision and its scientific hypothesis, standards, or knowledge. The multiplicity I investigate is given by the different contexts – personal, institutional, political, and people that enact the practices of ova provision as legal or illegal. What the law may class as unacceptable practices of ova provision might be considered legitimate by people who use a different apparatus. Commercial ova provision, for instance, may be seen by various people as a criminal activity, a morally-dubious, but necessary arrangement, or an ethical exchange rooted in mutual support and gratitude. The multiplicity of practices and apparatuses also leads to a multiplication of people's identities according to their complacency or resistance to some framings of ova provision or others. And yet, multiplicity does not mean that all practices and identities have an equal standing. On the contrary, power differentials determine what apparatus conveys a more 'accurate' and 'desirable' picture of the world, a better understanding of ova provision and the best way to tackle it. Consequently, the 'undesirable' framings and practices of ova provision can be delegitimised or made 'illegal', not without consequences.

According to Barad (2007), in the process of boundary creation apparatuses affect what comes to matter, understood both as what is

considered important as well as that which gains materiality, whose presence can be felt and taken into consideration. It is at this point that, after all these theoretical clarifications, her work becomes political and starts to be more visibly connected to matters of identity, to which I will return in the following section. Boundary making, Barad contends, is a process of effecting exclusions, for boundaries play the role of defining what is 'inside' by comparison to what is 'outside' and must remain so. Ultimately, boundaries delineate who is worthy of being fully included in the body politic and who should remain at the margins. Barad draws these ideas together by saying that "we are responsible for the cuts that we help enact not because we do the choosing (neither do we escape responsibility because 'we' are 'chosen' by them), but because we are an agential part of the material becoming of the universe" (2007, p.178). "The cuts that we help enact" are the marks left on bodies following boundary drawing, a process to which everybody contributes and is responsible for. These marks on bodies are constitutive of participants' identities, and can range from the physical wounds suffered by ova providers following malpractice to the symbolic stigma inscribed on a whole group of marginalised women.

This capacity of apparatuses to perform exclusions is very well encapsulated by Murphy (2006) in the concept of *regimes of perceptibility*. According to her, a discipline or an epistemological tradition creates knowledge by making some aspects of the world visible, while leaving others invisible. Some disciplines, or in Barad's terms *apparatuses*, render imperceptible things which can be then made perceptible by other disciplines, allowing the researcher to map the production of these regimes in various settings. Thus, connecting Murphy and Barad, it can be said that each apparatus has its own regime of perceptibility, similar to a characteristic or technical setting that leads to the enactment of some exclusions and not others. I have chosen to use this additional concept of regime in order to grasp in more detail what exactly in an apparatus contributes to the creation of these exclusions, and how. By using *regime* I can better illustrate the contrast between what is said and what is left unsaid, what is made visible or invisible, legitimate or illegitimate. Murphy herself follows the enactment

and workings of various regimes of perceptibility in the field of indoor pollution through a very close scrutiny of the processes of knowledge production in various settings. This made me think of the concept as especially useful in those instances in which the elements that make up an apparatus have been clearly delineated and developed in time, and can be said to have a considerable amount of stability and predictability. A regime, the way I understand and use it, can be traced much more easily when it is the result of conscious elaboration, and is based on standards, methodologies, specific tools and technologies. This is usually the case with long-standing disciplines and professions which have developed complex and coherent material-discursive means for making the world intelligible. When knowledge production is less standardised and more dependent on contingent events (as is usually the case with knowledge production at an individual level), regimes are somewhat harder to map, which does not mean that they do not exist, just that they are more fragmented and hidden in people's discourses and practices. In my work, then, I explore the extent to which I can identify such regimes that can explain at least some of the exclusions performed in the world of ova provision. But in order to account for other types of exclusions through less-visible, less structured apparatuses, I turn to the concept of identity.

1.5 Identities: between and in-between boundaries

In arguing for a performative approach, Barad (2007) calls not only for a reconceptualization of causality, agency, and reflexivity, but also of *identity*. In this thesis, identities are understood as apparatuses, both productive of and produced by boundary enactments. Identities delineate individual and social categories, defining those who belong and those who are excluded, while also framing the worldview held by individuals. Departing from reified definitions of identity, I use this concept to refer to the continuous becoming of a person, through personal, intended or unintended performances, as well as through interactions with others and the world. Consequently, as performative apparatuses, identities enact their own regimes of perceptibility,

shedding light on some aspects of the world and of a person's performance, while obscuring others. However, in contrast to the regimes emanating from professions or disciplines, which dispose of specific tools, techniques and theories, the regimes cast by identities are considerably less structured, less visible and consequently harder to trace. Therefore, rather than concentrating my analysis on identity regimes, I will look at how identities are constructed and deconstructed by people in intra-action, and how that affects the perception and interpretation of certain phenomena. This will offer considerable insights into the types of exclusions performed as part of the enactment of ova provision.

The way I articulate the concept of identity is indebted to the epistemological and theoretical contributions of Barad (2007) and Skeggs (2004). A feminist scholar who, unlike the authors introduced above, does not follow an STS tradition, Skeggs nevertheless gives a more concrete understanding to Barad's "marks left on bodies" without coming in contradiction with her epistemological premises. With the help of Skeggs, identity can be reconceptualised as a performative act through which individuals constitute themselves. However, just as Barad points towards the dangers of boundary drawing, which identity formation is, Skeggs is also wary about the overstated potential of performativity to liberate individuals from detrimental power relationships. Drawing on an interdisciplinary array of scholarship – ranging from Bourdieu, to Ahmed, Foucault and Butler – Skeggs foregrounds exchange relationships in order to analyse the way in which gender, race, and especially class are constituted through mutual relationships between people and groups. These mutual relationships, or intra-actions in Barad's terms, are crucial in the enactment of various types of ova provision, as well as the marginalisation of certain categories of people, which is why I considered Skeggs so attractive in terms of theoretical approach. While her interdisciplinary grounding is what differentiates her from STS authors, it is also what allowed me to bring them all together.

Skeggs uses the concept of 'inscription' in order to analyse how symbolic associations between people and attributes, which can be read by others, are created. In this way, she highlights what it means to "be

called”, to have one’s identity forced inside certain boundaries that limit one’s capacity of becoming. Skeggs concentrates on working-class and non-white people as heavily inscribed with socially undesirable traits, often connected to immorality or illegality. However, her approach can be applied to any situation where those that fall outside categories are stigmatised and marginalised. The field of IVF is populated with more or less marginal groups, starting with the IVF patients who do not meet social reproductive expectations, to ova providers who might not tick the boxes for the kind of altruism and selflessness deemed desirable by the authorities. Moreover, given the contentious aspects of ova provision especially in terms of payment, those who take part in its regulation also risk being marginalised on other criteria besides class and race. Decisions about who is fit or unfit to regulate and oversee ova provision are inherent to the enactment of certain practices of ova provision as ethical or unethical, legal or illegal. “Being called” in irreverent ways not only delegitimises one’s take on ova provision, but has material consequences on their lives.

Inscription, for Skeggs (2004), is only the starting point for a more complex process that perpetuates exclusions. The inscriptions applied to a certain group of people perform evaluations of that group, its members, its values, and its social and material manifestations. The boundaries thus effected delineate those possessing social, economic, and political entitlements from those who do not and who are thus relegated to the margins of society. What is more, these boundaries also affect all instances of exchange in which individuals from different categories can engage. What is valuable and what is worth passing on is dependent on these social boundaries, which restrict the circulation of undesirable bodies and their material-discursive productions (Skeggs, 2004). In the context of reproduction, this is particularly important, since what is being reproduced is not merely genetics, but a whole array of social characteristics with varying degrees of social acceptability. Although she does not investigate the manner in which the exchanges themselves impact on inscriptions and the identities they delineate, and she does not give as much attention to the materiality of these intra-actions as she does to their discursive power, Skeggs’ (2004) approach positions class

formation at the crux of exchange practices, providing insights into how it affects who and what can be part of these exchanges. Similarly, I concentrate my attention on manner in which ova exchanges affect who can have a say in their enactment, as well as who is seen as a legitimate and desirable partner of exchange.

Drawing on Butler, Skeggs (2004) affirms that putting on the 'right' performance is essential for becoming 'desirable' and able to enter profitable exchanges. This indicates that, despite Skeggs' (2004) own contention that specific possibilities of self-formation are offered to individuals in today's capitalist context, the 'choices' that one can make for their personal achievement are not divorced from the conditions of their life. Oftentimes, 'choices' turn out to be 'dilemmas' (Throsby, 2004, p. 45), or difficult 'decisions' (Rapp, 2000, p. 313), for they reflect the limitations imposed on identity formation rather than the freedom of self-actualisation. Through her contention that individuals are productively constituted through exclusion, facing the risk of marginalisation if they tell the wrong narrative, Skeggs offers complementary and compatible concepts to think about the enactment of boundaries to that of Barad and Murphy, also joining them in their political concerns. They all allow and even encourage, in different ways, the analysis of practices that eventually circumscribe not only what people do, but what they continuously become.

Returning to the case of my own research, becoming an ova provider for instance presupposes drawing boundaries between what that person is and is not. An ova provider is not the 'mother' of the ensuing child, but she is genetically related to it; an ova provider can be a generous giver, a reproductive prosthetic, or a market-oriented entrepreneur; she can be genetically desirable or physically and socially undesirable etc. If, according to Skeggs (2004), the ova provider fails to put on an unambiguous performance, she might inhabit what Braidotti (1994) calls spaces of *in-betweenness*. Braidotti theorises in-betweenness in terms of its positive potential, defining it as being in-between boundaries, constantly moving and challenging expectations. She refers to a person living at the margins and moving between marginal locations as a nomadic subject, highlighting that being a nomad

is not necessarily about vulnerability, but rather about empowerment by embracing one's fragmented identity. Thus, "what is political is precisely the awareness of the fractured, intrinsically power-based constitution of the subject and the active quest for possibilities of resistance to hegemonic formations" (Braidotti, 1994, p.35). This nomadism is a process I trace in my work while I investigate the way in which participants construct their and others' identities. Whether, how and why a nomadic identity challenges the *status quo* is integral to understanding the practices of ova provision.

Being a nomadic subject then means acknowledging the limitations imposed on one's becoming. However, although any challenge to these fixed boundaries can be seen as political action irrespective of the actors themselves defining it as such or not, being at the or in-between boundaries is not necessarily comfortable (Probyn, 1996; Throsby, 2004). Probyn (1996) proposes the concept of 'belonging' instead of 'identity' in order to highlight the illusory character of trying to fit legitimised social spaces, while acknowledging the generative potential of desire as a drive for belonging. Desire is redefined as a constant "yearning" to relate to others, to things and to certain ways of life in meaningful ways (Probyn, 1996, p.16). But although Probyn, just like Braidotti, underlines the importance of celebrating various ways of belonging thanks to the possibilities they offer in the sense of becoming, she also warns about the dangers of "being called", which limits the possibilities of self-definition and leads to difference or in-betweenness being interpreted in a negative light. This realisation is paramount in understanding why some people have had more leverage in shaping ova provision than others.

Probyn and Braidotti offer insights into what can happen 'in the shadows', outside the realm of visibility. The people that inhabit these spaces, and the practices they engage in, are performative. Their mere invisibility does not mean that their existence is without impact, and that their actions do not reverberate in the 'visible' world. If by "being called" people are rendered 'imperceptible', by consciously or unconsciously adopting a nomadic identity they can challenge the regime that has made them invisible in the first place. Their actions are not always

political in the sense of aiming and possibly succeeding at changing the regime (although sometimes this can happen). Oftentimes, those at the margins challenge regimes by turning their identities into spaces of belonging based on novel types of solidarity without a political agenda. Infertility, for instance, not only marks a person as biologically and socially disadvantaged, but it also creates the basis for the emergence of a community of infertile people constituted on the basis of mutual support and understanding. In other settings, regimes are challenged by those who try to and sometimes succeed in achieving their dreams *despite* a regime. A considerable amount of cross-border reproductive travel can be seen in this sense as an attempt to become parents by eschewing national restrictive legislation. Irrespective of their more or less marginal subject positions, all these people employ different apparatuses for comprehending ova provision. These apparatuses may not achieve the complexity of a regime, being more easily prone to change, marked by more uncertainty and hesitation. Nevertheless, what these people succeed in doing is offering to view different facets of ova provision that eventually constitute that multiplicity of practices, understandings and identities I was discussing earlier. Thus, in my work I approach regimes and identities not only as restrictive, but also as performative, allowing change to occur from spaces of both visibility and invisibility.

Combining 'identity' with other STS concepts has been a challenge in as much as it required a continuous reminder of its departure from modernist understandings. However, STS has been able to reconceptualise other important sociological concepts before, such as that of 'agency', without necessarily replacing them. So, following Barad's (2007) impetus for rethinking 'identity', I take the opposite direction of that of Probyn, who replaced an essentialised understanding of 'identity' with a more fluid 'belonging', and return to 'identity'. The reason is that 'identity' allows me to retain the claustrophobic character of essentialised social categories, to which people are often ascribed by others and by society without their will or even knowledge. Thus, while I reconceptualise identity in accordance with a performative epistemology, I wish to point out the ethical implications of "being called" and the

limitations imposed on one's becoming, as well as the stability of social categories despite nomadism. Such an approach is in accordance with my findings, that despite individual performances to gain legitimacy, people's efforts to challenge the official ova provision regime were often curtailed due to contestation that fixed people inside strict social boundaries.

Before moving on, I would like to make two clarifications regarding my choice and use of two more concepts. Firstly, I refer to women who intended or actually gave their ova for IVF as 'providers' instead of the more largely-used 'donors' because the practices I talk about often involved monetary or other material gains. Ova providers, therefore, can account for all women who have been engaged in ova provision irrespective of whether it was free or remunerated. Secondly, I often use 'compensated' ova provision to refer to those ova exchanges that were not free. Although in other countries 'compensation' often refers to a capped amount of money or other material gains offered to ova providers in return for their services, 'compensation' is not defined in Romanian law, and in the eyes of the authorities any material gain for providers, hence compensation, is considered commercialisation and deemed illegal. Given the unclear boundary between payment and compensation in the Romanian context, as well as people's reluctance to refer to commercialised ova provision as 'selling', I preferred the use of 'compensation' to other terms that might have suggested total commercialisation. In those cases in which the amount of compensation people considered legitimate was specified, I offered readers those details in order to understand the boundaries that delineated what acceptable compensation was.

1.6 Overview of chapters

Chapter 2 is a review of scholarship focused on ARTs investigating themes relevant to my own research. I discuss several works that explore patients' difficulties with adapting to their limited capacity to conceive, as well as to the treatment aimed at surpassing involuntary childlessness. I then focus on women as the main actors

undergoing infertility treatment, responsible not only for complying with medical requirements and protocols, but also with gendered expectations of being 'dedicated' to the cause, without crossing a threshold of moderation. Turning to the issue of assisted reproduction with third parties, I discuss people's experiences with ova provision and surrogacy both in terms of their exploitative powers, and as a framework for questioning the meanings of 'gift', 'commodity', and 'altruism'. I then present the role of genetics, class, and race in the reproduction of bodies and social status, and the perpetuation of 'stratified reproduction' on a national and especially global scale. The final part of this chapter is concerned with matters of ensuring accountability through governance, or, in other words, devising legislation and institutional arrangements that cater to the interests of all those involved with reproductive services and which reduce the possibility of harm to a minimum.

Chapter 3 explores methodological issues, starting with my choice of a feminist and STS methodology, and continuing with why ethnography was the most appropriate approach towards my research. I then elaborate on my experiences with gaining access to participants, and the problems I encountered in that respect, which have had an important impact on how I eventually framed my thesis. Further, I present my choice of methods - interviewing, observation, and documentary analysis - before finally ending with clarifications regarding the data analysis and writing up phases. Ethical considerations will be addressed throughout the chapter, since these were deeply intertwined with all other stages of my research and could not be clearly delineated from them.

The data chapters are organised according to three different settings centred around different ova provision practices, illustrating through juxtaposition the multiple ways in which these were enacted and comprehended. Thus, I do not tackle these settings and practices as reified, but focus on how people engaged in materialising them and giving them meaning, and in so doing created that identity construction and deconstruction dynamic. I contrast the ease with which boundaries were discursively created with the difficulties that many people found in trying to fit these boundaries in practice, despite efforts to do so. I

illustrate that it was not only patients' and providers' identities that were easily contested, but that all stakeholders had to constantly perform in order to gain legitimacy in their actions.

Chapter 4 focuses on the Global ART and Sabyc ova commercialisation cases that have brought ova provision into public attention and assigned it to the realm of criminality. I analyse the means through which the media and the prosecutor investigating one of the cases interpreted the events, and constructed the identities of ova providers. I pay attention to the specific apparatuses used by the media and the prosecutor in approaching the ova commercialisation cases, and their importance in framing this practice as a 'threat' to Romanian society, and ova providers as ambivalent victims-criminals. I also address the fact that it was not only those involved in commercialising ova that were analysed by the media and the prosecutor, but that these in turn, especially the prosecutor, also underwent a process of (self-)evaluation, in which their own practices were put under question by other participants. This chapter thus answers the first three research questions of my research: it presents some of the practices involved in commercialised ova provision, and it gives an account both of who the ova providers were, and how their identities, together with that of others, were constructed during the police investigation.

While chapter 4 concentrates around practices seen as belonging to the criminal sphere, chapter 5 explores the intricacies of legislating. Here, I follow the consequences of the ova commercialisation cases, illustrating how these led to the creation of the official ova provision regime, but also how they largely affected all initiatives of replacing this regime with an alternative one. I analyse how various actors – politicians, activists, medical professionals, administrative personnel – engaged with and evaluated each other. Despite all the efforts of passing as reliable and responsible partners in the legislating effort, I argue that the projected identities of these actors were contested in the process, affecting the chances of consensus building and democratic consultations. Ova providers emerge once again as the absentees in the process of legal definition - a matter I address in terms of power differentials, the power of 'being called' and the limitations of public

consultations. In terms of my research questions, this chapter presents the practices legally accepted as part of ova provision, and it brings to the fore the identity dynamics of those involved in governance, offering an understanding for how these dynamics affected decision-making at a state level.

Chapter 6 brings readers closer to the practices of IVF patients and ova providers, narrated by these actors themselves. Their accounts highlight the limitations of the official ova provision regime, as well as the shortcomings of 'trafficking' as a lens for analysing ova commercialisation. I follow their efforts of encountering each other and reaching exchange agreements, again exploring the performances each party presented or was expected to employ in order to be deemed acceptable or desirable. The monetised relationships between patients and providers is underscored as a major reason for which these groups could not engage in consultations regarding the desired ova provision regime, despite being the ones who were primarily impacted by it. The regime is also shown to having stratified infertile patients according to class, with those without financial possibilities risking not being able to find a willing provider, while those better-off becoming cross-border patients. Thus, chapter 6 completes the picture of the practices of ova provision in Romania, giving a more complex and balanced account of ova providers' identity, and an additional explanation for why they could not effect a change of the official ova provision regime by participating in governance.

Finally, the concluding chapter (7) draws together all previous chapters. Here, I offer a final, comprehensive picture of the official ova provision regime in Romania and the boundaries that it has enacted. However, I argue that the partiality of its vision offers the possibility of contesting enactments of ova provision to emerge. I therefore emphasise the fact that any understanding of ova provision must take into account its multiple manifestations in space, time and as part of different relationship entanglements. I argue that ova provision is characterised by ambiguity, to which the 'trafficking' framework has contributed. Consequently, I examine the identity dynamics that lead to polarised identities amongst those engaging with ova provision, highlighting its

exclusionary character. I identify these dynamics, together with other power differentials, as being responsible for the absence of ova providers from public consultations, as well as for the failure of contestation agencies to change the official regime. Throughout the chapter I end by offering a few avenues for future inquiry.

The conclusion also offers a clearer picture of the contribution that my research has made to existing scholarship and which I will only briefly mention here. Firstly, this thesis is the first to offer such a detailed insight into Romanian ova provision, countering the image of Romania simply as a 'supplier' of gametes, and instead pointing to its complex role on the international assisted reproductive scene. Secondly, I have employed an STS perspective which has allowed me to analyse ova provision not as a practice already well-defined and imbued with meaning, but as a phenomenon constantly in the making. Ova provision emerges out of my research as a practice multiple in its manifestations and understandings, dependent on the apparatus used for its comprehension. In relation to this point comes a third, which refers to the fact that I have combined the perspectives of a diversity of actors in order to grasp the complexity of ova provision. While a substantial number of other studies focus on a limited type of participants (e.g. patients, or ova providers, or medical professionals), I brought together the views and experiences of all those that have a say in shaping this practice in the Romanian context. Fourth, in order to analyse why some perspectives on ova provision have been more persistent than others, I have placed the concept of 'identity' at the centre of my research. Although many authors refer to participants' identities – especially that related to gender, class and/or race, few analyse them in their dynamic existence, as they are constructed and challenged. In my work, the enactment of identities is seen as deeply entwined with that of ova provision, and their constant making and unmaking are diffractions of the power dynamics at play. Finally, a fifth point regards my use of the concept of identity as a means to counteract the limited explanatory ability of 'regimes', for reasons explained earlier. All of these points will be addressed in more length in the final chapter of this work.

Chapter 2 - Literature review

2.1 Introduction

This thesis looks at the material and discursive means through which certain practices of ova provision have been deemed legal or illegal, and how this relates to the identities of those responsible for its enactment as a medical, social and political practice. To this end, I consider a range of feminist sociological and anthropological literature, as well as feminist science and technology studies, that situates ova provision in relation to women's bodies. With the help of feminist scholarship, I also investigate women's participation in legal decision-making and in other public arenas in which ova provision is being socially defined in its various manifestations, drawing attention to how and in relation to whom accountability is achieved (or not).

The current chapter problematises the concepts discussed in the introduction - such as performativity, boundaries, identity and accountability - in the context of assisted reproduction, in relation to which they are further developed⁴. I start with an account of reproductive technologies, exploring what it means to be infertile and what it takes to become an IVF patient. I discuss the practices patients engage in and the performances they are expected to display in order to inhabit a socially acceptable identity in a medical setting. From there I move on to discuss assisted reproduction with the help of an ova provider or a surrogate, and the complications that arise once a third party is commissioned. The research presented illustrates how both prospective parents and ova providers or surrogates navigate socially-held expectations in order to gain approval for their actions. I draw attention to how the identities of all parties are enacted in a gendered, classed and raced socio-political context. Class and race are then further analysed from the perspective of transnational reproduction, with a clearer focus

⁴ The academic books and articles included in this chapter were chosen to reflect my preoccupation with certain facets of IVF and ova provision such as the experience of being a patient or a provider, managing relationships in third party reproduction, egg commercialization, class and race issues, as well as governance. I also included works specifically referring to Eastern Europe, of which Romania is part.

on reproductive relationships in relation to ova provision. With the help of research conducted in various parts of the world, I demonstrate that national identity has become racialised and geneticised, leading to the emergence of a globalised set of flows of patients, reproductive service providers, and reproductive material. These flows have been organised in relation to conceptions about genetic desirability and surplus, creating a hierarchy of reproductive roles, with some populations seen as fit for reproducing their genes through ova donation, while others are excluded based on race, class and nationality. Finally, I explore how class and race act as boundaries in deciding not only who participates in reproduction, but also who has a say in the regulation of reproductive practices. Thus, I bring the issue of accountability into the discussion, analysing how decision making on topics fraught with tensions and risks impacts on the identities of those involved, leading to the silencing of more marginal groups.

2.2 Engaging with assisted reproduction

The development of assisted reproductive technologies has brought about both new possibilities and challenges for those facing troubles conceiving a child. Establishing the diagnosis of infertility is a performative act (Barad, 2007) in that it produces a series of effects on the actions and identities of people seeking parenthood by locating them in a medicalised environment where help comes in exchange for a considerable amount of compliance. The standards patients have to abide by reflect not only scientific imperatives, but also social ones.

Infertility has been the focus of a vast array of research which contends that the inability to conceive, or to bring a pregnancy to terms, are major disruptions in the lives of people all around the world (Becker, 2000; Franklin, 1997; Inhorn, 2009; Nahman, 2013; Thompson, 2005). Although the desire for having children is more than the result of social pressure for parenthood, there are still powerful societal discourses that place children at the centre of the heterosexual nuclear family ideal (Ikemoto, 2009; Thompson, 2005). Consequently, those that cannot procreate are stigmatised, inhabiting in-between spaces (Braidotti, 1994)

of wanting to meet both the societal imperative of reproduction and their own desires for parenthood, but being unable to live up to a task that seems 'natural'.

At a time when reproductive technologies were 'new' and less ubiquitous, their entanglement with women's reproductive capacities sparked both utopian hopes and dystopian dread on the part of feminists. Contending that their reproductive role constituted the primary source of women's oppression, Firestone (1979) heralds the advent of ARTs as the revolutionary solution that will finally liberate women from their biological burden. Imagining a world in which children will be gestated in artificial wombs, Firestone characterises motherhood as a physical burden and social oppression that can be overcome, and a new, androgynous world will ensue. Contrary to Firestone's hopeful narrative, Spallone and Steinberg (1987), as well as Corea (1985) envision reproductive technologies as direct attacks on women's bodies in general, and their reproductive capacities in particular. Corea goes as far as referring to all medical professionals as 'pharmacrats', manipulating women's bodies as a means to steal their (pro)creative agency and render them useless in a world of men and patriarchal science. The merits of these works reside in the fact that they were amongst the first to dedicate considerable attention to reproductive technologies, drawing attention to the way in which they were wielded and regulated without proper inquiries into their impact on women's health and wellbeing (Corea, 1985; Steinberg, 1997). However, with their dualistic approach towards ARTs as either instruments of salvation or curses in disguise, as well as with their essentialised understanding of women and men, opposing each other in a patriarchal world, these first accounts of assisted reproduction were rapidly criticised by other feminist activists and academics. As research on new reproductive technologies accumulated, the picture that emerged was more nuanced, as was the evaluation of their impact on women, no longer seen as a unitary group of people, but as differentiated by class, race, ability, sexual orientation etc. Also, women engaging with IVF were no longer seen as solely defined by their reproductive capacities, nor as victims neutralised under the male gaze and technology.

Moving away from essentialist understandings of personhood, Thompson (2005, p.182) argues that “the subject is dependent on the constant ontological entwining between ourselves and our environment”. While her statement can be taken as valid in a more general sense since one’s identity gains meaning by intra-acting with other agencies (Barad, 2007), Thompson here refers specifically to prospective parents engaged with IVF, which according to her cannot be taken for granted, but have to be ‘made’. Many infertile persons engage with reproductive technologies and thus enrol in what Franklin (1997) has called an ‘obstacle course’ to highlight the emotional, physical, and financial toll infertility treatment takes on them. Franklin (1997) argues that, to increase the acceptability of the treatment in the eyes of society and for themselves, IVF is often described by patients in terms of ‘giving nature a helping hand’, recasting it as a minor intervention into what is usually considered by most people the ‘natural’ course of things. However, Throsby (2004) points towards the ambivalent character of reproductive technologies as they not only enable the potential enhancement of fertility, but they also transform this opportunity into an imperative to try everything possible in order to achieve parenthood. The pressure to keep going is so high that those who decide or are forced to give up feel the need to employ self-redeeming, legitimising discourses. Throsby (2004, p.8) contends that “those who have undergone IVF unsuccessfully and who have since stopped treatment find themselves occupying an ambiguous liminal space between social conformity and transgression: they have tried to conceive but have been unable to; they desire children, but are no longer actively pursuing that desire; they have brought technology into the ‘natural’ process of reproduction, but without the counterbalancing ‘natural’ outcome of a baby”.

A few authors argue that IVF patients have to constantly manage their visibility and perform in what is considered an ‘appropriate’ manner to a multiplicity of audiences. Thompson (2005) refers to this as ‘passing’ when discussing the standards prospective parents need to meet when interacting with medical professionals. More explicitly, parents are required to show ‘civility’ as a marker of respectability and being in control in order to convince reproductive professionals of their fitness to

become parents and to meet the ideal of the nuclear, heterosexual family. To be 'in control' is in fact an overarching demand in terms of managing one's infertility treatment. Throsby's (2004) findings highlight the fact that while the desire for a child is respectable and encouraged to a certain point, 'going too far' is often envisioned as transgressing the boundaries of rationality and moderation.

Irrespective of the cause of infertility (male, female, or unknown), women's bodies are the focus of medical treatment, which emphasises the heavily gendered character of assisted reproduction. Thompson's (2005) concept of ontological choreography caters to this work centred on women, who, as part of their IVF treatment, become engaged in a complex entanglement of knowledge, practices, personnel, and medical devices, all put to work in enacting infertility as a comprehensive, discrete illness with its own manifestations and treatment. This choreography is based on the use of various apparatuses that deploy women as 'objects' with different ontological statuses: at one point in time they may be infertility patients with a medical history, only to later become a set of organs visualised through the ultrasound, or the welcoming, depersonalised container of 'beautiful' embryos. It is this instability of women's ontological status during infertility treatment that has sparked serious concerns about the gendered assumptions underlying their status as patients. Thompson (2005) argues that rationality and moderation are something women are often considered to lose during the process, with the mainstream medical discourse identifying the hormonal medicine prescribed for women as the cause of this loss, and disregarding the overall stress brought about both by infertility and its treatment. According to Throsby (2004), passing as 'reasonable' is also a stake for those women who struggle to put an end to their treatment, irrespective of the outcome. These expectations echo long-standing discourses about women as emotional and prone to excesses of various kinds mostly due to their biology, which needs to be managed and contained (Martin, 2001).

Franklin (1997) draws attention to a constant concern in feminist scholarship on reproduction related to women's agency once engaged with IVF. Irrespective of the cause of infertility, she contends, it is still

women who undergo the procedure, during which they become objectified and experience feelings of disembodiment. In contrast to Franklin (1997), Thompson (2005) employs a perspective that sees IVF as a rite of passage from childlessness to motherhood, and IVF patients as agents empowered by objectification. In this unexpected move that challenges the agency-objectification dichotomy, Thompson argues that sometimes achievements require one's self-reification. The fact that IVF patients accept the temporary loss of their subjectivity and delegate decision making is compatible with the idea that they act according to their own desires and do what needs to be done. Of course, this does not settle all the issues of disempowerment in terms of reproduction, but it allows discussions of agency to move beyond its presumed opposition to objectification. Indeed, returning to Barad (2007), even the term 'objectification' seems inappropriate, since everything, including inanimate objects, are entangled in intra-actions through which they affect the universe around them.

Academic scholarship on IVF indicates that the labour performed by women undergoing IVF is not only related to the medical aspects of achieving pregnancy, but also to passing as deserving motherhood. A few authors have noted that, especially with the development of novel technologies of genetic testing, IVF is seen by the general public as a luxury service to which only the well-off have access and who thus engage in 'baby-shopping' (Franklin and Roberts, 2006; Modell, 1999; Throsby, 2004). Throsby (2004, p.87) draws attention to the particular case of infertile women who, on the one hand, are accused of selfishness for 'pursuing' a childfree life, and on the other are blamed for engaging in reproductive treatments that 'corrupt' the reproductive endeavour through the involvement of money. According to Throsby (2004), being an IVF patient is a continuous negotiation of personal desires and societal expectations, and putting on the right performance is a matter of gaining legitimacy as a prospective parent. Despite the temporary self-objectifications women undergo in medical settings, a few authors have signalled that there is little they can leave to chance in their relationship with the outside world because, despite a growing number of IVF patients, assisted reproduction is still imbued with considerable

stigma (Becker, 2000; Franklin, 1997; Inhorn, 2009; Nahman, 2013; Throsby, 2004).

The research presented in this section highlights the diversity of social and medical practices that enact the status of 'patients', triggering the formation of a certain type of identity defined by societal expectations. Reproductive technologies, procedures and standards, gender stereotypes, the nuclear family ideal, anxiety about commercialised reproduction, these all constitute a material-discursive apparatus that shape the terrain patients have to navigate. My research expands on these, giving an account of the practical and discursive challenges patients face in a context of ambiguous legislation and little institutional help. I present their experiences as illuminating both the complexity of ova provision in Romania, as well as their impact on patients' identity construction. In my data chapters I also explore what it means to 'go too far' for Romanian IVF patients in need of ova, and how they negotiate the boundaries of legitimacy in the face of a strict regime of altruistic provision. Thus, I now move on to discussing some of the most relevant issues in relation to third party reproduction.

2.3 Third party reproduction in free and commercial reproductive settings

While going through IVF is already a traumatising experience for many infertile persons, the need for ova provision and/or surrogacy complicates matters even more, ushering in new ethical concerns. For IVF patients, a third party is often seen as disrupting the heterosexual nuclear family ideal by cutting genetic ties between commissioning parents and ensuing children, and/or depriving women of the experience of childbearing. The forging of new relations, genetic or not, concerns not only patients, but also reproductive service providers, who enact their own boundaries defining the level of their involvement. However, whether in free or commercialised settings, navigating this nexus of relationships is complicated. The gendered character of altruism emerges as powerful in shaping reproductive relationships and identities.

Due to their reproductive role, women, have played a central role in constructing and understanding social relationships and hierarchies (Skeggs, 2002) or, in Probyn's words (1996), spaces of belonging. Marilyn Strathern (1995) offers an explanation as to how the fragmentation of the reproductive process through the introduction of ARTs has made such hierarchies possible. According to her, one of the results of ARTs is the separation of once identical processes: procreation and reproduction. While procreation is understood as referring to the biological act of conceiving, reproduction points to the perpetuation of the social identity of the parents. But since reproduction has become fragmented through the introduction of ARTs (Strathern, 1995), there are often not just two parents contributing to the conception of the child, but three or even more, depending on the procedure. Who the legitimate parent is and what criteria should be used for choosing the other participants in procreation become then crucial questions that not only affect IVF patients personally, but also hold them accountable to society at large.

Choosing and managing one's relationship as an IVF patient with their ova provider or surrogate is often a matter of claiming recognition as the 'real' mother. Thompson (2005) states that third parties in reproduction are seen rather as prosthetics, part of what Konrad (2005) calls 'nameless relations' that preserve the distance between the commissioning mother and ova provider. Maintaining the anonymity of ova providers, Konrad argues, is a necessary requirement in order to keep a distance between commissioning mothers and gamete donors. By referring to these ties as nameless relations, Konrad alludes to the tension brought about by the sharing of maternity which forces both commissioning mother and ova provider to draw clear boundaries about what is acceptable and desirable in their relationship. In the case of surrogacy with their own ova, several authors have indicated that IVF patients are prone to emphasise the determining role of genes in determining kinship, reinforcing the Western model of relatedness (Pande, 2014; Ragone, 1999; Rapp, 1999).

However, with ova provision, this 'blood tie' is lost, which forces commissioning mothers to reconfigure the definition of kinship. Research

has shown that the discourse that is most often employed is one of 'nurture' that trumps genes in terms of what really matters in relation to one's child (Konrad, 2005; Kroløkke, 2013; Nahman, 2013). The need to distance oneself from the ova provider is sometimes so powerful that ova become disentangled from women's bodies and gain a life of their own as if their origin was disembodied. Ragone (1999) recounts how, amongst several IVF patients who had undergone IVF with provided ova, only one thanked her provider following the news of her successful pregnancy, recalling Throsby's (2004) contention that it is clinicians who take most of the credit for successful IVF despite the complex entanglement of agencies that participated in the outcome. The discourse of genetics is employed either to strengthen bonds or downplay them, depending on the type of treatment one has engaged in.

But it is not only IVF patients who objectify ova and wish to keep a distance. Orobittg and Salazar (2005) state that ova providers often employ the discourse of ova as 'wasteful' to delineate themselves from what is otherwise perceived by people to be a very personal part of oneself: one's genetic baggage. By arguing that if they don't give their eggs to women undergoing IVF those cells would be lost, 'wasted', ova providers engage in productive self-objectification (Thompson, 2005) that, for Orobittg and Salazar, achieves multiple purposes: they disentangle themselves from their genetic material and the subsequent relationships this would generate with the ensuing child, they express their agency by taking control of their reproductive capacities, and they perform a set of 'feminine' traits such as altruism and solidarity through which they connect with the recipients of their ova. Drawing on Haiman (1993), Orobittg and Salazar (2005, p.40) argue that egg provision is framed in public discourse as "altruistic, clinical, family-centred, asexual", which reinforces the stereotype of female passivity and altruism. In this sense, Almeling's (2007) research conducted in American fertility clinics proves the double standard men and women are subjected to when it comes to their motivations for providing gametes. While men are expected to be driven by financial interest, the mention of money can lead to the exclusion of women intending to provide. Just as IVF patients need to perform 'civility', ova providers in their turn have to pass as

'desirable' not only from a physical point of view, but also morally, through a display of disinterested reproductive intentions.

Offering an explanation for how IVF patients and ova providers succeed in establishing a relationship without challenging the cultural scripts of motherhood and commercialisation, Haylett (2012) uses Zelizer's concept of 'relational work'. By engaging in relational work, patients, providers and medical professionals clearly delineate the roles and attributes of each participant in the exchange, so that no confusion arises in terms of who the 'mother' is. Additionally, the character of the exchange is carefully negotiated so that it remains in the confines of the 'gift' philosophy, and does not trespass into the realms of market exchanges. Thus, the relational work carried out by all these actors ensures that possibly dangerous relationships – disruptive of 'natural' ties and mixing the economic with the intimate - are kept within the boundaries of acceptability. The sanctity of 'motherhood' and the 'altruism' of reproductive work are preserved.

The association between womanhood and selflessness has been reinforced with the advent of reproductive technologies, however it is not new. The most powerful account of the detrimental effects of commercialising body parts – more specifically, blood – came from Titmuss (1970), who argued that only non-remunerated, purely altruistic donations can ensure the quality of the tissues provided and that they meet medical demand, as well as foster social solidarity. Whether discussing the case of infertile women displaying performances of care and affection, or women engaged in other types of reproductive work more or less permeated by commercialisation who similarly felt the pressure to emphasise their responsibility and self-dedication to children (already born, or 'in the making'), all have to continuously legitimise their actions by appealing to altruism. Franklin (1997) highlights the fact that IVF children are often called 'precious', or 'miracle babies' both by medical personnel and by commissioning parents, which alludes to the privilege of succeeding despite the odds and obscures the vast financial expenditures to this end. Additionally, research has shown that reproductive service providers also employ an anti-market discourse when describing their contribution to others' reproduction as 'gifts'. The

relational work analysed by Haylett (2012) in the Canadian egg donation setting involves such careful boundary negotiation by medical professionals, who reinterpret the market facets of the exchange as gifting. Pande (2014) discusses at length how, in the case of Indian commercial surrogates, the tension of balancing out their status as workers who deserve their pay and as 'mothers' driven by altruism and care towards others never fully disappears. Layne (1999) and Modell (1999) confirm Pande's (2014) findings that surrogates and women who give their children for commercialised adoption use the rhetoric of the 'gift' in order to redeem themselves as worthy of respect and understanding, and not as cold-blooded traders in children. Pollock (2003) also states that, despite the legal commercial setting of ova provision in the USA, the discourse of altruism is so powerful that many ova providers declare after giving their ova that the moral satisfaction of having made somebody happy surpasses any financial reward they received.

Departing from the anti-commercialisation approach championed by Titmuss (1970), Strathern (2010) argues that altruism and commercialisation in the field of IVF are not necessarily mutually exclusive, but can rather coexist in exchanges in which both parties acknowledge that what is bought with money is nevertheless priceless. In other words, the value of the commercialised ova infinitely surpasses that of the money given in exchange due to their generative power. According to Strathern's reasoning (2010), reproductive service providers' performance of 'altruism' is therefore met with a performance of 'generosity' on the part of IVF patients. Several other authors offer solutions out of this gift-market dichotomy, departing from universalistic and moralising discourses. I have already discussed Haylett (2012) and her contention IVF patients and ova providers navigate the entanglement of intimacy and commercialisation through relational work, harmonising two apparently conflicting realms of life.

Greenhough, Parry, Dyck and Brown (2015) also argue for moving beyond an essentialised approach to markets and focus on the tensions experienced by those who, either as patients or ova providers, have to relate in commercialised settings. Gunnarsson Payne's (2015)

research on Swedish IVF patients and their preference Latvian and Estonian ova providers is an illustrative application of this approach. Arguing that the power to 'choose' is essential in the construction of new reproductive subjectivities, the author details the ways in which commercial relationships can be both constraining and helpful for opening new avenues for self-actualisation. For prospective parents, having a choice of several clinics and procedures also means feeling pushed into taking advantage of those options. For egg providers, patients' desire that they are driven by altruism, and thus have a choice of whether to ask for money in return or not, render financially interested providers undesirable both because of their vulnerability and their moral fallings. Based on Gunnarsson Payne's research, neither totally altruistic egg donation, nor fully commodified exchanges are desirable. This confirms Leve's (2013) conclusion that egg provision must be reconceptualised not as an individualised solution to infertility, but as a consequence of the neoliberalisation of reproductive services.

The move away from a medical approach to ova provision and towards an economic one is made by Cattapan (2016), who advocates for the framing of this procedure as labour. By acknowledging that what egg providers do is reproductive work, and not simply an act of altruism, Cattapan argues that several important objectives can be achieved. Firstly, ova providers would be recognised for their work and be treated as more than instruments for achieving somebody else's pregnancy. Secondly, the gendered assumptions about the desirability of altruistic work would be challenged, unravelling the efforts necessary for undergoing such a procedure. Thirdly, ova providers would be able to better control the conditions of their work, reducing opportunities for exploitation. Finally, institutional arrangements would be put in place to oversee the medical and financial aspects of egg provision, ensuring that any exchange is lawful and ethical, and that ova providers' health and wellbeing would not come second to that of IVF patients. Thus, in tone with Haylett's (2012) advice, Cattapan (2016) approaches ova provision not only as a one to one relationship, but as an entanglement of institutions and technologies that present older debates over commercial versus altruistic provision as misplaced.

Of course, it is not always the case that ova providers are the most vulnerable in a relationship, and that sometimes IVF patients are the ones most affected by a market economy of ova. Becker (2000) and Throsby (2004) have found that infertility treatments are so expensive that many people go into debt trying to achieve parenthood. In fact, Bell (2009) states that the association between IVF and a higher socio-economic status is so strong that lower class persons sometimes do not even consider searching for treatment. This happens in a context in which, according to Bell (2009), non-white, lower-class persons usually show higher rates of infertility than white, middle-class people, who are nevertheless more visible. Bell (2009) argues that class and race divisions stand not only for this difference in the ability to reproduce, but also for the causes that lead to infertility, a statement confirmed by other research that demonstrates the higher exposure of marginalised populations to sexually transmitted infections, as well as environmental and working hazards (Brubaker, 2013; Culley, 2009; Magyari-Vincze 2006; Rapp, 2000).

In the data chapters, I analyse the relationships between patients and ova providers primarily from the perspective of the altruism/compensation⁵ binary due to the particular tension it has created in the Romanian context. I explore how altruism and compensation are constantly reinterpreted according to one's experiences and values, playing a constitutive role in the identity formation of participants and the legitimisation or delegitimation of the regime of ova provision. Thus, in my research, the altruism/compensation binary is deployed as an apparatus for drawing boundaries between legal and illegal exchanges, appropriate and inappropriate relationships, desirable and undesirable identities. My approach for moving beyond the altruism/market opposition is thus to illustrate the constructed and contingent character of these categories. Now, I move on to show that class and race identities in particular are essential regarding how the meanings and practices of altruistic giving and compensation change, a topic to which I now turn to discuss.

⁵ I use compensation as an overarching term for material gain. Please find more clarifications in Ch. 1. Introduction.

2.4 Stratified reproduction: class, race and IVF

Despite the abundance of nuances concerning reproductive relationships, numerous academics have drawn attention to the emergence of 'stratified reproduction' following the advent of ARTs (Carbone and Gottheim, 2006; Cooper and Waldby, 2014; Kroløkke, 2013; Ikemoto, 2009; Inhorn and Patrizio, 2009; Nahman, 2013; Pande, 2014; Waldby, 2008). Developed by Colen during her research of West Indian women's labour as childcare workers in New York, *stratified reproduction* is a concept which she defines as the situation in which "physical and social reproductive tasks are accomplished differentially according to inequalities that are based on hierarchies of class, race, ethnicity, gender, place in a global economy, and migration status and that are structured by social, economic, and political forces" (Colen, 1995, p.78). She then continues, stating that stratified reproduction not only reflects, but reinforces inequality. Ginsburg and Rapp (1995, p.3) redefine the concept as the case in which "some categories of people are empowered to nurture and reproduce, while others are disempowered".

The invisibility of poor, non-white women in matters of infertility has been highlighted in academic research as a sign of social inequality and stratification in itself, with several authors arguing that its perpetuation is not only due to the restricted access to assisted reproductive services that these groups face, but also because they are surrounded by a discourse of hyper-fertility (Bell, 2009; Culley, 2009; Inhorn, 2003; Schneider and Schneider, 1995). According to Hartmann (1995), marginalised groups are often seen to reproduce wastefully and thus perpetuate their own poverty, a discourse she identifies as prevalent on an international scale in relation to tackling 'third world' overpopulation. The fact that reproduction refers not only to biological processes, but also to social formations, is seen as problematic by those who essentialise poverty and ethnicity so that certain behaviours and beliefs are located in the *nature* of these groups (Ahmad and Bradby, 2007; Atkin, 2009; Hudson, 2015) – as in the case of African-American women who are seen as more sexual than non African-American ones

(Brubaker, 2013; Culley, 2009; Fraser, 1995), West Indian women who are thought to be more caring and nurturing than those of other ethnicities (Colen, 1995), or Roma women, who are often described in the public sphere as unable to surpass their primitive and oppressed existence (Oprea, 2005).

With the diffusion of genetics as a frame for understanding reproduction and kinship, Franklin and Roberts (2006) argue that racial essence is now seen to reside in the genes. Genetic relatedness, in their view, is taken by many IVF patients to be the basis for kinship, but when the intended parents are unable to pass on their own genetic material, the donor's possible contribution is scrutinised in detail. To this end, Konrad (2005) affirms that both patients and the medical professionals who do the matching desire phenotypic resemblance. Research has shown that one of the reasons for this is parents' desire to keep the IVF treatment a secret to avoid stigma (Edwards, 1999; Inhorn, 2003; Throsby, 2004). Fortin and Abele (2015) argue that as people grow more aware of reproductive technologies the level of stigma associated with IVF lowers; even more so when new reproductive techniques such as preimplantation genetic diagnosis render older procedures more acceptable, as Franklin and Roberts (2006) suggest. Nevertheless, Cutaş and Chan (2012) contend that, despite a growing variety of relationships and family arrangements that challenge the nuclear family ideal, efforts to reconfigure the definition of family are still met with resistance, which impacts on the acceptability of third-party reproduction. Becker (2000, p.71) also invokes a "patriarchal imperative of continuing the male line of the family" when stating that the women in her research had a desire to see their partner/husband in the ensuing child, a desire unexpressed by men.

However, going back to the idea of essences, genetics is not only about appearance. Quiroga (2007) argues that the biogenetic ties created through IVF perpetuate ideas of racial purity, and especially whiteness. Although it has been scientifically disproven, the concept of 'race' as a marker of difference between people, manifested through a set of physical characteristics determined by genes, is still prevalent not only among IVF patients, but sometimes even more so among medical

practitioners (Hudson, 2015; Quiroga, 2007). Quiroga (2007) illustrates how whiteness is preserved in medical settings by practitioners who are unwilling to mix gametes from people of different skin colour (so, presumably, race) despite patient's desire to do so. The essentialisation of race becomes visible in such contexts as this one, where the IVF patient's preoccupation with the child 'blending in' a black family did not exclude, in her view, the option of having a white sperm donor.

The power of the genetics and race narratives, which have successfully permeated the public discourse and which shed a determinist light on reproduction in its biological and social sense, allows gestation to be outsourced to populations that have otherwise been stigmatised as socially undesirable. Pande (2014) invests considerable effort in demonstrating how surrogates, just like parents, are not given, but have to be made in accordance with outside expectations. Pande underlines the fact that the class and race of Indian commercial surrogates (on which her research is based) are not reproduced through IVF arrangements, which is what makes their services appealing. What is more, commissioning parents and surrogates are kept apart not only by class and race inscriptions, but also through emotional distancing strategies managed by surrogacy establishments. Pande illustrates how these impede the creation of long-term relations between surrogates, the child they give birth to, and the commissioning parents. At the same time, surrogates' gender and race are tapped into in order to further boost their attractiveness, as stereotypes of Indian women being both more fertile and more nurturing than Western white women are encouraged and made profitable. But surrogacy is not only based on advertising. Pande further explores the means through which the surrogates themselves are trained into becoming both responsible 'workers' and dedicated 'mothers', two contrasting identities which should ensure that the ensuing child is well-taken care of while in the womb, but easily relinquished after birth. Existing class, race and gender identities are reinforced while new identities are being carved in the context of assisted reproduction.

The fact that whiteness stands for more than skin colour is an overarching conclusion of Kroløkke's (2013) research focused on cross-

border tourism in search for 'desirable' ova for IVF. Through what she calls 'affective assemblages', Kroløkke investigates the preference of Danish IVF patients for Spanish ova due to their symbolic connection not only with whiteness but, by association, with quality and altruism. This preference for Spanish ova and providers is an assemblage of synecdoches, in which whiteness stands for quality, which in turn is an attribute of the West, of which Spain is part. Moreover, the Spanish identity itself, with its perceived vivacity, coupled with the intense marketisation of Spanish ova providers as 'altruistic', presents an attractive offer for white IVF patients. Thus, Kroløkke (2013, p.68) concludes, Spanish ova are seen by patients as generating not only white, 'good quality', Spanish-like traits (such as vivacity), but also "an imagined shared Western femininity or hybridity of sorts". What is effected in this case is an essentialisation of genes according to race which is made obvious through a comparison of Spanish ova and providers with East European ones. East European providers, as they emerge from Kroløkke's (2013) interviews, reflect long standing stereotypes associated with the region (Todorova, 1997). More specifically, the 'backwardness' of the East sits in sharp contrast with the 'quality' of the West, and Eastern women are perceived as lacking agency due to poor life conditions, which leads them to be purely driven by financial interest.

What is considered desirable nevertheless changes according to geography and culture. Gunnarsson Payne (2015) illustrates that Eastern Europe itself cannot be taken as a block, and is fraught by divisions, at least in the eyes of IVF patients looking for desirable egg providers. Gunnarsson Payne analyses the role of perception amongst Swedish infertility patients faced with the need to travel abroad for IVF with ova. Their preference for Latvia or Estonia as destinations, due to their geographical proximity, the presumed phenotypic resemblance of their people to the Swedish and the quality of care, sits in contrast with their dismissal of other Eastern European countries such as Ukraine or Russia, seen as less 'Western' and less safe. Similar to Kroløkke's (2013) findings, Gunnarsson Payne shows that the reluctance of Swedish patients towards certain Eastern European providers is due to a

perceived lack of choice that forces them into egg selling for income. While Gunnarsson Payne attributes this approach primarily to patients' fear of entering exploitative exchange practices, she nevertheless mentions accounts in which her participants racialised Russian providers and equalled their mercantilism to a moral flaw. Eastern Europe thus emerges as a mosaic of more or less 'westernised' populations and countries from which IVF patients can pick in accordance with the level of 'quality' they attribute to medical services and ova providers.

Nahman (2013) offers the most complex account of an 'affective assemblage' that involves Romania, part of Eastern Europe, and Israel. Because at the time of Nahman's research ova provision in Israel was problematic for religious reasons, Romania was identified by Israeli medical professionals and IVF patients as a desirable source of eggs because of, amongst other things, the whiteness of Romanian women. Nahman (2013) succeeds in offering a complex picture of Romanian ova providers, portraying the precarious safety measures taken during the medical treatment, as well as the modest social background of the providers, but at the same time highlighting their determination to take control over their lives through egg provision. As a way of emphasising their agency, Nahman calls the providers "sellers", which also indicates the commercial character of the procedures they were undertaking. While this picture of Romanian ova provision would perpetuate anxieties related to the altruistic reasons of Romanian providers, it nevertheless portrays a more complex dynamic of relationships and decision making that has empowering facets.

Nahman (2013) focuses on the embodied experiences of Romanian ova providers in order to properly evaluate the conditions of their commercial endeavours. The author compares the care with which Israeli patients were treated with the apparent carelessness and brutality applied to ova providers at a time when Romania did not even have legislation regulating this procedure. This illustrates how the issue of safety, a concern for Gunnarsson Payne's (2015) Swedish patients, fails to be properly articulated to reflect power imbalances between reproductive parties. Nahman (2008) does not argue for altruistic ova donation as a means for ensuring equitable exchanges, but for a

reconsideration of global reproductive relationships presently governed by neoliberal, exploitative practices whose implications cannot be tackled through bioethics alone. In this context, being Eastern European is not so much about a certain genetic heritage, as about a vulnerable position in a global nexus of power.

In the current section of this chapter I have explored how gender, class, and race are enacted and performed in the context of IVF. Irrespective of geographical location, class and race inscriptions delineate boundaries between who is worthy of reproduction, and who is not. In my research, I investigate the way in which the reproductive desirability of ova providers is enacted by recourse to class and race, and how the latter in their turn have affected the understandings and practices of ova provision. While my findings add to and nuance the general discussions on stratified reproduction, they nevertheless move away from cross-border reproductive relationships and focus on the Romanian national context and its particular class and race divisions. In this way, I also deliver a different picture of ova provision in Romania to that of Nahman by taking a temporal distance from the events she has analysed and offering a detailed discussion of their contribution to the enactment and contestation of the Romanian official ova provision regime in the years to come. I argue that, in contrast to what Nahman's findings illustrated, Romania's role on the international reproductive scene has changed from that of a provider of eggs into a consumer of foreign IVF services and gametes. Additionally, the overview I provide over Romanian ova provision concentrates on internal, national matters and stretches across setting to include not only provider experiences, but also policy and institutional arrangements, as well as other relevant stakeholder positions. Nevertheless, considering that Romania has and still is part of an international flow of gametes and IVF patients, I now move on to the issue of assessing the impact of cross-border reproductive travel on the stratification of reproduction on a global scale, as well as explore some considerations on how regulations can be accountable to those they affect.

2.5 Governance and accountability in matters of cross-border and national reproduction

Reproduction is not only fragmented, but denationalized, as people, gametes and embryos travel according to a “map of fertility surplus and deficit” (Cooper and Waldby, 2014, p.72). What keeps these flows going and how they should be addressed in terms of ensuring the safety of those who engage with reproductive services is a matter of debate, and who participates in that debate turns out to be crucial.

According to Ikemoto (2009), there are two types of narratives that prevail in the professional and lay milieus of assisted reproduction: the deserving parents’ narrative and the market narrative. The first one focuses on depicting the plight and desperation of infertile persons who, although being able to provide a loving and plentiful life to a child, cannot have one genetically related to them. The language used by infertile people to express their suffering, sometimes reproduced by researchers, such as Franklin’s “obstacle race” (Franklin, 1997), has a justifiably powerful impact on the wider public. The media tends to perpetuate the image of “desperate” infertile couples (Throsby, 2004), both reinforcing negative stereotypes and legitimating increased access to medical assistance (Becker, 2000).

The second narrative identified by Ikemoto is that of the market, which posits that the economic relationships formed as part of the commercial reproductive scene do not create new inequalities, but are simply a reflection of pre-existing problems – the ova providers, for example, were already poor when they were asked to undergo egg retrieval in exchange for money. What is eluded here is the effect of inequality entrenchment that reproductive markets have upon those who enter it out of financial need, or economic desperation (Nahman, 2013), which is silenced as opposed to the desperation of the ‘deserving parents’. The partiality of these narratives underline the utmost importance of listening not only to one group of people involved in assisted reproduction and its accompanying practices, but to as many groups as possible. A juxtaposition of perspectives unearths the power differences that eventually shape national and global reproduction today.

The market narrative accompanies global reproductive flows which, according to Cooper and Waldby (2014), are dependent on purchasing power differences dividing the world of IVF into consumers from developed, rich (usually Western) countries and service providers from developing, poor ones. What is problematic, they argue, is the fact that reproductive services have been largely outsourced to vulnerable women who lack any kind of protection from the harm possibly ensuing by engaging in reproductive medical procedures. A solution to this would be, according to Cattapan (2016), a change in perspective that would allow ova provision to be tackled and regulated as a form of labour protected and overseen by state institutions, as I have already discussed earlier. This would ensure the safety of ova providers and the legality of the exchanges they are part of. Returning to Cooper and Waldby (2014), their perspective intersects with Tyler's (2013) in identifying abjection as central to the neoliberal economy that is dependent on the creation and perpetuation of marginalised groups that can be made economically profitable.

National legislation has been identified by academics as both a cause for reproductive flows across borders and as an instrument with which states have defined acceptable practices in assisted reproduction and attempted to reduce the possibility of harm to those engaged in IVF. Carbone and Gottheim (2006) argue that countries regulate assisted reproduction based on several factors, such as ethical and religious considerations; some of them allow certain procedures, while others do not; some offer governmental support for treatments, while others set other priorities. The result is what Carbone and Gottheim call jurisdiction shopping, a process through which infertile people choose to undergo IVF or other procedures in countries that meet their demands, whether that means offering a service which was not available in their home country or did not comply to certain religious demands (Inhorn, 2003; Kahn, 2000).

While Parry (2008) states that legislation cannot account for all risks pertaining to being an ova provider, Carbone and Gottheim (2006) argue that it is essential not only in directing the movement of fertility treatment seekers, but also in determining the amount of protection it

offers women facing the risk of being exploited for their reproductive capacities. They offer examples to show that if the state financially supports fertility treatments, it can control the process more easily. Also, they argue that if a practice (for e.g., ova selling) is too onerous, the law is too easily surpassed or too far from a widely-accepted practice, the risk of fostering an underground market increases. As some countries restrict assisted reproduction to certain practices, the result is that those with the weakest regulations meet an increased demand of legally ambivalent services. To give an example, some countries have outlawed payment to ova providers, with the consequence that they now face a shortage of eggs. States with a lax legislation on assisted reproduction therefore have become extremely attractive as a source of cheap oocytes. According to Cooper (2008), with the increased use of embryos for various research purposes, oocytes are becoming even more valuable. Waldby (2008) also warns that the dependence of the biotech industry on female reproductive biology, for reproductive and non-reproductive purposes, will only increase the vulnerability of poor women who see giving up their ova as their only “choice” for getting out of debt. All these arguments point to the importance of investigating official perspectives on ova provision since these are key to understanding reproductive practices. The restrictions or permissions state representatives grant to national reproductive industries offer part of the explanation for IVF patients’ and service providers’ behaviours.

The fear of commercialisation in relation to body parts provision and exploitation is not new and precedes the development of ARTs. As I have already indicated above, Titmuss (1970) has provided some of the fundamental principles that characterise tissue and organ provision today. However, his theory has been challenged in practice and in theory. Practically, despite Titmuss’s reassurance that altruistic blood donation prevents the contamination of blood, free donations were not enough to stop the spread of hepatitis C and HIV through infected blood in the United Kingdom in the ‘70s and ‘80s (BBC, 2007). Although this example does not demonstrate that free tissue provision is problematic in itself, it does point to the fact that other elements, besides that of remuneration, sometimes play a more important role in increasing

provision rates and ensuring safety. Drawing attention to the limitations of Titmuss's (1970) theory, Healy (2006) redefines 'altruism' in a performative manner, arguing that it is not an inner trait, but that it needs to be fostered discursively and materially. More specifically, Healy argues that donation rates can be increased provided that people are encouraged to participate, but also helped to achieve this task by reducing administrative and logistical obstacles to a minimum. Although he does not come from a feminist tradition, Healy (2006) relies on the work of feminists in order to highlight both the material and discursive enactment of altruism, as well as the contextual character of the concept which cannot be simply assumed to be a universal human attribute. It follows that different kinds of altruism are the result of the enactment of various regimes (Murphy, 2006) that enable the manifestation of certain acts of giving and not others.

In the context of gender, class, and race exploitation, some scholars have dismissed the commercialisation of body parts by arguing that it not only reproduces inequality worldwide, but it can lead to a slippery slope of commodification that would affect the value of life itself (Dickenson, 2007; Delmonico and Scheper-Hughes, 2003; Titmuss, 1970). Employing a more nuanced approach, Radin (1996) contends that some things can become only incomplete commodities due to the lack of consensus regarding their value. Although she doesn't completely surpass the perception of gifts and commodities as opposites, Radin opens up the possibility of seeing gifts and commodities as enacted in interaction. Indeed, as discussed in the first chapter of this thesis, Skeggs (2004) conceptualises exchanges not in terms of altruism versus commodification, but as relationships regulated by gender, class, and race inscriptions. Exploitation, Skeggs argues, is not about the involvement of money, but the power to perform exclusions and claim entitlements. In this context, how a state positions itself in relation to body parts provision is essential, for it can either reify or dismantle the gift/commodity binary.

The decisions affecting women's reproductive choices and bodies often exclude those that are most affected. Throsby (2004, p.22) contends that, in many regulatory contexts, women are seen as "objects

of treatment”, or even as mere “foetal containers for the precocious embryo protagonist”, instead of active participants in the process of reproduction. Indeed, Kligman’s (1998) research confirms that the ban on abortion in Romania in 1966 was premised on the idea that women’s primary role was the perpetuation of the body politic through the birthing of children, and were consequently stripped of any rights to control their reproductive capacities. A similar view of women as bearers of children, although rooted in religious motives, is documented by Dubow (2011) to having been employed by pro-life organisations in the United States, who still advocate the primacy of the unborn child to that of the pregnant woman. In the United Kingdom, the debates that preceded the adoption of regulations on IVF and embryo research were also characterised by a focus on the status of the embryo, while the wellbeing of women as IVF patients and mothers was disregarded (Mulkay, 1997; Throsby, 2004). In the latter example, Mulkay (1997) highlights the fact that it was women MPs that expressed concerns about the possible negative consequences of a ban on embryo research on women, suggesting that gender was important in the way the issue was framed.

For Jasanoff (2005, p.25), “framing implicitly makes room for the contingency of social responses and the partiality of the imaginative space that is carved out for political action in any society”, which means that not everyone that looks at an issue sees it in the same way, and the perspectives that thus ensue cannot be predetermined for they rely on a certain set of unpredictable, contingent factors. If we were to understand this statement in Barad’s (2007) terms, what one sees is dependent on one’s apparatus, but the observer and the apparatus are in intra-action with a multiplicity of other factors that impact on the final image of that which is observed. Returning to Jasanoff (2005), it is not until they are framed that events become performative in the sense of shaping political responses. Especially in the field of biotechnology, the issues that require a political response are surrounded by uncertainty, made intelligible through discourses of risks that need to be contained to a higher or lesser degree (Jasanoff, 2013). Framings, then, play the important role of doing away with uncertainty and setting boundaries as

to what is desirable and manageable, which should then orient political decisions.

While framing establishes the clear contours of an object, the fact that those contours can multiply depending on the apparatus used for their comprehension means that such objects can slide into a realm of uncertainty: different fields of knowledge create different, and sometimes contradictory understandings (Murphy, 2006). The products of science and technology are no longer defined only in laboratories, but the general public, as well as non-scientific groups have also developed their own understanding of entities and processes such as embryo, IVF, pre-implantation genetic diagnosis etc. Consequently, the parties involved in framing legislation are diversifying, dislocating the image of 'science racing ahead' and replacing it with the knowledge that science is not outside society (Franklin and Roberts, 2006). To prove their point, Franklin and Roberts (2006, p.73) have highlighted the "sociological thinking" of the Warnock Committee in the UK, assembled to give recommendations regarding the regulations of IVF, due to its openness to catering to the wider public's concerns in relation to these technologies instead of simply relying on expertise. Based on the example of the Committee, the two authors make an argument in favour of a new type of governance rooted in accountability, meaning not simply 'transparent', or 'objective', but continuously open to critical interrogation. According to Mulkey (1997), who dedicated considerable attention to this legislating episode, the regulatory process had been marked by dramatic overturns of position that were due to the effectiveness of interventions outside Parliament. Although complex and scientifically backed arguments were offered, the tilting of the balance towards the success of one side was heavily influenced by technicalities that prolonged or curtailed the time for debates and voting, as well as discursive strategies that framed contentious issues in a favourable manner (Mulkey, 1997). Nevertheless, Franklin and Roberts (2006) deemed the endeavour a success, since what they call a 'workable consensus' – the reaching of a resolution (in the form of the Warnock report and, later, the UK's Human Fertilisation and Embryology Act) without necessarily reaching unanimity – was achieved.

During this period, voices were silenced in accordance with the particular interest of the moment. Especially towards the end of the debate, even if women's experiences with reproductive technologies were brought to the fore, mostly positive narratives were publicised in the media and accepted as strong evidence in parliamentary negotiations (Mulkay, 1997). This should not come as a surprise, considering Throsby's (2004) argument that IVF failures hardly ever make it in the public discourse. This shows that even in contexts claimed to be highly participatory, exclusions are effected, usually due to power differentials (Parry *et al.*, 2012). Framing in this case was used as an important part of the strategy to achieve certain set goals (legalising research on embryos) by allowing only some parts of the story to become visible, supporting the statement that "those who are able to impose their interpretations of reality on others gain substantial control over political debates" (Hajer, 2009, p.7). This recalls Murphy's (2006) contention that uncertainty is not always unintended, and that its production is sometimes purposefully orchestrated by the state or other corporate actors. When this happens, "then the struggle by ordinary people to understand their bodies and the consequential, sometimes deliberate, undermining of their effort resonates with a political, and not just poignant, valence" (Murphy, 2006, p.178). Murphy's statement above thus draws attention to matters of accountability, in which establishing and analysing the relation between bodies and their environment should be seen as an effect of power.

In this section, I have focused on the importance of social disparities not so much in terms of individual decision-making, but in relation to grand-scale apparatuses that channel reproductive decisions and movements at a state level. While some of the scholarship I discussed offers well-documented causes for the rise and perpetuation of cross-border reproduction – many of which apply to the Romanian context – the causality chains they identify offer only partial explanations for the phenomena they analyse. Since my research is preoccupied with matters of accountability, with how people and practices come to matter in a context of multiplicity – a multiplicity of actors, perspectives, practices – I offer an approach that avoids unidirectional causal

relationships by employing intra-action (Barad, 2007) as an epistemic approach. Consequently, I prefer to replace the concept of 'cause' with that of accountability – the distribution of responsibilities for the marks left on bodies. Additionally, by focusing on consensus-building efforts in the Romanian context, I highlight the sometimes less visible dynamics that influence the flows of body parts and persons for reproductive purposes, the different ways in which debates are framed, and who is left out of these deliberations. The exclusions performed as part of public consultations are analysed as part of gender, class and race identity formations, reflecting wider social disparities and spaces of belonging (Probyn, 1997).

2.6 Conclusion

In this chapter I have theoretically grounded various processes of boundary drawing in relation to reproductive technologies, looking at how identities and practices are enacted and legitimised, and accountability is achieved. I have moved from individual experiences of assisted reproduction to cross-border reproductive phenomena and political decision-making regarding biotechnologies in order to map the process of reproductive stratification at different levels, in different contexts, under the action of a multiplicity of intra-acting agencies. Considering that the creation of boundaries is predicated on exclusions, I explored how their coming into being necessitated the marginalisation of certain voices, which had an impact on the definition of what is acceptable, desirable, or dangerous not only at the level of personal behaviour, but also in terms of national and possibly international governance.

A number of authors have emphasised the need for more research focusing on the experiences of ova providers for a more complex understanding of the ethical and political implications of ova provision (Cattapan, 2016; Haylett, 2012; Leve, 2013). Talking to four prospective and actual ova providers has brought certain insights into who they are, how they understand the procedure, what kinds of risks and rewards they envisage. I compensated the few number of interviews I could collect with a closer look into what the current arrangements in

Romanian ova provision mean for ova providers, prioritising them in relation to IVF patients and thus positioning them as equally worthy of protection. Additionally, I accounted for their absence in the contexts I analysed, from public discourse to official political debates, while trying to fill a gap in academic research as well, not without nuancing expectations regarding a presumably burgeoning ova provision industry in the country.

Most research investigating the spatial and relational dynamics that emerged following the proliferation of assisted reproductive services focuses on cross-border migration and international stratification. Such phenomena have become very visible in the public sphere, part of a globalising world in which pre-existing global divides are redeployed in reproductive settings. While the insights offered by such studies are valuable, the way in which they underline international disparities overshadows more local social hierarchies that support cross-border reproductive movements. In my research, I discuss matters of global reproductive flows, but as part of, and not independent from the national Romanian context. I demonstrate how national discriminatory discourses and practices have contributed to the emergence of cross-border ova trade, thus offering detailed insights into the entanglement of reproductive flows at multiple levels. While this point is relevant in any reproductive context, it is particularly important for the Romanian case given that many authors have discussed the prominent position of this country as a source of ova, but did not have access to data that could explain how exactly it had achieved this status. While looking for answers in purchasing power differentials, class and race inscriptions, as well as legislation did offer valid explanations, these were just starting points for a deeper analysis of their performativity that would differentiate Romania from other countries also classified as suppliers of services and gametes for the global reproductive industry.

A new research in a country belonging to Eastern Europe is also meant to further nuance and particularise reproductive practices in a geographical region that is often considered only in terms of the reproductive services it offers. Infertility patients living in Eastern European countries are often neglected by Western research, which

prefers to focus on surrogates or ova providers, an approach which further reifies the East-West distinction often verbalised by research participants. By looking at the particular experiences of both IVF patients and ova providers in Romania, my research draws attention to the stratification of reproduction according to criteria that have less to do with an East-West divide and rather with gender, race and class discrimination, as well as the neoliberalisation of the reproductive industry globally.

Although gender, class and race have been signalled as essential identity attributes for the way in which IVF patients and surrogates are 'made' (Pande, 2014; Thompson, 2002), and for how decisions at state levels are taken (Franklin and Roberts, 2006; Mulkay, 1997), how these identities frame the understanding of reproductive practices and technologies – in my case ova provision – from one setting to another is often left unaddressed. The focus on national, and not global, reproductive relationships allowed me to involve in my research a multiplicity of participants from various backgrounds, together with their apparatuses for understanding and enacting this practice. Given the contention that different apparatuses create different understandings and modes of engagement with an object, my research joins other STS works (see Mol, 2002; Murphy, 2006) that highlight the multiplicity of the object that is analysed, problematizing not only the relationships that it enables, but also its own existence as a unitary, clearly defined entity. This is why, in contrast to other research on assisted reproductive practices, I have chosen to highlight the manner in which ova provision undertakes different understandings and is enacted through different practices across a variety of settings, avoiding the framing of ova provision as a stable practice bearing the same understanding for all.

Commercial reproductive services have sparked considerable concerns regarding the possibility of exploitation, and several authors have highlighted the pitfalls of engaging in such activities. Despite neoliberal assumptions, commercial reproductive relationships are never simple choices, and they often inflict physical or emotional harm, legitimising discourses of altruism and free giving. However, research has shown that it is these discourses that affect the most vulnerable

providers of commercial reproductive services, stigmatising them as 'unfeminine' or mercantile (Modell, 1999; Pande, 2014; Pollock, 2003; Ragone, 1999; Almeling, 2007). These findings have prompted me to focus on identity construction as a specific process of boundary drawing, having a say on the way in which reproductive practices themselves are framed. With the use of Barad's (2007) concept of *intra-action* I therefore illustrate the way in which gender, class, and race identities on the one hand, and ova provision on the other mutually delineate their boundaries. More specifically, I go beyond exploring the way in which ova provision impacts gender, class and race hierarchies, and investigate the manner in which the latter define what legitimate and legal ova provision is or should be. In this way, I contribute to the literature on assisted reproduction by catering to the performativity of both identities and practices, proposing a way of surpassing the market-gift dichotomy and instead focus on the performances that deem either altruistic, compensated, or commercial ova provision desirable.

By looking at commercialisation and gifting as materially and discursively constructed, as well as by focusing on people's experiences, I follow Haylett's (2012) recommendation that ova provision should be conceptualised not only as a personal experience involving two, maybe three people – the patient, the provider, and the clinician – but as a set of practices enacted institutionally as well, transforming it from a moral into a political issue. By looking at institutions, regulations and a police investigation, my research underlines the fact that commercialisation and gifting are not inherently good or bad, and their outcomes depend on more than one's personal inclination towards altruism or egotism, requiring state intervention to endure their ethical and safe enactment.

Due to their considerable impact on a crucial social aspect such as reproduction, ARTs have come under the scrutiny of states, which became involved in drawing a line as to what these technologies are allowed to do. However, governance has changed so that traditional institutional sources of authority no longer suffice. This means that it is not only IVF patients, surrogates, and ova providers that have to pass as citizens worthy of state support and protection, but that those participating in state decision making – politicians, non-governmental

organisations, professional organizations, the media etc. – have to also prove their trustworthiness and legitimacy for taking part in the proceedings (Franklin and Roberts, 2006; Murphy, 2006). What is more, the boundary between the recipients or providers of IVF treatments and the legislators of these technologies is no longer clear-cut, as they all contribute, directly or indirectly, to its framing and regulation.

Nevertheless, IVF patients, reproductive service providers, medical professionals, and state representatives are rarely brought together in research on IVF. Many authors prefer to concentrate either on patients and/or reproductive service providers, or on decision makers.

Undergoing IVF and regulating this medical practice are often presented as two different things, sometimes united by concerns about ethics and the best means to avoid exploitation. My research brings all these actors together, illustrating how their discursive and material practices in relation to ova provision interlace, support or contest each other.

Therefore, the identity construction processes that I analyse do not stop at IVF patients and ova providers, but include all those connected in one way or another to assisted reproduction. I contribute to discussions on decision making and accountability by highlighting the way in which identity construction affects the framing of ova provision and (de)legitimizes those who have a say in the matter at a state level. Thus, I contend that identity construction is one of the main exclusionary practices affecting the legality or illegality of ova provision, as well as the worthiness of certain people to be protected or not. How these exclusions have affected my own research endeavour while in the field will also be discussed in the following chapter, focused on the epistemological and methodological considerations that define my approach.

Chapter 3 - Methodology

3.1 Introduction

In this thesis I set out to explore the ways in which ova provision is constituted through various practices, and how these practices have been classified as legal or illegal in the Romanian context. Additionally, I aim to illustrate how ova provision intra-acts with the identities of those enacting it, shaping and being shaped by the subject positions of these stakeholders. Feminist and STS methodologies have guided my fieldwork and analysis because they allow a detailed investigation of the enactment of ova provision practices, offering due attention to their gender, class, and race implications. I chose ethnography as the most suited for approaching ova provision as a phenomenon constituted in multiple settings, from personal homes to parliamentary gatherings. I spent eight months in Romania between the 2015 and 2016 collecting interview accounts, conducting observation, and analysing official Romanian and EU documents. With the help of these methods I was able to elaborate a multi-layered analysis of ova provision that can account for the exclusions performed as part of its enactment. In this sense, I see my work as having not only an academic purpose – that of enriching a field of knowledge – but also a political one, helping the voices of those wielding less power be heard. Amongst these, the ova providers required special attention due to the dearth on narratives coming from them directly.

During my stay in Romania I conducted 37 interviews with various kinds of participants having a say in ova provision. The interviews constitute the core data that has informed my analysis, but the observation sessions and documentary analysis were important both in contributing to this data and confirming or infirming findings, as well as in facilitating my immersion in the field. The analysis of European Directives, national laws and regulations, as well as local legislative initiatives was especially useful in highlighting assisted reproduction as a developing concern for various Romanian and international stakeholders. Additionally, I observed three sessions of ova retrieval in

private clinics, through which I acquainted myself with the practicalities of this medical practice. Finally, I was also granted access to non-medical environments: I attended the Bucharest Embryology Symposium and was present during a Parliamentary debate on the latest law proposal on AR, where I could observe the dynamics of ova provision and IVF as political concerns.

I begin this chapter by arguing for a feminist and STS methodology, followed by considerations for choosing ethnography as the most suitable for my research purposes. The issue of gaining ethical approval and access to participants and the difficulties I encountered in this respect, as well as the consequences of this in the way I eventually framed my thesis will be addressed at length. Subsequently, I will describe the methods I employed – interviewing, documentary analysis, and observation, and end by elaborating on the process of data analysis. Ethical considerations will be explored throughout the chapter, as no smooth separation can be made between these and the choices I have made in terms of framing and designing my research. I will end by discussing the main limitations of my research.

3.2 A feminist and STS methodology

Ova provision is understood in this thesis as a set of social and medical practices centred around women's bodies. Consequently, I draw attention to the materiality of these practices, as well as the human agencies enacting them. My focus on the material-discursive aspects of practices is theoretical, epistemological, and political in character in that it underlies my desire as a feminist researcher to deliver academically sound work, while at the same time being accountable to the participants who have informed this thesis by acknowledging their 'nomadism'. Treating people as 'nomadic subjects' (Braidotti, 1994) allows for a freedom of becoming that some of them cannot experience in everyday life. By saying this, I do not claim that I am able to 'set people free' through writing, for surely writing, and especially writing from a certain perspective, comes with its own boundaries. However, what I do strive to achieve is an account that brings to light the fluidity, the instability of

identities, of borders, of knowing, departing from processes of categorisation that leave marks on bodies (Barad, 2007). It is to this end that I will constantly return to women's identities and experiences throughout this thesis in an attempt to balance out their absence both from scholarship and public arenas of decision-making, which is the main commitment that renders my work feminist.

The ontological status of women, ova, ova providers, as well as the intra-actions they engage in, is not given, nor is it stable, but it emerges from their entanglement. According to Mol (2003, p.5), "ontologies are brought into being, sustained, or allowed to wither away in common, day-to-day, sociomaterial practices". And yet, it is mostly in these day-to-day practices that ontologies are taken for granted, as readily accessible for individuals to use them for normative purposes, assigning people and practices into morally laden categories. Gender, class, and race are such categories that require an adequate performance in accordance with a socially-accepted 'script' (Mol, 2003) which, if not followed accordingly, produces anxiety and possibly symbolic or physical backlash. It is the centrality of gender, class, and race to the subject of ova provision that requires starting from, and returning to women's experiences (Throsby, 2004, p.23) and motivates the choice of both feminist and STS methodologies.

Braidotti (1994) urges feminist scholars to employ new feminist figurations, or new ways of envisioning and writing about agents (especially women), so that they escape the fixity of an essentialised identity, together with the hierarchies embedded in it. Nomadic subjects are those allowed to inhabit multiple identities at the same time without being called to account for the vagueness of their situatedness, but rather invited to celebrate and make use of the political potential offered by these spaces of in-betweenness. There is a tension between embracing one's nomadic identity and being fixed in place by others through means inaccessible to those classified, which draws attention to practices by which identities are constructed in the first place. Interviews helped me to contrast people's efforts to legitimise their stances with the setback effects of "being called" (Probyn, 1996).

Prompted by Barad (2007), I approach the concept of identity through the more encompassing concept of boundaries, so in this thesis identities are understood to contain one's individuality and also position a person as a discrete element in the social matrix. In the previous chapter I have already explained that boundaries for Barad are not fixed, but constantly in motion together with the matter making up the world. Materiality, then, becomes an indivisible part of one's identity, irrespective of the symbolism attached to it. Consequently, "the body or the embodiment of the subject is to be understood as neither a biological nor a sociological category but rather as a point of overlapping between the physical, the symbolic, and the sociological" (Braidotti, 1994). Identity is not a theoretical abstraction, nor is it an illusion or a metaphysical essence, but the constant becoming of an embodied person engaging in intra-actions with the surrounding social and physical environment. Limiting my fieldwork to collecting interviews would have reduced my analysis to one of discourses, disregarding the material agencies that shape people's identities. Observation and documentary analysis have aided me in bringing to the fore the way in which non-human agents participate in shaping both ova provision and the identities of those concerned.

Performativity lies at the centre of my research, which does not attempt to unravel some underlying truth about ova provision, nor does it attempt to relativise all stances as equally legitimate and ethical (Stacey, 1994). Performativity brings practices to the fore, focusing not on what things and people are, but how they are materially and discursively constructed in intra-action (Barad, 2007). Ontologies are no longer taken for granted, or black-boxed (Latour, 2005), but opened up to inquiry and interrogation. Barad (2007) argues that any attempt to render a phenomenon or an entity comprehensible involves the use of an apparatus. It is under the action of an apparatus that boundaries emerge and the world is rendered intelligible and coherent. However, what the apparatus retrieves is not the image of 'reality' that exists 'out there' irrespective of somebody making an observation. The apparatus itself interferes with that which is observed, and is in turn acted upon, in other

words the apparatus becomes part of the phenomenon observed (Barad, 2007).

It is not only participants in a research that wield apparatuses in their everyday interactions. I, as a researcher, employ my own academic apparatus in order to give meaning to ova provision and in so doing I am responsible for the way in which my acts of 'observation' affect those involved. Indeed, I am not an observer but a participant, since any delineation between subject and object is illusory. What I do does not merely reflect 'reality', but it affects it and leaves a mark that is more than symbolic. Barad's (2007) work has deep ethical commitments in that it constantly reminds readers that they are responsible for the marks they effect, or allow to be effected, on others' bodies. She urges readers and researchers to be not reflexive, but attentive to patterns of diffraction. If reflexivity presumes that a mirror image can ensue out of the intra-action of the apparatus and 'reality' and that one can have direct access to the world and its representations, employing a diffraction methodology means focusing on the relevance and the consequences of using a certain apparatus, or frame of analysis and interpretation. This is even more important since apparatuses draw boundaries that effect exclusions and establish what and who is considered important in contrast to what is marginal. As I will explain in a forthcoming section, my choice of methods was not able to compensate all by itself for the absence of certain narratives on ova provision. In wielding my research apparatus I had to pay attention not to reproduce the same exclusions as those that I analyse. I therefore used interviews, observation and documentary analysis in order to shed light on the experiences of those I could not reach, constantly paying attention to the diffractive effects of these secondary sources of knowledge.

Just as IVF patients willingly engage in ontological choreography (Thompson, 2005), researchers as well as all those involved in policy making must become part of an ethical choreography, defined by Thompson (2013) as "the greater articulation and mitigation of problems of distributive or other injustice". Focusing on the social-scientific practices in the biotechnological field, Thompson contends that bioethics are largely unprepared to tackle the challenges brought about by

scientific discoveries and technological developments, or to properly mediate competing normative perspectives. She argues for the taking up of 'good science', understood not as scientists following strict standards, or undertaking sound research projects of high academic quality, but as science that develops its ethics as it goes along, and which remains accountable in terms of distributive justice and inequality. Such a perspective counteracts the perception of science 'racing ahead' while ethics drags behind (Franklin and Roberts, 2006; Thompson, 2013), replacing it with an understanding of society and science as co-constituted and constantly in intra-action. An ethical choreography should also welcome disagreement and use dissenting points of view as fuel for democratic engagement with science (Thompson, 2013). 'Good science' then is compatible with Barad's (2007) diffraction methodology, for it encourages researchers to constantly cater to the means through which their work affects those it engages with, and challenges them to question the premises that structure their work and what comes to matter.

Numerous other academics have highlighted that feminist methodology is characterised by ethical and political commitments that primarily pertain to avoiding harm towards research participants, especially to the most vulnerable (Gill, 1995, 2008; Ramazanoğlu and Holland, 2002; Skeggs, 2001; Tyler 2013; Stacey, 1988, 1994). Tyler (2013, p.13) states that, in the latter's case, the acts of resistance against classification and abjection can go largely unnoticed for the large majority, but the work of researchers can constitute a "mediation of resistance" through which the revolt of the abjected can be documented and contextualised. Thus, I envision my own research as not only enriching a field of knowledge, but also acting as a political mediator by offering "an intersectional account of marginality and resistance" (Tyler, 2013, p.8). It is to those that are often invisible in research and public discourse that I now turn.

3.3 Tending to absences

Braidotti's (1994) impetus to allow for nomadic subjects to develop, and cherish their political potential, is not only a theoretical addition to feminist theory. It expresses the need for feminist writing to include non-mainstream narratives, the stories of those who live at the margins, who escape categorisation, or who, on the contrary, are categorised into simplified versions of themselves. With this purpose in mind, Pande (2014) immersed herself into the world of Indian commercial surrogacy in order to counteract the monopolising media accounts that depicted Indian women as selling their fertility to rich Westerners due to poverty. Before embarking on her research, Pande (2014, p. 1) asked herself: "was my country gradually becoming a land of not just slum dogs, call centers, and yogis but also baby farms?". Similarly, Nahman (2013) empowered Romanian ova providers to become theorists of the practices they were engaged in without giving up on her value system as a feminist anthropologist, based on which she could still single out power differentials and exploitative accounts. These are as much narratives centred around women as embodied subjects as they are analyses of the relationship between reproduction and the nation, race, international hierarchies and stereotypes.

Sometimes, the feminist loyalty to the principle of bringing women and their embodied experiences at the centre of research can turn out to be a struggle. Bosworth, Hoyle and Dempsey (2011) discuss at length the implications of not being able to have direct access to victims of sexual trafficking, despite their determination to bring their stories to the forefront. In my case, simply choosing to interview ova providers did not mean that I actually succeeded in making their story visible, since I only managed to talk to one ova provider and three prospective ones. My research thus joins others that try to convey the unheard stories of vulnerable women, but has to find additional routes to tell these stories largely in the absence of those who lived them. Before embarking on my fieldwork, I intended to approach ova provision primarily from the perspectives of ova providers, whose first-hand narratives seemed to be largely absent during the initial stage of documentation. I knew from the

beginning that recruiting providers as participants would be difficult. In Romania, IVF in general, and ova provision in particular, are still heavily stigmatised, and many people prefer to keep their treatment secret. In addition to this, ova provision was further stigmatised following the ova commercialisation cases in 2005 and 2009, and the outlawing of monetised exchanges. Consequently, I only managed to talk to one ova provider, and three other women who had considered providing but who eventually gave up for various reasons. My desire to place ova providers at the centre of my research was thus curtailed, forcing me to find ways through which I could still remain loyal to my feminist undertaking, as well as keep pursuing the topic I had chosen before leaving for fieldwork.

As I accumulated readings on the topic of assisted reproduction on a global scale, I gained a deeper understanding of the stratification of reproduction internationally and in my own country. The picture that was largely painted was one in which Romania had joined other poor, 'less developed' countries (in comparison to more 'developed' ones, usually Western) in the provision of reproductive services, with vulnerable Romanian women selling their eggs and whiteness as a last resort for survival. Apart from Nahman's research (2013), no other academic source presented first-hand accounts from these providers. Romanian news stories offered more details with respect to their identities, signalling the fact that while some were students of Romanian ethnicity, many others belonged to marginalised Roma communities. The double process of racialisation of Romanian ova providers, who from an international perspective were seen as white, but Eastern (Kroløkke, 2013; Todorova, 1997), while from a national point of view were classified as poor and Roma (not white), determined me to examine those who are not looking to reproduce, but who aid others in doing so from a marginal position. My choice does not reflect a belief that the narratives of Romanian IVF patients are not interesting and valuable, or that they do not struggle to meet demanding societal standards. I was nevertheless compelled to seek out and make visible the stories of those that seldom enter public attention, and when they do it is for reasons that reinforce their marginality. The case of the Roma is the most illustrative, for a Roma identity often delegitimises one to speak and be listened to,

whether we are talking about everyday interactions, public policy making, academic research, and feminist activism (Oprea, 2012).

Delving deeper into fieldwork, the problem of accessing ova providers made me realise that almost everything I knew about them came from sources they had very little control over. These sources – media stories, legal documents, interviews with other participants - provided very powerful accounts that reified class and race stereotypes rather than offer nuance and detail. And yet, these were almost the only sources I had at my disposal to present a different story of ova provision, one that I hoped would be empowering by showing the complexity of providers' accounts and the fluidity of their identities. To keep ova providers central in my account, it was my turn to displace them as 'theorists' (Nahman, 2013) and focus on how they were constructed by others. Additionally, I had to investigate how the various apparatuses used in their construction ended up creating a diffractive image of both providers and ova provision. I analysed the way in which the identity of ova providers in Romania is embedded in considerations about class, race, and expectations of altruism, not altogether different from other countries, but nevertheless with its own specificities. Understanding these processes of framing ova providers allowed me to account for their absence in public discussions on IVF and ova provision, as well as the selection process they undergo when IVF patients establish the criteria of provider 'desirability' before they embark on private searches. The narratives from the actual and prospective ova providers I did talk to were used to counteract these constructions and, indeed, present ova providers as closer to Braidotti's nomadic subjects, with a certain degree of mobility in their decisions.

Another less visible and somewhat marginalised group, albeit not to the extent of ova providers, is that of IVF patients in need of ova. Although some of the patients I interviewed considered the possibility of having to find a provider somewhere in the future, only one couple actually had the experience of searching for the 'right' woman, with no success. According to several Romanian medical professionals, the number of IVF patients in need of female gametes is only a fraction of the total number of infertility patients, which explains their low count in

my own research. However, possibly due to the more complicated situation of their cases, infertile persons in need of ova constitute a different category of IVF patients whose visibility is considerably lower than that of patients using their own gametes. Their plight is left out of more mainstream narratives carried out in activist or state circles. This is the reason for which, like in the case of ova providers, I tried to give an account of their experiences with the rather scarce sources at my disposal. The fact that some of the IVF patients I interviewed were facing the possibility of needing ova aided my understanding of the process of their coming to terms with this idea. Eventually, the interviews that I collected with IVF patients of different kinds not only enriches the picture of ova provision in Romania, but also points towards more unexpected power relationships that often get overlooked, such as those between infertile people undergoing different treatments.

Due to the scarcity of data regarding ova provision in Romania, I embarked on a project that first had to offer a general understanding about what was happening at the site. Partial as it may be, the picture I present should also dislodge Romania as an exploited 'other'. The processes of inscription, of decision making at individual and state levels, of managing uncertainty in the face of technological development as they emerge in the Romanian context share many commonalities with what has been happening in Western countries in relation to biotechnologies. However, my thesis is not intended to be mere a celebration of similarities, but also a reminder to cater to the dynamics of national becoming, in parallel with personal becoming, in contexts seen as 'disempowered', 'poor', 'exploited' etc. Processes of national inscription have enduring effects that impact both the lives of those bearing that nationality (as seen with the case of the desirability of Romanian ova providers), and the scholarship produced in and especially about those spaces. At the same time, my account also deconstructs any amount of 'innocence' that has been bestowed upon Romania together with its 'victim' status, highlighting its contribution to the global reproductive flows and the inequalities it creates and perpetuates.

3.4 Choosing feminist ethnography

My intention to map ova provision in the Romanian context meant that I needed a method that could empower me to explore the complexities of this phenomenon as it emerged on various sites. Ethnography allowed me to tend to the multiplicity of the practices enabling ova provision (Mol, 2003), and not only to the representations connected to it, offering me the possibility to take materiality into account. My commitment to a feminist approach as part of doing 'good science' (Thompson, 2013) prompted me to pay special attention to the power relationships emerging as part of my whole academic endeavour. Feminist scholarship guided me through a diffractive (Barad, 2007) preparation for and analysis of the encounters I was part of.

It was through what Marcus (1995) called multi-sited ethnography that I could follow the traces of people and things moving through different contexts, changing statuses and acquiring new ones in the process. Much like Murphy (2006) in her research about the sick building syndrome, moving across sites allowed me to understand what is made visible and what invisible at different moments in time and in different settings. Abu-Lughod (2000) argues that understanding the epistemological and political implications of 'location' as part of multi-sited ethnographic work is essential to understanding power systems and inequality. She contends that ethnography allows the bringing together of locations previously thought of as hardly connected. To illustrate her point, Abu-Lughod (2000) conducted multi-sited research in Egypt mapping the production and reception of television programmes, highlighting their power to unite a society fraught with divisions. In my work, ova provision can be similarly seen as a technology that facilitates the coming together of people from different backgrounds, suggesting that, despite appearances, they are part of the same world. Thus, I was able to focus on the associations, transformations and relationships that define and enable ova provision in various contexts, unravelling different layers of social meaning and practice (Franklin and Roberts, 2006). At the same time, I could illustrate how the same reproductive phenomenon

connected these sites and contexts, articulating them in a somewhat coherent manner, often reinforcing divisions.

Moving between sites required a continuous adaptation on my part, and with every change came the need to learn new sets of rules of interaction, as well as to legitimate my presence there and the relevance of my research. As Franklin and Roberts (2006) rightly put it, I was the bearer of an expertise that became invisible to participants in my research, and I felt a strong pressure to perform in such a manner as to inspire both knowledge and self-confidence in my own practices. This was particularly important given that my informants were either high-ranking or high-skilled professionals, or people for whom my topic of research was sensitive enough as to require a serious motive for eliciting their participation. I was constantly moving between fertility clinics, institutional offices, cafes, and my own home from where I often conducted phone interviews. Irrespective of my location, my status was never quite clear and the feelings of being an impostor accompanied me almost until the end of fieldwork (Franklin and Roberts, 2006).

Each of these encounters required that I present a certain type of knowledge which was not necessarily of an academic type. Since I did not have a medical background, what seemed important for medical professionals was that I had managed to create a mental picture of the workings of the Romanian assisted reproductive industry. Such insights helped me to turn my position as an 'outsider' into one of benign complicity, asking pertinent questions about issues that were not circumscribed solely to media scandals and highlights. In the political and administrative realm, my complicity was taken for granted by participants who were open to giving me extra information "off the record". Discussions in this context presumed a shared knowledge of 'how politics work', so that participants often left statements open ended, conveying their message not only through speech but also through a system of nonverbal communication that they presumed I knew. For instance, one informant argued that money was the reason for which Romania still has no law on assisted reproduction not by stating this directly, but by rubbing her thumb and index finger while suggesting that her office might be wired. In my conversations with IVF patients and

providers, my understanding of the treatment and its consequences often proved to be partial since every case has its specificities. However, sharing what I knew with what they had experienced and learnt during treatment allowed us to find a common ground with the help of empathy and openness. Eventually, it turned out that most participants were very little interested in my sociological training or the motivation behind my research despite my efforts to clarify my position. Passing as a competent researcher relied more on my social skills than my scientific background. Consequently, the emotional toll of traversing all these different sites brought me close to ethnographic exhaustion (Franklin and Roberts, 2006).

The need to perform either as a knowledgeable or an empathetic researcher meant that by initiating rapport with participants I was entering power relationships that were more or less unbalanced. It is thus the power of ethnography to highlight hierarchies not only amongst participants, but also between participants and researcher. The feminist framework that informs my academic endeavour is also heavily preoccupied with power relationships between researcher and participants, exploring the dynamics of an 'insider'/'outsider' status. Stacey (1988) argues against the innocence associated with feminist ethnography and its high held values of open and mutual relationships between researcher and participants. Her experience during fieldwork illustrates the vulnerability ethnography can inflict upon participants, how intimacy can lead to the possibility of betrayal or exploitation by the researcher. Thus, ethnography can lead to situations of epistemological and political conflict with important theoretical and political consequences. Stacey's conclusion is that a power hierarchy between researcher and participants is unavoidable, especially given the fact that the final ethnographic product reflects the former's interpretations. Davis and Craven (2011) also propose a politically committed feminist ethnography, one that could counter neoliberalism's apolitical stance and its reductive individualism. For them, such research would help examine how women from privileged backgrounds can contribute to the oppression of more marginalized groups of women, unravelling tensions, but also creating solidarities. Armstead (1995) draws attention to a more

problematic phenomenon: that of delineating one's identity by performing exclusions. More explicitly, Armstead was concerned about the practices of white working class women constructing themselves as respectable in opposition to black women, portrayed as lower-class citizens.

Considering that both white working-class as well as black women are vulnerable groups, Armstead was faced with the difficult decision of writing in such a manner so that she would not reinforce stereotypes, nor censor her informants. At the same time, her account of power relationships was complicated even more due to her experience of having her authority diminished considerably even when the participants were not considered elites.

All these feminist accounts illustrate the fluidity of identity categories and the ensuing difficulties of identity politics premised on the erasure of differences between groups of women. In research contexts, relationships between researchers and participants almost always place the former in an in-between location (Braidotti, 1994): 'insiders' by sharing some identities with their informants (possibly gender), 'outsiders' by differentiating them through other means (race, sexuality, class etc.). But this 'insider'/'outsider' status is not necessarily detrimental to one's research, as long as it is acknowledged. Pande (2014) notes the fact that being seen by surrogates as partly different from themselves in terms of reproductive and marital status allowed her an easier entry into their lives by eliciting their sympathy. By contrast, the always visible class differences between her and the surrogates helped Pande to avoid an unwanted complete immersion in the field. In her paper on researching black and LGBT communities of students, Pitman (2002) argues that navigating landscapes of commonalities and differences with her participants allowed her to combat her own illusion of 'sameness'. In the end, she concludes: "the question is not *whether* identities and practices affect these relationships and hierarchies, but *how they do so*" (Pitman, 2002, p. 287). Pitman thus reiterates Barad's (2007) and Thompson's (2013) feminist contention that researchers have to be constantly attentive to the marks they leave on bodies as part of their academic endeavours.

My Romanian identity proved essential in establishing rapport with all those included in my research. Besides the obvious advantage of speaking the same language, being Romanian allowed the insinuation of a certain type of complicity with participants, the presumption of a common understanding of cultural cues and institutional workings. But the different backgrounds of the participants in my research meant that my 'insider'/'outsider' status constantly changed. My gender, class, race, and educational status all played a part in the relationship dynamics I entered during fieldwork. My greatest concern in terms of power differentials was in relation to ova providers. Rarely were they presented as anything but poor, possibly Roma, a state of vulnerability I did not want to increase through my intervention. My sole concern for their experiences and wellbeing could not be taken as sufficient to ensure that no harm came to them (Pitman, 2002). What is more, I bore in mind other researchers' frustration of being unable to intervene in cases in which they realised ova providers or surrogates were being misinformed and possibly maltreated (Nahman 2013; Pande, 2014). Nevertheless, I considered that their stories were important enough to legitimate my decision to continue trying to find and talk with them, while taking precautions to minimise the potential discomfort I brought.

In my relationship with IVF patients no clear boundary can be drawn in terms of who held more or less power. Most of those I talked to were middle-class professionals, not unsurprising given the resources needed to access assisted reproduction (Becker, 2000; Throsby, 2004). If their socio-economic status privileged them in relation to me, the intimacy of their accounts exposed their vulnerability both as research participants and citizens. Some had not succeeded in having their own genetic child by the time we talked, and the emotionally-laden narratives they shared with me reminded me constantly of the responsibility I had as a researcher. It was not only the lack of success, but also the lack of clarity of what should be done next that situated IVF patients in uncomfortable positions. One woman, for instance, was certain she needed provided ova, but had no idea how to proceed. At the time of the interview, she perceived me as a reliable source of information that could guide her with her treatment. The power she endowed me with came

with the burden of deciding about how much I should intervene, a task also bestowed on researchers in other reproductive contexts (Nahman, 2013; Pande, 2014). Eventually, I told her what I knew about others' efforts of finding a provider, but made sure she understood I could do no more than that.

The class and race implications of ova provision became clear in participants' answers as they engaged in delineations about who is more entitled to reproduce and who meets the standards of a desirable ova provider. In a manner evoking Armstead's (1995) account, I was put in the uncomfortable position of having to be sympathetic to patients' stories about surpassing their infertility as it was contrasted with the 'ease' with which other groups – which I was to understand were Roma – reproduced. Similarly, many participants were quick to presume that lower class women would provide ova just because of the money, arguing that middle-class ones would stick to altruism. Such discrepancies between groups of women were often essentialised either on the basis of genes or culture. For certain, such disclosures were possible because of my white, middle-class background, which provided a certain kind of 'insider' status. At a more political level, I was negatively surprised to discover the lack of concern of infertility activists regarding ova providers, who were completely absent from their discourse except in discussions pertaining to compensations or payment for ova, to which they were almost entirely against based on the same reason that material incentives would attract the poor. Since from the outset of my research I set out to make visible the narratives of those usually marginalised, nuancing the stance of IVF patients as not only performing exclusions but being excluded in their turn was sometimes a challenge.

The fact that most of my interviews were conducted with elites meant that the power differential often worked to my disadvantage. Recalling Franklin and Roberts' (2006) observation that a researcher's expertise becomes invisible in the field, I was particularly concerned about the best way to legitimise my claim to participants' time as a professional. Being highly educated in Romania does not necessarily elicit admiration since it is not seen as ensuring success in a country fraught with social divides. Consequently, my academic achievements

could hardly balance the professional experience and power many participants had. Nevertheless, some advantages did arise out of this imbalance. My apparent powerlessness could have provided comfort to some of my informants, prompting them to be more open about contentious issues. In contrast to journalists, who have often been interested in ova provision due to its connection to illegality, my interest in the topic seemed harmless since I did not have the kind of exposure that the media could grant.

The dynamics between researchers and participants have a deep impact on how fieldwork evolves and how findings get framed. These, together with other practical difficulties, sometimes made my fieldwork feel like a maze in which some routes were dead ends, despite having theoretically and logistically prepared for what was to come. Franklin and Roberts (2006) state that in the case of ethnography, a hypothesis is the outcome and not a starting point, and that a good ethnography is marked by confusions, misapprehensions, and surprises. Participants often shared with me hard-to-verify information, rumours and gossip which gave my work a touch of detective air I then had to filter to avoid sensationalism and speculation. Reconstructing the history of IVF in Romania was a challenge because of missing paper trails, and the interview accounts I used to fill in the gaps were themselves incomplete, or contradictory. Practices that I thought were more visible, such as IVF with provided ova, were very hard to come by due to clinics having stopped such treatments or refusing to grant me access without clearly stating it. Conflicts between medical professionals, or between other stakeholders that participated in my research, complicated the picture I had about ova provision and opened up new routes of inquiry which turned up to be less relevant to my topic than first assumed. Informants whom I believed would be key to my research sometimes proved of little help, while others whom I approached with little hope turned out to contribute massively to my endeavour. Indeed, fieldwork felt like trying to put the pieces of a jigsaw puzzle together, where not all pieces necessarily fit. It is this flexibility that allows researchers to adapt to what they find (or don't find) that makes ethnography a suitable method for

research in contexts characterised by ambiguity and multiplicity (Brewer, 2000).

The three methods that I used as part of ethnography allowed me to verify the information that I eventually included in my thesis. At the same time, by focusing on how ova provision and the identities of those involved were constructed materially and discursively liberated me from the imperative to try to reach a certain 'underlying' truth (Barad, 2007). However, this does not mean that I took every statement for granted, and this is the reason for which I consider the analysis of participants' apparatuses as essential to my reasoning. Accounting for the differences in what, how and why participants said what they did was important in highlighting the multiplicity of ova provision. Thus, having access to a diversity of participants and perspectives was key to my endeavour.

3.5 Gaining ethical approval and access to participants

Before actually embarking on fieldwork and contacting participants I applied for permission to proceed from the University of Leeds Ethics Committee, whose main responsibility is the prevention of harm towards the researcher and participants. Given the sensitivity of my research due not only to the intimacy of what I was investigating – assisted reproduction with provided ova – but also to the ambiguous legality status of some of these practices, I had to attentively navigate a landscape fraught with ethical dilemmas. Firstly, my entering into the field required me to avoid potentially dangerous situations that could affect my mental and physical integrity. The fact that I could come across illegal activities meant that I constantly had to evaluate the risks I was exposing myself and the participants to. Consequently, all my actions were overt, and I cultivated openness in my relationships with informants, clarifying my research aims and granting them the liberty to withdraw from my project at any moment. At the same time, I declared my reliance on my supervisor's advice if anything dubious arose in the circumstances of my fieldwork.

My second ethical concern arising during the ethical approval application process was ensuring that I was not deepening the

vulnerability of some of my research participants, namely IVF patients and ova providers, through the means I used to contact and try to recruit them. In the case of patients, I had to level the power dynamics given by the fact that I was planning to ask for the help of medical professionals to put us in contact. I did not want patients to feel pressured by the authority of their doctors to participate in my project, all the more that they were having a difficult time battling with infertility. Therefore, I planned to ask medical professionals to give patients my details, so that they could contact me themselves if they agreed to be interviewed and possibly observed during medical procedures. Thinking that medical professionals could also connect me with ova providers made me decide for the same method of recruitment. However, the chances of discovering that ova providers or IVF patients had received or given money for ova added another layer to their vulnerability. I did not intend to reveal such activities to the police, however, as part of my ethics of care, I declared that I would denounce anything that put participants in danger prior to their involvement in research⁶. A particular concern I had regarding ova providers before I departed for Romania was that the police representatives I intended to interview would try to pressure me to hand in information about the providers I had managed to talk to who had received money for their ova. I looked for advice from an academic at the University of Leeds who had experience researching sex work, and thus had insights into sensitive matters involving vulnerable women. She assured me that ova provision was not a priority for the Romanian authorities, and that I should not expect such pressure to arise. In any case, I planned to interview the police before any ova provider, to alleviate any risks. Once on fieldwork, I was indeed met with no interest on the part of the prosecutor I interviewed about any provider I might have met.

With these clarifications in hand, I was granted ethical approval to commence my fieldwork. Before leaving for Romania, I identified some of the main actors connected to IVF and ova provision. Most of these were public figures, politicians who had initiated laws on the topic, or

⁶ I was thinking of instances of domestic violence, or overt coercion.

representatives of administrative institutions and professional or patient non-governmental organisations. To gain access to these participants I relied on personal connections, since their high position or the sensitivity of the topic could have made them unreachable otherwise (Ostrander, 1995). Nevertheless, while the use of intermediaries did sometimes have successful results, at other times complementary strategies had to be used.

If some participants were approached through an intermediary, including politicians, legal representatives, and administrative personnel, many others responded to the emails I sent, asking for an interview. This method was less successful with politicians, amongst whom only two replied out of six emails sent, but very efficient with medical professionals, most of whom were very open to answer my questions over the telephone, in emails, or in face to face meetings. Most of the clinicians and embryologists I talked to were employed in or owned private fertility clinics around the country, and were less pressed for time than those also working in state funded institutions. This aspect was essential for their availability to answer my questions, together with the fact that many of them were involved in academic work and therefore regarded my own research with more sympathetic eyes.

Ova providers were by far the hardest group to reach. I had hoped that fertility clinics could facilitate my access to those providers who were under their treatment, but of the clinics that still performed IVF with provided ova none informed me about any such procedure during my stay in Romania. I considered the option of trying to contact them through other means, putting into balance the risk of placing them in a situation of discomfort with that of maintaining the invisibility of ova providers in the wider discourse about a medical procedure that regards them directly. Eventually, I decided to try and replace their absence from public discourse with first-hand narratives, given feminist hopes that accounts of providers' experiences could be the best way forward towards a better understanding of ova provision and more ethical exchange practices (Cattapan, 2016; Haylett, 2012; Leve, 2012; Nahman, 2013). Consequently, just like patients in need of ova did, I searched on the internet in order to find discussion groups or

announcements about such offers. I found an online thread of announcements from both patients looking for a gamete provider and gamete providers interested in an exchange, where the authors had also offered their contact details. The fact that phone numbers and email addresses were made public suggested an openness to conversation. Two of the four prospective ova providers I contacted agreed to talk to me, and one of them put me in contact with a friend who had actually undergone the procedure. Another ova provider who eventually gave up going through with her plans contacted me following my announcement on an infertility website. After initially agreeing to a conversation, I was eventually turned down by two other ova providers following my clarifications over the project and its aims. Losing participants was thus the risk I took as part of my ethical commitment to openness and participant safety.

Finding IVF patients willing to share their stories with me and possibly allow me to observe them while under ova extraction was also a challenge, and my confidence in the snowballing technique in this context dwindled (Goodman, 2011). As planned in my research application, some patients were approached with the help of clinicians, who always intermediated our relationship. Medical professionals seemed very protective of the patients, only some of whom they saw as appropriate participants for my research according to criteria left unknown to me. I welcomed their attitude as a sign of care towards patients, but it was always clinicians who contacted me whenever an opportunity to observe a medical procedure occurred, and not the patients themselves, as I had intended. Nevertheless, I always reminded patients during our face to face encounters that they could simply refuse to be interviewed or observed. Other IVF patients who agreed to be interviewed responded to my announcements on infertility forums and Facebook pages. Additionally, I benefitted from the help of friends and family, who introduced me to potential participants once I realised the difficulty of reaching IVF patients through other means. Unlike clinicians, with friends and family as intermediaries I could expect power relationships to be more levelled, devoid of institutional and professional pressures. With one exception, all patients were women, but none of

them had undergone IVF with provided ova, although two had been searching for a provider.

Although it was mostly ineffective in the case of IVF patients, snowballing did happen with other participants, especially administrative representatives, medical professionals, and activists, illustrating the close ties between these connected domains. Participating in various events and proceedings, such as the Romanian Embryologists' Symposium and a parliamentary debate over the latest law proposal on assisted reproduction also facilitated encounters with persons that were more deeply involved with the topic of my research. My presence in such settings helped me legitimate my request for interviews since it suggested a certain level of acceptance in the world of IVF. My own status as a researcher was constantly in flux, never quite an insider, nevertheless moving with apparent ease in various settings where children and decisions about reproduction were being made.

The access I eventually gained to various participants deeply shaped the research outcome and the conclusions I reached. The fact that I was unable to talk to more ova providers meant that I could not focus on their embodied knowledge and experiences without appealing to secondary sources. This was the main reason for which I was forced to displace them from the centre of my research despite my initial intentions, and try to understand their position in their absence using others' accounts.

3.6 Interviews

Any attempt to understand what is happening 'in the field' already means an involvement of the observer/researcher with the 'object' of study (Barad, 2007; Nahman, 2013). This is true for the whole of my research and interpretation, as it is for the particular intra-action with participants through interviews. The questions I asked were as much descriptive, aimed at helping me understand what was happening, as they were political, highlighting the way in which participants constructed the world often by performing exclusions. The kind of objectivity I aimed for what that defined by Barad (2007) as being conscious and

responsible for the marks left on bodies, both in the context of ova provision and in the intra-action between me and participants.

I interviewed a total of 37 participants: 4 actual and prospective ova providers, 12 IVF patients, 9 medical professionals, 2 politicians, 2 administrative employees, 5 activists, one legal representative, one psychologist specialising in infertility, and one priest specialising in bioethics. 20 of these interviews were face to face, 14 were over the phone, and 3 were via email. It was the ova providers and most of the IVF patients who preferred phone or email interviews, due to convenience (not all of them were from Bucharest, where I undertook my fieldwork), and privacy. All participants were given information sheets and consent forms⁷ (except for the ova providers, for safety purposes), and almost all accounts, except for the already written ones, were recorded and transcribed *verbatim*. Eight participants did not wish to be recorded, therefore I used notes to remember their accounts. None of the names that appear in the data chapters are participants' real names, but pseudonyms. Given that the world of Romanian IVF is quite small, some participants could be easily identifiable if I made specific reference to their roles. I took special precautions in my writing to keep their status as ambiguous as possible without lowering the quality of my arguments, as well as informed all those holding and representing public positions of the possible difficulties in totally concealing their identities. However, in a few cases, the risk of participants being identified is still present. I did not renounce citing them in my work because I considered that the positions and the decision-making power they hold have an important impact on those engaging with ova provision, and therefore their views are too important to be omitted from any account of the enactment of this phenomenon.

Most face to face interviews took place in participants' working spaces such as fertility clinics or institutional offices, which inscribed them with authority and tilted the power balance in their advantage. The fact that my access to them was usually mediated by secretaries or receptionists formalised the encounter to an even greater extent.

⁷ These can be found in the Appendix.

However, the context of these meetings provided useful information in terms of the institutional choreographies and rules that governed such spaces. At the same time, it pressured me to try and make the most of that one meeting, making me intensely conscious of the improbability of having access to that place again. In contrast, phone and email interviews lacked this kind of background information without necessarily levelling the power differentials. Calling a second time for clarifications is not necessarily easier than visiting an office, and ignoring one's call or email is perhaps easier than cancelling a scheduled meeting.

From the outset of each interview I tried to create the premises for an open and fluent conversation (Ellis and Berger, 2003), paying attention to feminist concerns about promoting a non-hierarchical relationship with participants (Hesse-Biber, 2007). However, each type of participant required that I changed the focus of my questions. I always had a set of queries I wanted to clarify, but I only checked it when I was not sure of the direction I should drive the conversation into. In this way, I made sure to follow participants' accounts attentively, using certain events or issues they brought into discussion as cues for my next inquiry. I started each conversation with topics that were familiar and non-threatening, and which would allow a smooth immersion into the rest of my questions. The emotional involvement during interviews with IVF patients was always greater than in the rest of the cases, and required that I treated the answers with sensitivity and compassion. The interviews with ova providers were similar in their intimacy – the stress fell more on their personal experiences and less on the legal and more technical aspects of ova provision – but much more detached. This did not necessarily come as a surprise, but it was interesting in that it reflected the kind of detachment required of ova providers in order to be able to relinquish their procreative genetic material.

Despite my overall desire to make participants comfortable⁸ while discussing with me, it was my political dedication to the diffractive approach (Barad, 2007) that prompted me to explore contentious issues

⁸ Of course, narrating one's efforts to achieve parenthood cannot be considered comfortable from any perspective, but in this sentence I refer to the quality of the intra-action between me as researcher and participants, not to the content of our discussion

that might disrupt the coherence of participants' accounts. I employed what Kvale (2006) calls 'agonistic interviewing' - a style that brings to light the conflicts in one's narrative, asking the participant to elaborate on them. I found this useful in clarifying some of the contradictions I encountered along the way, as well as challenging classist and racist assumptions without necessarily addressing them straightforwardly.

3.7 Observation

Ova provision involves a series of practices that happen in a variety of sites: on the Internet, where the search for prospective parents or ova providers first starts, in one's home or in town, where the two parties might meet for the first time, at the notary's office, where they sign the agreement, in fertility clinics, where the medical procedures are performed. However, ova provision involves not only prospective parents and ova providers, but also other stakeholders that shape this practice from a legal and administrative point of view. Thus, ova provision is also the result of parliamentary proceedings, public consultations, professional meetings and conferences, activist events, media studios etc. My research required multi-sited ethnography because the practice itself is enacted in multiple environments, where it is brought into being as a discrete reproductive procedure that needs to be standardised not only technically (in terms of the necessary medical techniques and devices), but also legally and ethically. In each of these sites a different apparatus is used to understand ova provision, but all these understandings eventually come together to confront each other, they migrate between sites and change shape in so doing. What is foregrounded and what relegated to invisibility in each setting, as well as how this hierarchy of importance changes across sites can be explored through observation, even if observation alone is not enough.

I could not be present during all these instances of ova provision enactment for reasons mostly connected to access. However, I did plan to observe some of the medical procedures involved, while other opportunities for observation in non-medical setting arose in an unplanned manner. I was permitted to observe three ova retrievals and

one embryo transfer in two private fertility clinics in Bucharest. I did not have any power to choose the clinics, since my access depended on the connections I had. Later in my fieldwork I was also able to take part as an observer in a parliamentary debate over the latest law on assisted reproduction, in a governmental public consultation with non-governmental organisations in matters of health, as well as attend the Romanian Embryologists' Symposium, a professional event that gathered many of the infertility specialists in the country.

The ova retrievals and embryo transfer I observed were not performed on ova providers, but on IVF patients who were using their own gametes. The choreography of the medical procedure was difficult to follow in the beginning, especially because of the technical equipment which was largely unknown to me. I was allowed to ask questions during the intervention, which suggested that what the clinicians and nurses were doing was routine. While I watched, I scribbled down details about the procedure, using lay language such as "pink liquid" for substances and apparatuses I did not know the name of. My aim was not to learn in detail what all of that was, but rather to have a broad idea about what ova retrieval involved so that I could have a point of reference when talking to participants. My quest for understanding ova provision as an embodied practice, as a mark left on bodies, also deemed observation necessary, all the more that this kind of knowledge is usually relocated by legislators to the margins in favour of a more abstract approach. It was only in this medical context that women's bodies and experiences gained such visibility and importance in the discourses about IVF, and their wellbeing was considered a priority.

Because I was only observing short-lasting surgeries, and was not involved in broader activities at the clinics I visited, fitting in was not necessarily a major issue. Either the clinician that granted me access to the site or a nurse would help me navigate the clinics' corridors and procedures by leading me to the surgery rooms and providing medical clothing, after which I was usually left to wait until the procedure began. It was usually during those waiting times that I felt out of place, constantly needing to legitimise my presence despite my outfit. But my greatest concern was about the IVF patients I was to observe knowing I

was going to be in the surgery room. Clinicians usually invited me to observe procedures one day in advance of the ova retrieval, therefore, with one exception, I did not have much time to meet the patients before they went under surgery. During that time, I introduced myself and the purpose of my research, and asked for their consent. I was aware that clinicians did tackle the issue of finding participants for my research carefully, and this is one of the reasons for which I was only invited to so few ova retrievals. Nevertheless, I could never escape the feeling of inappropriateness and being an 'impostor' during those observation sessions.

During my stay in Romania, the latest law on assisted reproduction re-entered parliamentary discussions after years of absence. I was able to attend by simply sending an email, legitimating my presence there. Besides MPs, the proceeding was also attended by one administration representative, one clinician and one activist. What was particularly relevant was not so much the discussion, which, although interesting, did not concern ova provision, but the unfolding of events and the dynamics of the group. Assisted reproduction was not the only topic on the discussion list of the day, but was the last point discussed even though four people (me included) attended the meeting solely for that reason. Consequently, it had been over an hour since the discussions started when the topic of reproduction finally took its turn. MPs were discussing the law project point by point, with the other stakeholders intervening whenever they considered it necessary. Not all stakeholders were endowed with the same legitimacy to give counsel, which could be observed by the number and length of interventions, invitations to speak, titles used, but also whether they had been invited to participate in the proceedings or had made a request. All these issues will be addressed in the data chapters, for they are relevant for analysing decision-making practices.

The Romanian Embryologists' Symposium I attended was a two-day event that reunited infertility medical professionals and researchers who presented scientific papers on their latest discoveries. Amongst these, only two were not concerned with medical issues, but with data collection and legal provisions about lineage, suggesting that patients'

and reproductive providers' safety were not matters of concern that had to be addressed specifically in the medical realm. The highlight of the event was a rather unplanned, unofficial session of discussions about the latest parliamentary debate on the assisted reproduction law proposal which two clinicians had attended as their colleagues' representatives. I could thus witness medical professionals becoming political, and trying to organise themselves according to a common interest. They were not alone in this effort, for infertility activists also present at the conference participated in planning future actions that could counter the unfavourable turn parliamentary discussions had taken. Such observations helped me to understand the manner in which medicine, politics, and activism temporarily merged while common professional, financial, and reproductive interests were being enacted. At the same time, the fact that some of the participants in this conference were also present during the parliamentary session I attended provided an interesting perspective over how such interests migrate through various settings, shaping assisted reproduction and ova provision.

3.8 Documentary and media analysis

The research I have so far outlined is deeply intertwined with legal provisions, since ova flows and their legitimacy are dependent on the regulations pertaining to the movement of tissues. Before starting fieldwork, I collected and reviewed laws and public policy papers related to the assisted reproductive industry and organ donation in Romania and the European Union. Official documents are material-discursive productions based on a series of assumptions which may not be openly stated, therefore not only what is being said, but also the context in which it is said matters (Wood and Kroger, 2000). While I did not place these documents at the centre of my research, they informed my analysis of the dynamics of regulating assisted reproduction and ova provision.

The process of collecting the relevant legal documents was in itself an indication of the convoluted attempts at regulating the field in Romania. The inexistence of a unified law meant that I had to identify all

documents, of higher or lower legal status, that regulated the field. At the same time, the numerous law proposals that had been drafted were not easily accessible, and it took time until I identified all six of them. My first source of information was the Romanian Parliament website, where all debated laws, together with their institutional trajectory, are theoretically stored. However, how and why certain law proposals changed in time was not always clear. Interviews were critical in ordering these documents in a chronological order, as well as accounting for the multiple variants of the same law. Regarding the other documents I needed to find, I bought a temporary subscription to a Romanian legal database. By searching according to certain key words, such as “assisted reproduction”, “*in vitro* fertilisation”, “gamete donation”, I was able to retrieve a considerable number of documents, but selecting what was of relevance turned out to be a challenge. After scanning through those that seemed central to the practice of assisted reproduction, I returned and read in more detail the regulations that participants signalled as hallmarks in their activity.

Documentary analysis and the other methods I used for research evolved in parallel: depending on what I would find in the field, I would search for a particular law, or revisit what I had already read. Similarly, certain legal details prompted me to ask particular questions during interviews. The content of these documents was not easily accessible for me, since I do not have a legal background, and being conscious about the unknown meanings even banal words could carry, I constantly tried to clarify what consequences those provisions bore on everyday assisted reproduction. However, from a researcher’s point of view, it was interesting to find that even those who were directly affected by these regulations – especially medical professionals – did not always understand what these documents implied. This observation turned into an area of investigation in itself, highlighting possible legal shortcomings that had an important impact over the field.

For me as a researcher, many of these legal documents played the primary role of placing events in context, clarifying why certain participants positioned themselves the way they did, and how the history of Romanian IVF was legally shaped. The law proposals that aimed at

regulating assisted reproduction, of which none was adopted, were scrutinised in more detail. I was interested in identifying common themes, such as the occurrence of ova provision specifications, as well as the framing of these themes, e.g. whether compensation for ova provision was permitted. I tried to connect these written regulations with the processes through which they came into being (Jasanoff, 2005), paying attention to who had been involved in their drafting, the motivations they invoked in supporting their frame, as well as the efforts they invested to attract support.

Another legal document that I have been granted access to by the authorities was the police report regarding one of the ova commercialisation cases. Because it referred to a case that had reached a resolution, the report entered the public realm and could be obtained following an official request, which I sent through an email message. After several weeks of waiting, I received the file through the same means. Stretching over more than 200 pages, it conveyed detailed information about the persons and practices involved in the case, offering much more detail than I had been able to collect from media stories. More importantly, though, was the fact that the file allowed me to also analyse the workings of the juridical apparatus in framing the case. The manner in which events were classified as 'illegal' and presented in a cumulative order so that they could constitute the ground for the prosecution of several parties, the way in which declarations were edited for clarity and dissected in order to become evidence, the comments of the author of the file, who is not merely an objective, detached narrator, they all offered rich research material that contributed to my analysis of the construction of ova providers' identities from a criminal perspective (see Chapter 4).

Finally, as the lack of access to ova providers forced me to turn to other sources in order to analyse the way in which they were portrayed in various sites, the importance of media stories increased in my research. I approached them not as reflections of events, but as another apparatus through which meaning was ascribed to ova provision, especially in its commercial form. Out of the 54 articles collected in

relation to ova provision in Romania, I analysed in more detail 25 of them.

The selection process was based on the exclusion of the articles that focused on clinics which were accused of selling ova, but which were not confirmed by the police. To avoid speculation, I only included articles about the two commercialisation cases that were confirmed by police investigations and several other media productions (articles and videos) concerned with commercialised ova provision in general. Some of the events I discuss in my thesis happened many years ago (in 2005), which reduced the number of stories I could find: some had been taken down by publications, others had links that no longer worked. Consequently, my aim was to analyse all the stories related to the Global ART and Sabyc cases that I could find, eliminating those that were simply reproducing content from other original sources. The 25 articles that I eventually settled upon were different enough in order not to be redundant. Given that I did not have an overwhelming number of stories, I did not use other criteria for selecting them.

My focus during media analysis was on the construction of the identities of those involved in ova scandals: clinic owners, medical professionals, administrative personnel, and ova providers, emphasising the class and race undertones used in connection to the latter. This analysis also helped me identify whether the ova commercialisation cases were politicised or placed in the larger social context. Just as in the case of the police file, not only the content, but the manner of presentation – tone of voice, language, choice of details - was also considered in my analysis due to its contribution to framing the issue.

3.9 Data analysis and writing

During fieldwork I continuously drew connections between my findings and the theory I had read, looking for connections (Tuckett, 2005). It became increasingly clear that some avenues I had wanted to explore were closed, but at the same time others opened, allowing me to reorient my research as I went along. The use of three different methods helped me to create a complex picture of assisted reproduction and ova

provision in Romania, which had to be organised around themes that could answer my research questions, but also reflect unexpected findings (Gill, 2000). It is the juxtaposition of multiple methods that has helped me verify the data I was collecting in terms of its validity, as well as cross-checking important findings with various participants. Given the time that had passed since some of the events I was interviewing actors about, I made sure to ask for details on the same event from more than one participant to compensate for memory flaws.

My interpretation of the data consisted in thematic analysis, defined by Braun and Clarke (2006, p. 79) as a method for “identifying, analysing and reporting patterns (themes) within data”.

According to Braun and Clarke (2006), thematic analysis is a method whose flexibility to both the researchers’ epistemological approach and methods is an advantage. What matters is that this type of analysis is used properly to serve the aim of one’s research, being informed by the research questions and the data collected through fieldwork. Ethnographic research offers good data for a thematic analysis of practices and multiple understandings set in a social context (Holloway and Todres, 2003). The themes that then guide the analysis are constructed by the researcher according to their academic interests, and put together to create a coherent and consistent narrative. Braun and Clarke (2006) emphasise the fact that themes do not simply ‘emerge’ from the data, as if they were just waiting to be discovered. Instead, the themes are the product of the researcher’s selection and framing practices, indebted to his/her particular point of view.

The interviews were the richest in data and were the starting point for defining the themes that would guide my interpretation and writing. Firstly, I separated them according to the background of the interviewees (IVF patients, medical professionals, politicians etc.), and then I highlighted the more or less discreet topics each of them had talked about, delineating the codes for analysis. Once I went through all transcripts, I organised the codes that I had identified into themes and sub-themes⁹. The next step was organising the interview material

⁹ See Appendix for examples of themes and sub-themes developed during analysis.

according to speakers *and* themes so that I could easily browse for information according to both criteria. To do this, I did not use qualitative analysis software, but Evernote, a generic note-taking program with which I was more familiar and which offered enough flexibility so that I could easily navigate my data.

The themes that I delineated primarily defined existing practices of ova provision and the problems the current legislation creates, the perceived impact of the ova ‘trafficking’ cases on assisted reproduction in general, and ova provision in particular, the desirable regime of ova provision according to the interviewees, especially in relation to compensation or payment, class and race references, and relationships between types of participants (e.g. between patients and clinicians, between clinicians and the authorities etc.). These themes did overlap to a certain extent, since no clear, definite boundaries can be drawn between them, and they also presented somewhat different framings between participants, for whom the same issue bore different stakes (e.g. the consequences of a lack of proper regulations were different for patients than for medical professionals). At this level, the data I had gathered became clearer, but was still rather descriptive.

The organisation of the chapters reflects my efforts at understanding the history of ova provision in Romania under the influence of a multiplicity of agencies, and most importantly how different practices of ova provision came to be classified as legal or illegal. The constant reference participants made to the ova commercialisation cases, even without being prompted by my questions, led me to realise that those had been an important hallmark that influenced much that was to come. I therefore mapped these influences in the political realm in the second chapter, where I documented the efforts of passing specific legislation on assisted reproduction. In my third chapter I analysed what was happening in parallel with these legal proceedings from the perspectives of those who were actually involved with the material practices of ova provision, namely patients and medical professionals. The embeddedness of the themes I had identified in the contexts of their production (e.g. political, medical, administrative etc.) determined me to organise my writing around the specificities of each site of ova provision

enactment. Thus, instead of having, for instance, a chapter solely on the issue of ova commercialisation, and another chapter on the construction of ova providers' identities etc., I preferred to constantly return to these overarching themes in subsequent chapters in order to illustrate the way in which their framing changes (or remains the same) from one site to another (e.g. from parliamentary debates to infertility clinics).

Analysis did not end when I started to write, but rather intensified as the task of making connections between data, theory, events, and interviewees became tangible. The data from interviews was the backbone for my analysis and writing, but I constantly went back to my observation notebook and thematic analysis sheets to nuance and detail my accounts. At certain points, the data from interviews moved to the background as I brought forth the documents and media reports I had collected, like in the case of the third and, partially, the fourth chapter. One of the biggest challenges of writing was accurately illustrating the performativity of the phenomenon under study, as well as of the actors involved in its enactment. I could not simply narrate events chronologically, highlighting a unidirectional relationship of cause and effect, or take events for granted. I had to constantly pay attention to the apparatuses used for enacting and framing identities, practices, and narratives so that I did not contribute to further reifying them. I was therefore particularly concerned with not reinforcing stereotypes, especially in relation to ova providers, who were the most affected by negative portrayals. By foregrounding the concept of identity fluidity, I could cater to the opportunities it offers for change and political action, as well as account for the identity dynamics described above.

3.10 Limitations of my research

The writing of this thesis was motivated by a need to understand the multiple enactments of ova provision and the identity dynamics of those involved with it. From a political point of view, this thesis was also meant to account for the marks left on the bodies of ova providers following their engagement with assisted reproduction. This latter objective has only been partially achieved. The difficulty of telling a story

in the absence of its main characters means that there is more than physical harm that needs accounting for. The material and discursive invisibility of ova providers points to the need to understand the process of their displacement by those who take decisions in their name, or at least decisions that will gravely affect them. I have presented here both the contingent and the historically enduring factors that have contributed to the construction of providers' identities, and the framing of ova provision. However, my restricted access to providers constitutes one of the main limitations of this research. I have tried to compensate for this by critically approaching the discourses about ova providers emerging from third sources, whether documents or other participants' narratives. I have countered the stereotyped portrayal of providers by analysing the bias inherent in these narratives, while constantly monitoring my own practices in thinking and writing about them. Nevertheless, much of ova providers' experiences and opinions have remained hidden and untold. This remains an important stake in future research concentrated on Romanian ova provision in particular, as well as in other contexts in which providers' voices are largely absent.

Except for Nahman's (2013) book, the lack of previous research that investigates Romanian ova provision means that my own work is to a certain extent exploratory. The need to understand the complex entanglements affecting ova provision, as well as my reduced access to providers contributed, although were not decisive to, my multi-sited, broad approach to the topic. Consequently, my account may at times lack more detailed insights into the relationships and practices of ova provision, especially concerning events placed further back in time. This leads me to my next point.

The stretch in time of the phenomenon under consideration – ova provision – has made analysis somewhat difficult due to a lack of resources. The beginnings of IVF and ova provision in Romania, the first legal provisions that established the official regime, as well as the first attempts at regulating IVF are to a certain extent shrouded in uncertainty due to the partial lack of paper trails. In the '90s and early 2000s, the Internet was only slowly gaining ground in Romania, few institutional or media outlets were accessible to the public on the world wide web. The

people that contributed to the medical and legal development of ova provision have been hard to identify and locate during my fieldwork, social and institutional networks had changed. Additionally, people's memories were also prone to faults due to the passage of time. Consequently, my own narratives stretching back to those times are sometimes sketchier in an attempt to avoid speculation and stick to events that I could verify.

3.11 Conclusion

In this chapter, I have mapped the choices and challenges I was faced with as part of my endeavour for understanding ova provision. The use of feminist and STS methodologies was motivated by the necessity of foregrounding women's – especially ova providers' - bodies and experiences in a discussion about a phenomenon that affects them directly, ova provision. Ethnography allowed me to focus on the practices through which ova provision is enacted, as well as on the fluidity and performativity of identities. I did not embark on a search for 'truth', but focused on the apparatuses used by participants in order to frame ova provision, while at the same time acknowledging the fact that my own research was an intervention, and not a detached endeavour.

My commitment to a feminist epistemology and methodology reside in my positioning towards the world I researched, the people I talked to, and the manner in which I conducted my fieldwork. Following the feminist tradition, I reject the possibility of a detached observer having unmediated and unrestricted access to the world. Instead, I use the awareness of being responsible for the work I have undertaken to minimise the potential harm I inflict, while accepting the fact that the analyses and conclusions I provide are attempts at understanding phenomena which are forever changing and constantly subjected to our particular comprehension frameworks. While the downside of this is that direct and complete understanding will never be available to us, the upside resides in the possibility of constant becoming left to the people materially and discursively intra-acting. Thus, also part of my feminist undertaking is my choice to focus on women's bodies and experiences,

legitimizing a type of embodied, gendered, classed and raced knowledge which has often been neglected or relegated to the margins of academic scholarship and political action. The intersectional approach I have towards women's identities is also indebted to feminist tradition, dedicated to the task of enabling women to escape constraining social categories and achieve a more fulfilling existence. Analysing the power dynamics women are part of has allowed me to account for their absence from public discourse and political decision-making, and bring them back as a central concern in terms of their role in reproduction. In order to be able to do this, I juxtaposed different accounts from multiple sites, allowing a multi-faceted picture to emerge and enable a potentially nomadic experience in its empowering sense.

A multi-sited research often requires multiple methods that can tend to the specificities of each site. Using interviews, observation, and documentary analysis I was able to gather diverse data about a complex phenomenon. The multifaceted character of ova provision emerged as a consequence of having access to multiple, sometimes contradictory, perspectives. Moreover, using more than one method allowed me to analyse the apparatuses used in framing ova provision in more depth, as well as draw attention to the material traces, such as documents, left as part of the unravelling of phenomena.

Data analysis and writing were co-constitutive of each other and were in their turn performative, for they played their own role enacting ova provision. Because of this, I had a responsibility in the way in which I diffracted this phenomenon and those involved with it, especially ova providers. Tending to the partiality of knowledge, the fluidity of identities, and the impossibility of effectively disentangling agencies, I avoided the reification of that which I was studying, leaving space for political change and contestation.

Reaching objectivity was for me, following Barad (2007), a matter of accounting for the marks left on bodies both by the participants in my research, and my own research and writing activities, and it is these academic, ethical and political commitments that make my work feminist. Although perspectives are always partial, they are not necessarily equally 'innocent' (Stacey, 1994) for they have material consequences

that do not affect everyone in the same manner. Therefore, I concentrated both on understanding ova provision as a set of material-discursive practices, as well as catering to the exclusions performed through these practices. In terms of my own positioning as a researcher, I identified it as my duty to primarily talk about those bodies – women’s bodies - which are most often left at the margins of people’s preoccupations and, consequently, society. In so doing, I tried to limit the harm done through my intervention by taking safety precautions towards participants and paying considerable attention to the risk of reifying identities through my writing.

Chapter 4 – Ova ‘trafficking’: a criminal view on ova provision

4.1 Introduction

In 2005 and 2009, two Israeli fertility clinics based in Bucharest, Romania, were prosecuted by the national authorities following suspicions that the two had been commercialising ova across borders. Both cases attracted intensive media attention, as well as national and international institutional reactions that have affected how ova provision has been done in Romania for years to come. In 2015, when I conducted my research, these events were still important hallmarks in the history of Romanian IVF for many of those involved with various aspects of assisted reproduction, from infertility patients and clinicians, to politicians and administrative personnel. The power these ova commercialisation cases have had in framing both legislation on ova provision, and the public discussions surrounding this medical procedure and exchange practice constitute the reasons for placing them at the beginning of my data analysis endeavour.

In the absence of first-hand accounts, the ova commercialisation cases are analysed here through the lens of the media and the police. The media stories and the Sabyc police report that constitute the source and basis of my research are treated as apparatuses that produce understanding and shape the world they ‘observe’ (Barad, 2007). Both the media and the police highlight certain aspects of the events they analyse, while leaving others unattended. They do this by using specific technologies, standards, and practices. In this thesis, I do not have the aim, the data and the space to analyse all these elements in detail, but instead aim to create the picture of a complex material and discursive dynamic that has led to certain readings of ova provision. This chapter, then, is particularly preoccupied with the framing of ova commercialisation as ‘trafficking’, a criminal act ‘threatening’ Romanian society, as well as with the absence of ova providers as authors of the narratives emerging from these events.

This chapter goes on to illustrate how certain practices of commercial ova provision in Romania were criminalised and constructed as a threat both to women's bodies and to the body politic. Giving due attention to the apparatuses used for this construction, the categories of 'legality' and 'illegality' emerge as unstable, but with important material-discursive consequences. The harm following ova commercialisation was largely distributed amongst ova providers, and yet it was these, together with the foreign clinics, that were found accountable for the damage. The social disparities existing in Romanian society were eluded from mainstream narratives surrounding what the media termed ova 'scandals'.

The chapter commences with an analysis of the Romanian media stories that emerged following the start of the investigations at Global ART and Sabyc clinics, since these were the primary sources that informed the general public about what was happening in those cases. However, I do not engage in a mere narration of facts, nor argue that these stories had a decisive role in people's interpretation of the commercialisation cases, since I had no means to quantify this media influence. Nevertheless, I approach the media as a reflection of largely-held social values. Therefore, I analyse how events were framed by journalists, who transformed them into 'scandals' of 'trafficking' before any sentence was given by a court. I pay special attention to the construction of the identities of those involved as either criminals or victims, focusing on the case of ova providers and how their class and race inscriptions were enacted discursively for entertainment purposes. The media emerges as an important apparatus that helped locate the events at Global ART and Sabyc in the criminal realm, dissociated from the socio-economic context that contributed to their materialisation.

The second section of the chapter moves on to another apparatus for the construction of ova commercialisation: the police report following the investigations at one of the above clinics, Sabyc. With the help of the report and the data from an interview with the prosecutor who authored the text, I explore the process through which the conclusion that Sabyc had indeed been 'trafficking' ova was reached by matching the evidence with the legal definition of the term 'trafficking'. As in the case of the

media, I explore the ways in which events were framed and opposing identities were constructed so that guilt could be, in the prosecutor's view, accurately attributed.

Finally, the third section of the chapter is dedicated to the identity construction of ova providers both in the police report and by Sabyc's staff. As in the case of the media, I comment on the lack of control over the narratives they are part of, as well as the actions they were recruited into. The richness of the data from the police report allows me to go into detail into their enactment as victims-workers-criminals, a fragmented and unstable identity premised on class and race considerations.

4.2 Ova commercialisation in the media

In the world of biotechnologies, certain events gain prominence and set the tone for the interpretation of subsequent developments in the field. The media is an active participant in framing and disseminating them to the larger public (Franklin and Roberts, 2006; Jasanoff, 2005; Throsby, 2004). The role that the media play is therefore not simply to represent facts, but to become part of their construction, influencing their understanding and triggering certain responses (Hajer, 2009; Mulkay, 1997). By framing events in a certain way, the media also identifies accountable actors, pointing the finger to those it considers responsible for the outcome (Djerf-Pierre et al., 2013). The media accounts of the Romanian ova commercialisation cases inevitably conveyed a certain reading of these events, reflecting and reinforcing social convictions.

In 2005, Global ART, an Israeli fertility clinic in Bucharest, raised international concerns after the British Fertility Society (BFS) discovered that imported Romanian ova were being used for the IVF treatment of women in the United Kingdom. One representative of the BFS was worried that Romanian women were 'seduced' into providing ova without being properly informed on the matter (BBC, 2005). The case gained increased visibility following its dissemination by the BBC, and it became the focus of an investigation by the Romanian authorities (Adevarul, 2005). The international dimensions of the case increased as several European MPs requested the European Commission to issue stricter

regulations pertaining to gamete provision. Consequently, the Commission asked for a ban on gamete trade and stricter gamete provision regulation (BioNews, 2005). Meanwhile, in Romania, a young woman who had donated eggs at Global ART was hospitalised with ovarian hyperstimulation syndrome and threatened to sue the clinic, making her story available to journalists (9AM, 2005). Powerful narratives started to emerge. The BBC and, subsequently, the Romanian media employed the phrase ‘mail order babies’ in referring to the children born to foreign patients from Romanian ova (BBC, 2005), reiterating a long-standing anxiety about IVF as child commercialisation (Throsby, 2004). However, the fact that Eastern European women, who could presumably be more easily ‘seduced’ into selling their ova than Western ones (Kroløkke, 2013), were involved made things even more complicated.

In 2009, another Israeli clinic from Bucharest was also accused of commercialising ova by paying providers whose eggs were then used for the infertility treatment of foreign patients. According to one media source (ProTV News, 2009a), the investigation started following an initial complaint about the sanitary conditions in the clinic. The Romanian police did not intervene in the case immediately, but only after the State Sanitary Inspectorate requested their involvement. In contrast to Global ART, this case did not attract as much international attention except in Israel, where different actors reacted to the developments of the events in Romania largely by supporting the Israeli patients and medical professionals who had been involved with Sabyc¹⁰. It is also important to highlight that, while in 2005 Romania had no law that criminalised commercialised ova provision, by the time the Sabyc case erupted this had become an offence punishable by prison sentence.

The accounts above are brief presentations of the cases as they appeared in the media. Extraordinary events rife with conflict usually attract intensive media scrutiny (Hajer, 2009); even more so when they involve reproductive technologies that spark public anxiety in relation to technological developments (Franklin and Roberts, 2006). Such events

¹⁰ These Israeli reactions had different grounds and will be addressed in context later in the chapter.

are often amplified by the media in order to keep the public's attention (Djerf-Pierre et al., 2013), and this is exactly what happened both in the Global ART and Sabyc cases. After the initial outbreak of a 'scandal', publications kept readers updated on the latest findings, providing an increasing number of accounts from those who had been involved. Journalist accounts accompanied police investigations, labelling these ova movements facilitated by the two clinics as 'trafficking' before any sentence was given, and sometimes even before ova commercialisation was defined as 'trafficking' in law.

In Romania, the media has legal access to periodic police information outlets¹¹, which at the time of the two ova commercialisation cases meant that what they conveyed to the public was reliant on the police apparatus. However, the employment of terms such as 'trafficking' and 'scandal' by the media before the accused were tried means that what the judiciary and the media rendered visible did not completely overlap. While the police was still collecting evidence, the media was anticipating the attribution of guilt. They did so by framing the events by establishing causal relationships and identifying and constructing the actors involved (Djerf-Pierre et al., 2013). Both Global ART and Sabyc were thus classified as links in a network of organised crime that functioned based on exploitative practices rooted in greed. Articles from that period were fraught with heavily laden words and phrases such as: 'the factory of canned babies', 'black money', and 'mail order babies', and the general tone was highly emotive. Shortly after the Global ART case was discovered, one media story started thus:

An unprecedented horror is happening under our eyes. Because Romanian children are no longer 'good for export', undignified, greedy clinicians acting as middlemen make profitable business by selling embryos. Speculating the poverty and ignorance in our country, they have developed a proper industry. With the price of the unimaginable suffering of the women who they pump up with hormones and wring of ova (Observator, 2005).

¹¹ According to the *Guide regarding the relationship between the judiciary system in Romania and the mass-media*, elaborated by the Superior Magistrate Council, 2014.

Many media outlets published the declaration of the president of the Romanian College of Clinicians, who stated that what had happened at Sabyc was comparable with the practices at Auschwitz. This attracted the protests of the International Medical Association, which accused the Romanian clinician of antisemitism, but which did not preclude the adoption of the comparison by the national media: “Without the woman’s complaint, the practices from the Auschwitz on Ion Mihalache [name of street] would have continued unhindered” (Racaru, 2009). These excerpts present the ova commercialisation cases as conflicts between the clinics and the ova providers. On a bigger scale, what had happened was presented as the outcome of a greedy reproductive industry that stretched across borders and which preyed on ‘poor and ignorant’ Romanian women. The fact that these events were seen not simply as cases of malpractice, but as orchestrated attacks on women, as well as on Romanian society and identity, is suggested by representations of the Romanian nation being under threat under the forces of the market, on which ‘children’ and ‘embryos’ were sold according to demand. Similarly, the references made to Auschwitz not only built a parallel between unethical medical practices, but further constructed commercialised ova provision as a danger for the fertility of Romanian women and their physical integrity. Ova, embryos, children, women, and the nation were entities that resembled Russian dolls, each being necessary for the perpetuation of ‘Romanianness’.

The framing of the ova commercialisation cases as criminal acts rooted in market interests and immorality was reliant on the construction of those involved as opposites. If the ova providers and IVF patients were most often described as victims, the owners and employees of Global ART and Sabyc emerged solely as negative characters. Their identity was constructed almost entirely around one dimension – their financial motivation. Media articles were rife with details about the payments given to providers, the costs of infertility treatments, the profits clinics were allegedly making, the sums confiscated by the police, as well as the expensive possessions of clinic owners. Such accounts were central in highlighting the flows of money circulating through the network

of fertility clinics globally as well as nationally and alluded to the highly organised and ethically fraught character of the reproductive industry. Commenting on the findings in the Global ART case, one journalist explained:

They took 900 receipts as evidence, proof that women were paid between \$200-\$300 for donating genetic material. (...) The value of the insurance for the merchandise trafficked by Global ART is approximately \$800 000 (Gazeta de Sud, 2005).

In the case of Sabyc, another journalist contended:

The business was profitable because one IVF cycle was between €10 000 and €50 000¹², and the clinic had performed over 1200 cases (ProTV News, 2009b).

Money was brought to the fore not only to explain why the clinics had opened in Romania, but also to create a contrast between the payment made to providers and the profit made by clinics. Journalists went even further in depicting the privileged backgrounds of clinic owners, publishing accounts of their luxury cars and apartments. By portraying them as incredibly wealthy, the media contested their moral integrity and made them accountable for the harm they had inflicted on ova providers and IVF patients purely out of financial interest. Referring to the owner of Sabyc, one journalist illustrated this approach by writing: “he simply tricked some patients, desperate to become mothers, who had suffered and hoped enormously” (ProTV News, 2009c).

The employees working for Global ART and Sabyc, although occupying less space in media stories, were also constructed as solely negative characters who participated in full knowledge in the acts orchestrated by the owners of fertility clinics. Journalists did not delve into details about the backgrounds of the foreign medical professionals

¹² The currency used in all accounts connected to the ova commercialisation cases includes both USD and euros because in 2007 Romania joined the EU and the period between the two cases (2005-2009) was one of transition in terms of the standard currency used.

involved except for mentioning that one of the Israeli clinicians recruited Israeli patients in order to perform IVF with provided ova (ProTV News, 2009d).

Romanian medical professionals underwent a more intense scrutiny probably due to their vulnerability to the national media's gaze. Journalists approached them directly, which meant that the media apparatus did not solely rely on the police for insights into the matter. Interviews and recording technologies were part of an apparatus through which the media also tried to comprehend the ova commercialisation cases. However, these did not necessarily convey the 'truth', but rather aided the construction of people as either 'good or 'bad'. Returning to the Romanian professionals, their attempts to highlight their innocence were framed by the media as proof of the author's guilt, overriding any presumption of innocence with phrases such as "the lies of the anaesthesiologist" (Patra, 2005). The construction of medical professionals in a totally negative light delegitimised them as practitioners and welcomed comparisons with Auschwitz, as well as evoked the figure of the 'mad scientist', this time motivated not by scientific ambition, but by greed (Mulkay, 1997). The "monstrosities" (Racaru, 2009) that happened at Global ART and Sabyc, as one journalist put it, illustrate the fear of a 'slippery slope' when no legal or moral boundaries are taken into consideration.

Compared to the clinics' owners and employees, IVF patients were almost always cast as victims. The fact that they were presented as having various nationalities - not only Israeli, but also Western - introduces a tension between patients' victimised status and their socio-economic privilege which allowed them to engage with and travel abroad for IVF. Nevertheless, patients were most often portrayed as having been 'tricked': the media publicised the fact that many of the providers at Sabyc had been of Roma ethnicity, whose ova were then sold to Israeli families led to believe that they were receiving the gametes of white, young students (Adevarul, 2010). Such a mismatch disrupted the reproduction of whiteness as a standard of racial purity and desirability (Quiroga, 2007). However, as I will discuss in the next section, it is unclear to what extent the Israeli patients distinguished between Roma

and Romanian ethnicity. The tension between the expectations of commissioning parents and the actual source of their genetic material may have been amplified by the Romanian media, who read in providers' racialised and classed bodies the marks of undesirability.

According to journalist accounts, ova providers were most often a collective character, having few traits that reified their victim status. Just as in the case of IVF patients, the physical and psychological trauma of providers having experienced harmful ova provision was brought to the public's attention through emotive means:

The prosecutors accuse the suspects of exploiting tens, maybe hundreds of young women. In exchange for a maximum of 1000 lei [the Romanian currency], they were subjected to intense hormonal stimulation treatments, procedures which specialists say can lead to sickness and even death (ProTV News, 2009e).

Just like IVF patients, ova providers were often presented as having been 'tricked' or 'seduced' into providing by clinic employees who took advantage of their vulnerable background and obscured the medical risks associated with the procedure. However, due to their class and race positions, ova providers had an unstable status constantly moving from that of pure 'victim' to that of 'danger', constituting the Other who can both attract curiosity and sympathy and inflict fear about the possibility of losing an established social order. In particular, the discourse of the 'polluting' powers of the Roma has had a long history in Romanian society (Achim, 2007), and their involvement in the Sabyc case could only determine such associations to surface again with the help of the media. If, for Northern Europeans, Eastern Europeans are undesirable providers due to their poverty and, consequently, their moral inclinations towards self-interest (Kroløkke, 2013), in the Romanian context the Roma are similarly essentialised as both physically and morally flawed. In one media account, their modest social background was depicted with attributes that attracted suspicions of promiscuity: an article accused some of being infected with STDs, being 'mentally retarded' or having children with mental illnesses (Adevarul, 2010),

statements for which I could find no ground in the police file I also consulted on the Sabyc case. Nevertheless, the danger they represented was minimised by the fact that their ova had been directed to foreign patients, thus sparing the Romanian body politic of unwanted 'infiltrations'.

Similarly to the Romanian infertility specialists working for Sabyc, journalists also contacted the ova providers who had worked with the clinic. In this way, the ova providers did acquire a distinct identity, but their story was often conveyed in a rather satirical manner, with strong strokes of racism. As one headline illustrates: "At 21, she won 45 million [lei] from [selling] ova." The article then continues: "Four urchins of one of the best donors, a young woman of 21, from Chitila, now want to meet their brothers in Israel" (Vălimăreanu, 2010). The use of the term "urchin", reserved for Roma children in Romania, is only one means through which the identity of the provider in the story was discursively constructed, in a manner that has the power of a synecdoche: the 21-year-old woman can stand for all providers. Her life course and precarious living conditions, the medical complications arising after provision and her lack of perspective are conveyed as if describing a tragicomic character whose situation can be pitied as well as derided. But through such a portrait, the woman's social and geographical location is being fixed once and again and it is the inherent assumption of the article that despite her involvement with Sabyc little can actually change her miserable condition as a poor Roma woman with an ethically dubious behaviour. Tyler's (2013, p.142) affirmation that "in the case of Gypsies and Travellers, (...) their abject status had been capitalized upon spectacularly within the global entertainment industry" very well reflects the situation in our case, despite geographical differences. The case of this provider illustrates Tyler's point that while the media may claim to draw attention to marginalised populations, the result is rather entrenching than combating prejudice. The fieldwork undertaken by journalists, the interviews they collected, the technologies they used to capture and edit the data, the narrative they created, in other words, the material-discursive apparatus constituting and wielded by the media, were marked by gender, class and racial blindness.

Except for the president of the Romanian College of Clinicians, no other public figure made declarations in relation to the Global ART and Sabyc cases. Returning to the issue of political accountability (Djerf-Pierre et al, 2013), the media rarely questioned the conditions that allowed ova commercialisation to happen, despite repeated references to providers' poverty. Only two journalist pieces amongst those that I analysed explored the larger social context of the 'scandals'. In one of them, the author attempted to establish several causality chains:

Clinics and clinicians without authorisation, intolerance towards patients, pathetic sanctions for inexcusable mistakes, falsified documents that set you free after killing a person, the need for central authorities to intervene to correct local solidarities + bribe, indifference (Patru, 2009).

The enumeration above invokes certain possible causes which, in the author's view, led to the Sabyc case. Many of them are systemic problems that are too general to shed much light into the issue of commercialised ova provision, and primarily refer to the dysfunctionalities of the national health system as a whole. The author's arguments gain specificity when she wonders why the alarm signalled by the College of Clinicians several years before the eruption of the Sabyc case failed to trigger any action against the clinic. However, the answer she finds returns to the above enumerated 'explanations' which fail to identify particular institutions or public actors that could be held responsible. In a more emotive tone, the second article that departs from the anti-marketization and greed frames (Djerf-Pierre et al., 2013) in order to question the possible role of the Romanian authorities in the matter similarly fails in moving past general accusations of corruption (Racaru, 2009). None of the articles presented interviews with those who held relevant public positions and who could have given more specific answers as to what possibly went wrong. What these articles succeeded in providing was an account of organised irresponsibility (Beck, 1998), since responsibility for the ova commercialisation cases could not be

attributed to anybody in particular, but was diffused through the use of general explanations such as 'corruption' and 'indifference'.

The construction of the identities of those involved in the commercialisation cases either as criminals, or as (dangerous) victims, as well as identifying the former as almost solely responsible for the emergence of this illegal flow of ova assigned the whole issue to the realm of criminality. The media failed to account for the roles that the Romanian socio-economic conditions in general, as well as Romanian institutions in particular, played in enabling ova commercialisation and the harming of IVF patients and ova providers. 'Trafficking' was solely attributed to motivations connected to market interests and greed, just as guilt was assigned solely to those owning or working for fertility clinics before the investigation was over. Indeed, one embryologist accused journalists of lacking professionalism in tackling medically related topics. The problem was, Angela Sitaru, a former employee at Sabyc, contended, that the providers had been paid, a law infringement which should have been classed as tax evasion. Her conclusion was that the media had turned the attention of the public from tax evasion to 'trafficking', taking the liberty of issuing a judgment before the case was put before a court.

Following the Sabyc case, the media did not only attribute accusations of 'trafficking' to clinics which were under investigation by the police, but started their own searches for possible 'outlaws'. Several hidden camera stories were released in the following years, with one of them succeeding in drawing the attention of the authorities to another Israeli clinic suspected of paying women for ova provision (the case is still under investigation). Commenting on the case of her former employer at a Greek clinic also accused of commercialising ova, Nicoleta Fote, an embryologist, expressed her contempt regarding the ease with which the media attributed guilt before the case was settled by the judiciary:

For now, we don't know what happened there and what the accusations are, at least / don't know. Yes, ok, they are also suspected of oocyte trafficking, but in the other case it was

proven, while here, as far as I know, no resolution was reached.
(Nicoleta Fote, embryologist, interview)

Fote's words reinforce the need to understand the media not simply as reflecting events, but as diffracting them by intervening in the way they come into being. The media enacted ova commercialisation as 'trafficking' by bringing some narratives to light and obscuring others. The hard strokes of their accounts did not go unnoticed by those close to the field of infertility, such as Fote and Sitaru. However, such contesting opinions did not find their way on the websites of publications. Accounts coming from ova providers who were neither 'tricked', nor regretted providing for money were also absent. The media diffracted the events by gatekeeping who contributed to the creation of its narratives. The media's understanding of ova provision, then, was premised on the exclusion of certain discourses and certain bodies, of viewpoints and experiences that did not conform to the imperative of a neat explanatory model. What this model reflects is a deep social adherence to the discourse of altruism and a national imaginary fraught with fears of an Other differentiated by nationality, class and race. Common themes between media stories and the police report can be identified, although the way they were articulated was somewhat different, with important consequences.

4.3 The police report: constructing the Sabyc case

The powerful media portrayals of the events involving Global ART and Sabyc are not necessarily representative of the process through which state authorities constructed the cases as law infringements. In Romania, the Code of Penal Procedure (2006), which is the guiding legal document in terms of criminal acts, states that possible law trespasses can come under investigation either after a denouncement or complaint, or if the authorities take notice. The investigation itself can involve the gathering of evidence by different police institutions, but the whole process is overseen by a prosecutor, who is the ultimate authority that can give directions to the investigation team (Code of Penal Procedure,

2006). Once the prosecutor decides that enough data was gathered, he/she writes a report in which he/she includes the findings and gives recommendations as to whether the case should be dropped or those found guilty should be prosecuted on specific grounds. The report is forwarded to a judge, who can thus have a rapid overview over the case, but does not have to abide by the prosecutor's recommendations (Voicu and Oncescu, 2016). In this section, I analyse how the Sabyc case was constructed as 'trafficking' with the help of such a report and the interview of the prosecutor who authored it.

The prosecutor's report (also referred to as 'police report/file') does not simply present the findings of the Sabyc investigation in an 'objective' manner, but acts as an apparatus intra-acting with the data it offers. The choice and organisation of the data included, the causality chains identified, the tone of voice used - these all contributed to framing the Sabyc case in accordance with general police standards and imperatives, mainly concerned with probing the legality of acts (Voicu and Oncescu, 2016), but also reflecting some of the author's views. In contrast to the police file, which represents the static, reified conclusion of weeks or months of investigations, the interview I had with the prosecutor gave an account of the processual, non-linear character of reaching such a conclusion. Both the report and the unravelling of the investigation created a regime of visibility that guided police's actions, legitimated certain 'truths' and attributed 'guilt'.

In order for a police file to recommend the prosecution of someone accused of a crime, that particular crime has to be defined in law (Voicu and Oncescu, 2016). Although I did not gain access to the Global ART police file, it is relevant to say that in 2005, when the clinic hit the spotlight, Romania did not have any legislation pertaining to assisted reproduction in general, and to tissue and cells provision in particular; in other words, cells 'trafficking' did not exist as a legal category. Global ART was closed down by the Romanian authorities on other grounds, such as inappropriate consent practices and a hyperstimulation case (Nahman, 2016). It was only in 2006 that "cell trafficking" was defined in Law 95/2006, Article 158, as the action of "organising and/or extracting cells for transplant, with the purpose of

obtaining material gains for the donor or organiser”. In his report, the prosecutor of the Sabyc file makes a clear reference to the adoption of this law, arguing that despite its opening in 1999, Sabyc could not be accused of cell commercialisation before 2006. However, in 2009, when the police investigations started, the prosecutor thus claimed Law 95/2006 as a legal ground for tackling the case of Sabyc specifically as “cell trafficking”. In this sense, Law 95 was performative in the sense that it brought into existence a novel type of crime.

For the Sabyc case to be enacted as a case of trafficking, various material-discursive apparatuses had to be put in place: regulations, people, sources of information, technology, rules and authority. As my interview with the prosecutor revealed, the intra-action between all these elements did not allow the investigation to take an unhindered course by simply following pre-established police procedures. As I will illustrate below, there were times when the prosecutor, forced by the specificity of the case, had to navigate uncharted waters, learning how to approach what seemed at the time, but was not yet confirmed, to be a case of ova commercialisation.

In 2006, the Romanian College of Clinicians made an investigation at Sabyc and in 2008 recommended that it was closed down due to lack of authorisation to perform *in vitro* fertilisation (Racaru, 2010). However, no action was taken at the time, and according to the police file the National Agency of Transplant (NTA), an institution which in the field of assisted reproduction was mainly charged with granting these authorisations for fertility clinics, denied having found any signs of IVF being performed at the premises. Indeed, when I asked the prosecutor of the case how he found out about Sabyc, he told me it had been a challenge to get the investigation started. According to him, the spark had been the denunciation of a former employee who had grown suspicious about what was happening at the clinic. However, the prosecutor further explained, the case seemed so difficult to approach that it wasn't until an order from his superior pressured him to find a solution. At this point, the prosecutor's narrative is not clear about why the investigation was not started right away, but it can signal the limitations that the police encounters at the start of such endeavours,

which require socio-material resources well-tuned for the specifics of the case. According to the prosecutor, Sabyc was indeed the first clinic accused of cell 'trafficking', therefore the police's lack of experience in such matters might explain the slow start of the investigation. The perceived priority of ova commercialisation in terms of societal harm could also have been lower than other criminal offences that had had a longer history both in law and in the police's activity. Eventually, the prosecutor and his colleagues started recording the calls of several persons who the police suspected of being involved in ova commercialisation, and started building their case from there. Consequently, they resorted to the technology of mobile phones to connect telephone numbers with voices, with identities and hopefully, with actions. But for this strategy to be successful, it was necessary that there was a network of actors communicating, exchanging phone calls. The existence of a network thus became in this case, if not a theoretical necessity, then a practical one for the definition of 'trafficking' if the allegations of the former employee were demonstrated to be true.

To identify the actors in the network, the police broke into the clinic during one procedure of embryo transfer, an action the prosecutor had thought to be vital for the trial that would follow. They found two of the suspects at the scene - an Israeli doctor and a Romanian secretary who oversaw the clinic - together with an Israeli patient and her husband, and managed to collect incriminating evidence: receipts, contracts, digital databases, tagged vials, empty or still containing reproductive material, as well as a large amount of money. However, in Israel, this action led to a public scandal after the patient undergoing embryo transfer at the time of the police raid complained of the brutal treatment that had been applied to them (Edelson, 2009). Looking back on that event, the prosecutor told me he would have done it another way: "I later realised that was not needed", thinking of the fact that he could have gotten the evidence without intruding during the procedure. Although the police practice of raiding different sensitive settings is not necessarily a rare occurrence, the prosecutor's regret at having done so with Sabyc demonstrates the difficulties of the police in adapting its apparatus to a completely new setting, that of human reproductive cells provision.

The prosecutor's regret might also be connected to the subsequent harm done following the raid, which also affected the course of the investigation. After the police broke in, Sabyc was closed down and all containers with biological material were entrusted to the Romanian Institute of Forensic Medicine, which did not have the necessary storing equipment. The lack of police knowledge on this matter and numerous legal and administrative conundrums that prevented the transfer of the containers to accredited banks led to a trial between a former Sabyc patient and Romania at the European Court of Human Rights (*Knecht vs. Romania*, no. 10048/10, 2013), as well as to the eventual loss of the biological material formerly managed by Sabyc. Matter itself – embryos in this case – became an important actor neglected by the authorities during the investigation. Its loss, together with the perceived violence of the police during the raid, led to the antagonising of Israeli IVF patients who, according to the prosecutor, were later reluctant to collaborate with the police during the investigation.

The data gathered following the raid helped the prosecutor put together the file used for eventually charging and prosecuting those found guilty. The narrative that the file offers also bears the mark of the police apparatus since in Romania the purpose of such a document is to present the judge with the most important findings of an investigation. Data is usually very well organised into distinct sections, each of them having to support one accusation brought to the culprits. Consequently, the actors' responses do not flow naturally, but usually appear in short excerpts that illustrate the prosecutor's point. The 'voice' of the prosecutor himself, which I will highlight later, can occasionally be heard as directing the narrative into one direction or another, a fact which points to the importance of his personal take on the matter.

The police file identifies from the start the main persons suspected of having breached the law: the owner of Sabyc, his son, his secretary, one Israeli clinician and one Israeli embryologist. The accused were all taken in turn as evidence was amassed against them on multiple grounds. The sources of this evidence were either phone recordings, confiscated materials from the raids, or the declarations of others working at or with Sabyc. The declarations of those primarily

investigated were totally absent otherwise. An opposition was constructed from the start between the managing group of Sabyc (the owner, his son, his secretary and the two Israeli medical professionals) and the rest of those also investigated (e.g. the ova providers) or simply included as witnesses in the police file. Indeed, the prosecutor's own choice of words suggest a confrontational framing, especially of the relationship between the managing group, and the providers and the IVF patients:

The accused [name of owner] has created, together with the above, a criminal group that had as a purpose, on the one hand, the recruitment of mainly foreign (Israeli) couples who had problems conceiving (...) and, on the other hand, the recruitment of persons of Romanian origin aged between 18 and 30 who, in exchange for 800-1000 lei, consented to giving their oocytes for IVF (...). As much as the recruitment of new donors was concerned, it was discovered that their precarious material living conditions were deliberately and efficiently exploited. (police report)

The above excerpt is a partial summary made by the prosecutor of the accusations brought to Sabyc's owner and employees, as well as the means through which the law was breached. The creation of or joining a 'criminal group' was the first law infringement highlighted in the police report, and subsequent efforts were made in the following pages to construct this group as having conflicting interests with both patients and providers, who were 'recruited' due to their perceived vulnerabilities: either their impossibility to conceive or their poverty. The file gives the impression that two sides emerged also based on nationality: the mostly Israeli medical professionals running Sabyc (except for the secretary), and the Romanian ova providers and clinic personnel. The extent to which this opposition was indeed seen as such by all those involved is nevertheless questionable. Victimising the patients and providers who were 'efficiently exploited' by Sabyc's employees simplifies an agreement in which all parties seemed to gain something: a revenue or a

child. Indeed, the prosecutor himself highlighted during the interview the strength of this node of interests due to which, he pondered, neither the patients nor the providers were willing to speak against Sabyc. The prosecutor stated that it was only after the patients and providers were informed about the possible harm and deception they had been subjected to that they started to make disclosures. Those involved with Sabyc were thus prompted to fill in the missing information by the police's use of previous findings - material evidence whose performativity meant not only that it accumulated, but that it also affected how the investigation was led and what direction it took. Without ultrasound images and payment receipts, for instance, it would have been much harder for the police to evaluate the amount of harm done, and subsequently pass this incriminating information over to the patients and providers affected. Thus, the regime of visibility enacted by the police was not simply an inherent consequence of its investigative apparatus, but a tool that could be managed to achieve desired objectives.

The construction of the file based on oppositions between actors is not necessarily problematic, but rather underlines the functioning of the police apparatus: after all, the role of the police is to attribute guilt according to one's responsibility. What the file seems to highlight is that different levels of guilt were defined according to how much people knew about what they were doing, and the subsequent implications. The less one knew or understood, the smaller the repercussions. Thus, a contrast was created between those persons who were in control of what was happening at the clinic, and those who were kept in the dark:

I do not know the donor...I did not know how much they paid her.
(Avigail Berkowitz, ova recipient, police file)

They told me about the donor only when I first asked and they said she was a young student, but I did not meet her personally...I did not know the donor had no education and that she cleans streets and that she has Roma ethnicity. (Chava Kauffmann, ova recipient, police file)

The above extracts belong to the Israeli patients' declarations to the police concerning their knowledge about the providers' background. According to the police file, it was the Israeli clinician who recruited patients from Israel and brought them to Romania for the IVF procedure. He, together with the whole managing group at the clinic, was accused of misinforming the patients regarding the source of the ova. Although, according to the ova recipient cited above, patients were being told they received the ova from young Romanian students, often they received the eggs of Roma women. It is hard to evaluate the impact that learning about the origins of the gametes had on patients, since the prosecutor told me that being of Roma ethnicity did not seem to startle them as he would have expected. I will explore the relevance of this episode further below. However, it remains unclear to what extent the police made use of a racist framing in order to persuade the patients of the wrong that had been done to them to gain their support with the investigation. The police's regime of visibility brought race to the attention of IVF patients in a performative manner, so that it would help with the progression of the investigation. What was rendered invisible were the problematic assumptions about poor Roma women as 'inferior' providers, lacking the privilege of middle-class whiteness.

The conflict between the Sabyc managing group and ova providers was constructed in the police file as resting on another opposition: the amount of money made by the clinic from selling ova at the expense of women's health. A quick calculation made by the prosecutor showed that, if the ova from one provider were used for two patients, the clinic earned 4000 euros from each provision, however the profit could rise to 16 000 euros for very fertile providers. To put things into perspective, a provider was paid by Sabyc with 200 euros for a one-time provision, and the minimum salary in Romania in 2009 was below 150 euros/month¹³ (Ivan, 2015). But according to the police report, ova providers could only be persuaded if their medical concerns were appeased, which required another type of concealment. During the investigation, the police discovered that several pages from the contracts

¹³ The amount in euros can be calculated by using the National Bank of Romania's statistics from 2009 - <http://www.bnro.ro/files/xml/nbrfxrates2009.htm>.

between Sabyc and the providers had not been shown to the women and were added later. The contracts were made as if the providers were undergoing IVF themselves, and the pages missing usually concerned the procedures that would have followed ova extraction, such as embryo implantation and pregnancy support treatment. The police interpreted these act of concealment as means to hide potential side effects to ova providers. The file revealed that even outside the contracts ova providers were given a minimum of information pertaining to the possible risks of the procedure. Some women were so misinformed they declared having been providing hormones instead of eggs:

Because I had no money and I had to care for 3 girls, I decided to go to Sabyc to donate hormones. (Maria Lugojan, ova provider, police file)

She [the secretary] verbally explained to me that the contract is nothing but a formality and that, in essence, there is no risk since the procedure is simple and without adverse effects. (Florentina Sicu, ova provider, police file)

Maria's account above offers another instance of the entangled interests pursued both by Sabyc and the providers through ova provision: the need for Maria to care for her three girls created the imperative to provide. The police did not comment on her lack of understanding of what she had been indeed providing – eggs, not hormones - but added her and Florentina's declarations to a section about the efforts of the managing team at preserving the secrecy of Sabyc's activity, which highlighted providers' vulnerability in the face of a controlled flow of information. The police file thus illustrates the existence of another regime of visibility, managed by Sabyc through a set of measures ranging from discursive strategies for keeping providers and patients unknown to each other, to documents eluding medical risks, and, as we will see shortly, spatial delineations between providers and patients.

The identity of the managing group as always being 'in control' of all operations at the clinic, including the flow of information, was further constructed in the police file in relation to the Romanian medical personnel also working at Sabyc. The latter were less involved in the infertility aspects of the clinic and more in the routine gynaecological check-ups, laboratory maintenance and other administrative positions. The Romanian gynaecologists did meet some of the ova providers during medical exams and thus could be an important source of information. Consequently, they were often assisted by the Romanian secretary of Sabyc and its administrator in the owner's absence, who made sure no essential disclosure was made from either side. From the police file, the secretary emerged as a very powerful character whose authority could not be questioned. One Romanian gynaecologist thus recalled the secretary informing her that:

She [the secretary] used to participate in all meetings and block all of my questions with which I was trying to make sure the girls were alright, since they were under a treatment with potential grave repercussions, such as the ovarian hyperstimulation syndrome, which can cause death (...) Daniela forbade any discussion about the cases in front of the patients (...) Daniela's arguments were: "Doctor, these are not your cases, they are few, they are our girls, they have been coming to the clinic for a long time, they get money for what they do, approximately 200 euros, and we don't want to lose them". (Mihaela Segarcea, gynaecologist, police file)

The blocking of information from gynaecologists to ova providers took more radical guises in a few cases in which the women were actually suffering from secondary side effects from the stimulation treatment. The case of Anca Dobre, another provider, is illustrative as she encountered serious health issues and faced several attempts at having her access to safe medical treatment blocked. According to the police file, after suffering from increased abdominal pain, she first looked for help at Sabyc, where a Romanian gynaecologist secretly advised

Anca's mother to take her to a state hospital. Both the medical staff at Sabyc and the providers were strongly advised by Sabyc's management team not to rely on other medical institutions for care. This explains why the Sabyc gynaecologist could not openly send Anca to another hospital. Nevertheless, Anca and her mother understood the gynaecologist's advice and went to a public hospital. However, there her case was shortly taken up by a clinician alerted by Sabyc's owner, who gave the provider minimal care and then sent her home. As the pain was recurring, the provider went back to Sabyc where, although being treated, she was also scolded for her misbehaviour.

This episode on the one hand demonstrates the efficiency of the apparatus consisting in supervision strategies, social networks and discourses. These enabled a part of the Sabyc staff to create and maintain a strong power differential with other actors involved in its activity, a type of control based on authority, intimidation and material incentives. On the other hand, it illustrates how the potentially positive effects of these material incentives actually came at great cost for ova providers. The police report constantly brings to the reader's attention the contrast between ova providers as infringing the law by receiving money and recruiting new providers in their turn, while also being 'exploited' by Sabyc's managing group, who took advantage of their marginalized position in society. But this opposition is constructed not only through the way evidence is organised. At times, the prosecutor makes his voice felt using powerful language that departs from the detached tone of the rest of the report:

Concerning the recruitment of new donors, the outcome of the investigation demonstrates that the precarious living conditions of the donors have been intentionally and skilfully exploited, considering that at first the donors were educated (most of them undergraduate students) and only later they started being recruited from amongst the low or uneducated (mostly uneducated, without a work place, of Roma ethnicity, without a stable address); their harsh living conditions have been taken advantage of as suggestions about convincing and bringing new

potential donors were made in exchange for a supplementary income. (police file)

The excerpt above offers a narrative that puts events into perspective: on the one hand, according to the prosecutor, Sabyc's owner developed and applied a business strategy consisting in shifting his recruitment pool from educated women to more vulnerable ones, presumably easier to 'exploit'. On the other hand, ova providers were pushed into providing rather than having made a choice in that direction. The providers and managing group were tied together through flows of money and ova, but despite the law, which treated all participants in crime equally, the prosecutor exonerated providers from most of their guilt due to their social marginalisation. Thus, the investigator adjusted the police apparatus, so that the way it delineated acts and people was closer to his moral perspective. Through this framing, the prosecutor himself performed a diffractive (Barad, 2007) move through which he tried to account for the consequences of his own investigation.

It is this exchange of money for ova – in other words, 'trafficking' - that constitutes one of the strongest accusations against Sabyc in the prosecutor's view. 'Trafficking' was an already established legal category that could circumscribe the events at Sabyc, provided that the case was framed in the appropriate manner with the proper use of proof. By emphasising the networked character of the activity at Sabyc, involving cross-border movements of people, biological material, and money, the prosecutor was able to demonstrate that ova had indeed been commercialised from Romania in dubious circumstances. However, as shown above, it surfaces throughout the prosecutor's file that talking about Sabyc simply as a case of 'trafficking' was not enough, and that the limiting legal definition of 'trafficking' can and must at times be nuanced, enriched, recalibrated. 'Trafficking' as a crime does not differentiate between varying amounts of guilt among participants. Unfortunately, I no longer had access to the prosecutor to ask him why he did not add 'exploitation' to the list of crimes, for such a law infringement exists, despite all his efforts to illustrate the maltreatment ova providers had to endure. Although legally guilty for taking money in

return for ova, it becomes clear that for the prosecutor not money itself, but its use was problematic – luring vulnerable persons into unequal exchanges. In fact, during our interview, he declared himself in favour of a compensation system for gamete provision mediated by the state. The prosecutor thus found himself in a conflicting position: he had to abide by the standards of his profession, which required him to probe the legality of acts without having any power over the law itself. However, he also had to make justice by doing what seemed right to him at that moment. The police report he wrote was a performance in which he tried to navigate this space of in-betweenness for political purposes (Braidotti, 1994).

By drawing attention both to the scale of the commercialisation activities, and to the great amount of harm inflicted as a consequence, the ‘trafficking’ case presented by the prosecutor was no longer framed as a minor criminal act. What he discovered during the investigation was that the Romanian authorities had also had a role to play in enabling this flow, either consciously or unconsciously. The National Transplant Agency, formerly accused by the College of Clinicians for allowing Sabyc to operate without authorisation, was found guilty of issuing such a permit a day before the start of the police inquiries. The circumstances of the legalisation of Sabyc’s activities seemed dubious, and two leading figures from the institutions were eventually prosecuted for forgery. Nevertheless, no connection could be made between their actions and ‘trafficking’ *per se*. The two NTA representatives were the only public officials held responsible for Sabyc.

In the end, the prosecutor, much like the media, placed all accountability on the greed of the managing team of Sabyc, as well as the workings of the global economy. Regarding the latter, the prosecutor said during the interview that he was confident about the phenomenon of ova ‘trafficking’ migrating where extracting eggs would be easiest. It had been Romania’s turn, he contended, but this would pass and other countries, less developed, would follow. Consequently, he saw ‘trafficking’ as an aggravation of the state of an already vulnerable society, but one that would change in time rather than following political action. Once again, organised irresponsibility (Beck, 1998) seemed to

define the context of Sabyc's illegal activities, the responsibility for which was placed on the shoulders of a few individuals held accountable for all the conditions that had favoured 'trafficking'.

4.4 Meeting the 'girls': who were the ova providers?

The centrality of ova providers both in Sabyc's activities and in the police file requires a more detailed account of their identity construction both by the clinic employees and by the police, particularly the prosecutor. According to the police file, Sabyc initially started recruiting students, a desirable category of ova providers given their youth and financial insecurity. "But he was stingy", the prosecutor told me during the interview while explaining why the owner of Sabyc had decided to start recruiting Roma women. Nevertheless, a problem occurred. The new providers' class and race deemed their fertility undesirable unless a material-discursive apparatus was applied to make them desirable and thus valuable. To this end, providers had to be rendered invisible.

The prosecutor, in writing his report, dedicated considerable space to the strategies used by Sabyc to attract and keep ova providers interested in providing or brokering. There were no open calls since such recruitment was illegal. Therefore, the clinic staff, usually the owner who also worked as a clinician, or the secretary, his right hand in everything as it comes out of the police report, relied on class and race markers to identify their potential providers. Oftentimes women were approached during medical visits at Sabyc and asked whether they wanted to earn some extra cash. According to the report, the information they got about the treatment was minimal and even misguided, as I have already outlined above. Some providers stated that their queries about the procedure were answered by actually being redirected to their colleagues (other providers) who could explain the process based on their experience. The clinic thus relied on the relationships between providers as a resource of trustful knowledge, while limiting their alternative sources of information as much as possible. Women's bodies became the means through which providers familiarised themselves with and comprehended ova provision. Ova provision was cast as less than a

medical procedure, and more like a common womanly reproductive experience, such as menstruation and pregnancy.

The importance of providers' networks was also highlighted by the prosecutor during the interview, when he alluded in a humorous manner to their common occupation:

We knew we were looking for women wearing green, but when we got there we realised everybody was in green so there was no way of identifying the ones we were looking for. (prosecutor, interview)

The prosecutor had expected green uniforms because he knew part of Sabyc's ova providers were street cleaners. In Romania, working in public sanitation jobs is seen as degrading, all the more considering that these are some of the most accessible jobs for poor, uneducated persons, often of Roma origin. The story about the green outfits is condescending and its power to homogenise is striking. The green outfits work as an inscription (Skeggs, 2004) on those women's bodies, allowing them to easily be categorised according to class and sometimes race in a demeaning manner, stripping them of respectability as a resource for identity formation (Skeggs, 2002). Most of the time, in the police file and the excerpts it presents, the ova providers are a collective actor: the clinic staff usually referred to them as 'girls', which although in some contexts highlights a stronger connection between people, like in the case of Pande's (2014) surrogates, here it performs a patronising function. The fragments from the police file containing the ova providers' declarations are some of the most standardised. This is understandable given the need to eliminate what the police may consider useless variation in expressing repetitive ideas, as well as the fact that declarations are usually fragmented to illustrate only one piece of accusation at a time (for e.g., that there was payment involved). However, in their conformity, these answers objectify the ova providers by constructing their collective identity based on a limited number of experiences which stand not only for their modest social backgrounds, but also for the unequal relationship between them and the clinic staff.

As Skeggs (2002, p.27) remarks, “women cannot be studied without talking about experiences, since experiences help them construct themselves” and be constructed by others. Some of these common experiences are accounts of their motivations to provide ova once or repeatedly, of working as recruiters, or of being misinformed over the risks of the procedure.

The police file is ambivalent in its attitude towards ova providers. According to the law, they were not mere victims, but active participants in crime. The prosecutor recorded in detail all the means through which the providers had contributed to what he called ova ‘trafficking’: accepting money for provision, acting as brokers, contributing to maintaining the secrecy of the clinic. At the same time however, the head of the investigation took the liberty to bend the law as much as possible. During our conversation, he admitted having tried to spare the providers from the harshest consequences of their deeds, considering that what they had been through was enough. He described the work of Sabyc clinicians as ‘hitting God with an axe’, recalling medical files mentioning extractions of 60 ova at a time and ultrasound images with ovaries bursting with eggs. The impact of such imagery on the prosecutor cannot be undermined, given that it also shaped certain paragraphs of the report he later wrote on the case:

The criminal behaviour of the accused [the secretary], involving brokering, coordination, securitisation and materially incentivising the donors, all in a cynical manner, display the character of real exploitation and servitude. (prosecutor, police file)

This fragment once again illustrates the manner in which the prosecutor, although calling the ova providers “the accused”, did offer mitigating circumstances aimed at reducing their sentences. Although mentioning the “material incentives” received by providers in order to mark the breaching of the law, the prosecutor also challenged altruism as the unique measure of guilt. Ova providers were cast as the positive, albeit ‘exploited’ characters of a narrative which was nevertheless presumed to try them for crimes. Later references to children and the

“harsh living conditions” highlight the fact that providers’ reasons for searching payment were also rooted in moral responsibilities, such as caring for one’s offspring. In fact, the prosecutor’s manner of contrasting providers’ mercantilism with their obligations towards their families, building an inherent causal relationship between the two, can also be seen in a section intended to prove that the providers were only interested in the money, and not helping people in need:

I agreed to donate ova in exchange for money because I have a precarious material situation, I have three children to care for, I have no stable job. (Iulia Dima, ova provider, police file)

Police: How did they win your trust, what made you agree to donate?

Larisa: Lack of money and the fact that I gave birth to a girl with malformations. (...) The first time I donated because I needed money for a leg surgery, and the second time because I needed the money because my child is sick and I need to take him to the clinician monthly. (Larisa Toader, ova provider, police file)

Because I did not have enough money, having two children to raise and my husband was without a job, I accepted to go to this clinic to donate ova...the only reason for which I went to the clinic was to donate ova and get the promised money. (Florica Silicu, ova provider, police file)

The accounts above blur distinctions between altruism and financial interest because they provide context; they offer snippets of providers’ daily lives. The decisions of these women to become ova providers were mostly taken under the burden of one or several children, illnesses, unemployment, and single parenting. Their fertility was their last and sometimes only resource that could be converted into economic capital, and the discourse of altruism alone, as it appears in law, would undermine this only chance of participating in an exchange which some of them considered empowering. Under such a reading, ova providers are no longer mere ‘exploited’ victims, but agencies that affect the way in

which ova provision is understood and performed. There are several accounts in the police file that show how ova provision offered providers a monetary solution of last resort, when all other sources of revenue could not suffice. Not all providers were taken in again by the clinic, but excerpts from conversations between clinic employees and providers, as well as from interviews with providers illustrate Sabyc's status as a last option in case of need:

Because of the financial problems I was having after returning to the country, I decided to go to Sabyc again. (Iuliana Demeter, ova provider, police file)

Because the holidays were coming I told my friend that I also wanted to go to that clinic and donate ova because I did not have money and the 200 euros that I would have received in exchange was welcome. (Alina Bumbu, ova provider, police file)

I accepted to go through with this procedure because at that time I had an urgent need for money and I thought that the money given by the clinic was the only solution. (Virginia Rutescu, ova provider, police file)

The police file also recorded the number of times and the dates between which the ova providers offered their services. While most providers underwent the procedure once or twice, many of those who provided three or more times did it rather infrequently, with several months in between. The largest number of provisions was eight, but they had been performed over a period of two years. Two conclusions can be drawn from this: first, that given their precarious living conditions, ova provision could not ensure a real escape from poverty, only a temporary boost of income which was most probably spent on emergencies or daily expenditures. Second, even in the cases where provision dates are very close (for e.g., monthly, for subsequent months), most cases show that ova provision was not approached as an actual job, but as a last resort source of income. This mention is particularly important given the many

fears I have encountered during fieldwork that any type of material compensation for provision would determine many providers to turn it into a sustainable job. Ultimately, for providers, ova provision performed the role of a promissory technology which constantly failed their desires to belong (Probyn, 1997) to spaces of respectability and decent living.

Nevertheless, for most women, provision was not accompanied by much discomfort, a fact supported by the idea that many returned to provide again. But the emancipatory effect of provision was in fact illusory: some police interview excerpts narrate how several women have insisted to become providers despite health risks and the reluctance of friends or relatives who had provided to take them to the clinic:

In June 2009, although I knew my sister had health problems and was hospitalised after donating ova several times, I decided to go to Sabyc again to donate ova because I needed money. (Elena Dumbravă, ova provider, police file)

Although initially my sister refused to take me to the clinic, I convinced her because I was in dire need of money. (Dona Antonescu, ova provider, police file)

Ova providers sometimes ignored health risks due to financial desperation and when they needed medical attention, basic care was often denied to them. It is hard to believe that any discourse about altruism could resonate with women who found it excruciatingly difficult to cater to the basic needs of their family, but if altruism did exist amongst their feelings or motivations, dismissing it for something else because it was not based on financial selflessness (denying payment for provision) would equate denying the power relationships that were hidden in the altruistic discourse, both between patients and providers, and providers and the clinic. As ova providers constantly moved between the categories of 'victims', 'criminals', or 'agencies' with their own will, how 'risks', 'altruism', and 'interests' were articulated also changed.

All women, before becoming ova providers, had to go through some medical tests to confirm their suitability, but there were two

aspects that made a provider 'good': her productivity, and her submissiveness. The first aspect is clearly connected to materiality - their bodies' capacity to produce numerous, fertile eggs, which can be medically controlled only to a certain extent. A bad provider was not admitted a second time, but good providers were not only accepted, but sometimes pressured by the secretary to return to the clinic for another round. Her strategies ranged from persuasive arguments to harassment:

[The secretary] called me numerous times and I told her over the phone that I didn't want to continue the treatment because my parents had found out and they wouldn't let me do the procedure. She insisted and proposed that she increased the initial sum of 180 USD to 200-220 USD¹⁴, but I refused her again. She continued to call me for another two months, until the end of 2007. She continued to call me in 2008 saying she needed girls to provide ova and that if I brought with me another girl I would receive another 100 USD. About mid-September 2008 I met a friend from the neighbourhood called Ioana who told me that [the secretary] was insistently calling her too because she needed girls to provide ova. (Gabriela Ardelean, ova provider, police file)

Providers' submissiveness consisted primarily in keeping the secrecy of their activity. I have already illustrated that concealment went to extremes when it concerned other medical professionals than Sabyc employees, endangering providers' reproductive capacities and, in extreme situations, even lives. Discretion, a softer version of secrecy, was also requested when providers were asked to become brokers. They were to bring only friends and relatives who could be trusted and many recruited sisters, cousins, work and study colleagues etc. in an entrepreneurial manner, collecting 100 USD for each new person. Returning to an earlier point, dismissing ova providers as naive victims would be erroneous. In acting as brokers, ova providers undertook serious calculations concerning who to bring and how to convince them.

¹⁴ The police file is inconsistent in the use of currencies. Sums of money are expressed in euros, USD and Romanian lei.

For some, brokering was the alternative in case they had 'failed' as ova providers. For others, it presented the opportunity of an increased income, provided their social networks were generous enough. Ova provision, then, offered various resources for self-formation (Skeggs, 2004), even though class and race still imposed boundaries in that regard. However, the socially held assumption that poverty made them do anything for money was challenged by several providers who had second thoughts about bringing others to provide. If we are to talk about altruism, for Irina, who chose to give her commission to her sisters whom she recruited, altruism was thus directed towards her family:

Because I needed money, in time I brought Georgiana Lupu, my sister in law Maria Popescu, and my two other sisters Dorina Neagu and Mihaela Dinicu. I didn't get a commission for my sister in law, and I gave the commission for my sisters to them. (Irina Vladimirescu, ova provider, police file)

During the time that I worked there, doctor Mihai told me that if I brought girls [donors] I will have material gains, but I refused him and didn't agree with his presupposition because it already seemed strange to me that only Roma girls were brought in and that after extraction they were unwell, so from that moment on I started considering leaving. (Gina Nicolescu, ova provider, police file)

The manner in which the ova providers from the police file chose to spend their money – even if only reflected their desire for respectability and moral confirmation - is an illustration of earmarking (Zelizer, 1997): the source of the money meant that it could not be used for just any purpose, but rather for something which was considered worthwhile and was socially acceptable. This may reflect a struggle between the need for money and the altruistic discourse that envelopes ova provision worldwide, the tension of the worker-donor identity that arises once payment is introduced (Pande, 2014). There is evidence that the clinic staff sometimes tried to build a connection between ova

providers and ova recipients through simple narratives of providers helping women who cannot have children. However, these accounts of women in need of ova were always in close connection with money, standing not so much for altruism, but rather as an explanation for why ova provision was done and where the payment for ova came from. At the same time, any desirability effects that may have infiltrated ova providers' accounts may be due to the unclear status of their work and their involuntary involvement in a police investigation. As in the case of the Israeli patients, the prosecutor told me that the ova providers only started disclosing their experiences at the clinic once they were informed of the health risks they had been exposed to. It can be argued that while the ova providers did have their own suspicions related to Sabyc's activity (hence the unclear status of their work), they did not have all the information to grasp the extent of its concealment work.

The fact that most of Sabyc's providers were Roma was both a financial advantage, and an administrative burden - a class and race marker that needed to be hidden away. This tension appears clearly in the contrast between the numerous accounts that mainly Roma women undergoing extraction and Daniela's explicit request of another provider that she should bring in 'white and beautiful' girls:

Daniela told me to bring other youths to donate ova, a service for which I was supposed to receive 100 USD per girl. She also mentioned that the girls needed to be white and beautiful. (Cecilia Doga, ova provider, police file)

With the promise of increased profit derived by working with disadvantaged women in perspective, the police report presents Sabyc as having organised much of its activities around concealing the racial identity of providers. Consistent efforts for supervision and control at the clinic were directed towards keeping providers and recipients separate. Sabyc thus had to perform a series of discursive and material disentanglements and re-entanglements, at both cellular and full body levels. For the Roma providers, whiteness worked as property (Harris, 2011), and its absence meant that for a start their lack of resources put

them in a very vulnerable relationship with Sabyc. In more technical terms, they were attracted into a type of market exchange in which the calculative agencies of others – mostly that of the clinic – far surpassed that of the providers, exposing them to exploitation. The intersectional character of identity made it easier for providers to be classed and raced with the help of markers that went beyond skin colour. These inscriptions pertaining to bodies, behaviours and knowledge in relation to class and race were easily decoded by some of Sabyc's employees with varying effects ranging from indifference to compassion or contempt:

I saw that women aged 16-24 were coming to the clinic to the treatment room on the first floor, opposite my practice, mostly of modest condition, smoking, shaggy. (George Banu, clinician, police file)

I was forbidden by Daniela to engage with the gypsy donors, but because they were untidy and were making a mess I repeatedly upbraided them. (Viorica Dumitru, administrative personnel, police file)

These accounts all make reference to inscriptions that have often been associated with a lower, even degrading status – uneducated, sloppy, dirty, immoral and hyper fertile - recalling Skeggs's (2002) outline of the British working class as envisioned by the middle and upper classes. However, their identities needed to be marketed along with their ova. Therefore, their fertility was made desirable by detaching their reproductive cells from their 'polluted' bodies and social backgrounds. This was first made through discursive strategies consisting in Sabyc branding their providers as white, beautiful, young students, as the Israeli patients recalled above. Then, in order to sustain the narrative, strict spatial delineations were created in order to avoid all contact between providers and recipients. According to the police file, the providers were called to extractions into groups, and strictly instructed where to wait and which way to take to and from the surgery room; usually, they were taken to a different floor than where the recipients

were waiting, and at times they were even locked up to prevent any disobedience. The clinic was one of the places where market encounters were enacted, but the success of the exchange depended on preventing the physical encounter of those involved. Once *in vitro* fertilisation occurred, genetic ties, although traced back by the police with the use of medical records that mentioned the pairings between providers and recipients, could be revalued for they no longer stood for the poor providers anymore, but for the future children of respectable families.

Even though providers' declarations are some of the richest and extensively cited in the police file, and although the prosecutor did indeed seem to sympathise with them, they nevertheless remained a collective marked by class and race and consequently vulnerable to materially-discursive harm even during investigation. The fact that part of their words were used as evidence is not enough to claim that their 'voices' were indeed heard. The story with the green outfits illustrates the ease with which they could be caricaturised not only in the media, but also in contexts where justice was supposedly sought. At the same time, their vulnerability was further tapped into by the police, who took advantage of their defencelessness to frighten them into speaking against Sabyc. Moreover, their ethnicity was used against them during the police's interviews with the IVF patients. Eventually, although providers were spared from imprisonment, their declarations were primarily directed at illuminating the criminal acts of the managing group and had, as shall be seen in the next chapter, no consequences over the legal framework of ova provision. The various and nuanced accounts of providers' experiences with ova provision remained marginal, while the phenomenon of ova 'trafficking' was reified as a commercialisation issue.

4.5 Conclusion

The Global ART and Sabyc ova commercialising cases were significant events that transformed ova provision into a matter of public concern. Unlike other contexts, in which reproductive technologies spread anxiety because of their disruptive intervention in apparently 'natural' reproductive processes (Franklin and Roberts, 2006), in

Romania it was the mercantile aspects of the procedure that prompted the intervention of the judiciary and the media. Commercial ova provision was constructed by the police and journalists as an exploitative practice premised on deceit, exposing not only individual women's bodies to malpractice, but also the Romanian body politic to greedy foreign capitalist forces.

This chapter has traced the enactment of commercial ova provision in three settings - in Global ART and Sabyc fertility clinics, in the media, and in the Sabyc police report. All have used different, yet complex, apparatuses to make sense of ova provision and direct their actions in accordance with their understanding, thus partly answering my first research question related to the need to know how ova provision has been articulated in the Romanian context. Either as a business opportunity for the fertility clinics, as a profitable story possibly attracting readers for the media, or a criminal offence for the police, the multiple perspectives on commercial provision were articulated in coherent ways. Together with this multifaceted phenomenon, boundaries emerged concerning what was legal or illegal, who was the 'victim' and who the 'criminal'. Simply saying, then, that the police and the media made visible what Sabyc and Global ART were trying to hide misses the point. The categories of 'legality/illegality', 'crime', and 'victimhood' were not clearly defined during the events that I have analysed here, but they were continuously carved out, shifting in time and under the diffractive effect of different apparatuses. What was worth hiding or discovering was not always clear-cut. In terms of identity, who was in need of protection and who was to blame, who needed to be judged and who could do the judging was not always clear, or the criteria used for this analysis were skewed by class and race bias. These considerations bore important consequences in the realm of accountability.

Establishing the legality and illegality of commercialised ova was dependent on the intra-actions of different material-discursive agencies: legislation, medical practices, financial practices, ethical commitments, technologies, class, race etc. Readers remember that when Global ART was accused of selling ova, such mercantile actions were not prohibited at the time. And yet, although Global ART was closed down on account

of ethical issues and malpractice, it was the commercial aspect of its activities that was highlighted by the media. Ova 'trafficking' became a category of unethical behaviour mostly used to describe cases of ova commercialisation before it was finally put into law. What exactly was problematic in relation to commercial ova provision was somewhat ambiguous for the police: was the act of selling *per se* the problem, or the ethical issues discovered during the investigation? Even after the ban on 'trafficking' was adopted this conundrum persisted, as can be seen in the prosecutor's case, who stretched the limits of the law to enact what he considered 'justice'. Rather than bringing light into the matter, 'trafficking' as an apparatus for understanding and managing commercial ova provision accommodates its ambiguities and, as chapter 5 will show, its multiplicities.

Delineations of legality and illegality were premised on and contributed to the identity construction of those involved and performed evaluations concerning whose body mattered. By comparison to the ambiguities of 'trafficking', guilt was more easily defined. Interviews, police declarations, contracts, telephone recordings, ultrasound images, records and receipts, as well as many other material-discursive elements transformed commercial ova provision into an 'exploitative' practice in the eyes of the media and the police. For 'trafficking' to be proven to have taken place, a 'trafficker' and the 'object' of 'trafficking' had to be identified. While the first position was taken by the employees at Global ART and Sabyc, the 'objects' of 'trafficking' were symbolically identified with the ova providers rather than with the ova. Both the police and the media framed providers' actions as 'selling themselves', willingly or unwillingly, to the fertility clinics. This replacement of ova with providers in media and police discourses is performative because, on the one hand, it created a parallel between commercial ova provision and sex work, shedding an unfavourable light over providers' morality and 'altruistic' intentions. The fact that they did get money for their eggs made it harder for providers to be seen as not guilty. On the other hand, this substitution obscured the social forces that pressured women to provide in the first place, while singling out clinic employees as the ultimate bearers of responsibility. No apparatus – in this case the media

and the police - was able to deliver a nuanced picture of accountability, moving beyond individual guilt, and questioning the larger social organisation of Romanian society. This finding is just a start to a longer discussion in answer to my fourth research question regarding decision-making and responsibility in the context of ova provision, which I will continue in chapter 5.

Despite their central role in ova provision, the ova providers are the major absentees from the narratives around the Global ART and Sabyc cases. This does not mean they were not part of the stories; on the contrary, they were often mentioned as causes of concern or informants of events, which offered us some glimpses into who they were, taking us back to my second research question. However, their control over the framing of their actions and words was minimal. Both in the media and in the police file their identities were constructed through binaries, so that providers could easily slip from one category to the other: at one moment they were victims of malpractice, at another greedy Roma committing crimes; at one point vulnerable women pushed into commercialised ova provision due to poverty, and yet at another impure sources of genetic material. Despite their instability, these characterisations symbolically fixed providers in place by essentialising them according to class and race prejudice, and delegitimised actions aimed at improving the material conditions of their lives. To this ambivalent attitude to ova providers swinging between opposites I will refer as *polarisation*, a process that will be analysed in relation to other participants as well.

The functioning of the fertility clinics, the media and the police inherently brought some agencies – events, people, ‘facts’ - into relief, while obscuring others. And yet, it is only in relation to the police that I have used the concept of ‘regime’ to refer to the realms of visibility that were effected. Regarding fertility clinics, the reason for not considering them as enacting a regime is that, both in terms of their articulation as apparatuses and in terms of the light they shed on ova provision, their existence was too much marked by contingency, instability and contestation. Their operations were extremely vulnerable to outside interventions, such as those of the police. Additionally, the ‘truths’ they

were projecting about their activities – such as the equity of exchanges and care for patients and providers - were easily deconstructed by the judiciary, by journalists, and by former employees and providers. Eventually, the prosecution of Sabyc and Global ART and the adoption of the ban on ‘trafficking’ led to the delegitimising of the idea of commercial ova provision altogether, with consequences that have been impacting the identities of those involved to this day.

Talking about a regime of the media in the Romanian context of ova provision was made difficult by the fact that the media relied to a large extent on the knowledge produced by other agencies. This is not to say that the media merely reflected others’ ‘reality’. However, the narratives it created were so much indebted to the ‘facts’ illuminated by other apparatuses – in this case, the police – that delineating a specific ‘media’ regime is extremely difficult. Additionally, talking about the ‘media’ as if the media is a homogenous apparatus projecting a single ‘reality’ is erroneous. The narratives produced by the media in relation to ova provision registered differences in content, tone, sources etc. Consequently, how the media constructed commercial ova provision, and especially providers, was much more fluid than a regime would allow. In this thesis, then, the media is approached as an apparatus without a specific regime, but nevertheless performing exclusions in its own turn.

Finally, in the case of Sabyc, the police succeeded in constructing a coherent and enduring narrative using a specific assemblage of rules, technologies and strategies. The police apparatus transformed the legal category of ‘trafficking’ into a phenomenon that could be delineated in practice and accounted for. As a first case of ova ‘trafficking’ investigation, it instituted a precedent, offering theoretical and methodological guidance for future investigations. For these reasons, the areas of visibility and invisibility created by the police apparatus constitute a regime. By bringing some things to light, the police investigation gave substance to a legal category. But by abiding by that category, the investigation was also framed in a manner that left important things hidden. This interdependence between the police apparatus and other apparatuses, such as the legal or administrative ones, in defining ova provision nationally prompts me to consider the

police regime as a part of a larger regime, enacted by bringing together several apparatuses. To this latter I refer as the *official ova provision regime*, which is the focus of the next chapter in which I exchange the criminal perspective on ova provision with a focus on the efforts for its regulation.

Thus, chapter 5 explores the consequences that the framing of the ova commercialisation cases as ‘trafficking’, and their consignment to the criminal field, have had on the assisted reproduction legislating efforts. I will analyse the emergence of an official ova provision regime as directly related to the perception of ‘trafficking’ by state authorities and other stakeholders as a societal threat in need of containment, an approach which has hindered both the medical practices involving provided ova, and subsequent efforts to change the official ova provision regime. The absence of ova providers as political actors identified during the ova commercialisation investigations will continue to be addressed as a persistent problem in the following period.

Chapter 5 – The official ova provision regime: enactment, contestation, reinforcement

5.1 Introduction

Following the Global ART and Sabyc commercialisation cases, IVF with provided ova could easily be coined ‘trafficking’ provided no adequate measures were taken. In comparison with the previous chapter, which explored ova provision through a criminal lens, the present chapter discusses the legal and administrative issues of assisted reproduction with and without provided eggs, catering to the multiplicity of actors involved in the enactment of the official ova provision regime. Its shortages and the efforts to address them offer me the opportunity to analyse the dynamics amongst stakeholders who engaged in constant mutual processes of identity construction and contestation in order to pass as legitimate actors striving to achieve a workable consensus. The scarcity of references towards ova providers, as well as their physical absence from legal consultations were constants which I signal throughout.

The chapter starts with an account of the adoption of a ban on ova commercialisation following the Global ART case and subsequent international pressures. However, despite foreign influence, I now explore the internal forces that have shaped Romanian ova provision, which have largely escaped existing scholarly analysis. After mapping the enactment of the official regime through the coordinated articulation of legislation, institutions, and practices, this chapter broadens the range of practices included in ova provision, going beyond commercialised arrangements. I argue that state authorities employed the rhetoric of ‘altruistic’ ova provision as a countermove to mercantile provision, but subsequently enacted the official ova provision regime primarily to appease any possible accusations of irresponsibility and lack of professionalism. The regime gave rise to a series of legal and practical ambiguities, as well as to power struggles between those involved in legislation. This chapter, then, posits identity dynamics as central to the emergence of power hierarchies in which the most affected are often

those with the least control over decision-making. I go deeper into the analysis of the interdependence between ova provision practices and the identities of those delineating the boundaries between 'legality' and 'illegality'.

The ban on ova commercialisation, legally referred to as ova 'trafficking', was not adopted as part of a dedicated law on assisted reproduction. Legislating for the entire field offered a possibility to reinforce or alter the regime, and this is why the following section is preoccupied with the drafting and debating of several law proposals. I approached these regulating attempts chronologically, analysing the negotiations stakeholders engaged in while trying to shape the law according to what they considered to be their and others' best interest. I pay particular attention to how actors constructed themselves as well-meaning professionals while at the same time often dismissing other stakeholders as lacking the necessary knowledge and dedication to the cause of legislating.

The final section of the chapter is dedicated to infertility specialists' involvement in legislation, given their important role as experts in the field, directly interested in a clearly regulated field that would allow them to practice without fear of prosecution. I explore how, despite their experience with IVF as a medical procedure, their expert advice was often contested by other actors due to accusations of conflicting interests. At the same time, I analyse the reasons for which they did not constitute themselves into a unitary force in order to push forward with regulation, highlighting internal divisions that ranged from economic to ethical reasons and which challenged the assumption of infertility professionals being a homogeneous community.

5.2 Adopting regulations: where politics, 'crime' and science meet

Following the Global ART ova commercialisation case in 2005, which had gained international visibility, Romania had to demonstrate its accountability not only to its citizens, but also to its foreign political partners. At the time, the country was not yet part of the European

Union, but aspired to be, and that impacted on how it managed the crisis. After the EU adopted the 2004/23/EC Tissues and Cells Directive, Romania introduced one of the strictest legislations pertaining to ova provision in Europe, but without regulating the field of assisted reproduction as a whole. Romanian Law 95/2006 Regarding the Reform in the Health System banned all possible material gains derived from gamete provision based on one of the narrowest interpretations of the Directive, which stated that:

As a matter of principle, tissue and cell application programs should be founded on the philosophy of voluntary and unpaid donation, anonymity of both donor and recipient, altruism of the donor and solidarity between donor and recipient. (2004/23/EC Directive, p. 2, Art. 18)

In response, Law 95/2006 banned ova commercialisation using the following words:

The organisation of and/or extraction of human organs/tissues/cells for transplant, with the purpose of obtaining material gains for the donor or organiser, constitutes organ/tissue/cells 'trafficking' and is punished by 3-10 years of imprisonment. (Law 95/2005 Regarding the Reform in the Health System, Art. 158)

EU law is based on the principle of subsidiarity, so that contentious issues for which an agreement is not in sight is usually left for countries to regulate on their own account as they see fit. The flexibility of the EU Directive becomes obvious when looking at the types of regulations other countries adopted regarding ova provision: some banned it (Germany, Italy until 2014), yet others offer different types of compensation, including money (UK, Spain, the Czech Republic). But as Romania's experience showed, different types of regulations and restrictions could not harmoniously coexist in matters in which national borders could be easily breached. In the case of organs, tissues and cells it has been argued that a diversity of national legislations actually

facilitates geographical trespasses (Carbone and Gottheim, 2006; Manzano et. al, 2014).

During a face to face interview with Mircea Severin, a physician, member of the National Transplant Agency (NTA) and one of the leading figures of organs, tissues and cells provision regulation in Romania, he discussed the issue of organ procurement in the country in an attempt to answer my curiosity as to why the ova provision legislation is so strict. In fact, whenever I was trying to prompt a discussion on the particularities of ova provision, he would drift away to examples concerning organs and sperm. One of the possible reasons for this was his rich experience with regulating organ procurement in the years up to 2005. And yet, Severin's reluctance to address the issue directly is suggestive of the sensitivity of legislating and managing ova provision, especially following cases of illegal trespassing.

The subsidiarity principle adopted by the EU has its limitations and in the case of ova 'trafficking' the Union has no appropriate instruments for dealing with overflowings. Instead, it has to face a present and future "full of contingencies, uncertainties and unknown consequences" (Waterton and Wynne, 2004, pp. 87-88). Following the Global ART case, the responsibility of investigating the commercialisation case and take prevention measures was placed by the EU on the British shoulders (Morris, 2005). It is unclear to what extent the EU also prompted Romania to be accountable for what had happened. Later in 2005, a Romanian lawyer involved in the defence of a former malpractice victim of Global ART participated in a European Seminar on ova commercialisation in Brussels together with EU officials (Provita Media, 2005). This suggests that the Global ART case was significant enough to provide a basis for future legislation internationally. For Romania, the stake went beyond matters of ethical reproductive technologies. At the time, seeking to become a member of the EU, Romania struggled to surpass its image as an unruly, poor country, burdened by its communist past. These observations highlight the difficulty of disentangling the political from the scientific both at a national and European level. The EU had transferred the responsibility of controlling for overflowings to a country whose political acceptance

depended (partially, of course) on its accountability. Showing appropriate expertise and determination to act in the field of ova provision was part of the country's expected performance. But even without the Global ART commercialisation case, the issuing of the Tissues and Cells Directive meant that Romania had to align to EU legal standards. By stating this I do not intend to victimise Romania while pointing an accusing finger towards the European Union: ova provision legislation is only one of the many essential regulations Romania adopted constrained by admission requirements (Inglot et al., 2012; Spendzharova and Vachudova, 2012). However, it is important to highlight how political interests were used to shape science and its application, while at the same time science and technology raised new political possibilities and stakes.

5.3 The National Transplant Agency and the ova – organ debate

The National Transplant Agency (NTA) was set up in 2004 triggered by the issue of Directive 2004/23/EC and was made responsible for accrediting organ, tissue and cell banks in Romania. However, in practice, many legislators and medical professionals saw it not only as an administrative body, but also as a legal counsellor and source of regulations. This perception cast the NTA as an expert in the field. Nevertheless, the NTA had to constantly legitimate this position (Jasanoff, 2012): some participants challenged not only its capacity to deliver unbiased and accurate knowledge that could act as the basis for normative actions, but also its accountability towards the public and other relevant actors. A closer look at the way in which the NTA operated led many of these actors to contest the NTA's authority on several grounds: the conflation of cells and organ provision, an unclear delineation of attributes coupled with insufficient resources, and a lack of accountability towards other stakeholders. Below I will take these in turn in this and the following section.

While the Tissues and Cells Directive, as its name suggests, deemed 'organs' as a separate category to be regulated through other legal instruments, Romanian legislators grouped cells, tissues and

organs together. Because of the time that had passed since Law 95 was drafted and the complicated processes involved in the creation and adoption of any law, it is hard to identify those who contributed to its conceptual elaboration. At the time, Romania did not have experience with regulating reproductive cells but it had encountered problems with organ procurement, and Severin was, according to his declaration, involved in drafting a law on organ transplant. Readers can also remember his attempts to explain Romania's issue with ova commercialisation by drawing on his experience with organ procurement. And yet, during my fieldwork, Severin emerged as one of the main consultants on the issue of AR. Due to his association with the NTA, where he has held various managing positions across time, Severin has been invited to parliamentary debates concerning AR legislation. Severin's political, scientific and administrative roles have often overlapped, since in Parliament he has been summoned as a counsellor, but as a member of the NTA he has also authored secondary regulation later issued by the Health Ministry. As a public figure bridging the world of organ and ova provision, and as a representative of the NTA, Severin illustrates how organ and ova provision were institutionally cast as equivalent phenomena, delineated by similar material and discursive agencies. This approach was contested by several medical professionals, who argued that eluding ova provision specificity has negatively affected their work. Liviu Zeca, clinician, explained during a phone interview:

There are three types of transplants: of organ, tissue or cells. These are three fundamental notions. Unfortunately, the cell, which is where we come in, is put together with the organ and that makes it much more restrictive (...) they judge according to the donation law, and donation in Romania should not include financial gains. And thus they automatically include assisted reproduction in this category. (Liviu Zeca, clinician, interview)

According to Zeca and other medical professionals, the knowledge embodied in regulations, the protocols that were created,

even the institutions assigned to accredit fertility clinics meet organ provision standards, but are not appropriate for ova. Part of the Romanian infertility establishment performs an ontological delineation between ova and organs. Consequently, in their view, ova provision should trigger the enactment of different technical and ethical choreographies (Thompson, 2013). Nevertheless, the ova provision practices, the regulations, and the institutional arrangements that constitute the Romanian state apparatus for managing and supervising ova provision do not recognise this ontological differentiation argued for by infertility specialists. The state apparatus defined and imposed the legally acceptable terms of the procedure, enacting an enduring *official ova provision regime*. The regime performed a validation of certain medical and social practices, obscuring others by classifying them as either 'illegal' or unethical, as I will discuss below.

The first step in the enactment of the state apparatus and its regime was the ban on ova commodification in 2006, which was followed by more detailed instructions through Order 1763/2007 issued by the Health Ministry. According to it, infertility patients (single women or couples) who need ova provision have to find a willing ova provider who agrees to give them eggs for their IVF treatment. The two parties then have to go to a notary who issues a declaration confirming that no material incentives have been used as part of the agreement. The patients and the provider also have to pass through a Donation Committee comprised of infertility specialists, psychologists and other clinicians who approve or dismantle the agreement. Finally, if the patients and provider are admitted for the procedure, the provider has to undergo hormonal treatment and a surgical intervention for the extraction of eggs. This is what the regime legitimates in practice, or what Romanian authorities consider legal, unequivocal ova provision.

In light of the regime, infertility specialists have contested the professionalism of legislators whom they see as unfit to tackle the specificities of ova provision, despite previous experience with organ provision issues. As Zeca highlighted above, one of the main discontents is the official regime's strict interpretation of money, deeming financial gains illegitimate (and hence illegal), and relying entirely on the altruism

of ova providers in a manner reminiscent of Titmuss (1970). Severin, a supporter of the regime, argued:

Any compensation of this kind opens the gate to abuse, and it will be done in the name of compensation. I don't know, I'm not in favour, to me...I understand that the fact that some of the state institutions can't handle some legal provisions should not lead to interdictions, I agree, but at the same time my opinion is that it's not that we are not specialists, this is an invitation to abuse, to give compensations. (Mircea Severin, legislator, interview)

What Severin refers to when he mentions 'abuse' is the possibility of ova commercialisation, or 'trafficking', by medical professionals, ova providers, and IVF patients. As I have discussed in the previous chapter, the concept of 'trafficking' is very narrowly defined in Law 95/2006 and it fails to address the multiple practices circumscribed by ova commercialisation, and the different degrees of harm it can inflict. Such a narrow understanding of money means that all parties involved in such an exchange are liable for prosecution, and that once again ova commercialisation is approached solely in criminal terms. This suggests a limited understanding held by legislators regarding the embodied work undergone by ova providers, as well as the social underpinnings of ova provision. The official regime reiterates the broadly held conviction that women are or at least should be 'altruistic' (Almeling, 2007). This, coupled with the systematic ignorance of the reproductive labour providers perform (Birch and Tyfield, 2012; Cooper and Waldby, 2014; Pande, 2014), obscure the understanding of 'altruism' as a material-discursive performance for which the state is also responsible (Healy, 2006). Just as altruism is not a mere character trait, but is a performance that needs to be aided by institutional arrangements (Healy, 2006), money is not inherently a corruptive element of social relationship since its use is determined in accordance with the larger socio-cultural context of the exchange (Skeggs, 2004; Zelizer, 1997).

Nevertheless, Severin's stance needs to be put into perspective: he has held high institutional positions with considerable responsibility,

and given the subsequent cases of ova commercialisation, his reluctance to support a re-evaluation of the ova provision regime has been about ensuring the legality of medical procedures, as much as it had been about avoiding blame. To those contesting his backing of the regime, he responded not only by affirming the professionalism of the approach (“it’s not that we are not specialists”), but also by performing responsibility in a context fraught with limitations: although Severin’s measures are unpopular, in his view he is doing his best to protect people from unwanted harm. Moreover, Severin suggested that the extra precautions he took are meant to compensate for others’ irresponsibility and possible incompetence (“the fact that some of the state institutions can’t handle some legal provisions should not lead to interdictions”). The risks Severin envisioned and tried to minimise were both about avoiding the negative consequences of ova commercialisation at a societal level, and about appearing accountable to those who also had a say in matters of governance. He addressed the first by employing a strategy of containment (Jasanoff, 2013), consisting in efforts to limit the possibility of ‘trafficking’, and managed the second through performances meant to convey professionalism and dedication to people’s welfare. Thus, the difficulties of governance were presented as emanating not only from the complexity of ova provision as a scientific, medical, and social practice, but also from the shortcomings of the state apparatus itself. According to Severin’s framing, then, the official regime instantiated a series of ‘truths’ concerning ova provision, one of which being the inevitability of commercialised provision going awry for various reasons. The police regime analysed in the previous chapter offered considerable evidence in this regard.

5.4 The National Transplant Agency: Negotiating roles and contesting professionalism

The NTA was an important part of the official ova provision regime due to its supervisory and regulatory role, however its activity involved more than the provision of gametes. During our interview, Severin expressed his deep contempt for the fact that IVF was added to the

NTA's responsibilities on top of the organ procurement activities, which had constituted its point of focus throughout the years. Severin was adamant that another, dedicated authority should have taken on the supervision of IVF and release the NTA from this administrative burden. Severin elaborated:

They [medical professionals] ask us all kinds of things, that we approve all kinds of transfers between clinics, things that have no connection to (...) some asked to use [sperm] from a cadaver, again, it is not in our competence to authorise it, but they ask us because this is what they think they should do, since it is called a competent authority you have to answer for everything, it is a communist idea, it's not really like that, each has their own field of competence. What we authorise are imports, especially sperm imports (...) But we ensure they respect quality standards (...), and that they enter the country legally, that is our only competence. (Mircea Severin, legislator, interview)

Although Severin emphasises the NTA's role as primarily concerned with accrediting cell banks, the role of the institution is practically much broader, since it is the main advisor for both state institutions and medical professionals in relation to more contentious aspects of AR. Assessing requests for sperm imports is a routine activity, but other less mundane issues, usually unregulated, such as surrogacy or sperm retrievals from dead persons, also have to be tackled by the NTA. In this context, the image of the NTA and its representatives as specialists with legitimacy in IVF matters is contested by Severin himself, who points an accusing finger not at the institution but at the authorities which enabled the obfuscation of the NTA's role. This adds another layer to understanding why ova and organs might have been cast as equivalent entities as part of the official regime: institutional shortages required a simplification of the material-discursive practices governing provision. It is not clear who should be held accountable for this institutional organisation, as the entangled decision making agencies have made the attribution of responsibility difficult (Beck, 1998). But the

unclear status of the NTA affects its legitimacy in the eyes of medical professionals, who sometimes find the authority's personnel inadequately prepared to guide them through what they perceive as an unclear legal framework.

The relationship between medical professionals and the NTA highlights a process of boundary drawing between specialists, triggered not only by hierarchical relationships - the NTA is ultimately responsible for accrediting fertility clinics - but also by what is considered to count as relevant expertise. The main goal of the NTA, as presented by Severin, is to ultimately ensure assisted reproduction remains inside legal boundaries, preferring a strategy of prevention when such boundaries do not exist (for e.g., surrogacy was not regulated, so the NTA rejected such requests). But ambiguities are not tolerated by the authorities even when they stem from already existing legal provisions. Any complications arising in medical settings due to such legal difficulties are deemed irrelevant by the NTA even when the institution has the power to influence regulations. In these cases, the fault is attributed to infertility specialists' lack of professionalisation: "they don't have a clue what medicine is," Mircea Severin declared during an interview. In his view, a proper infertility specialist should be knowledgeable not only in medical issues, but also legal ones, and legal provisions, like medical procedures, seem to be endowed with unquestionable scientific objectivity. Medical professionals are not completely excluded from the decisions made by NTA, as Manea explained below. However, judging by the difficulties they encounter in interpreting NTA's regulations, their impact is hard to evaluate:

They [the NTA] are the authority that authorises and inspects us regularly, and they do it very seriously. I mean, of course they request specialised opinions from time to time, they asked us to send protocol recommendations when they made some changes, but in principle we are not collaborators. (Doina Manea, clinician, interview)

Manea's account illustrates a process of continuous performance on the part of both the NTA and infertility specialists meant to negotiate the boundaries of their competence. Their identities as professionals are constantly put to the challenge, contested and reconfirmed as they define what legal medical procedures entail. The performativity of the law – what it allows to be done and what it forbids – is temporarily settled, one case at a time. Since what is legally acceptable is not necessarily defined once and for all, clarifications are constantly required by medical professionals in relation to less routine procedures:

We requested their help in a variety of issues, about sperm imports, and what we can do with some embryos which were imported and the patients no longer want to use them because they obtained 2 pregnancies and don't wish to keep them, because they have to pay for the embryos' preservation. So, we asked if we can use them, without any material advantage, so that, as they were donated to the clinic we would donate them further to couples who need them (...). Their [the NTA's] answer was negative, although it seems to me a bit...I don't understand why, if somebody wanted to donate them and somebody could have used them, it was a useless material investment by that couple but which could have helped somebody else. (Sonia Ducu, clinician and embryologist, interview)

Embryo donation is regulated in the same way as ova provision, so for Ducu the NTA's negative answer came as a surprise. The fact that she could not explain this refusal even at the time of our interview illustrates that the same law can lead to different outcomes at different moments in time. Such unforeseeable procedural deliberations affect the NTA's image as a trustworthy, knowledgeable institution, delegitimising its supervisory role. On the other hand, medical professionals acknowledge the NTA's difficulties in having to fill in missing legal provisions, but on the other, they question the reasons at the basis of the NTA's decisions, as the above-cited case shows. Clinicians and embryologists have their own understanding of what appropriate

supervision requires, and are ambivalent, if not outright critical, of the assisted reproduction expertise the NTA personnel has. Under the gaze of infertility specialists, the hard strokes of the official regime become blurred, divorced from the material imperatives of medical practice. Asked about whether she believed the NTA has the capacity to appropriately supervise the assisted reproductive industry, Ducu replied:

Not at all, far from what they should do. In my opinion, they are asked for things they cannot deliver. They have no personnel, they have no money, they have no specialists, they can't do it. They can't do it. (Sonia Ducu, clinician, embryologist, interview)

I know they handle everything, transplant... I mean, not only [assisted reproduction] ... and I haven't identified any person dedicated [to assisted reproduction] ... at one point, we offered to pay a yearly tax, all clinics, so they could hire a dedicated person, who knows what it's all about, because answers to any problem come very slowly, they are not specialised exactly in this field. And maybe they don't necessarily understand that this is not identical with [organ] transplant, that there are some peculiarities. But, apparently, it can't be done. (Doina Manea, clinician, interview)

The lack of specialisation that these medical professionals spoke of, which consists primarily in the conflation of assisted reproduction with organ transplant, has had an important impact on shaping the official regime of ova provision, especially its monetary aspect, as I have already discussed. But despite these perceived conundrums, politically, the authority of the NTA, and especially of Severin, could not be challenged: although medical professionals have been invited to contribute to law proposals, and certain divergences between other legislators and Severin have occurred, the latter retained his position of expertise both due to his institutional position and professional career. Illustrative of this point is the way in which he was addressed during one Parliamentary debate concerning the latest proposal on assisted

reproduction: the leader of the discussions called him 'professor' even though he had no academic qualifications to recommend him as such. While in Parliament this does not mean he has the last say, his regulations as part of the NTA are immune to outside intervention from stakeholders. Given the multiple roles Severin has accumulated, he has had the power to frame the take on ova provision in a similar manner across sites (Delazay and Rask Madsen, 2006, cited in Woll and Jacquot, 2010). This shows that the official regime has emerged through the enactment of a complex apparatus made of institutions, laws, technologies and practices in a field of unequal power relationships. The regime, then, sets the boundaries to not only what legal ova provision is, but also to who is entitled to effect changes on those boundaries. The intra-action of boundaries and the identities of those enacting them comes to the forefront through this dynamic of mutual determination.

The NTA is part of varying regulating processes, and its expert opinion has often been requested not only by medical professionals, but also by the Parliament. Besides the fact that NTA representatives have attended debates as part of legislation adoption, many law proposals requested the agency to further detail the methodological guidelines of the medical practices they regulated. Along the years, the NTA has issued several such regulations, and it is these that act as guidance for infertility specialists. For Severin, this sometimes accumulated to what he considers an exaggerated burden:

I know some of these NGOs came up with this law 5-6 years ago, it was unimaginable, a stupidity which...at one point I even suspected them of something else, they were either stupid, or...once every two lines they wrote: the NTA will regulate, the NTA will regulate. So, they were making a law that told me I had to regulate everything afterwards. (Mircea Severin, legislator, interview)

Through Severin's words the picture of a power struggle is constructed, based on how and to whom scientific legitimacy should be attributed and where politics end, making way for expert contribution and

vice versa (Miller, 2004). His accusations, directed at various stakeholders of assisted reproduction, focused on their lack of expertise as well as on their failures to be persistent in their legislation efforts. In talking about the regulations issued by the NTA, Severin often assumed authorship and, in so doing, illustrated a type of push and pull relationship with other actors involved in regulating the field: he emphasised the effort he and the institution have deployed in assisted reproduction and legitimised his standing as a dedicated policy maker that has to compensate for the lack of involvement of those who should be the primary bearers of the responsibility of regulation. However, although he apparently resents his role, he also expressed his unwillingness to integrate others' experiences and takes on the matter:

Morea said at one point that we are the only country which doesn't have one [a law] and that the EU requests it....so let's make one, on our knees, so at least we have it. Well, no, here I didn't agree. If I do it, I do it right. (...) All European countries have a special law for this, Romania is the only one who doesn't and we're wasting time now in Parliament, you saw now, I don't know how many meetings you've been to, you saw what circus they make, and you talk to people who have no idea, with all kinds of NGOs who want to be noticed. The law needs to be made by specialists, specialists need to regulate what is most important for the everyday person. (Mircea Severin, regulator, interview)

Severin is critical of the political processes that inform legislation adoption and especially of the plurality of voices that are involved in decision making, eluding the issue of accountability. He favours what he understands as a depoliticised approach to the matter, while totally confiding in the objectivity of science made and regulated by 'specialists', without clarifying what being a 'specialist' actually means. Public participation, either through representatives in the Parliament, or through NGOs, is ruled out by Severin as unnecessary and even harming as it distracts attention, thus denying 'the everyday person' any claim to expertise. But while rhetorically he drastically delineates the borders

between specialists and non-specialists, in practice he performs an even more narrow allocation of expertise by ignoring the feedback infertility medical specialists give to NTA's issued legislation, which he claims to have authored:

The [existing] legislation is very good and needs to be applied. Now, everybody applies it as they understand it, if there are clinics who think it's been outlawed [ova provision] or that it is very hard to do, that is their problem and their decision, I won't change it just because they don't understand how it needs to be applied. I don't see why. (Mircea Severin, legislator, interview)

In the above quote, Severin refers to those infertility specialists who, after the issue of a set of secondary regulations entitled *Norms for establishing a rapid system of alert for human organs, tissues, and cells transplant* (2014), stopped doing IVF with provided ova due to what they perceived to be unclear legal provisions. Doina Manea, a clinician and owner of a fertility clinic, explained in an interview that the Norms had brought in questions for which they had no answer, such as the amounts of serum that needed to be stored. Later, she added:

Since this new regulation came up with the alert system, who had the eyes to see it, to read it, it scared us, we said that if we needed to do that too it would be impossible to be legal, so practically you cannot continue that way and we stopped it completely [IVF with provided ova]. And now everyone who needs it goes abroad. (Doina Manea, clinician, interview)

The official regime forces infertility specialists to perform ova provision choreographies that avoid the pitfalls of the official regime's blind spots. What is left unwritten is as important as what is made known, and this line of visibility performs the role of a threshold differentiating legal ova provision from ova 'trafficking'. In practice, these regulations have led to a scarcity of ova after several clinics have stopped performing this procedure. In order to be able to offer patients

IVF with ova, Manea has had to choose between the risk of being accused of illegalities, or bearing the high expenses of storing what she considers to be considerable amounts of biological material from providers that cannot be charged since following the Sabyc case no medical facility can extract profits from gamete banking (RFI, 2009). At the same time, for Manea, the risk of being accused of 'trafficking' is too real, and she tends to believe that "almost everyone is surveilled one way or another". With this remark, Manea recalls the spectre of the ova commercialisation cases which still affects the field of assisted reproduction both in terms of legislation and medical practices. The understanding of ova 'trafficking' brought by the police regime has performed boundary delineations that leave little room for diverging interpretations of the intermingling of money and ova provision.

For the Romanian authorities in general, and Severin in particular, being accountable means not so much tending to the interests of all stakeholders, but rather escaping the responsibility for unwanted events. The official ova provision regime regulates the flow of ova in such a strict manner that, if any complaints are made, they cannot contest the authorities' dedication to the public good, namely, what Severin calls the prevention of 'abuse' and the encouragement of altruism and social solidarity. The police regime, which highlighted the 'dangers' of commercialised provision in conjunction with greed and the pursuit of personal interests, has been integrated into a larger field of visibility. Due to its complexity and endurance in time, this field of visibility has the character of a regime. As such, it defines not only *how* ova provision is best understood and then regulated, but *by whom*. Neither overflowings, such as the Sabyc case in 2009, nor the shortcomings signalled by medical professionals have led to any major reconsideration of the regime, which begs the question of whether it has been a quick fix in the face of EU apprehensions following the Global ART case. The dynamics of power relationships comes to the fore in Severin's discourse, where accountability clearly does not manifest in relation to those who have to abide by the regulations of the NTA, and who are thus of 'lower ranking'. The construction of their identities as lacking expertise legitimises their

exclusion from decision-making and obfuscates discussions that question the premises of the regime.

5.5 First attempts at altering the official ova provision regime

Until 2016, when my fieldwork ended, no law specifically dedicated to assisted reproduction had been drafted, although six attempts have been made starting with 2003. Amongst these, only some have prompted more complex discussions over the official ova provision regime, either supporting it or trying to replace it mainly by introducing compensation for ova providers. The latter will therefore be my focus of analysis, while all other law proposals will be discussed more briefly.

In these legislating settings, ova provision has been re-enacted somewhat differently than in courts and fertility clinics. Ova provision multiplied through the material-discursive practices used to define and manage it. It has been abstracted, detached from the materiality of bodies, technologies and police evidence, although it has been using these as discursive props. The temporality of ova provision has changed: while the police and courts judged it in retrospect, and clinics were concerned about the 'here' and 'now', legislators were gazing into the future, albeit bearing the ('trafficking') past in mind. The potential for 'good' or 'bad' ova provision has often depended on who is doing the evaluation and the perceived interests that were at play.

The first law proposal was initiated in 2003 by Ovidiu Brânzan, Senator and Health Minister at the time, officially motivated by Romania's falling population. Brânzan's initiative was criticised by the two presidents of the time, Ion Iliescu and Traian Băsescu, on constitutional grounds and sent by the latter to the Constitutional Court for analysis. In his official letter addressed to the Court, Băsescu protested gamete 'trafficking' being decriminalised, arguing that such light penalties as those proposed by the 2003 initiative could trigger abuse and physical harm (Băsescu, 2005). The Court contended that its potential decriminalisation could pose a danger to those involved, supporting Băsescu's claims. In addition to this, a further 27 articles out

of 36 were found to be unconstitutional (Constitutional Court, 2005), which led to the initiative's rejection. Bănescu's reference to 'abuse' echoes Severin's fears in connection to relaxing the official ova provision regime. This suggests that the apparatus enacting the official regime internalised pre-existing anxieties and discourses about the ethical provision of human body parts. However, it took another three years and one ova commercialisation case for Romania to specifically draw the boundaries of cell 'trafficking'.

In 2009, Iulian Urban, a Romanian MP with no medical background, initiated another proposal to regulate assisted reproduction. By that time, the first and only NGO led by and dedicated to infertility patients in Romania, SOS Infertilitatea (SOSI), was already active. On the online discussion forum they had set up, SOSI decried the poor quality of the project and wrote to the senators urging them to vote against the initiative (SOSI, 2009). Ducu Toader, author of a legal comparative study of assisted reproduction in Europe, joined their effort to stop Urban's proposal. He argued against the piece point by point, and his analysis was sent to deputies by SOSI, who thus succeeded in stopping what they considered to be a 'disaster'. One of the contentious points commented on by Toader was that gamete provision was conflated with sperm provision, without any mention of ova provision or providers. Gamete commercialisation was outlawed, but the definition of gamete provision as sperm provision made it unclear to what extent ova commercialisation could have been prosecuted.

Brânzan's 2003 initiative was the only one that reached such an advanced stage in the adoption process in the history of IVF regulation, being approved by both chambers of the Romanian Parliament. One explanation could be that at the time the parliamentary majority belonged to the same party as that of Brânzan, and no other stakeholder besides the President and the Constitutional Court seemed to be involved in the drafting process. By 2009, however, two ova commercialisation cases had happened – Global ART and Sabyc - and new actors, such as SOSI, were making their appearance on the infertility scene. Regulating IVF was becoming a matter of public involvement, no longer reuniting just politicians and administrative personnel deliberating in public institutions

hidden from the public eye. Novel actors from different backgrounds – activists, patients, medical professionals – were becoming part of the governing process, shaping it according to their own perceived interests. Regulation itself gained visibility through new communication technologies that exposed politicians to the scrutiny of various stakeholders thus prompted to intervene in law making. Authority no longer resided in one's public function, but had to be constantly performed not only by state representatives, but by all those participating in consultations (Hajer, 2009). Thus, while Urban's capacity to legislate was contested, SOSI was legitimised as a knowledgeable part of the governance network that was slowly ensuing and gaining complexity. The parties participating in legislation diffracted over a provision through their apparatuses, but in the process they were exposing themselves to the judgemental gaze of others, as we shall see.

In time, SOSI succeeded in building a reputation for itself following its deep involvement with the regulating efforts. As a result, its political support also seemed to increase as more MPs and government officials promised to help with future initiatives¹⁵. The most concrete response came in 2011 from Mihaela Şandru, deputy and member of the Health Committee, who summoned SOSI to plan a new legal proposal. The NGO and Ducu Toader were deeply involved in drafting the law. However, less than two months after having been submitted to the Senate to be debated, it was withdrawn by Şandru herself. All the participants that I interviewed and asked why this happened suspected party involvement and political strategies. Although usually law initiatives bear the signatures of multiple supporters, Şandru's proposal was signed only by her, suggesting that her efforts were not shared with her party colleagues.

Şandru's explanatory memorandum was the most complex of all law proposals and it started by reiterating the need for boosting birth rates to ensure a sustainable population growth, as well as aid struggling infertile persons. The proposal's objectives, as expressed by its authors, were to offer consistent financial support in the form of government

¹⁵ An open list of political supporters can be seen here <http://infertilitate.com/miscelanea/sprijin-politic/>, date accessed 13.10.2016.

subsidies, and to create a safe environment for those taking part in AR procedures. To this aim, the motivation makes clear reference to certain contentious events in the past:

Romania has been part of several international debates, primarily due to its lack of legislation. Thus, the first issue that was raised was the problem of using assisted reproductive technologies on a 65-year-old woman, the Adriana Iliescu case¹⁶. This case led to a long series of debates regarding morals and professional ethics. Another case was that of ova extraction through hyperstimulation by unauthorised clinics. (Explanatory memorandum – Law regarding medically assisted human reproduction, 2011)

The law was to become the basis for the development of a broader set of sociotechnical arrangements consisting of the deployment of standards and institutional frameworks for preventing unethical medical procedures. The cases of ova commercialisation were clearly mentioned. However, the memorandum did not offer much insight into what exactly was wrong in those instances, beyond the clinics' lack of authorisation. Nevertheless, the provisions found in the law proposal and the answers I was offered by Toader through an e-mail interview located money at the root of the problem. While the memorandum's mention of 'international debates' recalls the stake of Romania's accountability towards external players, Toader stressed the ethical dimension of ova commercialisation, which he envisioned as an attack on humanism and altruism. Acknowledging the effort required for ova provision, Toader backed the idea of offering compensations consisting in travel and food expenses, and the salary of one day's work. But in the law proposal, provided ova were only allowed from women who had undergone their own IVF treatment and were willing to renounce their remaining ova for the use of others (no advantages such as cost reductions were mentioned for patients willing to share their ova). Toader explained:

¹⁶ Adriana Iliescu became famous after giving birth to a baby conceived through IVF at 67. While this event was seen by some as a medical breakthrough, others considered it the result of an unethical professional ambition. For more details on the case see Cutaş (2007).

A compensation has to make up for the expenses, and not bring in profit. Financial interests always surpass moral limits.

Compensation must not be conflated with commerce. (...)

Unfortunately, in women's case the problem of donation is much more complicated and onerous. (Ducu Toader, legal adviser, interview)

Not only should compensation not exceed one's expenses in Toader's view, but all activities related to ova provision that could lead to profit making were undesirable since they were associated with commercialisation and the corruption of 'altruistic' relationships. Toader's concerns were not related to risks of exploitation, but to an unspecified moral hazard in case ova commercialisation became legal. Just like the causes of ova commercialisation that remained largely ambiguous beyond the identification of a few law infringers, the possible impact of monetised ova exchanges remained a black box in the discourse of many participants. Nevertheless, solutions for preventing 'trafficking' and presumably preserving social solidarity were offered, and Toader's written answer is confident in the efficiency of his and SOSI's proposal:

Considering the large number of such [unused] ova and embryos, I believe there would be a balance between the number of donors and the medical cases requiring such a procedure [of ova provision]. We thus eliminate the idea of creating stocks and gamete banks with a commercial agenda. (Ducu Toader, legal adviser, interview)

Direct donations (with no intermediaries) would have been accepted only from relatives of at least fourth degree, and anonymity would have been discarded. A National Donor Registry was intended to be created to keep track of all gamete provisions. Considering these arrangements, Toader envisioned no major downfalls. It is unclear how Toader reached the conclusion that there were many ova and embryos available for sharing amongst patients. His conviction in the existence of

such a stock suggests that, in his view, these were readily available to be physically and emotionally disentangled from IVF patients. Toader's contention that ova are 'spare' is contradicted by research that present the difficulties women face when having to choose whether to give up their ova considering their procreative potential (Roberts and Throsby, 2008). Toader's openly expressed opposition to gamete banks meant that such donations needed to be performed shortly after their retrieval, while the donor was still undergoing IVF herself. His detailed account of the apparatus needed to regulate, manage, and supervise ova flows did not mention anything about the ethical issues raised by this arrangement.

Thus, in terms of ova provision, Şandru's proposal did not stray far from the official ova provision regime, framing ova commercialisation primarily as a criminal issue addressed through legal and administrative solutions aimed more at avoiding commodification, and less at facilitating safe exchanges for IVF patients and ova providers. This may come as surprising since SOSI had participated in its drafting - an NGO which had built its reputation as a patient-led organisation fighting for the rights of infertile persons. This could have been the reflection of the prioritisation SOSI was forced to effect: passing a law through Parliament was difficult enough even without challenging the official regime. However, the framing SOSI activists gave to ova commercialisation indicated that their reasons stretched deeper than that.

The impact that the Global ART and Sabyc ova commodification cases had on this initiative was reflected not only in their mention in its memorandum, but also in the accounts of SOSI members, three of which gave different reasons why ova commercialisation and compensation were undesirable or needed to be treated with precaution. At a conference on infertility issues held in Bucharest during my fieldwork, I had the opportunity to meet Mirela Mandache and Iulia Braga, two of the founders of SOSI, and briefly ask them why they considered paying for ova wrong. Both replied with little hesitation that money in exchange for ova could transform ova provision into a job. The activists' discourse reinforced the boundaries of the official regime, casting into view only the

criminal potential of commercial ova provision. Later, in a telephone interview with Braga, I returned to the subject to ask for details:

It's clear why we don't agree with it: because anything like it leads to speculation which can endanger the lives of donors, of course. That's why there have been problems, if they are encouraged, they go, donate, uninformed and so on. On the other hand, the level of donation is very low, if that's what you mean, because there are no rewards. But probably a balance can be found, although we have no regulations at all, maybe...they had to start somewhere, even if they couldn't cover everything. (Iulia Braga, SOSI member, interview)

The threat of ova provision becoming a 'job', together with the image of providers as uninformed and easily lured by money are class inscriptions (Skeggs, 2004) that can be traced back to the Global ART and Sabyc cases. Braga's fear was contested by providers' accounts in the Sabyc police file, which showed that although they had been attracted by the prospect of financial compensation, the clinic had been used as an income source of last resort. Nevertheless, the SOSI member was concerned about providers' wellbeing and expressed her support for a system of compensation based on institutional arrangements that facilitated provision "so that, if one wants to donate she doesn't have to think of anything else, since everything has been put in place for donation". However, her support for compensation still derived from a belief in 'altruism' as a personal trait, and not a discursive performance (Healy, 2006). Ova providers not nurturing 'altruistic' feelings and yet still bringing hope to IVF patients had to be kept outside the realm of visibility, and thus, of possibility. To illustrate her point, she gave an example:

It is as if I went tomorrow to donate blood as an *altruistic act*, and I am from a village, but *I really want to donate* and I am poor, I would be discouraged that I had to pay for my train and bus ticket, and stay all day at the institute to donate, and I also have to eat

something on the way. (Iulia Braga, SOSI member, interview, emphasis mine)

In this excerpt, Braga emphasised the role of the provider's location, not only geographically (from a village), but also socially ("I am poor") and used it as a legitimation for compensation. The point she made was further supported by the repetition of the 'altruistic' determination of the provider (emphasis in above interview extract), a resource which, for Braga, resided in the person and did not need to be fuelled like her body needed food and the train and bus needed petrol. Braga's imaginary concerning ova providers located them in marginalised areas irrespective of their motivation to provide, reifying the distinction between well-off IVF patients, and less affluent, vulnerable ova providers, but also delegitimising any expectations of payment belonging to providers whose socio-economic status was no longer perceived as precarious. Purely altruistic and free ova donations are framed as middle-class practices, and a middle-class kind of concern is protectively cast over disenfranchised, but deserving ova providers.

Oana Drimba, also a SOSI member, changed the focus of her concern, since for her risks were not inherently located in the 'nature' of money, but in the flaws of a system that could not control for overflowings:

There should be an administrative apparatus capable of managing this task very well. But in Romania, unfortunately, we have a total lack of administrative capacity. For example, similar discussions were held related to surrogacy, where you really have all arguments for compensation. (...) everything that involves stimulation comes with risks, the result is not always the one you wished for, sometimes you have to repeat. (Oana Drimba, SOSI member, interview)

Drimba highlighted the worth of embodied labour and made it the core argument in favour of compensation, without conditioning it to poverty. She compared ova commercialisation to commercialised

adoption to illustrate not so much the negative impact of money, but the effects of lack of transparency and supervision on the part of the state which made participation in governance difficult. As a member of a patient association and as a former IVF patient herself, Drimba sympathised with the efforts of other patients in need of ova, but argued for a set of standards that could limit unwanted outcomes of complete ova commercialisation.

Şandru's initiative did not spark many comments during fieldwork possibly due to its short life, which did not leave enough time for it to be questioned in terms of accountability to all those connected to assisted reproduction, especially the medical professionals whose contribution seemed absent. Nevertheless, the draft marked the moment in which SOSI started to actively contribute to legislation making. The proposal was the first that tackled ova provision in so much detail, and it did so after reuniting actors with different kinds of expertise and experiences: Şandru offered political support (although a frail one), Toader, his legal expertise on the issue, and the SOSI members, their advocacy power, lay expertise and embodied knowledge as former IVF patients. Although different to a certain extent, the views of the parties converged in designing an even stricter regime of provision than the one existing at the time. Not only ova commercialisation, but also ova extraction for the sole purpose of provision would have been criminalised. IVF with ova from ova providers, legal at the time, became illegal in Şandru's initiative and was constructed as a criminal offence punishable with incarceration. As for the ova providers, their amount of guilt and their degree of vulnerability would largely depend on the interpretation of the prosecutor – as was the case with Sabyc providers - since the initiative made no distinction between the punishment allocated for the different parties involved in ova commercialisation.

5.6 The difficulties of consensus building

By comparison to the cases discussed above, and possibly because of them, subsequent legislating efforts devoted increased attention to building support for the initiatives. More stakeholders were

involved in the talks, and the performances they engaged in weighed more heavily on the success of the initiative. Although none of the initiatives were adopted, they provide important details over the legislating process and what can hinder it, particularly one's framing of ova provision.

In 2011, another team had been working in parallel on a law proposal on assisted reproduction, besides Şandru's. The *Law Proposal regarding Human Assisted Reproduction with Donor* was submitted to the Senate by the Government, motivated by the need to clarify the issue of lineage generally defined by the New Civil Code (2011). After being rejected by several Committees in the Senate, it was sent back to be redrafted. A Working Group ('the Group') was created reuniting as many relevant actors as possible for consultations: Government representatives, the College of Clinicians, the National Transplant Agency, SOSI, the Romanian Orthodox Church (which did not answer the invitation), embryologists and clinicians. Ova providers as an important group concerned by the framing of the legislation were absent from these consultations just as they had been from Şandru's. In charge of the Group was Simona Popa, councillor in Parliament and former IVF patient. Popa admitted during our unrecorded interview that her experience with infertility motivated her to invest all her efforts in drafting a good law proposal, consequently inviting as many of the stakeholders as possible to ensure its success. Political support and money, she contended, were paramount, otherwise the proposal would be left "in the drawer" (abandoned). Taking the legislations of other EU countries as an example, Popa believed what was needed was, in her words, a "simple, clear, predictable" law, with "well-defined principles". Nevertheless, her efforts to build a workable consensus, not necessarily spared from conflicts, but which could deliver and lead to the adoption of the kind of law she desired, did not bear fruit.

Defining and regulating assisted reproduction and ova provision is premised on its acceptance as a matter of concern for all the parties concerned. And yet, assembling and articulating the apparatus of people and institutions meant for this purpose was Popa's greatest challenge. Popa directed many of her accusations towards SOSI. She recalled how

several of the NGO's members had been present at consultations, but despite actively contributing to the project's improvement, which Popa considered to be in their best interest, they eventually withdrew their support. The councillor decried SOSI's lack of strategy, considering that constant advocacy and awareness raising events would have put some pressure on MPs. SOSI's priorities had changed, Popa concluded: their interests had switched from legislation to financing. This remark shed an ambiguous light over the NGO, whose change in priorities was seen by Popa to contest their trustworthiness as legislating partners, in contrast to her own dedication to the cause. However, after several failed attempts at regulation, a certain kind of disillusionment could be felt in the accounts of two SOSI members:

They [politicians] move based on other criteria, because we were very far ahead with two proposals, and the initiator [Şandru], that of the 2011 proposal, stopped it at a very advanced stage (...) This made me think she had an order, you really could not withdraw something that was almost surely going to pass. (Iulia Braga, SOSI member, interview)

There is no transparency, you don't know what is happening to them [the law proposals], where they get stuck, at one point they get stuck, you don't know when they exit discussions, when others appear. (Oana Drimba, SOSI member, interview)

In a process with so many stakeholders, the perceived lack of transparency impeded the building of trust, and politicians' legitimacy, as well as SOSI's motivations and reliability were questioned (Waterton and Wynne, 2004). This illustrates the point that public involvement does not necessarily ensure the accountability of decision processes (Parry *et al.*, 2012). Moreover, simple participation in consultations does not equate with true access to input, but can also work as tokenisation for legitimacy reasons (Parry *et al.*, 2012). While, for Popa, SOSI's support for the Government's initiative was crucial, it is unclear to what extent their input was indeed welcome. SOSI had been invited to comment on the initial

law proposal, before it had been sent to the Group. Calling it a “synthesised version’ of Urban’s initiative”¹, SOSI and Toader reiterated their criticism of the proposal and sent Şandru’s as an example. Although the Group did elaborate a new initiative, it was considerably different from what SOSI and Toader had devised earlier that year. The failure of Popa and SOSI’s collaboration consisted not only in the different articulation of normative prescriptions and ethical aspirations, but also in performances that did not live up to what each of the two had expected. Thus, the identities of the actors involved in regulation were contested once they trespassed certain boundaries that had discursively been imposed on them: Popa considered it was in SOSI’s interest for a law to be adopted irrespective of its provisions, and expected them to support all efforts. Therefore the subsequent rejection of her proposal was interpreted as disinterest. In their turn, SOSI, by sending their proposal as a response, clearly signalled that only one particular view on assisted reproduction was acceptable, delegitimising the others and their supporters.

The case of the Government initiative is relevant not only because it illustrates the conundrums of building a consensus, but also because it reflects an enduring preoccupation with ova commercialisation.

Mediafax, the national news agency, used the following headline to announce the new law proposal: ‘After the Sabyc scandal, artificial insemination with anonymous donor could be legalised again’ (Efrim, 2011). The title referred to the ban on commercial gamete banking in 2009 following the Sabyc case. Ova provision and ova ‘trafficking’ were constructed as the two sides of the same coin. But the Working Group departed from this dualistic approach. It brought substantial changes to the regime of ova provision: not only that compensation, in the form of three meal tickets, were offered to providers, but the provision arrangement was to be organised by clinics/cell banks so that it remained anonymous. Through the acceptance of compensation, ova provision was finally released from the constraints of ‘pure altruism’ and its opposite, ‘trafficking’.

When asked about her opinion on compensation, Popa replied with a short story of a town invaded by mice whose number could no

longer be controlled with poison. Consequently, the mayor decided to pay anyone who killed a rat, with the result that eventually the dwellers of the town started breeding mice for money. Popa's point was that in a "morally corrupt" country, any material incentive would lead to 'abuse', already a buzzword among those opposing monetised ova provision. For the councillor, 'abuse', understood as the circumvention of the commercialising ban, would not lead to the disruption of the social fabric, but was actually caused by social malfunctioning. Popa considered that setting up a proper provision regime would require more than the changing of the law, arguing that the reorganisation of the whole health system would be necessary. However, in distributing accountability among various agencies - SOSI, the legislators, the Government, or national morals - she projected an image of ova commercialisation as a premeditated, rationally enacted phenomenon, obscuring its constructed character by apparatuses that had framed it as detrimental to society. Moreover, despite referring to political and institutional arrangements and prompting political consultations, Popa attributed ova commercialisation to moral predispositions, depoliticising the issue by ignoring the role of social disparity. The strategic alliances she had tried to build in order to overcome opposition or indifference to assisted reproduction legislation could not accommodate the multiplicity of perceived interests of those taking part in consultations (Franklin and Roberts, 2006).

In 2013, the last law proposal on assisted reproduction was submitted to Parliament and, after being voted for by the Senate, it seemed to have reached a dead end in the Deputy Chamber. Victor Morea, an MP and the proposal's initiator, was keen on highlighting the efforts he had deployed to ensure a smooth legislative process:

We elaborated this project in collaboration with our colleagues from the Health Ministry, from the Foreign Affairs Ministry, with jurists, with...the room was packed with gynaecologists at the time...the project suffered many changes until the moment I submitted it to the Parliament. (...) Although there are many signatories, it can have insufficient support, all kinds of conflicts

can arise, they can say that this legal provision is...call it something, so we tried to eliminate all aspects that could be interpreted, or which could be used against the proposal. (Victor Morea, MP, interview)

Much as in the case of Simona Popa, Morea intended to involve all stakeholders in reaching a consensus that would allow the adoption of a law on assisted reproduction that would be not necessarily perfect, but that would nevertheless bring clarifications for those performing or undergoing IVF. He acknowledged the fact that such a consensus would not be reached easily especially due to the sensitivity of the issue, but would require the appeasement of diverging perspectives. Morea realised that he had to perform the role of a mediator in order to enable the harmonisation of perceived interests, inhabiting a space of in-betweenness amongst the different stakeholders:

Nobody can handle the problem, and if you can't handle the problem as a specialist, as a minister or state secretary, and you go out with such an issue, you expose yourself, because, first of all, the NTA will strike you, for they have no interest in someone getting into their business, they consider themselves independent. On the other hand, the specialists who see their interests endangered [can also attack you], or [they may attack you] simply to be visible, and if you don't have counterarguments and don't master the issue well, but go out with it, they destroy you. But since I wasn't in the Ministry, nor am I a specialist, they couldn't do anything to me. (Victor Morea, MP, interview)

The above quote illustrates the complex dynamic of occupying appropriate locations in order to ensure one's legitimacy. A mix of personal and group interests, driven by political and economic reasons, formed a matrix in which the safest place was sometimes that of an outsider-insider: Morea located himself at the crux of all interests that needed to be met in order to pass legislation. However, he delineated himself both from claims of professional authority and clique interests

(Wedel, 2003). By congregating all stakeholders at the table of discussions he performed 'neutrality' and, consequently, trustworthiness as a legislator. At the same time, Morea contrasted his openness to collaboration to others' jurisdiction policing, pointing at the strict institutional and professional boundaries that affected relationships between parties. The NTA and the specialists Morea referred to were constructed both as desirable partners in legislating and potential adversaries that could jeopardise the whole initiative. Eventually, Morea came to perceive legislating as a process fraught with more conflict than cooperation, with contestations coming from surprising directions:

There is one guy in the Health Committee who likes to play the philosopher, but except him there is a deputy who has a PhD on this topic and who is a jurist, and who...I told them several times that they are killing the law. (Victor Morea, MP, interview)

For Morea, the above situation was not linked to political rivalry, but rather to a conflict between the political and the expert realms embodied by MPs. While the initiator of the law expected full support from his party colleagues mentioned in the above quote, the latter considered that their professional training could improve the initiative. However, Morea contends that any legal initiative is inherently incomplete and it is best refined after it is adopted, when its shortcomings become visible. He thus dismisses any potential accusations of superficiality and irresponsibility by locating the stake of the consultations not in the achievement of the best law proposal possible, but the construction of enough political support that can lead to the adoption of the draft, much like Simona Popa.

Nevertheless, the source of expert advice was very important, and it came from multiple sources. Amongst the many gynaecologists and infertility specialists initially invited to contribute to the proposal, only two remained to represent the whole community during parliamentary proceedings - Doina Manea and Sonia Ducu - and their role was contested by various parties:

These jurists who are so smart, they say that it's a conflict of interests, that they [medical professionals] both work [as infertility specialists] and do this thing [legislate]. But they don't need a law to do their work. (Victor Morea, MP, interview)

Invited to consultations as specialists in infertility, Manea and Ducu's legitimacy as legislators was contested by jurists on the basis of conflict of interest. As owners of private fertility clinics, the two were suspected of shaping the law proposal according to their economic interests. For Morea, the jurists were not dutiful, but misinformed counsellors who failed to understand the world of assisted reproduction. By comparison, Manea and Ducu did not "need a law to do their work" in Morea's view, and therefore they were practically volunteers dedicated to the public good. The group of people Morea congregated to develop a law was falling apart at every step even before the object of their reunion – assisted reproduction – came under discussion. It is not clear how Morea motivated Manea and Ducu's participation to these consultations, considering that it required considerable effort, as the next section will show. Manea, one of the two infertility specialists attending most parliamentary meetings, recalled how she was co-opted into drafting the law:

How I saw it is that everyone knew someone working in the field and so on. (...) Now with doctor Morea we had a close common person who put us in contact to talk, so I got to...so I think everyone thought of those they knew in the field and brought some specialists to brush up the project. (Doina Manea, clinician, interview)

The above quote suggests that the instruments for soliciting participation in legislating efforts and ensuring the legitimacy of those involved were rather unstandardised (Jasanoff, 2012) and reliant on informal connections. This selection process was contested by other medical professionals who saw it as opaque. Marius Moldovan, clinician and owner of another infertility clinic, had also been part of the

committee drafting the proposal, so it is unclear why only two infertility specialists finally remained as consultants. Moldovan argued that the two could not represent the industry's interests as a whole for reasons he did not clarify. However, Manea offered a possible explanation for Moldovan's stance, suggesting that besides political and economic interests, ethical deliberations also had an important weight in participants' normative expectations, considering the numerous uncertainties concerning certain assisted reproduction procedures (Cordner and Brown, 2013):

Several of us working in the field got involved in drafting this law when it was in the Senate, and we had some discussions there, and we couldn't reach an agreement even amongst ourselves (...) All have their own vision in the end, some things are strictly related to ethics, they are not necessarily connected to medical procedures. For instance, I wouldn't encourage surrogacy, others would. (Doina Manea, clinician, interview)

Manea's quote clearly indicates that considering infertility specialists a homogeneous group sharing a common interest was a mistake on Morea's part. In her account, she departs from the view of IVF as a mere set of medical procedures standardised across settings, and draws attention to its ethical underpinnings. Infertility specialists thus emerge as medical professionals guided not only by economic interests, as the jurists suggested, but also as moral actors capable of imposing limits on their own actions, despite technological capabilities of going beyond these self-imposed boundaries. Thus, for medical professionals, an important stake in the regulation of assisted reproduction was the clarification of those procedures that would be acceptable and which, if clearly legislated, would no longer require the evaluation of the NTA. Through their involvement in drafting a law, medical professionals were negotiating not only economically advantageous provision, but also the boundaries limiting the application of scientific advancement.

For Morea, divergences between infertility specialists came as a big surprise:

I didn't think there would be enemies against the law amongst the specialists. I thought that specialists will gladly receive it and be glad that a law will protect them and offer them a legal framework to do their job as they do across the whole of the EU, without the fear that somebody comes and closes down their clinic or controls them to find problems which are actually unregulated. (Victor Morea, MP, interview)

The initiator of the law proposal did not consider the ethical misalignments that divided medical professionals. Instead, he referred to the ambiguities existing in the present regulations pertaining to assisted reproduction, which could expose infertility specialists to prosecution. The ambiguities of IVF as a medical and social practice were once again cast as technicalities best addressed legally and institutionally. Morea contended that the ease with which medical professionals could be criminalised was also a result of the strictness of Romanian regulations on assisted reproduction generally, and ova provision in particular, according to which many monetary transactions could be interpreted as 'trafficking'. He stated that, in response, many Romanian clinicians had agreements with foreign fertility clinics, where they would send IVF patients for procedures that were unavailable at home – for example, ova provision - in return for commissions. Such arrangements, in his view, made these clinicians oppose new Romanian legislation being adopted. Legislation for Morea was thus meant to cater primarily to the interests of certain medical professionals, who would be able to perform their activity in Romania without fearing the authorities, as well as increase their financial gains through the use of novel reproductive technologies. In Morea's discourse, ova provision finally emerges as a matter of concern that requires clarification and which, at the same time, precludes advances in this sense.

If the impact of the ova commercialisation cases on Morea's motivation to legislate assisted reproduction were only implicitly suggested up to this point, after I mentioned the conditions of the official

regime to him in order to understand in what ways he found present legislation insufficient, Morea continued:

Sure, why then don't they do it [IVF with ova provision] if it's so clearly regulated? Because there have been Sabyc and all the other cases where I am almost certainly convinced they have gone too far, but at the same time they went too far because there were no clear regulations, I don't believe they exist. (Victor Morea, MP, interview)

In the legislator's view, ambiguity concerning ova provision makes establishing a causal chain of events concerning 'trafficking' difficult, if not impossible. This is one of the few instances in which accountability for what happened at Global ART and Sabyc is primarily put on the shoulders of Romanian legislators. The regime is thus criticised by Morea for failing to clarify both the conditions of legal ova provision, and for obscuring the responsibility bore by those that enacted it. Indeed, during fieldwork several infertility professionals declared that they had stopped doing IVF with provided ova due to legislation ambiguities, which I will explore in the next chapter. Once again, another direct reference is made to Sabyc as a constant reminder not only of the risks commercial ova provision engendered in general terms, but of its direct impact on medical professionals faced with a context of legal uncertainty. The 'scarcity' of ova usually found in IVF settings (Roberts and Throsby, 2008) has thus been aggravated due to legislation and protective measures taken by infertility professionals, who have since reduced patients' access to IVF with provided ova.

In the same interview, Morea acknowledges the risk residing in compensation being used to hide other financial exchanges, but he believes that good supervision, coupled with a good approximation of the costs of all these expenses, could make this new regime viable. At the same time, Morea wishes to give a legal basis to what he sais is already happening, referring to the cases in which commissioning parents pay for the expenses of their ova provider. He considers these arrangements understandable since, under the official ova provision regime, the ova

provider is expected not only to give her ova for free, but also pay for the additional costs involved, such as travel and medication, a situation he finds absurd. Thus, the law proposal is no longer meant only to prevent 'trafficking' cases such as Global ART and Sabyc, but to adapt to an already existing situation of direct monetary exchanges between patients and providers. In Morea's views, the involvement of money does not necessarily trigger ethical concerns, but is rather a pragmatic answer intended to compensate 'natural' ova scarcity, without necessarily sacrificing the 'altruistic' motivation of the provider.

For the first time in discussions about ova provision, ova providers emerge not as victims of 'abuse' or unnamed participants in the 'corruption' of the social fabric, but as agents endowed with the capacity to evaluate the exchanges they enter, being legitimised to ask for compensation. They are no longer pinned down in a certain class context. However, no deep preoccupation in relation to their safety is expressed by Morea either, who seems more committed to protecting what he sees as medical professionals' interests. The change in the official provision regime that Morea envisions is ultimately not concerned with providers' welfare, but with making a phenomenon that is already happening visible and manageable. As in all previous legislating attempts, ova providers were not considered a separate group of stakeholders to be invited to consultations, and their own interests were shaped according to what others believed was desirable. In this sense, the new regime that Morea proposes offers to view a wider perspective over what ova provision entails, but does not focus on the wellbeing of the persons undergoing the procedure either as an IVF patient or ova provider.

Despite Morea's conviction that the official ova provision regime needs to be changed, the law proposal he initiated ended up without altering the already existing legal arrangements. During parliamentary consultations, the NTA explicitly mentioned in the draft that ova provision should be 'voluntary and free'. Another MP added more comments, strengthening the 'free' aspect by arguing that "it is of utmost importance that the donation is made in favour of the parents and not the medical clinic". Moreover, he proposed that a paragraph was added to the

initiative clearly stating that “the costs emerging from the retrieval and storage of gametes should be supported by the donors for the whole period of the contract”, making it clear that provision is supposed to be free only for IVF patients, whereas the providers have to support all the costs of their ‘altruistic’ act. According to Morea, the issue of compensation was dropped during initial consultations with stakeholders:

They raised this kind of issues then, they were not necessarily against, but they had fears that we could be later attacked for this. So I said: let’s drop it. This is why I told you that we gave up the contentious points, which could trigger [unwanted] discussions. (Victor Morea, MP, interview)

Another MP, supportive of Morea’s proposal, also told me in an unrecorded interview that while he was in favour of compensation, the impossibility of separating his personal and political life in the eyes of the media made him reluctant to ask for a new regime. More exactly, he argued that, with two gynaecologists in the family, his support for compensation could be interpreted as having illegitimate interests. He made a parallel between ova provision and prostitution, recalling how he had been shamed by the media for asking for the latter’s legalisation and taxing. The connection between legislation, perceived interests and the media was also expressed by Morea:

Any legal initiative which is not very clear or which is backed by an interest group...if I were supported by big pharma, or by the NTA, or anything like that, the media would have found out immediately and finish me as a politician, even as a man, so then if you make an initiative in this field it has to be very clean, but it’s no crime to consult the pharma industry, the clinics, as long as you consult all of them. (Victor Morea, MP, legislator)

The narratives above give a complex account on how the official ova provision regime has been re-enacted during Morea’s attempts to legislate assisted reproduction. The regime appears to have been

reinforced not only due to legislators' moral conviction that compensation would directly affect social solidarity and endanger the health of ova providers, but also as a protective measure for the legislators themselves. In light of a former NTA manager having been already prosecuted following the Sabyc case, those drafting the new law have to pass as responsible representatives of the state pursuing the public interest. What that interest is should have resulted following the consultations Morea elicited, where the official regime came under contestation. Nevertheless, the power differential between stakeholders meant that it was MPs and administrative personnel that had the final say in the matter. The fact that the reputation of infertility specialists had been tarnished following the ova commercialisation cases, as well as the fact that, especially in relation to sensitive issues, politicians are usually closely scrutinised by various publics ready to accuse them of illegitimate interests means that the path chosen by them was what seemed safest at the time.

The fact that the media has become part of the governing process through its propensity for constructing moral scandals was illustrated by politicians' deep concern with how they were portrayed (Djerf-Pierre *et al.*, 2013; Hajer, 2009). A strategic silence was established in relation to the possibility of amending the official ova provision regime out of fear, the fear of being "destroyed", "attacked" or "torn apart", as Morea put it, due to media framings. One can recall the way in which the Government's law initiative in 2011 was traced back to the Sabyc case in media outlets: the speed with which journalists connected developments related to assisted reproduction with the ova commercialisation cases could quickly shed a dubious light on anyone supporting an initiative that could be interpreted as illegitimate. Consequently, rather than an instrument of public accountability, the media was constructed by politicians as acting against public interest by disrupting a much needed process of law development and framing assisted reproduction legislation as potentially hazardous.

5.7 Divergences amongst medical professionals

All medical professionals whom I have interviewed have expressed their support for legislation, despite differences in what they considered normatively desirable. For some, legislation was a matter of safety, both for patients and for medical professionals, while for others it was a necessary basis for technological development, and consequently for business objectives:

Marius Moldovan: I supported a law with few articles and general provisions, clear, without technical ambiguities.

Researcher: What problems does the lack of legislation bring?

MM: The fear of progress according to assisted reproduction developments; we suspended the PGD/PGS program due to the provisions presently under discussion in the Deputy Chamber. Sending patients who need provided ova abroad to other centres in the Czech Republic and Spain.

Restraining investment in developing the quality of the medical act and extending the services available. (Marius Moldovan, clinician, interview)

For Moldovan, legal ambiguities limit the types of procedures available to IVF patients, and perpetuate a state of anxiety in relation to novel reproductive developments, which are often neither explicitly banned nor permitted. In the clinician's view, proper legislation should not only leave out as many differing interpretations as possible, but also be permissive enough to allow infertility treatment providers to keep pace with scientific advancement. Extending the line of services for patients would not only ease their own experience while undergoing treatment, but would also economically benefit clinics, which would no longer be forced to outsource services, such as ova provision. Moldovan, as one amongst multiple clinicians who had stopped performing IVF with provided ova, gave a clear indication of how some of his patients managed ova scarcity by circumventing the official ova provision regime: they travelled abroad, where ova banks could offer the needed gametes

without requiring so many logistical and bureaucratic efforts. Diana Rotaru, embryologist, also referred to ova provision in arguing for clear legislation:

I believe that having legislation, even if it is restrictive, is better than not having it at all. Some interpret it that if it doesn't say it's forbidden, then I can do anything, which from my perspective puts professionals in danger. But on the other hand, the patient, because there are no clear norms and a legislation [...], also puts the patient at risk because the field cannot be controlled with accuracy, all kinds of clinics more or less phantom-like can emerge, all kinds of stories with oocyte trafficking and so on.
(Diana Rotaru, embryologist, interview)

Rotaru places the safety of those involved with IVF, particularly patients and clinicians, at the heart of her argument for legislation. Legal laxity is framed by her not as an economic downfall, but as an opportunity for some who consider that what is left unsaid is permitted. She argues that both patients and medical professionals are best served not necessarily by an increased variety of reproductive procedures, but by extensive care throughout the infertility treatment. The mention of 'phantom clinics' and 'oocyte trafficking' illustrate how the imaginary of medical professionals was still marked by the commercialisation cases at the time of my fieldwork. Such events still work as a hallmark of unethical medical conduct, as well as a warning of what infringing the law can lead to. Ova provision is yet again cast as a threat, this time not only for one's reputation as in the case of politicians, but for infertility specialists' entire careers and patients' emotional and physical integrity. Considering that the ova providers were severely affected following their engagement with Global ART and Sabyc 'phantom clinics', it is surprising that they are not mentioned by her in this excerpt. Nevertheless, providers are not excluded from Rotaru's larger discourse about ova provision:

From the point of view of a woman who is donating oocytes, the effort is different [from that of a sperm donor], physically. It

requires stimulation, the risk is different, any hormonal stimulation involves risks, it involves an extraction, which is a surgical intervention, small it's true, but which also has risks, because it is done under anaesthesia (...). The duration of such a procedure is way longer than in the case of a man. The emotional risks are bigger only because you are under hormones, so under a hormonal treatment your emotional, psychological palette changes. And then there are costs (...). If for a man these costs are for a bus ticket, for a woman they are bigger, there are more free days, a free day for extraction, many things, you have to see the level of stimulation, see that you don't hyperstimulate, so there are many things and costs involved... But from my point of view, yes, financial compensation is necessary. But I can't make ethical judgments (...). In my view, [I say this] as a specialist who wants to encourage donation, because it's necessary. (Diana Rotaru, embryologist, interview)

I believe it would be great if they allowed compensation because surely there are many people in this situation [from a vulnerable background]. It's true that it's not exactly moral, but in a way it helps somebody, everybody has a benefit. And it's an effort, you can't do it without a benefit, even if you are altruistic. (Doina Manea, clinician, interview)

Compensation is seen to fulfil several roles: both Rotaru and Manea acknowledge the embodied work ova providers need to undergo for ova provision, and the additional costs the procedure involves. From this perspective, money is a practical necessity that encourages provision regardless of providers' financial prowess, ensuring a flow of ova. Nevertheless, even such a pragmatic use of money raises ethical issues for the two medical professionals: could 'altruism' and monetary exchange be accommodated together? A separation between the realm of medicine and that of ethics is effected in order to surpass this conundrum, but in practice, either in clinics or in parliamentary debates, the tension persists. Ethical judgments are often not relegated to

bioethicists only, and as the Romanian experience of legislating has shown, medical professionals too have had a role in deliberating on the desirable normative framework of assisted reproduction (Cordner and Brown, 2013).

It is important to note though that, even when the perceived interests of ova providers are taken into consideration, these seem to be subsidiary to those of IVF patients, and at no point in time has ova provision been questioned in more detail: how should consent be designed? How should the selection of providers be made in order to avoid gender, class, and race bias? Is it legitimate to ask for provided ova altogether, given that the long-term risks are not known? The monetary aspect seems to dominate ethical discussions on ova provision, and most of the time it is rendered acceptable because it creates a 'win-win' situation for all parties involved. Embryologist Nicoleta Fote expresses a more ambivalent view on compensation, clearly stating the need for an evaluation of the risks associated with this practice beyond the possible effects of monetised provision:

Usually financial compensation eventually leads to a distortion of the situation, with some people donating only for money. There should probably be a balance between doing good and earning something. (...) I am convinced that, in a broad discussion, pro and against arguments can be found for each option. And then you have to see, if you do it like that, what will the long-term consequences be? If you do it the other way around, what are the consequences in the long and very long run? And so you can take into consideration the smallest evil for everyone involved.

(Nicoleta Fote, embryologist, interview)

Fote reiterates the fear of commercialised ova provision, which she believes 'distorts' the situation by driving 'altruism' out of the relationship between patients and providers. Like others before her, she does not explain exactly how this happens and what the consequences are, rather expressing a largely-held, but unfocused, reticence towards money and its entanglement with human relationships (Zelizer, 1997).

However, Fote goes deeper with her considerations about ova provision generally, questioning the desirability of the medical procedure itself. Whether “the smallest evil for everyone involved” places ova providers’ wellbeing on the same level as that of patients and medical professionals is left unclear. Fote contends that no outright answer exists prior to a detailed analysis of the implications of various practices of provision. Once again, ova provision multiplies in its manifestations, and an appeal to inquiry is made to finally settle down which of these should be legal. The concern is not primarily about how ova provision can be legally and institutionally managed, but how it can best be comprehended.

Considering the diversity of opinions on various aspects related to assisted reproduction, in 2009, the Romanian Embryologists’ Association (REA) drafted a document, which was not a proper law proposal, but was intended to first spark a discussion amongst stakeholders. What it offered was an extensive set of legal provisions pertaining to assisted reproduction as they could be found in other EU countries, from which Romanian legislators could choose what they considered most appropriate. However, the result was far from what Rotaru, a member of the drafting team, expected:

It [the document] was torn apart and turned to ashes in the media...and even the patients had something to comment about...ok, probably it wasn’t understood that we weren’t proposing the adoption of the document as it was, what we wanted was: here, this is everything that can be done in the field, if you want. You choose what can be done in Romania. It wasn’t understood that way, we were defiled so to speak, accused of wanting to do experiments, and do this, and do that. What we really want is to reach an agreement with the Church, the civil society, the patients, a debate that can lead to a very well-regulated law, with what we are allowed and what we are not allowed to do. (Diana Rotaru, embryologist, interview)

This was the only attempt by a medical professional association to regulate assisted reproduction, and although it did not mention ova

provision, its relevance consists in illustrating the complicated dynamics of legislating. Their document based its normative provisions not on political aspirations but on what was considered by infertility professionals to be scientific necessity. For Rotaru, the most important thing was a clear delineation of what was permissible from what was not, but she wanted this decision to be taken in collaboration with all stakeholders. Rotaru wished to avoid being read as an infertility specialist with dubious scientific ambitions, and instead tried to pass as a responsible medical professional, negotiating what belonged to politics, what to science and what to ethics (Miller, 2004). The authors of the document had hoped that the Health Ministry would provide sociotechnical arrangements that could foster consultations and deliberations. They had tried to gain political leverage by asking the Health Ministry to start a public debate. However, in 2009 political instability meant that three Ministers had been in office during the same year (Ziare.com, 2009; 2010), which brought in the problem of differing timescales: a proper debate would have requested at least several months, too much for a fast-changing political landscape (Abbott, 2005). No MP took interest in the document, leaving the authors without official political support. Infertility specialists' claims proved to bear no stakes for political actors, and their document did not enter the official legislating process. What is more, it came under attack from multiple directions.

In her quote above, Rotaru recalls Morea's strong terminology when referring to the media's reaction to the document: "it was torn apart and turned into ashes", pointing to the perceived speed with which the media, unjustifiably, presented the case to the public. Rotaru's performance as a thoughtful mediator between parties was received by the latter with surprise and even outrage. SOSI's initial enthusiasm at hearing about the document was soon replaced by negative comments elicited by the content of the proposal, both in terms of language, and of regulations. The online forum that the NGO was managing still featured the discussions of its members in relation to the document authored by infertility specialists during my fieldwork in 2016. Unfortunately, the forum represents one of the few sources of information about the debates held in 2009, nevertheless it is rich in content (SOSI, 2009). Eventually, SOSI

denied its support for the project, which it found to be unprofessional and ethically problematic due to a series of legalised procedures such as ‘embryo extraction’, insemination with sperm from the deceased, as well as ova retrieval from minors. SOSI’s reaction was in turn met with surprise by Rotaru (“even the patients had something to comment”), which suggests that patients had automatically been considered allies in the legislating effort just because medical professionals believed having a law was in their interest too. According to the discussions on the SOSI forum, the document was rejected as abusive by the College of Clinicians in Romania as well for reasons that were not explicitly stated. The authors of the material were thus discredited as legislators, and their dedication to ethical assisted reproductive procedures was questioned. The regime that the document presented offered an understanding of IVF that was too unpalatable, raising new ethical dilemmas instead of solving the ambiguities in the already legal procedures.

Despite the failure of the REA’s document, the role of medical professionals in drafting subsequent laws increased in the following years. Many have participated in consultations for different initiatives, but, according to their accounts, their impact is hard to quantify. Their involvement in legislation took place at different stages of the process, and there was little, if any follow up after they had made their input. The legislating apparatus provided infertility specialists almost no means for controlling subsequent developments of a draft, and the duration of their collaboration was not transparent, relying on informal relationships between medical professionals and politicians.

But medical specialists’ success at framing legislation depended on more than institutional procedures of consultations. Despite the expectations of some legislators such as Morea that medical professionals would be united by a single goal – the need for a law – infertility specialists perceived their community as divided on various grounds:

There are five professional associations in the field. Embryologists have one, the rest belong to clinicians. In Romania, there is a handful of people who work in assisted reproduction. If you ask

me, we are all more or less members in all of them. For instance, I am a member in four out of six, a founder, not only...the only ones which have had an activity is the Romanian Society for Fertility and Assisted Human Reproduction, and the Embryologists' Association, in which we try to be active, the rest are associations which are founded, they have members, I don't know if they have fees or not, (...) but which haven't done anything. (Diana Rotaru, embryologist, interview)

Unfortunately, in our case, professional associations are small and weak, we are few in total, and besides that everyone has created their own association because everybody has a different vision. (...) And if you don't have an association, it's hard to support anything (...) the authorities don't take you into consideration if you're not an NGO. Researcher: because of a conflict of interests? Manea: exactly. (Doina Manea, clinician, interview)

During our interviews, both Rotaru and Manea recalled recurring efforts for creating new associations that could unite the whole community and thus be able to play a political role. Manea's account echoed Morea's preoccupation with "bringing everyone to the table" so that his actions were considered legitimate. In the above quote, Manea describes a particular instance when the lack of adequate representation hindered medical professionals' participation in regulation due exactly to a loss of legitimacy. According to both Manea and Rotaru, good intentions can be legitimised only by performing a certain type of expertise devoid of perceived financial interests. As market players, clinics are often seen by politicians and the general public not as stakeholders with a right to defend their interests in the way assisted reproduction is legislated, but as actors potentially disrupting the pursuit of public interest. According to Morea, the media can turn any such connection between a politician and a private enterprise into a liability, and given the lasting impact the ova commercialisation cases have had, as illustrated by participants' accounts, it is understandable why assisted

reproduction has been framed not as an economic opportunity, but as a risk laden business in need of close scrutiny.

Angela Sitaru, embryologist, considers that the medical community could gain political leverage if several leaders emerged and mobilised their colleagues. Nicoleta Fote believes these leaders should in fact be the owners of fertility clinics, since they have an increased interest in keeping their businesses running. Marius Moldovan expressed his conviction that a working group consisting of infertility specialists could assemble a list of priorities which could be defended in Parliament. Based on their experience as NGO leaders, Rotaru and Manea summed up what they considered to be the challenges to specialists' involvement:

An association, an NGO means voluntary work, nothing else. A person's availability, or that of several people, to do something for the good of society, or of a smaller group such as in our case, but it's about one or several people's availability. (Diana Rotaru, embryologist, interview)

For this you need time and energy, you need to have a reason, it's better to focus on what you have to do, we needed these associations for clear purposes: to organise something and have a juridical status, but otherwise... (Doina Manea, clinician, interview)

Alliances between legislators and medical professionals have been hard to create, and the latter's ambivalence towards law drafting can be understood in light of the complicated sociotechnical arrangements required by such a process. The legislating endeavour presupposes a constant battle for defining what counts as expert knowledge, and even when medical professionals are invited to debates as legitimate specialists, their contribution is not systematically sought. Moreover, the effort of trying to be constantly present in the process is considerable. Based on my own experience during fieldwork, attending parliamentary debates is not a simple matter of planning ahead, for there is no guarantee that, once put on the list of discussions for the day, a

proposal will indeed be debated and not skipped over for various reasons. In this light, business objectives appear as more reliable pursuits.

Despite legal ambiguity and the conundrums of the official ova provision regime, Romanian fertility clinics have found ways to accumulate wealth. The ambiguities that the regime has perpetuated in relation to the meaning and practices of commercialisation have generated not only risks, but also opportunities. Agreements with foreign fertility clinics are one way in which Romanian medical professionals both honour their pledge to help patients and remain profitable with the help of commissions. The latest approach clinics have employed is importing ova in a manner similar to sperm, which has been done for years. At the time of my fieldwork, the NTA was making arrangements with Spanish ova banks that were to supply Romanian clinics. It is unclear why this was not possible earlier, with one embryologist informing me that the high cost of ova, coupled with administrative difficulties had made this option rather unattractive. The fact that imported ova also involves financial gain both for Spanish ova banks and their providers has not been raised as a matter of concern, so no Romanian party will bear the responsibility of regulating this aspect of assisted reproduction. Imported ova are also depersonalised, physically and materially disentangled from their providers, which renders any discussions on the corruption of social solidarity futile. With an available flow of ova from Spain, the motivation to strive for enhanced safety measures for Romanian ova providers has probably become even less powerful than it had been before imports were legalised. Under the forces of global capitalism, the Romanian reproductive industry has performed a multiplication of ova provision practices that blur the understandings of commercialisation to an even higher degree. Despite these developments, the regime remains focused on a single, assumingly coherent narrative populated by 'legal' and 'illegal' acts performed by 'good' and 'bad' agencies.

5.8 Conclusion

The Global ART and Sabyc ova commercialisation cases have had a long-lasting impact on the evolution of assisted reproduction and ova provision in Romania. Years after they have taken place, they are still present in people's imaginary, and they are referred to whenever the risks brought about by reproductive technologies and their governance arise in discussions. But their performativity can best be seen in the enactment of the official ova provision regime through an apparatus made of laws, institutions, and practices devised to prevent any future ova 'trafficking'. The official regime expanded the knowledge gained through the police regime and delineated a series of 'truths' concerning ova provision, which could then be managed. The narrative that emerged defines ova provision solely in terms of its potential for being commodified; commodification is reified as a detrimental process eroding social solidarity, with the result that all efforts must be concentrated on the prevention of monetised exchanges. Consequently, 'altruism' is equated with the lack of material gain following provision and constructed as the foundational stone of legal ova provision.

But as the official regime brings into stark relief the dangers of commodified ova provision, it obscures other manifestations of ova provision and alternative narratives that challenge the Manichean opposition between 'altruism' and 'commercialisation'. The importance of this is that it shows how the categories of 'legality' and 'illegality' have been constructed and performed through exclusions that have, at times, been made consciously. Outside the regime, the official 'truths' have been challenged and ova provision multiplied under the action of other actors' apparatuses. Ova provision has been cast as a threat not only to social solidarity, but to women's bodies, the reputation of politicians, and the career of medical professionals. And yet, in other instances, its commercialised form has been framed as a 'reality' in need of acknowledgement, and not a threat to the future of the nation. Ova provision has emerged not only as a disembodied ethical problem, but as a deeply material practice demanding time, effort, and dedication on the part of providers. Some participants relate the criminal potential of

ova provision to the well-functioning of state institutions, while others see it as innate in an 'immoral', 'uneducated' society. These are all alternative understandings of ova provision (and the list could continue) that make use of different apparatuses - from one's body, to one's professional training and institutional and social position - to make sense of this phenomenon. The instability of the borders defining ova provision in its free and commercial aspect prove that a regime, including the official ova provision regime, is always partial, leaving way for contestation.

And yet, the criticism that has been directed at the official regime and its proponents failed to dislodge it. My analysis in this chapter shows that this has been largely due to the intra-actions between the content of that criticism and the identities of its bearers. Alternatives to 'free' and 'altruistic' ova provision have often been rejected, or their proponents abstained from publicly supporting them, due to a perceived lack of legitimacy. The fear that material gains could be derived from changes to the official regime delegitimised certain stakeholders, such as that of politicians and medical professionals, from challenging the *status quo*. What is desirable in terms of ova provision proves to be fluid, related to the subject position one inhabits, in contrast with the fixity of normative boundaries highlighted by the regime. This points to the inadequacy of positioning essentialised categories such as 'altruism' (read as good) and 'commercialisation' (read as bad) at the basis of legislation, for they cannot account for the contextual character of provision. Additionally, the use of universal principles such as the above, as well as the reliance of decision-making on one's identity performance allows the exclusion of groups already at the margins of society.

These identity dynamics come to explain why, despite contestation, the official regime endures. The identities of those engaged in legislation have underwent a process of polarisation, so that what their bearers consider positive performances can be interpreted as the opposite by their partners of discussion: equidistant, well-intentioned state representatives are suspected of being corrupt, responsible and skilled medical professionals are read as self-interested businesspersons, and concerned, knowledgeable activists are accused

of unprofessionalism and detached from legislating issues. Such dynamics impede the categorisation of people in 'good' or 'bad' and point to the difficulty of attributing accountability in settings in which decision-making is not open to continuous interrogation (Franklin and Roberts, 2006). Additionally, identity contestation obscures the reticence of the regime's proponents to reconsider it in order to appease critics. This fact opens up the question of whether the wellbeing of IVF patients and ova providers is indeed the priority of the Romanian authorities.

Such tense relationships have precluded the creation of coalitions for regulation, and in this context the issue of ova provision is often seen as too contentious to be debated given that the chances of having a law on assisted reproduction are already thin. Consequently, ova provision has been side-lined during efforts of passing legislation on assisted reproduction so that stakeholders' position of power could be maintained in the entanglement of relationships defining the infertility field. For some, this position of power can be better enacted outside Parliamentary settings, despite a persisting ambiguity of what 'legal' ova provision is. Lack of progress in regulating matters does not mean that ambiguity has not been productive and even profitable, as in the case of medical professionals who have found ways to treat IVF patients in need of ova either in Romania or outside the country. Such strategic moves have affected Romania's role on the global assisted reproductive scene, to which it now contributes as a consumer of reproductive services. Nevertheless, such actions do little to challenge the political stakes of the official ova provision regime.

Although the authority of participants was not guaranteed by their public position (e.g. as a state representative, or elected MP), but had to be constantly performed, not all stakeholders have had the same leverage in terms of decision-making. The analysis of Romanian legislation efforts thus not only offers explanations as to how the 'trafficking' framing has participated in the enactment of the official regime, and why this regime still persists. It also underlines the difficulties of grasping the 'objects' in need of regulation and the fragility of one's position during consultations. The categories of 'legality' and 'illegality' are as much about what is being discussed as about who

participates in these discussions. Not all desires to belong to categories of acceptability that would legitimate people to speak and claim support for their ideas are met. Some people find themselves automatically excluded from both consultations and boundaries of respectability for reasons connected to their subject position. What undermines one's stance can range from one's institutional and professional position to one's class and race background. However, it has mostly been the latter two which have been highlighted by the official regime as problematic. While class and race have been used to define ova provision, they have also been reified in the process.

This has especially been the case with ova providers, often constructed by others as 'poor' and eager to take advantage of compensated ova provision. Compensated ova provision has not only been transformed into an anti-social exchange, but has also located poor, racialised women in the realm of 'immorality' and 'illegality'. Amongst all the stakeholders invited to consultations, ova providers were the only important group missing. Lacking an organisation such as SOSI, their interests have always been defined by others, administrative personnel, politicians, activists, or medical professionals. In most instances, providers are referred to mainly as reproductive 'prosthetics' whose social identity, when not seen as a risk by legislators, is deemed irrelevant. The regime re-enacts class and race as fixed social categories, where marginality legitimates exclusions from decision making.

The next chapter will bring both ova providers and patients to the fore, as I will explore the relationships they engage in and which will shed light on the practical conundrums of the official ova provision regime. How the two parties construct and challenge their own identities will be analysed in more detail as providers finally appear as narrators of their own experiences. I will also discuss the problems that the regime has brought in clinical settings, offering more details on infertility professionals' fears of being prosecuted for 'trafficking' and the subsequent emergence of a flow of patients heading to other countries for IVF with provided ova.

Chapter 6 – Direct monetary exchanges between patients and providers: circumventing the official ova provision regime

6.1 Introduction

The apparatus enacting the official ova provision regime does not facilitate agreements between IVF patients and ova providers, but has led to the construction of ova scarcity, understood not only as a paucity of female gametes, but as restricted access to ova, ova providers and treatments involving ova provision. The authorities' preoccupation with preventing ova 'trafficking' has impacted on the services available to patients by outlawing ova banking and cultivating an atmosphere of fear amongst clinicians, some of whom refuse to perform IVF with provided ova, consequently reducing patients' access to such treatments. This chapter analyses the ways in which IVF patients and ova providers try to circumvent the limitations imposed by the existing regulations by taking matters into their hands and turning towards the market as a regulator of supply and demand. I focus primarily on the efforts of patients and providers willing to engage in an exchange that often involves money for ova, and highlight the identity performances both parties employ to be deemed acceptable and desirable.

To illustrate the processual character of finding a provider and reaching an agreement, I analyse the different stages through which patients have to pass. These stages follow a chronological order of events, starting with patients' acknowledgement that they might need provided ova, and ending with the procedure finally being done in fertility clinics. I highlight patients' difficulty of normalising ova provision in general, and the perception that one needs to "go beyond" a certain threshold of suffering and desire to be capable and even deserving of such a procedure. I then discuss patients' efforts to find providers and their criteria for assessing them, as well as the role race and class play in their selection. Legitimising payment for ova will also be analysed from the perspective of patients, who are faced with the decision of

disregarding the official ova provision regime and challenging the discourse of non-remunerated 'altruism'.

In the following section, I switch perspectives from that of patients to that of providers in order to challenge the dichotomy between 'altruism' and financial reward that dominates the narratives of many participants. At the same time, I offer providers the chance to tell their side of the story in a more direct manner, for although the interviews I collected have been subjected to my own interpretation, they have nevertheless allowed providers increased control over their identity construction in comparison to other participants' accounts, which most often place providers in a negative light. I analyse how intended and actual ova providers negotiate their own doubts about the terms of provision, balancing the risks of the procedure with the possible gains. Providers' efforts to pass as socially and genetically desirable, as well as entitled to payment, will be addressed in contrast to their own criteria for judging and selecting patients.

The final section of the chapter explores the entangled relationships and interests of patients, providers, and medical professionals, whose encounter usually happens once the first two agree on the terms of the exchange. I illustrate how infertility specialists, unaware of these terms, prefer to refuse performing IVF with provided ova due to fears of becoming accomplices to a monetised agreement between patients and providers. The difficulties of establishing the boundaries of criminality are analysed both as opportunities and constraints for those involved in ova provision, enabling the emergence of a flow of patients travelling abroad for treatment, but fixing in place those who lack the resources to do so.

This chapter thus completes the picture of Romanian ova provision by drawing attention to the intra-actions between this phenomenon and the identities of IVF patients, ova providers and medical professionals in the context of direct, monetised ova exchanges. My analysis will focus on the practical problems created by the official regime, which will highlight novel types of exclusions performed amongst those involved in this alternative, informal flow of ova. Nevertheless, I will

also discuss the nomadic (Braidotti, 1994) opportunities offered especially to ova providers.

6.2 Normalising ova provision

The use of another woman's ova is not a solution IVF patients arrive at easily. A child that results from IVF with provided ova is the outcome of a long series of searches and negotiations that parents have to navigate across. Undergoing IVF with provided ova is a multi-step process fraught with different risks and burdens along the way, and overcoming them is often not simply a matter of desire, or even obsession – as one medical professional put it – but a matter of more or less mundane skills and abilities. In the private home of IVF patients, the social aspect of ova provision temporarily takes precedent over its medical one, as it performs a reconsidering of social relationships and bonds. The material enactment of ova provision no longer encompasses just the medical treatment involved in IVF, but an entire apparatus made of people, technologies, and documents to which patients appeal in order to make sense of the practice. In this context, the normative character of the official regime is of little help, as the boundaries of ova provision constantly shift.

One of the main starting questions for patients is how far they are willing to go to achieve parenthood. For some, provided ova is not a proper choice:

No, I wouldn't use this method [IVF with provided ova] if it was the case, but I could donate, I mean I have no problem with the people doing this, I have no problem with donating to help others. But I personally would not do it. [Researcher: why?] There are several implications, social, religious, it would seem like, I don't know, forcing one's destiny, I believe there are people who cannot have children and who should embrace their destiny. I don't think we should go that far to have children. And then there's another thing that I don't understand, I mean I do understand on the one hand that you want to be pregnant, to have all those feelings in

the 9 months that you carry that pregnancy, but on the other hand I believe that if you want to have a child you can adopt a very young one. One who wouldn't have your genes either, just like a donor conceived one wouldn't. (Mihaela Sturzu, IVF patient, interview)

Mihaela is the only IVF patient I met determined to end all efforts to conceive if the first cycle of treatment proved unsuccessful. Her conviction that one should not "force his/her destiny" does not stem from fatalistic conservatism or fatigued disillusionment, but is instead a well-thought decision, made before the treatment even commenced. Mihaela's words suggest she is convinced that even a childless life is imbued with meaning, evoking Throsby's (2002) findings that indeed some childless families succeed in "embracing their destiny" as such. At the same time, Mihaela's discourse dismantles any possible accusations of selfishness (Throsby, 2002) by making direct reference to adoption as an alternative to IVF. The rationale for this stance is both religiously and socially desirable: one's destiny is not "forced" since there already are abandoned children in need of parenting, and once adopted it is expected that those children are offered good prospects in life by dedicated and respectable parents, verified and approved by state authorities. In this scenario, several interests are met: the family acquires a child, the child is integrated into a family, and the state has one less person to support.

The apparent ease with which Mihaela dismisses the importance of genetic ties challenges the Western model of kinship based on blood relations (Becker, 2000; Franklin, 1997; Strathern, 1995; Thompson, 2005) that is prevalent in Romania as well. For her, providing other patients with ova is a matter of solidarity, of altruism that does not require reciprocation under the form of compensation (Strathern, 2010, 2012). Thus, for Mihaela, ova are valuable more for their procreative power and less for their genetic load that would allow the perpetuation of a certain blood line. In her view, it is not ova provision per se, but the use of ova premised on what she considers to be a limited concept of kinship that is problematic.

In contrast to Mihaela, other IVF patients are more open to ova provision. Their narratives illustrate how the decision in favour of this procedure is taken gradually, after pondering various arguments against it. The deliberating process does not include a balancing of advantages or disadvantages, so much as it tries to legitimise ova provision as acceptable and even desirable. Participants recast what others consider the “threats” of ova provision into advantages or solutions for averting not only the risk of remaining childless, but also the accompanying struggle of achieving parenthood:

[Researcher: in case you would do IVF with provided ova, would you have second thoughts about them not bearing your genetic traits?] Of course I would, because you know very well that that child is not half of you, not even a percentage of you, although it grows in you, somebody else’s oocyte with your husband’s sperm means it’s partially your husband’s child. Genetically, no part is yours, if it were to put it this way. Probably with a bit of psychological counselling you could get over this, but I believe that the people who get there, or the women who get there have already surpassed this tragedy, for them it doesn’t matter anymore whose genetic material it is, so long as he/she grows inside you, you can feel him/her, they take him/her out, you nurture him/her. (...) What matters is that the child is healthy, because in the end, to give an example, my grandparents have had children, my parents have had a child, but I don’t, which means that my genetics has gone awry since they could and I can’t. (Anca Banu, IVF patient, interview)

At the time of our interview, Anca was undergoing IVF and was considering ova provision, however she still hoped that she could do without. Nevertheless, her stance illustrates a sustained effort to negotiate the boundaries of its acceptability and desirability. In her discourse, the tension between genetics versus pregnancy and nurture takes centre stage, but by changing positionality – starting with her own case, then moving to that of other IVF patients who did not have other

options than using provided ova, after which returning to her own situation – she reinterprets the meaning of genetics. While at first, genetics is presented as valuable due to its power to establish kinship, in the end genetics become a flaw that risks jeopardising her chances at motherhood. Ova provision in this case is rendered essential in fuelling the narrative of a continuous set of generations unravelling into the future. Nevertheless, Anca sees ova provision as a solution of last resort, reserved for IVF patients who are beyond hope otherwise, indicating that this procedure is nonetheless stigmatising, hence the need to normalise it, especially if one is at the receiving end. Anca's contention recalls Throsby's (2004) analysis of the difficulties IVF patients face when having to perform a certain amount of desire for becoming parents without passing a certain threshold of 'reasonability'.

For those who actually face the prospect of IVF with provided ova as a measure of last resort, the narrative of normalising the procedure tends to get more specific about what the normalisation of the procedure involves:

When the doctor first told me to think of adoption or donated ova, I told her that it wouldn't be my child, and what are we talking about...and well, she explained that it would after all be my child, and for 3-4 months I said I could not accept it, as I've told you, you go through these mental states, have some thoughts and feelings which change you, and you start considering, maybe in several months' time, after a few failures, that this is in fact a good option, something that you dismissed now really sounds like a good choice. (Silvia Reghin, IVF patient, interview)

Silvia's account reinforces one of Franklin's (1997) conclusions that the mere existence of a technology pressures women to try everything in their power to achieve motherhood. In other words, the risk of saying 'no' to the only chance of having a child is too much to bear. Ova provision is performative as it forces the reconsideration of one's own preconceptions and options. The "mental states", "thoughts" and "feelings" described by Silvia are presented as a rite of passage to a

“beyond” mentioned by some participants when talking about the efforts and sacrifices made in the hope of a pregnancy. Confronted with fewer and fewer options for conceiving, Silvia’s feelings of reluctance when faced with the possibility of having a genetically unrelated child become sublimated into, if not the only, then the best choice of having a child at all. Her narrative, with a clear timeline, illustrates the processual character of naturalising ova provision, and consequently legitimising its use by emphasizing the effort it requires in order to reach the higher goal of parenthood. In this context, assisted reproductive technologies act as an apparatus that not only allows IVF with provided ova, but which creates an understanding of ova provision as the ultimate effort in two ways: it may be the last resource infertile women use to alleviate the risk of childlessness, and the efforts required may be greater than any before.

Accepting provided ova as the genetic material for one’s child is thus one of the first steps in patients’ treatment involving this procedure. But once the decision is made, practicalities become a challenge, as Silvia and Anca’s cases illustrate:

I would go with provided ova and surrogacy, but to me this is a very complicated process and...I don’t know, or maybe I don’t have all the information, but I find it very hard to go through this. I don’t even know where to go, where to start, how to approach this thing. (Silvia Reghin, IVF patient, interview)

In Romania, I don’t think they do it [ova provision], because we don’t have legislation for this, no clinic in Romania has an ova bank. (...) If you want to go, you have to find your own donor, take her nicely by the hand, you go with her to have tests, and besides this the clinician has to accept you, I was reading that in Romania clinicians rarely accept [to perform IVF with provided ova], that the person [the provider] has to give all kinds of declarations, that she doesn’t ask for money, that she doesn’t want anything, I know that in Romania it’s more complicated. Nobody, after several failed

attempts, wants to further deal with the complications of Romanian legislation. (Anca Banu, IVF patient, interview)

Franklin's (1997) description of IVF treatment as an obstacle race gains new meanings in the Romanian context of ova provision. After legitimising ova provision as acceptable, Silvia finds herself in uncharted territory: the legislative and logistical aspects of the procedure elude her. For Silvia, IVF with provided ova is a "thing" escaping standardised approaches, suggesting that the practices related to this procedure are only partially institutionalized. Anca's account supports this perspective, alluding to the numerous variables that need to be considered in one's quest for a provider: a complicated legislation, no provider database ("you have to find your own donor") or ova bank, the dependency of patients on clinicians' acceptance to do the treatment. Anca is familiar with the state-legitimised regime of ova provision. However, she clearly underlines the responsibility that is assigned to patients in need of providers: the encounters between the two parties are not officially aided by any means, but instead Romanian authorities rely on the cohesiveness and generosity of personal connections. In addition to this, Anca highlights legislation as a risk outsourcing instrument: instead of protecting all parties involved in assisted reproduction by offering clear guidelines, and thus meeting the interests of patients, providers, and medical professionals, it has become an additional burden and even exposes them to the risk of prosecution on the grounds of "trafficking". In this context, ova provision is constructed as a multifaceted phenomenon. Patients' experiences show that ova provision is enacted not only in medical facilities or institutional settings, but also in homes, where no appropriate apparatus exists for aiding one's comprehension and helping with defining a plan of action. In homes, ova provision is loosely defined by an assemblage of medical knowledge, significant events (the ova commercialisation cases), practical matters (such as finding a provider) and desires to belong to certain social categories (such as parenthood, possibly a certain class and race). In this context, ova provision appears as much more complicated a procedure than the proponents of the official regime would suggest.

6.3 Finding ova providers: race, class and money

The lack of support on the part of the state makes IVF patients' search for an ova provider difficult. What patients are thus facing is not merely a biological shortage in ova available for IVF, but a scarcity of ova that has been constructed through sociotechnical assemblages which include – but are not reduced to - legislation and infrastructure (or rather, lack of them). The official ova provision regime expects patients to find providers amongst family and friends. However, if this fails, other strategies are needed to increase the pool of potential providers.

The internet has made it possible for IVF patients and ova providers to organise virtual and possibly physical encounters with each other. Online announcements on forums, e-commerce websites or in the comments section of articles are published, with patients inquiring for ova providers or even gamete exchanges (eggs for sperm and vice-versa), and ova providers offering their reproductive services. Many of these announcements are short and offer clear information intended to retain the reader's attention. Patients usually write condensed narratives of their attempts at having a child and the emotional load of their messages intend to trigger the sympathy of women who might agree to provide for them. In their turn, some ova providers write very short texts such as "I donate ova", while others enhance their messages with details about appearance and the number and health of their children to highlight their attractiveness and fertility. Most announcements of both sides offer contact details, either phone numbers or email addresses, and some require "seriousness" from those who decide to call or write. Many patient messages are left without replies, and the appeal to "seriousness" on both sides indicates that finding the right commissioning parents or provider is not an easy undertaking, all the more that it also takes an emotional toll on patients, since they are forced to disclose a very intimate aspect of their lives (Nowoweiski et al., 2011):

I went on the internet and looked for websites where I could find them [ova providers]. Unfortunately, I did not find too many so I went to [name of website], where I also put the announcement. I read many announcements and when I found email addresses I noted them down, together with the physical characteristics of those persons, and I sent around 15-20 emails. I also made phone calls, I talked to four or five women (...). Only two women answered my emails, and they weren't sure they wanted to donate. (Silviu Micu, IVF patient, interview)

Silviu's story is one of intense searching for an ova provider who would help his wife surpass her secondary infertility (the couple already has one child). The numbers he states illustrate the promissory character of modern communication technologies, which have nevertheless failed to deliver. There are a few possible obstacles that impede the efficiency of internet announcements. Firstly, there is no one website where such messages can be found or made, but a multiplicity of possible websites more or less trustworthy. Secondly, not all messages have working contact details: some have spelling errors, others are no longer in service. Thirdly, the availability of the announcements is always in question: is the author still willing to provide? Later in the chapter it will become clear that becoming an ova provider is a multi-step, reversible process based on a series of considerations that in time can dissuade women from their initial intention of providing. Similarly, ova provision is enacted in steps, possibly never coming to fruition for some. And yet, the material and discursive practices that patients and providers engage in challenge the official regime by making visible the emotional and practical difficulties of ova provision and by exploring novel ways of achieving a state of belonging.

To increase the success chances of these encounters, some patients offer money in the hope that it would help everyone pursue their interests: the achievement of parenthood by patients, and a surplus income for providers. However, paying for ova provision is also fraught with controversies: while some participants have expressed strong feelings for or against this practice, others have had a more ambivalent

stance, illustrating the process through which different types of ova provision – compensated or remunerated – are rendered legitimate or illegitimate. Different types of risks are discussed by patients – in need of ova or not – ranging from risks to individual bodies to that of the body social. Money also prompts the construction of identities of both patients and providers in closer connection to race and class issues.

Participants advocating free provision consider that money delegitimises the whole procedure of IVF with provided ova and make it undesirable. The discourse they mobilise backgrounds the ova's generative capacity and their value as a last chance for conception for some patients', and instead focuses on the symbolism of social relationships and the material consequences of financial recompense. In accordance with Skeggs's (2004) argument, what is made to matter is not the "object" of exchange, but the parties involved in that exchange, as the following excerpts show:

I believe that if financial gains were involved that person wouldn't do it just to help someone, and I think that if they did that [introduce compensations] here [in Romania] many women of lower social status would do it just for the money. (Mihaela Sturzu, IVF patient, interview)

I think that this [payment] would only lead to an unhealthy circuit, because when it is this that stimulates you it's clear that you no longer have altruistic interests, but financial ones, and if you need money you become ready to do it again numerous times. (...) You can see that generally women who cannot have children are middle or above middle-class, or at least that is what I've observed, and then I don't think they, I think women from these environments would be capable of donating without financial interests. It's exactly as with children's allowances which were increased a few years ago, and they only made the Roma have more children, and the women from the countryside with no jobs to have more children so that they could live from those

allowances. It's pretty much the same with paying for ova donation. (Gabriela Dobre, IVF patient, interview)

In the above quotes, several value statements are made: one concerning the appropriate ova provision regime, a second one concerning class and race and their entanglement with ova provision, and another one concerning the relationship between ova provision and work. As for the appropriate ova provision regime in the eyes of these two participants, altruism and gift giving in the form of ova are not only desirable, but any attempt to pay for ova provision is seen to drain the relationship between commissioning parents and providers of altruism in particular, and spirituality in general (Strathern, 2010, 2012). Gabriela's mention of "altruistic interests" may seem surprising, considering that the rhetoric of the gift usually involves the requirement for selflessness, and thus the abandonment of any interest (Titmuss, 1970). But in this case, the choice of words may indicate that there is only one legitimate interest that can be held by an ova provider, and that is the desire to help others by being altruistic. Nevertheless, considering that many IVF patients – including Mihaela and Gabriela - declare to have happily given away their surplus ova for free to help other women if they could (although none actually did that), it is possible that their stance is motivated by the "expectation of an indirect counter gift – that the altruism of one will encourage future altruism in others" (Strathern, 2012, p.403). These statements illustrate that reciprocation is sometimes desirable if money is kept outside such exchanges.

The association between money and ova is not delegitimised by Mihaela and Gabriela on account of it possibly leading to the total commodification of life (Radin, 1996). Instead, the focus is on social relationships of class and race, brought into discussion as risk factors that threaten the desirable social order. Ova providers who require compensation or payment are vilified, portrayed as greedy, unscrupulous, self-interested and eventually, undeserving of social solidarity. At the same time, it is women belonging to a certain class and race that are associated with such a description. The poor and the Roma are identified as the undesirably overfertile, prone to jeopardising the

chain of altruism that middle-class women can create. The gendered expectation of selflessness from women, often found in reproductive instances (Almeling, 2007; Pande, 2014), further suggests that only middle-class women, disinterested in any material gain from providing, can perform appropriate 'womanhood'.

Finally, ova provision from the poor and the Roma is seen as a subversive strategy of survival that cannot be mistaken for work. Their reproductive capacities are criticised for being perverted and used to illegitimately access funds – children's allowances – guaranteed by the state based on their citizenship (Turner, 2008). In the global reproductive industry, women's claims for worker recognition, with all the rights deriving from that, have been contested by various stakeholders, from assisted reproductive companies to medical professionals and IVF patients, exposing reproductive service providers to multiple types of exploitation (Cooper and Waldby, 2014; Pande, 2014). In Romania, Mihaela and Gabriela's approach similarly denies the existence of multiple systems of marginalisation affecting the poor and the Roma, contributing to their continuous vulnerability as providers and citizens. Based on their reasoning, the consequences of risk outsourcing by the reproductive industry, as theorized by Cooper and Waldby (2014), become legitimised through the essentialisation of Others as objects (Tyler, 2012).

In contrast to Mihaela and Gabriela's accounts, Anca's opinion below illustrates her thread of thinking which, although dominated by the same reluctance to accept payment as legitimate, shows an effort to negotiate the boundary between what is acceptable or not:

That the woman does the treatment and gives you all the ova for money, I don't really agree with this. I mean, if you donate, donating means doing something voluntarily, without asking for anything in return. I would think a bit if I would do this thing, the amount of money also matters, you know? If I were in a very desperate situation and I could afford it, and that person was healthy, I might accept it in the situation I am now. But it's not fair. Although you know that abroad men who donate sperm receive a

certain sum from the bank. (...) What that clinic [bank] does, whether it puts the amount it paid the donor on the patient's payroll, that's different, but for someone to come directly and tell you: hey, I will give you ova, but I want this much, it's a bit more complicated, I would really think a little if I would accept. (Anca Banu, IVF patient, interview)

In this excerpt, Anca confronts pressures coming from two directions: on the one hand, she reiterates the cultural fear of ova commodification, although this time without any reference to certain groups of women; on the other hand, she is aware that her own efforts to achieve parenthood might lead her to pay for ova in the near future. In Probyn's (1997) terms, Anca's desire for parenthood, overshadowed by infertility, draw her in an uncomfortable space of in-betweenness. Although what Anca finds morally acceptable is altruistic, free provision, the rejection of payment is never complete, as she constantly reconsiders the situations in which this would be at least partially legitimate. She employs the discourse of "going beyond" ("if I were in a very desperate situation") present in other patient's narratives when talking about ova provision. However, this time "going beyond" deems acceptable not only the medical procedure, but payment as well. Following this attempt at positioning herself as an IVF patient in need of ova, she then once again reiterates "but it's not fair", unable to relieve the tension created between her moral convictions and her future potential medical necessities. Anca then makes a parallel between ova provision and sperm provision, arguing that paying for gametes was not necessarily problematic if the costs and payments were managed by the clinic. That the clinic itself might commodify something that was given for free – as would be the case with ova in Romania - does not concern Anca, or any other participant in my research, for reasons that are never clarified, but which point to the complexity of relationships involved in reproduction, some of which are rendered more 'pure' than others, and therefore more easily corrupted by money (Zelizer, 1997). The narratives around ova provision keep shifting, enacting tensions and ambiguities that shed light on the difficulties of establishing clear normative

boundaries. Given the fact that Anca agrees with compensation for provision indicates that what is at stake is more than about moral principles:

[Researcher: would you agree with compensation?] If it was regulated, yes. [...] If I had a friend willing to do it [provide ova], of course I would pay for her, I wouldn't let her pay a thing, the travel costs, the treatment, the tests, I think this is only logical, self-understood, that I can do this in exchange for the help. But this is what I am saying, that this compensation should also be regulated, because it's one thing to give a decent amount, I don't know how it is abroad, do you know? (researcher: it varies from country to country) well, 700 euros is a bit less than 10 000 euros. I saw announcements where she asked for this much, which is a huge amount, for 10 000 euros I can do three cycles [of IVF] and one is successful. (Anca Banu, IVF patient, interview)

Anca's stance opposes the market logic of supply and demand, and her argument suggests that, although she believes that paying for ova "is not fair", having no access to ova because of extremely high prices is unacceptable. It thus results that, in Anca's view, fertility clinics and national legislation should act as welcomed intermediaries that ensure a certain amount of predictability and accessibility for patients even if providers get something in return. Indeed, various accounts confirm the fact that direct exchanges between patients and providers have made the first more vulnerable, as the latter have adapted not only to the constraints, but also to the opportunities offered by the market economy by asking for considerable sums of money. In this situation, it is again the least well-off patients that find themselves under strain trying to negotiate an affordable price, and some have to give up. If the official regime is cast by Anca as a somewhat inappropriate framework for ova provision, the market is totally delegitimised in terms of its performative effects on those engaging in such exchanges.

Accepting recompense for provided ova or not may be a matter of principle, which for some is not affected by their circumstances (for e.g.,

their need of ova for IVF). Nevertheless, for others, compensation or even unregulated payment becomes legitimate as events unfold. Anca's example suggests that for patients, this change of mind occurs after intense consideration and suffering. Just as some participants appeal to the social context to argue against compensation or remuneration, others ponder that the same context can legitimate compensated ova provision. The latter's responses highlight two types of reasoning: either the providers are entitled to the payment, since they do not do it out of pleasure, or they should not be judged given that in the end everybody wins:

Honestly, I don't know what to say. They probably also, if they donate, they need money, or...I think otherwise they wouldn't donate. (Marinela Stanciu, IVF patient, interview)

If a student, or a 25-year-old person wants to donate for money, *I think of it as a means to accomplish my dream*. And then I wouldn't judge her for doing it for the money. On the other hand, to do it for free, I don't think, honestly, that it's ok, because I am convinced that just as I have had this treatment, these women also go through a very strong treatment (...) and so they too go through difficulties, and so it's normal if they think this is a compensation. (Silvia Reghin, IVF patient, interview, emphasis mine)

Marinela and Silvia normalise payment for ova provision by employing a more pragmatic take: for them, financial need motivates women to provide and judging them fails to take into account the role of their social background in their decision. Their moral reasoning remains connected to class, since they legitimise payment only for those whom they see as more vulnerable, and not as a matter of principle. Nevertheless, through such strategies ova providers are redeemed as persons worthy of appreciation, all the more since they succeed in making somebody else happy (see emphasis in interview extract above). The economy of ova provision in this instance is legitimised through a

sense of social solidarity and empathy. Silvia is more explicit in describing this sense of empathy by appealing to common experiences: she appreciates the embodied work providers perform during treatments and reasons that it entitles them to appropriate compensation, including money (Cooper and Waldby, 2014; Pande, 2014). The body becomes the apparatus for rendering compensated ova provision comprehensible and acceptable when all other criteria fail to deliver a clear answer.

Once money is accepted as part of one's quest for parenthood, new risks, for the provider and the patients, surface, hindering efforts towards an agreement. The importance of the medical and technical aspects of ova provision come to the fore as the discussion between patients and providers gain in detail and concreteness. Silviu, whose partner needs ova provision, expresses his surprise about the intended providers' lack of knowledge about the implications of the procedure:

One lady was from Iasi [Romanian city], she had a girl, and when I told her what the procedure was about, that she will undergo hormonal stimulation, she didn't call or answer her phone anymore. [...] some of them [intended providers] didn't have the necessary medical knowledge about the procedure and what ova provision consisted of. They were probably thinking that when they are ovulating they go and finish with it quickly, but in fact the procedure is much more complicated. (Silviu Micu, IVF patient, interview)

According to Silviu's account, the specificities of ova provision eludes many women who intend to provide, and, once they are informed on such matters, the risks of such a procedure or the inconveniences incurred seem to outweigh possible material gains. Such an image contradicts other participants' expectations of women becoming "professional" providers, attracted by money. If this was the case, one could have expected them to be up to date with all the requirements of such an undertaking, all the more that a "professional" provider would be a recurrent one, so would at least learn with experience. Instead, what Silviu recalls is several women rather unsure of their intention, weighing

opportunities and risks. Becoming a provider requires the synchronization of multiple times (Thompson, 2005): one's biological time (the time of ovulation) needs to be brought in line with the treatment time of both provider and intended parent, and all these made to fit into one's working time. The whole procedure can take as much as two weeks and may require the provider to travel to other cities, considerations which are important especially when women also have other responsibilities, such as children in the case above. In Silviu's case, all of these might have not been known from the beginning, and may have dissuaded women from providing. Like in Silviu's account, for many participants the construction of providers' identities pays little attention to the complex social entanglements women are part of and have to negotiate carefully before taking on such commitments.

Later in the interview, it surfaces that while some providers may understate the degree of medicalization ova provision entailed, Silviu employs the medical discourse as a gatekeeping instrument for selecting not only well-informed providers, but also providers that are class and race appropriate:

I admit that I was very keen, or quite keen, on the person providing the ova being from a better social environment, more cultivated...because genetics is genetics and willingly or unwillingly it affects people's lives. Even if the child grows up in a better environment, I still think that genetics eventually show. So then I avoided it and looked for a better social milieu. (Silviu Micu, IVF patient, interview)

Class re-emerges as a stigmatising social category, this time unconnected to money. The undesirability of lower class women is medicalised through a discourse of genetics, producing a shift in focus from the providers back to the ova. Talking about genetics is talking about the quality of the ova and of their generative power: what Silviu suggests is that, eventually, something bad will come out of them ("genetics eventually show"). It is not necessarily the ova's capacity to lead to the birth of a child that is questioned, but the social markers the

eggs bear: class and race are essentialised through the discourse of genetics (Hudson, 2015). What ova extracted from 'undesirable' women means is not only a disruption of 'whiteness', but also of a middle-class genealogy premised on a set of traits, such as 'being cultivated'. In this case, ova providers are not judged by their fertility or altruism, but according to indicators of social desirability. For Silviu, they embody genetic risk that needs to be assessed individually, one woman at a time. It need not be long until individual risk becomes a collective risk to the social body of the country, encompassing not just lower class, but also Roma women in Silviu's view:

If I can and do take up responsibility for a child, especially since we could say we are a middle-class family, I believe the state needs this. But if the state prefers that others were born...I don't want to be racist... people of other ethnicities, less prepared, or who have a lower contribution to the country's progress, I don't know why the state acts like this. (Silviu Micu, IVF patients, interview)

The middle-class standard is invoked again as an argument for enlarged reproductive rights for those who belong to it based on their social contribution to the general wellbeing of the country. Personal interests in biological reproduction intersect with national interests in social reproduction, endangered by the lower classes and ethnic minorities, amongst which the Roma have been historically highlighted as a hyper-fertile group in need of containment (Magyari-Vincze, 2006). In Silviu's view, it is not individuals who bear the responsibility of nurturing harmonious reproductive social relationships through their altruism, but the state, which needs to ensure that reproductive support is offered in direct proportion with citizen contributions (Turner, 2008). This framing of the risks of ova provision departs from that envisioned by state authorities, namely the destruction of social solidarity. The risks Silviu evokes are the curtailment of middle-class aspirations by those who are 'less-prepared' to lead Romanian society towards a brighter future - a vision that legitimises social discrepancies and marginalisation

and publicly acknowledges the exclusionary implications of ova provision. Ova provision stops being a means for fulfilling individual reproductive desires and becomes an apparatus for carving out undesirable elements in the body politic. Although this view is alien to the value of social solidarity rhetorically upheld by the official regime, the latter is ill-tuned to tackle problematic social relationships that are not rooted in commercialisation.

6.4 Becoming an ova provider: balancing risks and gains

A successful encounter between patients and providers means that it is not only patients who have to undergo a process of legitimating ova provision and payment, and of finding the ‘proper’ provider. In their turn, providers have their own concerns and often the initial decision to provide can be overturned by various factors. What motivates women to consider provision varies, and the delineation between material interest and altruism is not always clear cut.

My sister has been trying for several years to have a second child, but without any luck. She has already tried IVF twice, but after the last tests it came out that her ova no longer have the necessary quality to produce a healthy embryo. I know how much this story has been affecting her, it became a kind of an obsession, a dire need, so I decided to help however I could. (Andreea Levente, intended provider, interview)

The theme of the “obsession” resurfaces again with Andreea’s account of her sister’s inability to conceive, which prompted her to consider becoming an ova provider. Her case illustrates the ‘ideal’ case on which the official ova provision regime was constructed: an infertility patient in need of ova, asking one of her closest relatives – her sister – for help, with the latter agreeing to contribute to her sister’s wellbeing. There is no talk of money here, and presumably Andreea’s initiative to provide ova sprang out of altruism. Considering Andreea’s narrative, to what extent her provision could have equalled a ‘free’ gift is a legitimate

question. She does not outwardly say that her emotional closeness to her sister pressured her to consider becoming a provider – after all, one is expected to selflessly give ova to those in need. But her decision came in a time of crisis in her family, when her sister’s infertility jeopardised her marriage and affected other members of the family like their mother, whom Andreea tried to comfort by informing her of the decision to provide. Lack of anonymity and close family bonds may thus pressure one to live up to expectations regarding desirable family relationships and trajectories (Konrad, 2005). However, the literature on reproductive relationships illustrates that the rhetoric of the ‘gift’ and the emphasis on social solidarity can intensify social relationships to an unwanted degree, such as in the case of adoption (Modell, 1999) and surrogacy (Pande, 2014; Ragone, 1999), where the difference between social and biological parents can become obscured. In the end, Andreea’s sister declined the offer:

She didn’t give a reason for her answer. Initially she seemed to consider this option. If I had to say why, probably because she tried to spare me from what this whole process means. I understood that it’s quite unpleasant. (Andreea Levente, intended provider, interview)

The time between one’s initial decision to provide and the actual procedure (if it ever comes to pass) is filled with negotiations between patients and providers, or within providers themselves: what is requested from both sides, what are the gains, the risks, should they proceed? In the above quote, Andreea recalls her sister relinquishing expectations from her without an explanation. Andreea only suspects the motive – sparing her from what “this whole process means” – about which she “understood that it’s quite unpleasant”. Considering her choice of words, it is not clear to what extent Andreea comprehends the medical and technical implications of ova provision, which suggests that her initial decision to provide was not necessarily well informed in the sense that Silviu, the other participant, expected. This is not to say that Andreea was ignorant or incapable of understanding medical information, but that

at times other factors may take precedence in one's decision to provide – in Andreea's case, her sister's wellbeing. In this context, it is not only ova provision which becomes the 'object' of observation in need of disentangling and clarification. The identities of those involved with it, together with their relationship with others become ambiguous, porous, difficult to pin down. IVF patients and ova providers do not engage in purely rational and calculated behaviours, but their decision-making practices illustrate their immersion in a material and relational world in which one's sense of self needs to be constantly performed.

When the provider and the commissioning parent are not family, or even acquaintances, what pushes women to provide is less clear in terms of the rewards they expect. Elena Dragu found out about ova provision from her friend, who has provided twice for money, but who also managed to establish close relationships with the patients. Integrating her friend's happy experience into her rationale, Elena developed a nuanced approach to what desirable ova provision is:

I wanted to donate thinking that I could help a young couple who cannot have children. I could have helped them have a nice experience. (...) If the donor is happy simply providing ova for a family and does not want anything but the couple's gratitude, that's perfectly fine, what matters is what both parties desire and are willing to give. (...) With all sincerity, I don't think money can solve any inner conflict or pain, something spiritual, because money is material, and spirituality is something totally different. (...) If there are women donating for money, and she is also emotionally instable, I guess that donating her ova to a woman who would have a child with her genes could be destabilising. (Researcher: did you ask, or would you have asked for money for your ova?) no, I didn't get to that point. I didn't feel physically ready for it. (Elena Dragu, intended provider, interview)

Elena's motivation to provide is in line with the altruistic discourse promoted by state authorities and supported by other participants in my research: what she wanted was to help an infertile couple "have a nice

experience” in the sense of helping them to achieve parenthood. Would she have also asked for money, not only gratitude, like her friend had done? The quote above does not clarify this, and Elena herself is not certain of what she would have done if she had indeed provided ova. Neither for nor against payment, Elena emphasises the need to establish boundaries as to what each party to the exchange wants, with a focus on the provider: she needs to clearly identify what it is she is after, since ova provision leads to the creation of social relationships. She alludes to the risk of suffering after getting involved in what Konrad (2005) has termed relations of “non-relations” to refer to the genetic bonds which are not accompanied by social contact, such as those that emerge between the ova provider and the ensuing child. Whether the provider is only after money, or also feels solidarity with the commissioning parents, whether she expects to have a relationship with the child or not, these are questions that Elena considers crucial before deciding whether to provide. Money and altruism are thus not opposites - even though one belongs to the “material” world, while the other to the “spiritual” - but elements of an exchange that should come in a balanced proportion. Thus, the interests and risks for providers span physical, emotional and moral landscapes organised not so much around fixed principles, but in need of constant negotiation.

While Andreea’s case reflects her purely altruistic motivations, and Elena’s evoke ambivalence towards payment, other accounts bring money back into the equation, illustrating the fact that it is not only patients who are trying to take advantage of the market economy to meet their interests. In search of economic and possibly social advancement, ova providers have integrated the neoliberal logic of unregulated monetary exchanges into their approach to provision. Their actions are adaptation strategies to the national context characterised by neoliberal policies and high social disparities, which have deeply affected post-communist societies (Smith and Rochovská, 2007). Victimising them would mean misrepresenting the power they have in deciding the framework of exchanges and their role in ova scarcity. As Nahman (2013) argues, some ova providers are entrepreneurs who make considered decisions about the risks they undertake and the

compensation they ask for. Their position in the exchange thus drastically differentiates them from many of the providers that participate in the ova commercialisation activities prosecuted by the police, although all are affected by and try to take advantage of the neoliberal market. The differences indicate the importance of women's social status in understanding and controlling the conditions and requirements of their provision. Reifying their identity as a single bloc of subjects driven either solely by altruism or material interest neglects the different degrees of vulnerability that affects their experience as ova providers.

Prospective providers' own identity performance as responsible persons acting in accordance with their own family aspirations include the consideration of the perceived health risks of provision, which have made some of them give up their intention of going through with the procedure. Doina explained:

Initially, I wanted to do it for the money, but I gave up the idea because my health was in danger and I chose my health. (...) I have negative RH, and I would have problems when trying to have my own child. (Doina Hrişcu, intended provider, interview)

Although motivated by the financial aspects of provision, Doina chose to prioritise her health over other possible gains. The quote above suggests that ova provision was seen as possibly interfering with the provider's own future family plans, while she participated in the enlargement of someone else's family. Although she explains her motivations by referring to specific medical details, Doina does not clarify the relevance of the connection she saw between her blood type and ova provision. Nevertheless, her quote illustrates the negotiation process she went through while considering her priorities. Concerning the payment itself, asked whether she agreed with compensation, Doina answered:

Yes, absolutely yes. And it should be legal...like it is abroad. And the women who cannot have children should be helped a lot, so they don't have to go abroad for these treatments because they

can't have them in the country, and even if they could they would be very expensive. (...) (Researcher: do you think it should be a capped payment, or patients and donors should negotiate the sum?) I think it should be left for the patients to decide, because maybe their relatives become donors and don't ask for anything in return. Otherwise, it should be left for them [patients] to decide, if they want to pay, how much they want to pay etc. (Doina Hrișcu, intended provider, interview)

Doina is not only a proponent of compensation, but in fact she supports complete commercialisation of ova, giving full freedom to patients and providers to decide what they are willing to give and receive. Although she rejects any interference in this regard, trusting that the market offers the best space for encounters and negotiations, she nevertheless complains about the lack of regulations that can oversee the other aspects of these exchanges. Doina views legislation as aiding the interests of both patients and providers, and chooses to focus on the former to direct her sympathies. A contradiction ensues: on the one hand, Doina is concerned that IVF patients are heavily burdened by the costs of fertility procedures, while on the other hand she supports a free market for ova, where she knows that prices can reach up to 10 000 euros¹⁷, a considerable sum of money in the Romanian context. While Doina's constant referring to patients when talking about the appropriate ova provision regime might reflect feelings of empathy and support and seem to present state non-interference in the ova market as beneficial for them ("it should be left for them [patients] to decide"), in fact such an arrangement would be to the advantage of providers who could set such high prices that their ova would be inaccessible to most people. The stratifying potential of ova provision once again shows that constructing ova providers as essentially 'poor' and IVF patients as 'financially potent' conveys an unrealistic picture of reproductive dynamics.

The official regime and the market both construct ova provision as a self-regulating phenomenon, in which IVF patients and ova providers

¹⁷ A complete IVF cycle without provided ova in a private clinic costs around 3000 euros.

act as rational subjects with clearly defined priorities. In commercial contexts, price-setting is sometimes used as a gate-keeping instrument that rules out those who do not perform adequately. In the case of Diana Meze, agreeing on a price means that commissioning parents have also passed a moral threshold:

The people that have called me, honestly, didn't seem really keen on it. I mean, it was like 'let's have a baby' and that's it. (...) 'we would like a child, but later if possible, because now we are not so great financially, maybe it's possible in a few months' time', this kind of stuff, they were thinking more about the money and you couldn't see that desire to have a child. (Diana Meze, intended provider, interview)

Diana's account illustrates the fact that it isn't just patients who are critical and selective of providers, but that providers in their turn have their own standards that patients have to meet. Providers have their own narratives of what family life is about and what impact their provision can have on patients. The risk of contributing to the conception of a child who is not cherished enough seems to weigh heavily on the intended provider's shoulders. For Diana, the patients she encountered had not yet 'gone beyond' the point in which their desire for children could surpass any material shortage. In this sense, there is a clear expectation of patients to perform 'desire' and possibly 'desperation' by showing a total disinterest in the material sacrifices they have to make to acquire ova, just as ova providers have to perform 'altruism' and 'selflessness'. At the same time, Diana blaming the patients might be an attempt to legitimise her refusal to go ahead with the procedure due to a lack of agreement over the money that was due. This case illustrates the limitations of a market driven regime of ova provision, in which both patients and providers can be at a loss due to failed agreements. Moreover, it once again shows that the connection between money and provision is not straightforward, since providers are not readily available for extraction in any conditions, not even when the choice is between less money or no money at all.

Eventually, some providers and patients do reach an agreement and find that money and spiritual fulfilment can go together harmoniously. For Maria Postelnicu, ova provision has led to an enduring connection with the parents' families, highlighting the grave responsibility one takes in assuming such a role:

Financial gain was my first motivation, because I was having a difficult time and I thought that this is a win-win way through which I could help somebody, I mean it doesn't come only with the financial satisfaction, but also, if it succeeds, it brings emotional and spiritual satisfaction as well. And later this proved to be the truth, because I grew very fond of the lady with which I collaborated and this fondness made my emotional satisfaction weigh more than the financial one. (Maria Postelnicu, ova provider, interview)

Maria's account deconstructs the tension between commercialisation and altruist feelings. Although money acted as an incentive at first, becoming an ova provider grew into a complex experience that triggered emotional attachment. Money in her case was not an impediment in her relationship with the two patients to whom she had provided, but rather, as she would explain later in the interview, a means of making up for the fertility gift she had made. Instead of acting as a social corrosive, money in this case played the role of liaison in a context of scarcity. She elaborated:

When I had to talk about the money I was very embarrassed exactly for this reason [lack of legal compensation]. I was told I didn't have to feel this way because Romania is so closed that everyone knows about this and there are financial gains, but legally it's not allowed. The procedure itself should be much more open, ok we sign at the notary that we don't get anything, and yet we do. It would be better if everything was legal, because those taking the responsibility for this thing, the one accepting the ova would not take her [the provider] to a bad clinician, taking risks...

[...] Indeed, there must be some altruism involved, but it also has to be taken into account that the donor takes some risks, because, as I've said, there are cases when it's done in high standard clinics, because it can also be done at a clinician who doesn't really know his stuff. And eventually, going to check-ups once every two days, the fact that you have to travel, that...this has to do with altruism, but there are some things altruism cannot account for. (Maria Postelnicu, ova provider, interview)

For Maria, the issue of money did not simply revolve between immorality or morality, but instead evoked the feeling of “embarrassment”, which describes an area of in-between, a place of opposing forces: on the one side, there's the moral pressure for altruism, on the other the need for money; on the one side, there's a legal ban on payments, on the other the practice of payment for ova provision. In her answer, Maria gradually shifts emphasis from her personal feelings of inappropriateness, to the systemic arrangements that promote hypocrisy and law infringement. To illustrate her point, she goes through the most sensitive stages of the process of becoming a provider, stages which at the time triggered feelings of embarrassment and even guilt and which challenged both moral conceptions and legal provisions: the price negotiation with the patient and the notary declaration in which she had to deny having received any money. Free ova provision, as promoted through the legitimised regime, is delegitimised by Maria on two grounds: firstly, because it is ineffective since people do get involved in monetary exchanges anyway, and secondly, because it is unfair to expect providers to take various kinds of risks and deploy considerable effort without reward. The conclusion that can be drawn based on Maria's experience and rationale concerning the acceptability of payment is that altruism and money can foster each other since they can both be interpreted as acts of care and appreciation. Maria did not cold-heartedly sell her ova, but instead connected emotionally with the commissioning mothers who, in their turn, expressed their gratitude by paying without necessarily claiming to have reciprocated the gift in a mathematical, quantitative manner. Although still 'illegal', Maria transformed

commercial ova provision from an undesirable into an inevitable occurrence, from an immoral into a moral act of social solidarity.

6.5 Passing as lawful: medical professionals and the boundaries of ‘trafficking’

According to the law in Romania, any material reward for ova provision, whether it is called ‘compensation’, or ‘payment’, is illegal, no matter if it is only about paying for actual expenses. By engaging in monetary exchanges, all IVF patients and ova providers subject themselves to an additional risk – that of becoming the target of Romanian authorities and being accused of ‘trafficking’. Nevertheless, where trafficking begins and where it ends is not easily definable.

The patients and providers who desire an ova provision agreement involving remuneration go through different stages until the medical procedure is done. Firstly, they might post online announcements to prompt an encounter, possibly stating that payment is involved. Then, considering that negotiations are successful and that both the commissioning parents and the provider meet the other’s demands, they sign a notary declaration where they deny any material reward being involved. They declare the purely altruistic basis of the agreement to the clinic’s provision evaluation committee as well, after which they finally proceed with the procedure. Thus, the clinicians carrying out the ova extraction and embryo implantation have to rely on the other gatekeeping mechanisms that ensure the ova is indeed a free gift.

Numerous participants have confirmed that the mere idea of asking for payment is delegitimised as immoral. However, from a juridical point of view, this assessment cannot lead to legal action. Practical difficulties emerge when one tries to establish when ‘trafficking’ starts. Not even the materialisation of intentions under the form of online announcements can be sanctioned: Mircea Severin, the author of numerous regulations on IVF in Romania, argued that the right to free speech exonerates the authors of such messages from blame.

It is at the notary that the implications of payment can gain weight, once both patients and providers determine the creation of material proof – a record, a paper document – as to the terms of their agreement. The notary declaration is a material trace that can lead to accusations if other material traces of a payment having been done are also found. However, this is the point at which difficulties arise, since a non-recorded, non-institutionalised payment is problematic exactly because it leaves no such traces. Maria Postelnicu, the ova provider who went through the process of ova provision, does not ponder in her interview over the financial aspects from a legal, or criminal, point of view, but from a moral one, talking of the “embarrassment” of having to lie, and not the potential risk of being caught. In instances of direct exchanges between IVF patients and providers, ova ‘trafficking’ remains a possibility highlighted by the official regime, but almost impossible to grasp by the state apparatus.

No patient or provider ever mentioned the potential risk of being prosecuted for commercialised ova provision, and one possible reason is that instead of taking the legal provisions for granted, they prefer to challenge them by legitimising their claims and actions. Considering that several patients have complained about the lack of support from the state in IVF matters, it is possible that they thus deem the state’s authority illegitimate. Convinced of the high moral ground on which their desire for a child stands, patients do not consider the payment itself as problematic. Instead, they draw attention to the difficulties they have to overcome to achieve not only their personal desire for parenthood, but also what they consider beneficial for the country, the reproduction of the right class, the middle-class. For providers, intended or actual, the moral discourse also takes precedence over the criminal one, as they emphasise the win-win situation arising from such an exchange. For them, nothing can be wrong since all parties get what they want. Compensated ova provision is cast by patients and providers as an opportunity for self and national actualisation.

Nevertheless, to say that the risk of prosecution is not perceived by patients and providers merely because they do not talk about it is unrealistic. Feeling legitimate in their actions does not render irrelevant

the fact that what they are engaging in is possibly illegal, and the reluctance of both providers and patients who have used provided ova to participate in this research stands as proof. For those accepting to talk to me as a researcher, it was only by shifting the discourse from criminality to morality that patients and providers could deem their actions valuable and pass as respectable persons with ethical principles.

At the level of clinics, the stake of being accused of ‘trafficking’ is both more stringently felt and more outspokenly dealt with. Although the ova provision committee has, amongst other roles, that of ensuring the provider has the proper type of motivation (altruistic), its power is limited:

Usually, this is what you are looking for, that they have an altruistic motivation, well, at least a little, so that it’s not an obligation, ‘I can’t wait to be over with it’. [...] If you really are an altruistic person who wants to help a family have a child, great, we appreciate that, thank you, *we give you something so you didn’t do it for nothing, but don’t pay your rent out of it.* (Ioana Matei, psychologist, interview, emphasis mine)

Ioana Matei is required to evaluate the patients and ova providers at a private clinic, and based on this she can approve or reject their treatment. The motivation of the provider comes in as very important: there has to be some altruism in there, “at least a little” (see emphasis in quote above). However, evaluating the ‘amount’ of altruism, or the chances that the provider has been paid, is based on social skills rather than standardised instruments. The psychologist has to judge the performance of both patients and providers, identifying ‘flawed’ motivations (e.g. money), or weak points in their narrative that can give away an illegitimate agreement. If the psychologist finds something that deems the provider unfit, she has the power to reject her from the treatment, but this is a long way from making a complaint to the authorities. The moral stance of the psychologist is also relevant: simply finding out that the provider has been rewarded may not be enough. While some psychologists who are against any type of material rewards might reject an application without further inquiry, for someone like Matei

this is not enough to settle the case. Based on her rationale, money is not the ultimate criterion for admitting a provider into the procedure since other elements, such as what she calls 'altruism', dedication to the cause, or responsibility could counterbalance mercantile behaviours. By taking all this into account, Matei refuses to embody a law enforcement agent, but instead tries to accommodate the interests of all – patients, who desire parenthood, providers, who may combine a financial interest with an 'altruistic' one, the clinic, which derives profit from the arrangement. Despite the official regime, Matei casts ova provision as a matter of negotiation – each case at a time - framing its ambiguities as inherent to such a complex social practice.

Nevertheless, some clinicians believe that a lack of clarity in what concerns legislation pushes them towards policing their patients. For them, the risk of being accused of 'trafficking' because of financial exchanges between their patients and providers is too big to be ignored, so they prefer to stop all IVF with provided ova. Marius Moldovan explains:

If the patient comes with somebody she knows [as an ova provider], theoretically it's allowed [IVF with provided ova]. Theoretically, there is the presumption of innocence that there was no money involved. But what happens if the clinician realises during consultations that the donor and recipient have an agreement and that there are elements of illegality? If he shuts up, he becomes an accomplice. If he doesn't want that he has to inform the authorities, which transforms him from a clinician into something else. (Marius Moldovan, clinician, interview)

I don't recommend them anything, because I'm not up to the task. Because if I were to recommend them to go somewhere it could also be interpreted that I suggest they donate ova or something. I tell them [patients] that they need donated ova and that's it, the rest is their decision. Generally, clinicians in Romania try not to complicate matters. There have been various scandals, some

justified, others amplified, and so many try not to complicate things. (Liviu Zeca, clinician, interview)

Moldovan and Zeca are amongst several clinicians and clinic owners who have stopped performing IVF with provided ova due to legal ambiguities. Many of them express their concern that, following the ova commercialisation cases, state authorities are prone to considering any suspicious procedure 'trafficking'. Consequently, for them it is not so much illegal behaviour or immorality that stands as a risk – many express their support for some kind of compensation - but the law, which they think should be there to protect them as much as their patients. However, the official ova provision regime poses considerable responsibility on the shoulders of medical professionals, who are expected to police their patients and the ova providers according to unspecified standards. Given the speed with which the label of 'trafficking' has been applied to former cases of presumed ova commodification before any verdict was given by a court¹⁸, the risk of facing public shaming and closure is considered too real. In medical settings, ova provision is yet again framed in criminal terms.

Moldovan's account suggests that any accusation of 'trafficking' places responsibility mainly with medical professionals. This conception is to a certain extent supported by Mircea Severin's explanation that, to prove 'trafficking', one needs to find the suspects engaged in the medical procedure of ova extraction, where again clinicians take centre stage. It is arguable whether methodologically this would be sufficient to bring a case to trial, considering the ample efforts of evidence collection described by the prosecutor of the Sabyc case in the police file he authored. The difficulty of proving that a financial exchange has taken place between patients and providers may be so great that it could be seen as a waste of resources by state authorities. No such case has ever reached the public, which makes this another possible argument for why patients and providers did not ponder over the legality of their

¹⁸ Two other foreign clinics have been under investigation for several years under accusations of ova commercialisation, however no verdict has been given yet. Nevertheless, the media referred to those cases as 'trafficking', and both clinics have been closed ever since.

actions in the interviews. Nevertheless, the intense competition between fertility clinics triggers a more defensive attitude from clinicians, whose closeness to state institutions (especially supervisory ones) and dependence on patient trust leaves them more vulnerable to possible law infringements. The mere existence of the official regime performs the role of a cautionary tale.

In addition to the fears expressed by Moldovan, Zeca's reluctance when it comes to ova provision includes giving any advice to patients in need of such cells. Consequently, patients are deprived of one of their most reliable sources of specialised information, and left to judge and plan their next steps by themselves. The withdrawal of such support has probably been disconcerting for some, especially if we recall Silvia Reghin's confusion over how she should start her search for an ova provider. Zeca's stance shows how the fear of 'trafficking' accusations has expanded the definition of what 'trafficking' entails on both sides: if the state uses the same concept to tackle ova commercialisation irrespective of the form in which it occurs, those possibly accused of the practice give it the broadest interpretation so that they can pass as lawful professionals in any instance. The ambiguity of ova provision is thus removed together with the practice itself.

Although this is not a matter of ova availability *per se*, clinics have contributed to ova scarcity by reducing people's access to treatments involving female gametes. Any possible profits from such a procedure have been deemed irrelevant considering the prospects of going out of business following crime accusations. In this way, the state has partially succeeded in outsourcing the task of supervision to clinics, amongst which some have internalised the necessity of reducing the risk of 'trafficking' to a minimum. This self-governance of clinicians and clinics is undermining the interests of patients and providers, whose reliance on the market is sometimes ineffective.

Amongst the clinicians who have stopped performing IVF with provided ova, but who do not abstain from giving advice, many guide their patients abroad to countries like Spain or the Czech Republic, where these procedures are well regulated. Some medical professionals have also established permanent connections with foreign clinics, to

which they routinely send Romanian patients in need of procedures that are unavailable at home. Such strategies are clinicians' own attempts, often successful, at making the most out of the legislative context. In this manner, the Romanian reproductive industry contributes to the global reproductive scene not as a supplier of ova, but as a consumer of reproductive services.

Nevertheless, such cross-border arrangements do not benefit everyone, and it is again the poorer IVF patients who are left out. Despite hopes that the market can offer an alternative to ova scarcity, what the market often succeeds in doing is determining who gets to buy ova and eventually reproduce. Neoliberalism, understood here as the way in which the market is appropriated into people's practices (Smith and Rochovská, 2007), allows different degrees of choice according to class. Thus, for those less well-off, although the market does offer some patients and providers opportunities for encounters and agreements, it does so only to a certain extent. As their case illustrates, the intervention of the state through strict regulations does not necessarily limit neoliberalism in the sense of offering protective measures for those affected. Many patients, providers, and medical professionals perceive state regulation of ova provision as risk inflicting, and not as helpful guidelines. Instead, the official ova provision regime encourages the production of neoliberal externalities, abjected populations rendered wasteful, criminalised for trying to take advantage of the market, and stigmatised even before or without necessarily being convicted. In comparison, those who afford to travel abroad for treatment benefit from the choices offered by a global market of reproductive services, while at the same time escaping ova scarcity in Romania and the legal risks associated with trying to eschew it.

6.6 Conclusion

Lacking the legal and institutional structures that would have enacted this phenomenon as a separate ova provision regime, direct monetary exchanges between patients and providers nevertheless provide an additional apparatus for the diffraction and comprehension of

ova provision. The practices and discourses surrounding direct exchanges shed light on narratives that have been obscured by the official regime. What those narratives are and how they perform exclusions of their own are key in any attempts for accountability.

Direct monetary exchanges have emerged in a context of legal ambiguity, and have since contributed to the blurring of this normative boundary. Although also considered ‘trafficking’, direct exchanges are enacted through practices and relationships that differentiate them from other instances of commercial ova provision, such as Global ART and Sabyc. While the medical professionals working at Global ART and Sabyc were in control of ova provision activities, in the context of direct exchanges infertility specialists now perceive themselves as the most vulnerable. In turn, patients and providers enter a new type of relationship, acquiring novel responsibilities and powers. No longer the ignorant recipients of ova with an unknown origin, patients are nevertheless sometimes left without guidance in their search for a provider. By contrast, providers have gained leverage in negotiations with patients and have more control over the conditions of the exchange. Some even talk of choice, and their concern for the risks they are taking indicate that they do not share the same social status with the providers attracted by the prosecuted clinics (as they have been presented by the media and the police file). Even when financial aspects are involved, some women are more prepared than others to turn this into an opportunity (after all, answering or posting online announcements means having both a computer and IT skills), evaluate risks and give up when these become too high. Thus, ‘trafficking’ as a concept fails to account for the power differentials that determine phenomena. While ova provision multiplies in terms of its material and discursive enactments, power relationships between parties also shift, unravelling new types of vulnerabilities.

While patients and providers are united by the possibility of mutual gain despite the possibility of engaging in ‘illegal’ activities, medical professionals are more reluctant to accept such arrangements. The reason is not that they necessarily disapprove of compensation, but that they see it as a threat to their entire activity. Consequently, infertility

specialists have engaged in performances in order to pass as lawful practitioners according to the official ova provision regime, often refusing to do IVF with provided ova altogether. The legacy of Global ART and Sabyc made itself felt through the persistence of 'trafficking' as an all-encompassing category for analysing ova commercialisation, which has determined clinicians to act according to the largest interpretation they can give it.

The flexibility of the boundaries of 'trafficking' as a concept is best illustrated by the practical conundrums one encounters when one tries to put it to work. While patients and providers might consider the risk of prosecution small, and definitely overbalanced by the prospect of parenthood, for the medical professionals the risk of being accused of 'trafficking' is never too small to be ignored since the slightest mistake can cause them to lose everything. The latter's fears are also prompted by the fact that the commercialisation cases have led to the framing of ova selling as a societal risk, and has placed medical establishments at the forefront of such activities, thus determining the authorities to focus on medical professionals. In the case of direct exchanges between patients and providers, however, it is the latter two and not infertility professionals who play the central role, and the low level of institutionalisation of their agreement and exchange make accusations of 'trafficking' almost impossible to prove. This illustrates how ambiguity impacts differently on various categories of stakeholders, so that ova provision can easily change from a promissory perspective into a cautionary tale.

This chapter has shown that decisions affecting ova provision are made not only in institutional settings, but also in homes and clinics. Here, the official regime's criminal approach to ova provision is replaced with a more intersectional framework that casts ova provision as simultaneously an ethical, a medical and a social issue. It is in these instances that ova provision's ambiguity and multiplicity go beyond whether it can be subsumed to legal definitions of 'trafficking' or not. Especially for IVF patients and providers, the 'truths' offered by the official regime become inadequate to the complex decisions they encounter. Patients and providers have to construct their own

comprehension apparatuses, which often place embodied experiences and knowledge at the core of decision-making. Such apparatuses are based on contingent factors such as personal identities, life courses and values which do not accumulate into an alternative regime of ova provision. Nevertheless, they matter precisely because they enact ova provision in its multiplicity of practices and understandings. In contrast to the presumed coherence of the official regime, such personalised narratives of ova provision are powerful exactly because they allow ambiguity to surface and to possibly trigger a readjustment of dominant discourses.

However, ambiguity does not always trigger emancipatory outcomes, such as the bringing to light of marginalised narratives. For IVF patients and providers, the ambiguity of ova provision has also led to dilemmas. Although less concerned with the possibility of prosecution like medical professionals, they also engage in performances intended to deflect unwanted outcomes. The largely-held conviction that payment for ova is immoral means that patients and providers navigate beyond the borders of social acceptability, which determines them to emphasise the nobility of their intentions (parenthood in the case of patients), the risks of provision, and the importance of helping others achieve their dream by bringing a new life into the world (in the case of providers). Both patients and providers employ self-legitimising strategies and engage in performances intended to convince themselves and others of the acceptability of their claims to parenthood and payment, and their entitlement to appreciation. However, it is not only society's prejudice that patients and providers have to stand up to, but also each other's normative expectations. Both have to perform what is expected of them: 'deserving' parents have to show complete dedication to the cause, irrespective of the costs, while 'desirable' providers are expected to display responsibility, healthy behaviours and a certain social status. How identities are constructed and whether they are contested once again arises as crucial in the context of ova provision. Through intra-actions, identities contribute to the ever-changing boundaries of (in)acceptable ova provision.

Thus, although dependent on each other, and despite the 'win-win' discourse, patients, providers and medical professionals often frame their interests divergently. What they consider to be in their best interest is not defined once and for all, but is constantly negotiated. Patients, providers and infertility specialists inhabit spaces of in-betweenness that they try to navigate by harmonising their desires with outside constraints. The categories of 'patients', 'providers', and 'medical professionals' are not homogeneous in themselves, but can accommodate a diversity of constructed identities: dedicated, undeserving, mercantile, or picky patients, altruistic, responsible, self-interested, or undesirable providers, trustworthy, sympathetic, or business-minded medical professionals. The polarisation of identities thus affects all stakeholders of ova provision, irrespective of setting.

These identity performances illustrate the fact that the enactment of the official regime by the Romanian authorities has allowed the emergence of practices – such as direct exchanges – that reproduce class and race hierarchies as part of ova provision. Class and race prejudice has become medicalised and transformed into an argument against providers below the parent's own status. In their turn, providers can restrict access to ova to those who cannot afford to pay the requested sum, or force them to make sacrifices beyond the level of sustainability. Using patient 'generosity' as an indicator for parenthood suitability fails to consider the social context of Romanian society, just as relying on 'altruism' eludes the costs involved in providing. Thus, besides the lack of state infrastructure, cultural and social convictions contribute to ova scarcity by restricting the pool of acceptable patients and desirable providers to those who meet certain criteria of entitlement. The performative character of the official regime therefore refers to both strategically enacted apparatuses and unintended overflows.

These overflows that have become visible through a deeper investigation illuminate the blind spots of the official regime where that which has been excluded resides. The fact that the regime does not reflect any preoccupation of the authorities with issues of class and race means that it offers no apparatus for dealing with such inequalities. Power relationships continue to govern what and who is visible or

invisible. In this sense, my exploration of direct exchanges has brought to the fore narratives that go against the official discourse, and has allowed the presented the identities of patients and providers as fluid, context-dependent and ambivalent. However, those patients and providers who have attempted or been involved in monetised exchanges irrespective of the outcome cannot have a say in public consultations regarding the legislation of assisted reproduction and ova provision exactly due to the ban on ova commercialisation. Having engaged in illegal relationships means that their experiences are delegitimised from the start and, as the previous chapter discussed, no other stakeholder is willing to represent such groups in official settings. The fact that such exchanges do take place remains an unspoken knowledge held by many legislators, who nevertheless probably consider it too small a phenomenon to be tackled directly. The 'truths' supported by the official ova provision regime, then, remain largely unchallenged, even as ova provision multiplies beyond the borders of its visibility.

Chapter 7 - Conclusion

In this thesis I have analysed the material and discursive means through which ova provision has been enacted as (il)legal in Romania, and how these have affected who participates in the social and political framing of the practice. I have analysed ova provision in various settings, symbolic and material, ranging from people's private spaces of confrontation with infertility, to fertility clinics, and public decision making arenas. The reason for my inquiries was the need to understand the agencies that have shaped Romania ova provision, and how they have affected the people involved in this procedure. What has emerged is that, despite the standardisation of ova provision through the official ova provision regime, its ambiguity triggered its circumvention by IVF patients and ova providers, and its contestation by numerous other parties. Nevertheless, power differentials and the polarisation of the identities of those involved with ova provision as a medical practice and a legal concern curtailed attempts at changing the current framing of ova provision, with practical and ethical consequences that affect the most vulnerable: infertile persons and ova providers.

This is the first in-depth analysis of Romanian ova provision, a phenomenon which has previously been tackled only from a global perspective. My analysis of the agencies inside the country that have shaped ova provision until today not only completes the picture in which national and cross-border flows appear as intertwined, but also challenges the role Romania has been identified with in previous scholarship. Rather than (only) a global supplier of ova, this country emerges as an important consumer of foreign reproductive services. My work thus challenges those approaches that reify certain countries as 'victims' of mostly Western IVF patients and the global reproductive industry, and argues for a reconsideration of binaries such as 'poor'/'rich', 'Western'/'Eastern', 'provider'/'consumer'.

An important contribution of this thesis is the use of STS scholarship, less frequent in matters of reproduction, in the study of ova provision. As I will detail shortly, STS authors have allowed me to analyse ova provision not as an already given phenomenon whose

symbolic and material manifestations are constant in time and space, but as a set of practices that are constantly re-enacted in every setting.

Thus, I have drawn on Murphy's (2006) concept of regime in order to illustrate how certain apparatuses create a specific type of knowledge. However, in contrast to her work, where she mostly speaks of regimes of visibility attached to specific, yet highly organised disciplines or groups, in my case I could only delineate one regime, the official ova provision regime. No other group, profession or discipline has been as efficient in delivering a coherent and stable 'truth' regarding ova provision.

Nevertheless, there still are competing framings of ova provision, and the fact that these cannot be equalled to a regime has forced me to look into other types of dynamics, no less related to boundary drawing. An identity approach allowed me to investigate how ova provision could retain its multiplicity - another concept I borrowed from Murphy (2006) - in a context of heightened instability, change and contestation. Braidotti's (1994) nomadism and Probyn's (1996) desire for belonging have helped me to explore the generative and constraining dynamics of identity construction and contestation. Finally, Barad's (2007) theory of intra-action has allowed me to investigate the complex, mutual relationships between all these apparatuses and phenomena as a whole. The interdependence of practices, apparatuses, regimes, identities and the specific object of this research - ova provision - is one of the principles guiding my academic endeavour and something I have constantly highlighted in my analysis.

The current chapter draws together all previous chapters, offering answers to the research questions stated in the beginning of this thesis. To remind the reader, these were as follows: 1) what kind of practices does ova provision involve in the Romanian context? 2) how are the identities of ova providers constructed across different settings? 3) what identity dynamics do those involved with ova provision engage in? and 4) to what extent do these dynamics affect the governance of ova provision? This conclusion addresses each of them in largely this order, while reflecting on the overarching concepts and themes that have guided this thesis such as regime and identities, boundaries and exclusions.

I start by considering the effects of the 'trafficking' framework, and the enactment of the official ova provision regime, arguing that the latter has worked as a boundary drawing apparatus in all aspects of ova provision. I then comment on the contestation work directed against the official regime, contending that ova provision is characterised by multiplicity in terms of its material-discursive enactments. Subsequently, I focus on the dynamics of identity construction of those affected by or interested in ova provision, and the underlying instability and contingency of their performances that leads to their identities being polarised, that is, easily moving between opposites: deserving - undeserving, trustworthy – corrupt, professional – inexperienced etc. I argue that the polarisation of identities is an exclusionary practice that delegitimises some parties from contributing to the framing of ova provision and undermines efforts for changing the official regime. I move on to a few considerations about the role of power dynamics in the perpetuation of the official regime despite contestation. I end by considering the contributions of my thesis and signalling a few possible areas of future inquiry.

7.1 A regime of ova provision

The official ova provision regime is a historically enacted response to new circumstances. When the Global ART case became a public concern at national and international levels, Romanian authorities were faced with the need to produce a coherent understanding of ova provision and commercialisation. The result was an apparatus consisting of practices, discourses, laws and institutions rooted in and reproducing that understanding, enacting what I call the *official* regime. The regime has transformed ova provision into a manageable process, one in which the boundaries of ethics, and more importantly, legality have been clearly delineated in the view of some. Thus, the fact that the regime is *official* means that it is the ultimate authority in legitimating certain practices at the expense of others, as well as delineating deserving from undeserving members of the body politic.

I have traced the power of the official regime, and hence its relevance in terms of research and possible future action, in its power to create fields of visibility and invisibility which then constitute the basis on which 'truth' is created. The official regime enacts a series of narratives as 'truths', legitimating certain practices of ova provision while delegitimising, and consequently legally punishing, others. The material-discursive apparatus that sustains the regime allows it to pass as stable in time and inherently coherent, ruling out the possibility of ambiguity. The regime, then, enacted through an assemblage of institutions, discourses, practices, and laws, renders the world comprehensible by performing exclusions with considerable material consequences.

Despite its proponents' claims, my analysis of the official regime illustrates the difficulty of delineating unambiguous boundaries, and highlights the reliance of people's sense-making apparatuses on previously existing knowledge and experiences. When the Romanian authorities made use of their understanding of organ procurement and 'trafficking' in order to regulate ova provision, they performed an incomplete ontological cut between the two phenomena. Organs and ova were cast as equivalents in the eyes of the law, and their management became a matter of national security. Other conflationations have also been enacted, with performative effects: 'trafficking' and commercialisation have become undifferentiated, and commercialisation is now equalled to a social and moral corrosive. These have become 'truths' based on ambiguity and yet invulnerable to nuance.

The material-discursive apparatus enacting the regime constructs ova provision as a public concern only from a criminal point of view. The criminalisation of compensated ova provision has cast the practice not only as a threat to the body politic, but to various stakeholders ranging from IVF patients and ova providers to medical professionals. The ambiguities that permeate the regime obscure the power relationships governing ova provision, either commercialised or not. The regime only illuminates fields of opposition, in which legality and illegality, crime and victimhood are mutually exclusive and divorced from the larger social context. Consequently, the regime is unable to account for the harm it

inflicts in its turn while performing 'justice'. Ova provision has been depoliticised and turned into a matter of morality.

The regime enacts legality and illegality not only through the evaluation of actions, but also by constructing opposing identities. By identifying criminal offenders, the regime can establish a causality chain and attribute responsibility for the event. The simultaneous identification of victims legitimises state intervention by punishing the criminals, but does not necessarily trigger a wider analysis of victimhood and the conditions that lead to its enactment. What is more, the line between victim and accomplice is very thin. The Sabyc case has shown the ease with which the identities of ova providers swung from one to the other. It was left to the prosecutor to enact a space of in-betweenness, but that did not prevent ova providers from receiving legal penalties. In their turn, the constructed identities of providers as 'poor', often 'Roma' reinforced associations between low class, commercialisation and immorality, as well as highlighted their vulnerability to 'predatory' clinicians driven by profit. The intra-actions between the official regime and the identities of those involved in the commercialisation cases lead to mutual reification by being rooted solely in the knowledge provided by the police regime.

The framework of legality and illegality characteristic of the official regime confines an event – such as an ova commercialisation case - to clear temporal and spatial boundaries, but has material and discursive effects that endure beyond these borders. Just as the risk of 'trafficking' still guides the attitudes and behaviours of some participants, the identities constructed during police investigations have had important class and race implications. Ova providers have been cast primarily as a socially marginalised group who can best be protected not through social policies, but by being kept away from financial incentives. The official regime, blind to matters of social justice, has perpetuated a state of constant ova provider vulnerability both materially and discursively. First, the official regime was unable to prevent the marks on the bodies of those working with Sabyc, and it is still inappropriate for dealing with safety issues ranging from emotional to physical harm. Second, discursively, it permits the homogenisation of ova providers accepting

compensation as lower class and therefore disruptive of a certain kind of middle-class solidarity manifested through 'altruism'.

The official ova provision regime is a recurrent theme in the three empirical chapters of my thesis because in this way I could better illustrate its performativity. The regime, although enacted through concrete actions involving specific people and practices, is enacted by an apparatus that diffracts certain narratives of ova provision in specific ways. Its perspective stretches not only in the present and future, but in the past as well, fixing a certain interpretation of that which has happened. The field of visibility it creates spreads in all kinds of settings, and is employed by various stakeholders for different purposes. And yet, its apparent coherence, clarity and omnipresence is undermined exactly by the partiality of its vision. The regime offers a contrast between the endurance of its narratives and the contestations happening 'in the shadows', meaning not necessarily in realms of illegality, but beyond its halo of light.

The limits of a 'regime' both in practice and as a conceptual tool point to another contribution of my work. While I have just discussed the former above, the latter concerns the difficulty of creating a coherent picture of an event/phenomenon when knowledge production is not enacted in a standardised manner as in a regime. Considering that the perspectives on ova provision are much more diverse than the ones provided by the official regime, I had to find another conceptual tool which could explain how the alternative views emerged. The novelty of my approach stands in combining 'regimes' with 'identities' in order to grasp the full complexity of ova provision in its various manifestations¹⁹. This thesis, then, answers the question 'what is ova provision?' not by giving a straightforward answer, but by offering an account of its ambiguity and multiplicity.

¹⁹ For a conceptual clarification of the differences between 'regimes' and 'identities' as used in this work please see Ch.1 Introduction.

7.2 The multiple enactments of ova provision

Ova provision is a medical procedure through which the eggs of a woman are retrieved and used for the IVF treatment of another woman whose gametes are (no longer) viable. Ova provision is a social agreement in which IVF patients and ova providers exchange ova for gratitude or for material gain. Ova provision is a moral dilemma concerning one's genetic ties. Ova provision is a potential threat to women's bodies and to the body politic. Offering a single definition for ova provision simplifies a vast array of different instantiations of the phenomenon and gives precedence to only one apparatus of comprehension. With the help of STS concepts, I have brought a novel approach to ova provision as multiple, as a phenomenon whose boundaries constantly change and are enacted through different practices, different apparatuses, and different social relationships. Understanding ova provision means understanding the intra-actions that bring it into being.

My research shows that a regime always leaves space for contestation, even if that does not lead to its overthrow. This contestation sometimes has a clear political purpose, while at other times it is the result of people adapting to constricting circumstances. The narratives of the official ova provision regime have been nuanced, enriched, or invalidated. Ova provision has been again abstracted or materialised, turned into a matter of national concern or personal struggle. Issues of legality and illegality have been questioned and even disregarded. Ambiguity persists as to what is desirable and what is possible, as well as who is most legitimate to answer such questions.

Outside the regime, ova provision has been enacted with the help of a diversity of material-discursive apparatuses. Medical professionals have medicine as lens for making sense of the procedure, which is once again standardised through protocols that transform women's bodies into carriers of precious cells. In medical settings, ova take precedence over one's personhood, although they are envisioned as carrying the desirable traits that will define the future person, whether that concerns hair colour or IQ. For IVF patients, one's emotional and embodied fight

with infertility, as well as the practical matters of acquiring ova constitute ova provision into a promissory technology that can compensate for all the hardships. The provider and the ova, although crucial due to their reproductive potential, fade in the face of prospective parenthood. While IVF patients enact symbolic bonds with the ova they receive, ova providers perform a symbolic disentanglement between these cells and their selves. For ova providers, the promise of the procedure can be as much about bringing joy for others in the form of a baby, as about social advancement. Finally, in the legislating setting, which reunites different stakeholders, ova provision is most of the times abstracted, enacted through meetings, paperwork, consultations and negotiations. Rather than revered for its generative power, ova provision is often constructed as a risk through the lens of ethics, medicine and even finance. Consequently, public consultations always cast ova provision as a disposable theme, a compromise that can be made in order to ensure more stringent wins. Each setting allows new materialisations of ova provision through different choreographies (Thompson, 2005) that challenge the idea of a unitary phenomenon.

The multiplicity of practices comprising ova provision could not have been conveyed to this extent without involving such a large number of stakeholders. In contrast to many other studies on reproduction, which mostly focus on one or two groups of participants, I have brought together not only those directly affected by ova provision – IVF patients and ova providers – but other groups of participants that have shaped the phenomenon in time: medical professionals, politicians, administrative personnel and activists. It was only through such an extensive set of interviews that I could map the enactment of ova provision in its complexity, drawing attention to persons and actions that might have otherwise been overlooked.

7.3 The polarisation of identities as an exclusionary practice

Although many works investigating reproductive arrangements talk about identities, none has placed this concept at the centre of their

analysis. My research brings into relief the mutual character of the interactions between the identities of those involved with ova provision and the phenomenon itself. Ova provision does not materialise differently in various contexts without shaping, sometimes physically, the identities and consequently the lives of people. My use of the concept of 'identity' is therefore compatible with my STS approach, since I understand identities both as apparatuses for understanding the world (and therefore as enacting boundaries), as well as material-discursive entities arising once an apparatus has been applied to them. Being a commercial ova provider, for instance, projects a certain view of ova provision, but what a commercial ova provider is (a criminal or a helping-hand?) and what she becomes is dependent on the legal status and public perception of commercial provision.

The criminalisation of compensated ova provision has been one of the most visible ways in which the social positions of people have been affected. Becoming a 'criminal' has transformed some into marginals, increasing their vulnerability. But the mere possibility of being prosecuted in a context of legal ambiguity can sometimes imprint more nuanced identity dynamics, such as that highlighted by one clinician who reasoned that infertility specialists risk becoming prosecutors if it is up to them to unravel monetary exchanges between patients and providers. One of the main findings of my work is the ease with which identities become polarised, swinging between positive and negative points of reference. The ambiguity of ova provision is transferred to the people engaging with it. One does not necessarily need to be accused of illegality to be labelled as a 'risk factor', which leads to discursive and material performances of legitimation, such as withdrawal from supporting changes to the official regime, or the refusal to perform IVF with provided ova.

As the narratives about ova provision multiply, so do the instances in which identities become polarised. If, according to the official ova provision regime, ova providers who obtain material gain are criminals, medical professionals are vigilant keepers of the law, and political representatives arguing for compensation are irresponsible and potentially promiscuous in their views, other instances cast them in the

opposite light; compensated ova providers become a source of hope, medical professionals remain loyal to their vow of putting the wellbeing of their patients first, and dissenting politicians turn into open-minded mediators between diverging interests. But these are only some of the adjectives and phrases used by participants to construct themselves and others. Taking the case of legislators for instance, they can also be incompetent, self-interested, corrupt, as much as well-intentioned, empathetic former IVF patients themselves, or victims of the media and their voters. In this thesis, I have used labels to describe the different stakeholders of ova provision, but have illustrated the diversity of perspectives amongst these groups. In this sense, it is not only ova provision which multiplies; the groups of people also emerge as heterogeneous.

The polarisation of identities is triggered by both contingent and systemic factors, although clearly delineating the two is difficult. At times, people's identities are taken apart following what participants consider unsuccessful collaborations, characterised by a perceived lack of dedication to a cause. This was visible in Simona Pop's disappointment with what she interpreted as SOSI's disengagement with the law drafting consultations she was facilitating. At other times, the polarisation of identities emerged in contexts of distrust for certain professional categories. Being an activist or a politician was constructed by some participants as negative identity traits, an idea supported with examples of bad experiences that confirmed the initial assumption. By contrast, other categories that started off with a good reputation, and which elicited high hopes in terms of collaboration – such as medical professionals – were eventually downgraded from this status by one legislator surprised by their internal conflicts. While some of these identity dynamics of deconstruction are unintended, others are consciously enacted. The delegitimising of others' stances has been employed by some in order to create or maintain advantageous power differentials. This has been happening in the case of some of the official regime's supporters who, when receiving complaints regarding the ambiguities of the legal framework, proceed to discrediting those bringing such criticism.

My research brought into focus a process of othering, to which I have been referring as the polarisation of identities. The deconstruction of others' identities in negative terms is constitutive of one's construction of their own identity as positive by contrast. By claiming that one's contesters are unprofessional, for instance, that person casts an image of professionalism upon oneself. The polarisation of identities does not refer only to the changes in how one's person is perceived or constructed, but how the identities of two or more parties are constructed in intra-action and through opposition. Polarised identities are thus performed through exclusions, by refusing to grant others the power to define the material-discursive conditions of an intra-action. People are therefore ascribed to spaces of in-betweenness, forced to engage in a nomadic endeavour that requires a reconsidering of one's priorities and possibilities.

Gender, class and race are identity markers that reflect more stable associations, and it is to them that I referred as systemic factors contributing to the polarisation of identities. These are continuously re-enacted as part of relationships, but their effect is extremely powerful even in circumstances that do not physically reunite people. The performativity of gender, class and race are so strong that, in the context of ova provision, they even affect persons who have not yet come into being. Numerous discourses in this thesis illustrate a white, middle-class solidarity deemed the only 'genuine' framework for ova provision. Divisions are performed between the IVF patients that fit this description, and self-interested, immoral, biologically and socially 'undesirable' ova providers.

As patients' and providers' identities are constantly constructed and challenged, the understanding of money, gifting, and commercialisation also acquire new understandings. Instead of positing gifting as the pinnacle of ethical relationships, and commercialisation as the opposite, corrosive force attacking social solidarity (Dickenson, 2007; Titmuss, 1970), a closer view of some of the interpretations given by patients and providers to payment, altruism, and gifts shows that these are framed differently according to perceived interests and identity dynamics. For instance, a deep dedication to achieving parenthood can

determine patients to accept payment as a fair compensation for the provider, while gifting, especially in a familial context, can be recast as a burden that creates unwanted suffering and exploits close personal ties by making peers feel responsible for alleviating another's childlessness. Gifting and commercialisation are also important elements in the construction of identities in the ova provision context, for they provide both the boundaries imposed by society in defining appropriate performances for providers and patients, as well as the instruments to challenge those boundaries. Thus, if the rhetoric of the 'gift' reifies paid ova providers as immoral and self-centred, the same rhetoric is often employed in contexts of commercialised exchanges so that both providers and patients can redeem themselves as conscientious, ethical actors. The instability of identities and relationships – intermediated by material gain or not - illustrates the in-betweenness of patients' and providers' experiences which have failed to be politicised (Braidotti, 1994).

Both according to the official regime, and in direct ova exchanges, ova providers' identities are constantly moving between extremes. Criminals versus victims, self-interested versus altruistic, greedy versus entitled to compensation, hopes versus fears, poor versus struggling in an unfair society, individualised versus homogenised, abstracted versus materialised, I have already illustrated the constant flux of providers' identities across and in-between boundaries. Their desires to belong to socially accepted categories and in an environment with decent living conditions have often been met with discursive and/or material marks left on their bodies. The quickly-made association between ova providers and their propensity towards engaging in compensated exchanges affect decisions at both individual and state levels. Class and race marks are reified and cast as undesirable to be reproduced not only in families, but in the body politic. The polarisation of providers' identities reflects and re-enacts societal fears connected to endangered middle-class aspirations for whiteness, wealth and progress. At this point, the 'altruistically'-motivated regime and the market-oriented IVF patients find a common ground in terms of class and race re-entrenchment: the first through its blindness, the second through strategically-enacted choice.

The homogenising discourses about ova providers in Romanian society have required constant attention on my part not to reproduce the same generalisations, even while looking to map the injustices they have been suffering. Conveying a picture of ova providers that reflects their struggles, but which is nevertheless diverse and empowering has been a very important objective and contribution of my work. This is all the more important since I had to operate in a context of legal uncertainty in which providers' voices have been marginalised, which gave me the impulse to bring them back to the centre of my analysis with the help of other, secondary sources. The polarisation underwent by providers' identities can endow them, at least to some extent, with the kind of nomadism that Braidotti (1994) finds generative of novel and liberating ways of being. Just as it is important to acknowledge and try to account for the harm that has been done to the providers working with Global ART and Sabyc, and to highlight the increased vulnerability of women living at the margins of society, it is also important to keep in view the diversity of approaches providers have had to this phenomenon. Through their engagement with provision, they are constantly redefining the meanings of 'commercialisation', 'altruism' and 'solidarity', but also of gender, class and race. Their nomadic endeavour into realms of ethical, legal and social ambiguity open the space for reconsidering spaces of belonging.

7.4 Power differentials and failed attempts at changing the official regime

Ova provision has often been framed in relation to an imagined, simplified picture of ova providers. Whether they are seen as poor with an entrepreneurial eye, or as reproductive labourers sacrificing their time, money and wellbeing, providers' identities have been crucial in the reasoning of many in relation to the desirable regime of provision. The construction of providers' identities has been reliant on gender, class and race prejudice which, as mentioned earlier, have the power to determine decisions even in the physical absence of those concerned. The ova providers have been the only group of stakeholders who have been entirely absent from decision-making instances regarding ova provision.

This is yet another instance in which the exclusionary performativity of polarised identities emerges as constitutive of the official regime, as well as other, alternative framings of ova provision that project a negative image of providers. This recalls Probyn's (1996) warning about the power of being called and the limitations imposed to one's becoming in a field of unequal power relationships. In this research, I thus draw attention not only to international hierarchies, but also national stratification that affects the distribution of harm amongst ova providers.

The fact that the identities of almost all participants of my research have been challenged at one point or another in their career does not level the playing field for all those engaged with ova provision. The official regime has left room for contestation, and that contestation has been carried out in the public realm, sometimes having a visible impact. However, no alternative regime has been articulated in order to replace the currently official one. The polarisation of identities has weighed more heavily on the shoulders of those opposing, on more or less radical terms, the official regime, hindering their efforts. The dynamic of identity construction and deconstruction has negatively impacted the creation of coalitions that could at least have enabled a substantial debate on the topic, and possibly lead to what Franklin and Roberts call a 'working consensus' (2006). The fragility of these working relationships cannot be disconnected from a pervading fear supported by the narratives of the official regime: that one's association with compensation, often conflated with commodification, is a mark of moral unworthiness. If a provider is prosecuted for selling her ova, the consequences are mostly a personal matter; if a party engaged in legislating is merely suspected of harbouring illegitimate interests connected to compensated ova provision, he/she becomes a public liability. Consensus building, which is about acknowledging difference and uncertainty (Franklin and Roberts, 2006), did not happen in the Romanian case.

In the field of legislation, ova provision has become a matter of resources: how much one has to invest and how much one has to lose. My thesis has shown the importance of identity performances both in private and public spheres, where they have the role of legitimating one's

approach. But when one's contribution is delegitimised, other socio-technical factors come to matter, such as institutional positions, financial resources and societal moral discourses. Repeatedly failed efforts to legislate IVF, cumbersome consultations with no visible end result, the risk of having their businesses shut down, together with the identity dynamics analysed earlier have determined most stakeholders to reorient towards more easily-achieved goals. Some have distanced themselves from debates about ova provision, focusing on more general issues connected to IVF in the case of legislators, or resuming their medical practices without any interference in legal matters in the case of medical professionals. Others continue to inhabit spaces of in-betweenness, where they carry out their contestation work, such as IVF patients and ova providers who have found ways to make compensated ova provision work to their advantage. As contestant narratives make their way out from public visibility – where they were never prominent to start with - the state apparatus remains largely undisturbed in its re-enactment of the official regime of ova provision.

The attribution of accountability has been not only an analytic endeavour directed at participants, but also a preoccupation of mine as a researcher. As stated previously, my research challenges the victimisation of countries part of the global reproductive scene by indicating a need for a finer mapping of the processes of exclusionary boundary drawing and reproductive stratification. The classification of entire countries as 'victims' often obscures the role of the country itself (its institutions, its communities of practice, its symbolic imaginary etc.) in creating the social disparities that are also exploited at an international scale. At the same time, such countries, as well as their citizens, are easily inscribed with markers which, rather than being emancipatory, reinforce their material-symbolic marginalisation.

7.5 Thesis theoretical and empirical contributions

My approach to studying ova provision, as well as my findings amount to several theoretical and empirical contributions that may inform

future research on the procedure in general, as well as in the Romanian context.

With the help of STS literature, I have investigated ova provision 'in the making', rather than as a given phenomenon that has been black-boxed. By using concepts such as regimes, identities and boundaries I have been able to show that defining ova provision is always dependent on the apparatus used for its comprehension. Consequently, ova provision emerges as multiple, ever changing with the setting and perspective it is analysed from. By exploring ova provision in various sites, and through the experiences of different groups of people, I succeeded in shifting the approach to ova provision so that its medical character and its apparent manifestation as a one-to-one exchange involving only ova providers and IVF patients are decentred and shown to be only two aspects of provision amongst others. By also investigating ova provision as an institutional and criminal phenomenon I draw attention to the political implications of the procedure. Ultimately, an approach to ova provision as multiple illustrates the importance of acknowledging who and how is doing the framing, and with what consequences for those involved.

Another theoretical contribution that I make consists in the reconceptualization of 'identity' so that it becomes compatible with postmodern approaches. Retaining the concept of 'identity' instead of using STS terminology allows me to constantly allude to the presumed fixity of social categories to which people are often allocated, as well as indicate the interdisciplinary character of my work. By acknowledging that identities are constantly materially and discursively enacted, I can approach them as boundary drawing apparatuses who affect both the bearer of that identity, and the world he/she intra-acts with. Consequently, identities, just like disciplines, offer understandings about phenomena and as such become useful tools in understanding how and why people understand and enact the world in the way they do.

The combination of identities with regimes as a conceptual apparatus for identifying exclusionary practices is a solution to the need to map these exclusions, or boundaries, in different circumstances. The fact that ova provision is multiple means that it is enacted through

various apparatuses. While regimes help understand those apparatuses that are most visible, with clear technologies, methodologies and rules, identities become useful when knowledge production and boundary drawing are less explicit and are the result of personal endeavours. Regimes are useful for highlighting the contrast between what is made visible and what invisible, but when tracing regimes becomes more difficult, as in processes of every-day decision making, identities still offer a means to scrutinise exclusionary phenomena. Additionally, while regimes are most useful for arrangements that involve institutions, regulations, theories etc., whose change usually takes considerable time and effort, identities allow the investigation of the role individuals or small numbers of people have in enacting boundaries. Given the fact that identities are much more fluid than regimes, they can also explain changes in the course of events that happen in a shorter period of time. To be more explicit, while the official regime of ova provision, rooted in an assemblage of institutions, regulations and practices, can be used to explain why ova provision is done the way it is, a look at the identity performances displayed by participants explains why challenges to the regime have had no success, indicating that contingent factors, such as the perception of an unsatisfactory performance during a meeting, can have a big impact on legislation development. The contestation strategies of those opposing the regime are not articulated well enough to enable a coherent regime to surface, therefore looking at the identity dynamics people engage in offers some answers as to why they have been unsuccessful. Regimes and identities are thus tools that can be employed together due to their boundary drawing effects, but also because they can complement each other in analysing phenomena of different grades of visibility.

Moving on, the analysis of ova provision as multiple and in constant intra-action with regimes and identities allows the constructed and contingent character of ova provision, regimes and identities to surface, and therefore provides a novel way out of the market-altruism debate that has characterised ova provision debates. If there is no inherent value in commercial or altruistic provision, looking how both types of practices are enacted in different settings and with what

consequences provides a nuanced account of what is possible and desirable in terms of ova provision regulation and supervision.

Considering that ova provision practices and people's identities are in constant intra-action, affecting each other, the meanings of 'gifting', 'altruism', 'commercialisation', and 'compensation' are in themselves prone to change and re-evaluation by those entering such relationships. This is in line with feminist authors advocating in favour of focusing on people's embodied experiences rather than disembodied ethical debates rooted in gender, class and race biased presuppositions.

To continue the above idea, although the number of ova providers I interviewed is below what can be considered a representative sample, the accounts this thesis presents answer a much deeded request for more insights about ova provision from providers themselves. Thus, my research joins others in offering readers an idea about the efforts of provision, the complexity of provider-patient relationships, and the fluidity of commercial versus altruistic provision. Providers' experiences show that even with regulations forbidding commercial ova provision, their safety is not guaranteed in the absence of other material-discursive elements that prioritise their safety and wellbeing. Similarly, altruistic ova provision is not a recipe for unhindered, unproblematic provision, with pressure stemming from expectations that a family member would help with eggs, or altruistic providers facing large expenses that cannot legally be covered by the commissioning parents.

Although rather because of need than by design, my thesis offers a solution to those fieldwork experiences in which interviewing hard to reach groups is extremely difficult. Faced with impediments for locating and accessing ova providers, I was forced to look for alternatives in order to still keep them central in my research. Their absence both from my fieldwork and other arenas where ova provision was negotiated became a research issue in itself, illustrative of more complex processes of exclusion which are equally relevant in terms of the ethical and legal underpinnings of ova provision and providers. By assembling accounts from various actors in different settings I could account for the material-discursive practices that still keep ova providers marginal, instrumental for IVF procedures at best.

The focus on ova providers' marginality and invisibility opened up space for exploring the implications of gender, class and race in terms of ova providers' availability and desirability. My findings confirm those of previous research identifying non-white, lower class providers as undesirable, as well as illustrating the increased vulnerability of these groups. Particular to the Romanian context, Roma women emerge as the most undesirable and stigmatised, the Other in contrast to which the Romanian body politic is imagined and enacted. However, the different commercial practices existing in Romania in terms of ova provision affect various groups differently, with direct commercial exchanges between patients and providers allowing the former less control over the exchange. While my work confirms that it is more affluent patients and providers who have higher chances at reproducing, the multi-sited analysis that I provide shows that this is about more than purchasing power, pointing towards historical discrimination and middle-class aspirations for progress and self-actualisation.

Finally, as the first to explore Romanian ova provision to such depths, my research draws attention to multiple flows of gametes and patients both in-between and across borders, bringing new hierarchies into relief while challenging others. I have signalled that the role Romania has played in the global reproductive industry has been not only as a supplier of ova, but also as a consumer of reproductive services. I nuance the accounts that have until now positioned Romania in a victimised position in relation to the global reproductive industry by showing that internal power struggles have had an important role to play in impeding an equitable and safe reproductive context. I thus challenge essentialised geographical divisions that oppose a rich West to a poor East, departing from an understanding of an Othered Eastern Europe as an undifferentiated block and drawing attention to regional power imbalances that reposition 'Eastern'²⁰ states as research-worthy on their own, and not simply in relation to the West/North.

²⁰ I have put 'Eastern' in inverted commas because there is a lot of debate about the construction of the 'East' as more than a geographical distinction.

7.6 Considerations for future research

The findings of my research point at the particularities of the internal flow of ova, departing from accounts of global reproductive relationships. Nevertheless, while the particular events and practices that have shaped Romanian ova provision may retain their uniqueness, at least some of the processes that I have analysed, namely the institution of a regime of ova provision and the polarisation of identities for instance, can probably be found in other contexts as well. Future research will show the extent to which the Romanian case is indeed endemic.

Ova provision in Romania has been marked by the ova commercialisation cases and the subsequent ova scarcity enacted together with the official ova provision regime. The informal flow of ova that has emerged in response to the regime, as patients' efforts to acquire eggs for their treatment legally failed, has not sparked any discussions regarding a possible change in regime, or the need to consult ova providers and IVF patients in need of ova. However, the enabling of ova imports from Spanish banks means that a new form of commercialised ova provision will permeate the Romanian reproductive market. How this will change the practices of ova provision, as well as what impact this will have on understandings of gifting, compensation, and altruism in the context of provided ova is worth exploring in future research.

Finally, since the ova commercialisation cases and the publishing of academic research that characterised Romania as a global supplier of eggs, the ova provision scene in the country has changed considerably. A new type of commercialised ova provision has emerged, besides that intermediated by clinics, in the form of direct monetary exchanges between patients and providers. Additionally, those that can afford it can circumvent ova scarcity by travelling abroad for treatment - a movement which according to some participants has become a wide-spread phenomenon amongst patients in need of eggs. In light of these changes, Romania's role in global reproduction seems to have shifted from that of supplier of raw material to that of consumer of reproductive

services. While I have documented some of the processes that have led to this outcome, it is important that more research is done focusing on these cross-border movements and their relevance in terms of stratified reproduction.

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Appendix 1 – Timeline of relevant events

- 1995: - The first Romanian public infertility clinic, the Centre for Laparoscopy, Laparoscopy Surgery, In Vitro Fertilisation and Embryo Transfer, opened in Timișoara, Romania.
- 1996: - The first IVF baby was born in Romania.
- Medsana, the first private infertility clinic opened in Bucharest, Romania.
- 1999: - A second public infertility clinic opened in Romania as part as Giulești Hospital, Bucharest.
- The Sabyc Israeli fertility clinic opened in Bucharest.
- 2003: - The 'Law Regarding Reproductive Healthcare' was the first law proposal on IVF, initiated by Ovidiu Brânzan, MP. It was deemed unconstitutional in 2004.
- 2004: - The EU adopted the 2004/23/EC Tissues and Cells Directive.
- The National Transplant Agency was set up.
- 2005: - Adriana Iliescu broke the world record as the oldest mother, at 66. Her success was attributed to the team at Giulești.
- The Israeli clinic Global ART, located in Bucharest, was accused of ova commercialisation.
- 2006: - Romania adopted Law 95/2006 Regarding the Reform in the Health System, banning all material gains for ova provision.
- 2007: - Order 1763/2007 was adopted, offering the guidelines to legal ova provision.
- 2008: - SOS Infertilitatea was founded.

2009: - The Romanian Embryologists' Association published the document

'Medically assisted human reproduction and embryology'. It never entered

parliamentary debates.

- The 'Law Proposal Regarding Medically Assisted Human Reproduction'

was initiated by Iulian Urban, MP. It was rejected by Parliament in 2009.

- Sabyc came under police investigation.

2011: - The 'Law Proposal Regarding Medically Assisted Human Reproduction'

was initiated by Mihaela Şandru, MP. It was withdrawn by the initiator

shortly after entering parliamentary debates.

- The 'Law Proposal Regarding Medically Assisted Human Reproduction with Donor' was initiated by the Government. It was rejected by Parliament in 2016.

2013: - The 'Law Proposal Regarding Medically Assisted Human Reproduction' entered parliamentary debates. It is still under discussion in the Senate.

Appendix 2 – Information sheets for participants

A2.1 Information sheet for ova providers – English version

Participant Information Sheet

Following the Ova - A Romanian Account of Ova Movement

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Name of Researcher: Alexandra Gruian

PhD Student, University of Leeds

ssag@leeds.ac.uk; alexandragruian@yahoo.com

0723 961 084.

Principal Supervisor: Prof. Anne Kerr

School of Sociology and Social Policy, University
of Leeds

Co-Supervisor: Dr. Karen Throsby

School of Sociology and Social Policy, University
of Leeds

Aims of Research: The purpose of this research is to explore the movement of ova from retrieval to their further usage in research or for assisted reproduction: what are the stages involved, how it is carried out, by whom and what makes it possible. I intend to gain an understanding of what kind of actions involving ova, for example donation or commercialisation, are considered acceptable or unacceptable by different groups of people and the arguments they have for their stance. Also, I am particularly interested in finding out why some women choose to provide their ova and what their thoughts and feelings towards this

activity are. My research is focused on the Romanian phenomenon of ova flows, and my fieldwork will last for six months, until April 2016.

Why you have been chosen: You have been chosen because of your experience as an ova provider.

What you will be asked to do: You will be asked to participate in one or several interviews (depending on your availability and the flow of our discussion) in which we will discuss issues related to your experience as an ova provider. I am interested in finding out why you chose to give away ova, how you experienced the medical procedures involved, how you make sense of ova donation and commercialization, your concerns about being an ova provider. The interviews will be face to face, via email, on Skype or on the telephone, whichever you prefer. If you give your consent to participate in this study, it will be valid for the whole duration of my fieldwork, which is six months. But you can withdraw at any moment without negative consequences. Your withdrawal will also lead to me not using the data you have given me, if you so desire. Your real name will be replaced with a pseudonym.

Risks: The sensitivity of the issues discussed may cause discomfort, however, you can refuse to answer uncomfortable questions. In case illegal activities are disclosed, they will not be passed on to the police.

Benefits: You might find our conversation to be a safe place to clarify your own thoughts towards your experience as an ova provider. You will also gain insight into how ova donation and commercialization works, as well. No material incentives or rewards will be offered for your participation.

It is up to you to decide whether or not to take part. If you do decide to take part you will be given this information sheet to keep and be asked to give verbal consent. You can still withdraw at any time up until the end of my fieldwork without it affecting you in any way. You do not have to give a reason.

This research is funded by the University of Leeds.

A2.2 Information sheet for IVF patients – English version

Participant Information Sheet

Following the Ova - A Romanian Account of Ova Movement

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

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ssag@leeds.ac.uk; alexandragruian@yahoo.com

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to provide their ova and what are their thoughts and feelings towards this activity. My research is focused on the Romanian phenomenon of ova flows, and my fieldwork will last for six months, until April 2016.

Why you have been chosen: Your experience of having undergone ova retrieval is essential to my understanding of this medical procedure.

What you will be asked to do: You will be asked to agree to being observed during ova retrieval to facilitate my understanding of this medical procedure. Also, you will be asked to participate in an interview in which to discuss your experience of ova retrieval, as well as your views upon ova donation and commodification. If you give your consent to participate in this study, it will be valid for the whole duration of my fieldwork, which is six months. But you can withdraw at any moment without negative consequences. Your withdrawal will also lead to me not using the data you have given me, if you so desire. Your real name will be replaced with a pseudonym.

Risks: The sensitivity of the issues discussed may cause discomfort, however, you can refuse to answer uncomfortable questions.

Benefits: You might find our conversation to be a safe place to clarify your own thoughts towards your experience as an IVF patient. You will also gain insight into how ova donation and commercialisation works, as well. No material incentives or rewards will be offered for your participation.

This research is funded by the University of Leeds.

A2.3 Information sheet for medical professionals – English version

Participant Information Sheet

Following the Ova - A Romanian Account of Ova Movement

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Name of Researcher: Alexandra Gruian

PhD Student, University of Leeds

ssag@leeds.ac.uk; alexandragruian@yahoo.com

0723 961 084.

Principal Supervisor: Prof. Anne Kerr

School of Sociology and Social Policy, University
of Leeds

Co-Supervisor: Dr. Karen Throsby

School of Sociology and Social Policy, University
of Leeds

Aims of Research: The purpose of this research is to explore the movement of ova from retrieval to their further usage in research or for assisted reproduction: what are the stages involved, how it is carried out, by whom and what makes it possible. I intend to gain an understanding of what kind of actions involving ova, for example donation or commercialisation, are considered acceptable or unacceptable by different groups of people and the arguments they have for their stance. Also, I am particularly interested in finding out why some women choose

to provide their ova and what are their thoughts and feelings towards this activity. My research is focused on the Romanian phenomenon of ova flows, and my fieldwork will last for six months, until April 2016.

Why you have been chosen: Your experience in fertility treatments is essential in helping me understand ova retrieval as a medical procedure, as well as the flows of ova from retrieval to further use in assisted reproduction or research.

What you will be asked to do: You will be asked to consent to the researcher being present while you will perform ova retrieval, and taking notes about the whole process. Also, you will be invited to participate in one or more interviews to offer some more information on ova retrieval, as well as convey your understanding of ova donation and commercialization in Romania and abroad. In addition, you will be asked to introduce the researcher to women undergoing ova extraction for their own fertility treatment, facilitating the participant recruitment process. If you give your consent to participate in this study, it will be valid for the whole duration of my fieldwork, which is six months. But you can withdraw at any moment without negative consequences. Your withdrawal will also lead to me not using the data you have given me, if you so desire. Your real name will be replaced with a pseudonym.

Risks: Our discussion may unravel illegal activities. These will not be passed on unless they represent a danger to one or more persons.

Benefits: You can contribute to the understanding of ova donation and commercialization and help create a more equitable environment for all parties involved: clinicians, ova providers, infertility patients. No material incentives or rewards will be offered for your participation.

This research is funded by the University of Leeds.

A2.4 Information sheet for legislators/administrative personnel – English version

Participant Information Sheet

Following the Ova - A Romanian Account of Ova Movement

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Name of Researcher: Alexandra Gruian

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ssag@leeds.ac.uk; alexandragruian@yahoo.com

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Aims of Research: The purpose of this research is to explore the movement of ova from retrieval to their further usage in research or for assisted reproduction: what are the stages involved, how it is carried out, by whom and what makes it possible. I intend to gain an understanding of what kind of actions involving ova, for example donation or commercialisation, are considered acceptable or unacceptable by different groups of people and the arguments they have for their stance. Also, I am particularly interested in finding out why some women choose to provide their ova and what are their thoughts and feelings towards this

activity. My research is focused on the Romanian phenomenon of ova flows, and my fieldwork will last for six months, until April 2016.

Why you have been chosen: You have been chosen to participate in this study because of your contribution to the development of the regulation for assisted reproduction and/or organ donation.

What you will be asked to do: You will be asked to participate in a face to face interview with the researcher in order to discuss your activity and views related to the issue of organ donation/assisted reproduction legislation. I am particularly interested in how you understand the impact these legal provisions have or would have on ova donation and ova commercialization, as well as how and why these two activities are framed as acceptable or unacceptable. If you give your consent to participate in this study, it will be valid for the whole duration of my fieldwork, which is six months. But you can withdraw at any moment without negative consequences. Your withdrawal will also lead to me not using the data you have given me, if you so desire. Your real name will be replaced with a pseudonym.

Risks: There are no risks involved in this activity.

Benefits: You can contribute to the understanding of ova donation and commercialization and help create a more equitable environment for all parties involved: clinicians, ova providers, infertility patients. No material incentives or rewards will be offered for your participation.

This research is funded by the University of Leeds.

A2.5 Information sheet for police representatives – English version

Participant Information Sheet

Following the Ova - A Romanian Account of Ova Movement

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Name of Researcher: Alexandra Gruian

PhD Student, University of Leeds

ssag@leeds.ac.uk; alexandragruian@yahoo.com

0723 961 084.

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Aims of Research: The purpose of this research is to explore the movement of ova from retrieval to their further usage in research or for assisted reproduction: what are the stages involved, how it is carried out, by whom and what makes it possible. I intend to gain an understanding of what kind of actions involving ova, for example donation or commercialisation, are considered acceptable or unacceptable by different groups of people and the arguments they have for their stance. Also, I am particularly interested in finding out why some women choose to provide their ova and what are their thoughts and feelings towards this

activity. My research is focused on the Romanian phenomenon of ova flows, and my fieldwork will last for six months, until April 2016.

Why you have been chosen: You have been chosen to participate in this study because of your involvement in ova selling investigations.

What you will be asked to do: You will be asked to participate in a face-to-face interview with the researcher in order to discuss your investigations of ova selling activities. This would help me make sense of this practice in terms of what is understood by ova selling, what makes it unacceptable from an institutional perspective, and how it is practically done. If you give your consent to participate in this study, it will be valid for the whole duration of my fieldwork, which is six months. But you can withdraw at any moment without negative consequences. Your withdrawal will also lead to me not using the data you have given me, if you so desire. Your real name will be replaced with a pseudonym.

Risks: There are no risks involved in this activity.

Benefits: You can contribute to the understanding of ova donation and commercialization and help create a more equitable environment for all parties involved: clinicians, ova providers, infertility patients. No material incentives or rewards will be offered for your participation.

This research is funded by the University of Leeds.

Appendix 3 – Consent forms

A3.1 Consent form for IVF patients – English version

<p>Consent to take part in research</p> <p>Following the Ova - A Romanian</p> <p>Account of Ova Movement</p>	<p>Add your initials next to the statement if you agree</p>
<p>I confirm that I have read and understand the information sheet datedexplaining the above research project and I have had the opportunity to ask questions about the project. I thus agree to:</p> <ol style="list-style-type: none"> 1. The researcher being present during my ultrasound or ova extraction. YES/NO 2. Taking part in an interview in which I talk about my experience with infertility treatment and my opinion about ova provision. YES/NO 	
<p>I understand that my participation is voluntary and that I am free to withdraw at any time before fieldwork ends, without giving any reason and without there being any negative consequences. In the case I decide to withdraw, the information I will provide will not be used in any way by the researcher and will be erased. In addition, should I not wish to answer any particular question or questions, I am free to decline.</p> <p>Researcher contact details: ssag@leeds.ac.uk; 0723 961 084.</p>	
<p>I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research.</p> <p>I understand that my responses will be kept strictly confidential</p>	
<p>I agree for the data collected from me to be stored and used in relevant future research in an anonymised form for up to two years after the publication of the researcher's thesis.</p>	

I understand that relevant sections of the data collected during the study, may be looked at by individuals from the University of Leeds or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change.	

Name of participant	
Participant's signature	
Date	
Name of lead researcher	Alexandra Gruian
Signature	
Date*	

*To be signed and dated in the presence of the participant.

A3.2 Consent forms for all other participants

<p>Consent to take part in research</p> <p>Following the Ova - A Romanian</p> <p>Account of Ova Movement</p>	<p>Add your initials next to the statement if you agree</p>
I confirm that I have read and understand the information sheet datedexplaining the above research project and I have had the opportunity to ask questions about the project.	
I understand that my participation is voluntary and that I am free to withdraw at any time before fieldwork ends, without giving any reason and without there being any negative consequences. In the case I decide to withdraw, the information I will provide will not be used in any way by the researcher and will be erased. In addition, should I	

not wish to answer any particular question or questions, I am free to decline. Researcher contact details: ssag@leeds.ac.uk ; 0723 961 084.	
I understand that my name will not be linked with the research materials, and I will not be identified or identifiable in the report or reports that result from the research. I understand that my responses will be kept strictly confidential	
I agree for the data collected from me to be stored and used in relevant future research in an anonymised form for up to two years after the publication of the researcher's thesis.	
I understand that relevant sections of the data collected during the study, may be looked at by individuals from the University of Leeds or from regulatory authorities where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.	
I agree to take part in the above research project and will inform the lead researcher should my contact details change.	

Name of participant	
Participant's signature	
Date	
Name of lead researcher	Alexandra Gruian
Signature	
Date*	

*To be signed and dated in the presence of the participant.

Appendix 4 – Interview sheets (selected questions)

Before any interview I would prepare a set of questions for each group of participants. I would try to follow this initial interview sheet, but not necessarily in the order I had first planned, paying attention to maintaining as natural a discussion as possible. I would add questions that were not on the list whenever the need arose, to clarify participants' accounts, or explore unexpected avenues.

A4.1 Interview sheet for ova providers

1. How did you find out about the possibility of providing ova?
2. Where did you get the information about what the procedure involves and what the risks are?
3. Were you concerned about the risks?
4. What made you decide to provide?
5. How did you go about providing?
6. How did you experience the whole procedure?
7. How did you get along with the commissioning parents?
8. How did you get along with the medical professionals?
9. Were you concerned about giving your ova to another woman?
10. What is your relationship to the parents now?
11. Did you receive money for the procedure? How did you feel?
12. What do you think about commercialized ova provision?
13. What do you think about the current regulations pertaining to ova provision?
14. How would you change (if you would change) the current regulations and institutional arrangements?

A4.2 Interview sheet for IVF patients

1. Can you tell me about your experiences with infertility, how you discovered you couldn't have children and how things went on from there?

2. How did you physically experience the treatment?
3. Did the treatment affect your mood and relationships?
4. What was your relationship with medical professionals like?
5. How were the medical services you received?
6. What would you do if you found out you needed ova?
7. What do you think of commercial ova provision?

Additional questions for patients who needed ova:

8. How did you feel and what did you think when you found that you needed ova?
9. Did you/will you go on with the procedure in these circumstances?
10. Where did/will you start?
11. Will you be willing to pay the provider? Why?
12. How do you find the current institutional arrangements in terms of what they offer to IVF patients in need of ova?
13. What kind of regulations and institutional arrangements would you deem necessary for easing your experience?

A4.3. Interview sheet for medical professionals

1. Can you tell me about the beginnings of assisted reproduction in Romania?
2. How do you find the current regulatory and institutional arrangements regarding ARTs?
3. What kind of problems does the current legislation cause in your everyday practice?
4. What is your relationship with the NTA (supervision body)?
5. Do you perform IVF with provided ova? Why (not)?
6. What do you think about compensated ova provision?
7. What provision practices would you find best suited for Romania?
8. Have you been involved in regulation? In what context?
9. How do you find the regulatory process?
10. Do you think that medical professionals have leverage as a group in regulation practices? Why (not)?

11. How do you see the industry evolving and what would help it develop further?

A4.4 Interview sheet for legislators/administrative personnel

1. Why do you think that Romania still has no law on assisted reproduction?
2. What made you initiate a law on assisted reproduction?
3. What legal provisions did you think were most important?
4. What did you do to ensure that the initiative would be successful?
5. How did you relate to the other stakeholders? Who did you consider?
6. Did you encounter opposition? From whom and on what basis? How did you manage that?
7. Why do you think about Romania's present approach to ova provision?
8. What is your approach towards ova provision?
9. Would you change the current ova provision system? Why and how?
10. What do you think of ova compensation/commercialization?
11. Do you think that a more general law has higher chances of being adopted than a very detailed one?
12. How do you see the NTA's capacity to fulfill its activities?

A4.5 Interview sheet for activists

1. Can you tell me about your experience with infertility?
2. Can you tell me about the beginnings of your activist and advocacy activities?
3. What were your objectives?
4. Who did you collaborate with and how did that go?
5. How did your legislating efforts go?
6. What legislative changes/provisions did you advocate for?
7. What is your relationship with the medical professionals?

8. What kind of ova provision do you support? Why?
9. How do you see the organization evolving?

A4.6 Interview sheet for police representatives

1. How did you find out about the ova commercialization cases?
2. How did you go about investigating them and what did you find?
3. Why do you think the 'trafficking' cases happened in Romania?
4. Do you think eggs are still being sold in the country?
5. What do you think about compensated ova provision?
6. What regulations and institutional arrangements do you think the state should adopt?

Appendix 5 - Working themes and sub-themes for analysis – Evernote

A4.1 Example of themes developed in relationship to ova providers

The screenshot shows the Evernote interface with a list of notes on the left and a transcript on the right. The notes list includes:

Updated	Title
6/22/16, 5:53 PM	Relatia cu pacientii
6/22/16, 5:53 PM	Donare ovocite
6/22/16, 5:52 PM	Tratament
6/22/16, 5:51 PM	Renuntare
6/22/16, 5:22 PM	Compensare/vanzare
6/22/16, 5:04 PM	Motivatie
6/22/16, 5:03 PM	Cautare IVF patients
6/22/16, 5:03 PM	farmare
6/22/16, 5:03 PM	ma

The transcript on the right is titled "Relatia cu pacientii" and contains the following text:

EU: erați din același oraș?

Donatoare 1: Ăăăă, nu, ăăă do apoi când a venit dânsa în țară

EU: ce lucruri au interesat-o re

OP: în ce sens?

EU: ăă, discuția respectivă, ba vor să se angajeze în ceva foar

OP: ăă, da, în primul rând a fos comunicăm deschis, și vă dați circumstanțele astea își doreșt ceea ce privește copilul peste : felul de lucruri atât despre viaț; bine, vă dați seama că nu-și d

EU: Mhm, la momentul respec

OP: Nu, nici acum nu am (gigg

EU: (giggle) Ok, și ulterior cum mai complicat.

OP: Ăăăă, nu a fost chiar deloc

Annotations on the screenshot:

- "Themes" points to the list of notes.
- "Participant group" points to the "Ova providers" notebook in the sidebar.
- "Interview extracts" points to the transcript text.

A4.2 Example of themes developed in relationship with clinicians

The screenshot shows a note-taking application interface. The top bar includes a window title 'New Note in Clinicians' and a dropdown menu 'Clinicians'. Below this, there's a search bar with 'All Notes' and a filter dropdown set to 'Clinicians'. A table lists notes with columns for 'Updated' and 'Title'. The selected note is 'Comunitatea de specialisti' from 10/25/16, 5:08 PM. The right sidebar shows the content of this note, starting with 'Comunitatea de s' and 'Eu: dar comunitatea de s'. Below this, there's a section 'AB: nu, nu nu nu, sunt : singura, se fac eforturi este undeva la nivel de toate situatiile, suntem care sa fie cat de cat bu'. Further down, it says 'Eu: Ce dificultati de ordin Bogdan Doroftei:' followed by a bulleted list: 'Conditiiile de credit abuziv inainte de s', 'Dosarul de acredit a emis Ordinul de l legal.', and 'Introducerea unei c'.

Updated	Title
10/25/16, 5:08 PM	Comunitatea de specialisti
10/24/16, 1:42 PM	Legiferare
10/3/16, 4:13 PM	Fiv pre legislatie
9/30/16, 12:11 PM	Trafic
6/22/16, 6:25 PM	Compensatie
6/22/16, 6:21 PM	Subprogram
6/22/16, 6:18 PM	Training medici
6/22/16, 6:17 PM	Stigma
6/22/16, 6:17 PM	Comparatie cu Europa
6/22/16, 6:16 PM	Proceduri cu ovocite donate
6/22/16, 6:11 PM	Class/race
6/22/16, 6:09 PM	Gender bias
6/22/16, 6:05 PM	Informare pacienti
6/22/16, 5:40 PM	Proceduri donare
6/19/16, 7:13 PM	Relatia cu ONG-uri
6/19/16, 7:11 PM	Supervision
6/19/16, 7:10 PM	Dezvoltare
6/19/16, 6:53 PM	Neclaritati lege
6/19/16, 4:19 PM	Religie
6/19/16, 3:09 PM	Calitate ovocite
6/19/16, 2:13 PM	Regim de donare dezirabil

A4.3 Example of searching by class/race theme/tag

The screenshot shows the same note-taking application with a search filter applied. The top bar now says 'New Note in First Notebook' and 'All Notes'. The search bar contains '4 notes found'. Below it, a message says 'Found notes with class/race in several notebooks'. A table shows search results with columns for 'Updated', 'Title', and 'Relevanc'. The selected note is 'Compensatie' from 6/20/16. The right sidebar shows the content of this note, starting with 'Compensatie' and 'Florian Bodog: da, si aceast spunem: da domne, noi asa de obicei incearca sa o defin demonstreze ca tu ai gresit, i sa faci, in ce conditii, cum...i ridicat...in lege este prevazut Initial in forma propusa de m'. A callout bubble labeled 'Tag' points to the 'class/race' dropdown in the search bar. Another callout bubble labeled 'Results' points to the search results table.

Updated	Title	Relevanc
6/15/16	Class/race	---
6/22/16	Class/race	---
6/22/16	Class/race	---
6/20/16	Compensatie	---