

FERTILITY TOURISM: MORAL AND POLITICAL ECONOMIES OF HOPE IN THE GLOBAL HEALTHCARE MARKET

by Kara Takasaki

Amy Speier, *FERTILITY HOLIDAYS: IVF TOURISM AND THE REPRODUCTION OF WHITENESS*. New York University Press, 2016. 192p. bibl. index. pap., \$28.00, ISBN 978-1479849109.

Most people, especially women, are aware that modern medicine offers ways for people facing infertility to reproduce. Middle-class women who have prioritized their educations and careers, but still want to have children, create a steady demand for assisted reproductive technologies (ARTs). People hear about egg freezing, egg and sperm donation, and in vitro fertilization (IVF) through the media. Such procedures, however, are usually talked about in terms of medical, biological, or financial necessity, not pleasure, leisure, or tourism.

Fertility Holidays is an ethnographic account of the literal and emotional journeys taken by a number of “patient-travelers” from North America to the Czech Republic to undergo IVF procedures in the years 2010–2012. Travel brokers, Czech clinic personnel, and related online communities participated in a political economy of hope — one that appealed to white couples who were seeking white babies who would appear biologically related to them along with relatively inexpensive but high-quality technology and patient care and a stress-free European vacation.

Anthropologist Amy Speier used surveys, participant observation, focus groups, and interviews to study fertility tourism from the perspective of patient-travelers — couples who used the services of two travel brokers, IVF Holiday and IVF Choices. The brokers allowed Speier to survey 30 of their previous clients and also provided access to the Czech reproductive clinics that served these clients. During the study, Speier personally met with 29 couples, who took a total of 51 fertility trips, from which 28 children were born. She also conducted follow-up life-history interviews with 19 couples after they returned to the U.S.

Speier found that online communities about fertility tourism were a significant source of emotional support and a critical avenue for sharing medical and travel information among study participants. Perhaps reflecting a societal assumption that having children is primarily the responsibility of women, these online communities were overwhelmingly populated by women: it was mostly women who were creating, participating in, and monitoring the content of the communities, and women had the most to say about their fertility journeys to the Czech Republic.

Patient-travelers in the study described feeling constant pressure to keep trying to have a child and to maintain a positive attitude throughout financial and emotional ups and downs. They believed that stress and negativity would decrease their chances of a successful medical procedure. Czech clinic personnel and travel brokers would reinforce this belief, despite a lack of scientific evidence to support the claim. Advising clients to prioritize positivity, health, and relaxation allowed travel brokers and clinic personnel to be perceived as people who personally cared about patient well-being. In addition, the encouragement to maintain a positive attitude and have a good time helped clients believe that even if their medical treatments were unsuccessful, they would still have had an enjoyable European vacation.

The desire for a worry-free vacation provided a goal and an escape for clients who wanted to hide their infertility, who were immersed in information about infertility, and who wanted to not worry about infertility. Understandably, however, these clients were not successful in having stress-free vacations. They were traveling to an unfamiliar country where they did not know the culture or the language and where they were going to engage in expensive and advanced medical procedures.

The patient-travelers in the study rationalized their experience of these stressors by saying that the Czech clinic personnel provided better patient care than they had received back in North America. Even though “better care” meant not only that medical personnel would make time to listen to their patients and comply with their requests but also that they might do unnecessary procedures that increased patients’ costs, study participants did not talk about the fact that the clinics were profitable businesses. They portrayed more expensive North American clinics as seeking profit from patients, but saw the lower prices in Czech clinics as evidence that these clinics cared about patients as people.

Speier shows how this particular political economy of hope becomes a place of moral self-evaluation. Patient-travelers referred to their use of ARTs in terms of luck, gambling, and odds, an approach not informed by science

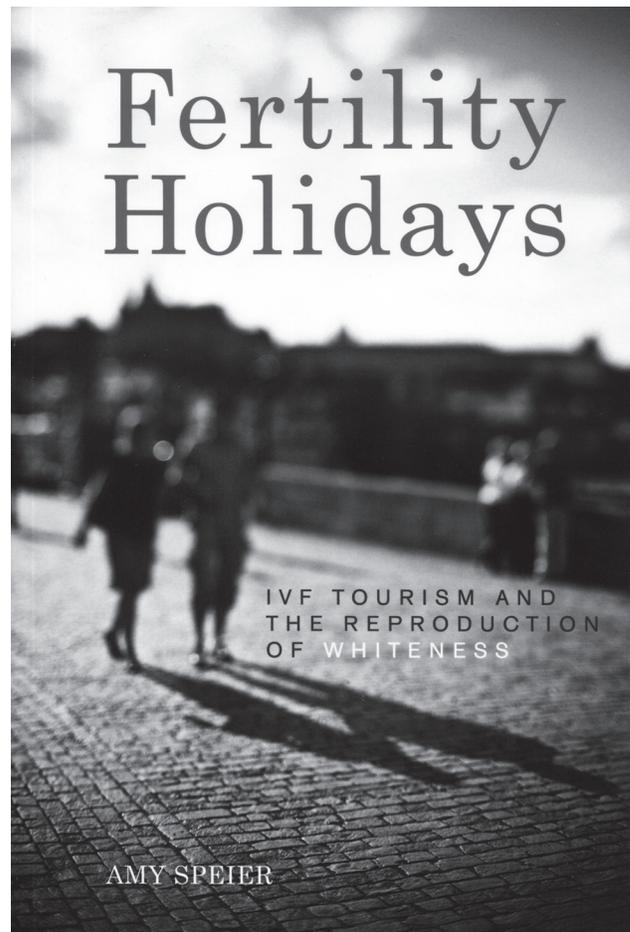
or actual outcomes but encouraged by Czech clinics and travel brokers marketing their results as “success rates.” Reflecting American cultural values, patient-travelers believed that hard work and persistence would eventually result in a successful pregnancy. They self-policed and judged others on their pregnancy outcomes in relation to physical, mental, and emotional health. Hard work and persistence also meant continued investment in ARTs as informed consumers, which meant staying connected to people they met on their fertility journeys and following medical discussions in rapidly shifting online communities. ARTs empowered women to have choices about having babies, but disempowered them through this political economy of hope, which motivated them to continue to use ARTs despite costly medical care and emotional strain.

ARTs can be emotionally and financially devastating. Infertile couples are intensely focused on getting pregnant, so they don't fully consider the possibly complicated consequences of achieving pregnancy this way. ARTs increase the risk of birth defects and multiple pregnancies and can lead to miscarriage or premature birth and increased medical costs for clients and for the healthcare system. Some couples in the study went into debt and even re-mortgaged their homes in order to return to the Czech Republic for additional cycles of IVF.

I wish Speier had more clearly laid out the multiple reasons that study participants return to the Czech Republic as patient-travelers — repeating the whole vacation scenario — instead of seeking cheaper medical treatment closer to home in their subsequent efforts to become pregnant. Her main argument focuses on the political economy of hope in a vacation and in ARTs. However, her account also suggests that couples return to the Czech clinics because they have joined a stigmatized community in which women work to create social kinship. Clients who have a successful procedure feel like they have overcome a challenge through individual hard work, perseverance, and luck, which can be validating and motivate women to seek the same experience again. Moreover, their experience in the Czech Republic makes them feel respected by systems that were not kind to them in the U.S., particularly where being lower middle class was a significant obstacle to receiving fertility treatment and probably informed how they perceived they were being treated by medical authorities.

Speier refers to “the reproduction of whiteness” as it pertains to the desire for white babies that are phenotypically similar to white adoptive parents. I would like to have

seen Speier draw connections among the Czech clinic's eligibility restriction to heterosexual couples, the desire for white babies, and the class experiences of patient-travelers. Speier notes that other countries had cheaper clinics, but that by seeking racial stability for their families through European genetics, these clients are participating in a global neoliberal market of health care that perpetuates stratified reproduction (pp. 8–9). Patient-travelers may be drawn back to repeat their experience in the Czech Republic because there they experience a privileged intersection of their national



citizenship and class, where white people with medical authority treat them with great respect and care. Race is often conflated with class hierarchy in the U.S. For these lower-middle-class consumers, their white race provides privilege. The middle class considers children to be valuable emotional investments, made even more valuable for these patient-travelers by the journeys they have taken to be able to have their children. Reflecting middle-class culture, these travelers

seek an otherwise unattainable normativity by purchasing a particularly valuable type of child.

As a qualitative researcher, I wanted to know more about how Speier would account for the cases that might challenge the central piece of her argument that patient-travelers emphasize the importance of the tourist experience. She mentions one Hispanic couple who seemed less interested in the vacation aspect of the experience. Is there a selection bias where only the people who especially worry about stigma are pulled to fertility tourism, instead of traveling strictly for the purpose of medical treatment? I would want to know how online communities, brokers, and clinics managed the boundaries of this white, heterosexual sample. Highlighting tension in access to brokers, interview respondents, and medical personnel could reveal how this specifically white, heterosexual population becomes a community. I would also like to know more about issues that arose in trying to gain access to brokers, interview respondents, and medical personnel. Speier does mention that privacy and stigma were salient concerns for her respondents and that at least one doctor did not seem as talkative as other doctors, but it would have been helpful to learn more about how these challenges were overcome in the study.

Ethnographic research lends itself to compelling stories. Detailed observations, like a disagreement between couples

over the number of eggs to implant or the building of friendship between broker and clients over a cultural oddity, convince the reader of a political economy of hope and paint a picture that moves the narrative along. Graduate students and social science researchers of fertility and reproduction, qualitative research, and women and gender studies will appreciate this study. The book would be appropriate for a

graduate course in the aforementioned areas, but might not be as interesting to a general audience because of the narrative's organization as an academic argument.

Readers will appreciate that the book temporally and logically follows clients from the U.S. to Czech clinics. By starting with the emergence of brokers and ending with an increasing trend toward institutionalizing coordinators in clinics, Speier could have more explicitly developed the concept of what she calls biological citizenship to this particular case, in which brokers and coordinators step in as intermediaries of intimate and emotional labor. Developing that concept more fully could have helped to highlight the contradictions of neoliberal ideology as it meets particular national economies and specific state government regulations in a globalized healthcare market.



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