

REPRO-MIGRATION: AN ETHNOGRAPHY OF THE EARLY DAYS OF
CROSS BORDER EGG DONATION BETWEEN ISRAEL AND ROMANIA¹

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Introduction

I've been travelling almost all over the world, really. And I am a very open person... I am a very friendly person, I am not afraid to speak any language that I don't know...I did not want to go to Bucharest; I just did not want to go. I had to go. ... I wanted to be ...non-seen... invisible...like I've never been there. (Dorit, 2002).²³

One of the things anthropology is good at is interpreting things in a multi-scale manner and in this way creating new stories, and new strategies for understanding and sometimes even assisting humanity. The anthropological study of reproductive technologies has not traditionally focused on migration, but focused rather on studies of gender, kinship, infertility, culture, religion and economics (Ginsburg and Rapp, 1994; Franklin, 1997; Strathern, 1992; Nahman, 2016). Yet, more recently scholars have been interested in the kinds of 'journeys' made by those seeking reproduction (Speier, 2016; Inhorn, 2016; Nahman, 2016; Kroløkke, 2014). I argue that these comings and goings need to be situated in histories of colonization, racialization and racializing assemblages (Weheliye, 2014) and in the affective economies of these practices.

In this chapter, I juxtapose cross-border reproductive practices that occurred in 2002 with practices and imaginaries of border making, for the dual purposes of comparison and of deepening our knowledge of both theoretical 'domains' which I call "Repro-Migration". The notion of going to 'a country that is not mine' for egg donation and having a baby 'that is not mine' are co-present in these stories.

Having begun with a provocation of: "Is the egg a synecdoche of the nation", I explored (Nahman, 2013) the ways in which transnational practices, narratives, policies and crises of egg donation between Israel and Romania could tell us something; both about the politics of the Jewish State —as a Zionist settler colonial project—and about contemporary egg donation across borders. It was researched in 2002 at the time of the *Al Aqsa Intifada*. I was trying to interrupt the genre of writing about reproductive technologies to make them more

situated in global bio politics and state politics. Another aim was to disrupt Israeli anthropology of reproduction to include Palestinians, and to challenge the notion of a ‘Jewish kinship’ (Kahn, 2000) and to pose instead, the notion of an ‘Israeli kinship’ (Nahman, 2013). This ‘Israeli kinship’ was intended to undermine the idea of a Jewish ‘local biology’ (particularist approach) in Israel. Instead, I have argued we might want to suggest that the State in conjunction with religious ideologies, and neoliberalism dominate reckonings of relationality for both the colonial elite and colonised Palestinians. This is a way of including notions of occupation, military violence, racializing thinking, histories of migration into ideas of kinship. ReproMigration is shorthand for this assemblage.

In order to make palpable the occupation of Palestine and the resistance of Palestinians that occurred during the researching of this book I included ‘extracts’ from my field notes. These were strategically placed in the text to disrupt the genre of ethnographic telling and remind you there is always a teller that someone is holding the ‘reproscope’ for viewing these reproductive practices (Nahman, 2016).

Transnational trade in human eggs has led to many bioethical and anthropological debates around the mode of these exchanges, and their definitions. The desire for discretion in the pursuit of egg donation is well documented (Bharadwaj, 2003; Inhorn, 2003, p.263). But the plea of the woman quoted above, to be invisible, was also about not having to go through the egg donation at all. The Israeli women I interviewed did not want to have to go through what they often referred to euphemistically as ‘this thing’. The technological availability meant that, *ein breyra* (Trans. ‘there’s no choice’, which in Israel is often used with reference to military and security measures). In Israel I got the sense that one is impelled to use technology if it is available. And because of a lack of available ova ‘back home’ women felt compelled to travel, or buy eggs imported transnationally. Their own personal histories of migration to Israel, and the racial politics of their settlement and ‘inclusion’ into the collectivity are

enmeshed with the desire for a child and the contemporary narratives of border defence. Border defence and egg recipient narratives are not always or necessarily linked, this connection is an ethnographic interference. These ‘synecdochal connections’ enable a more critical account of the wider social context in which all of this was taking place.

Becoming repro-migrants: pain, travel, genetics and motherhood

My name is Sharona, I’m 46 years old, single, I want to be a mother. It’s very important to me to raise a family, a home. Very simply I feel emptiness from not having a child. I feel very bad. So I decided to bring a child to this world....So that I will feel that I am a mother. And I have a right. I want to fulfill that right. ...So very simply the time is running out. I don’t want to miss....I’ve about two or three years left. I’m scared. (Sharona, August 2002).⁴

The process of becoming an ova recipient involves the decision about whether one would accept ova from another woman, and strategies of negotiating various issues: the importance of genetics, the relevance of gestation of the ova, and how aspects of a kind of biological thinking come in and out of recipients’ ideas about having a child through ova donation. As this chapter demonstrates, Israeli egg donation is tied intimately to the history of Jewish migration to Israel from various parts of the world including Arab states, Europe, Asia and Africa.

An ova recipient is usually a woman who has undergone many IVF cycles that have ‘failed’. If these unsuccessful attempts at conceiving a child are deemed to be due to the ‘quality’ of her own oocytes, a physician might suggest the woman to try ova donation. Sitting with me in her kitchen in a town south of Tel Aviv, the head of the Israeli patient advocacy group CHEN⁵ an ova recipient herself, characterised three ‘groups’ of ova recipients. The first includes women who have reached an age at which their ova are considered to be ‘unviable’. These women are generally over forty years old. The second category consists of women who, for reasons which are unexplainable (since they are young and considered otherwise to be ‘healthy’) have not been able to conceive with their own ova. The third category exists of

women who were born without ova, or who had suffered cancer previously.⁶ These are the main groupings of women in Israeli ova donation programs.⁷

Balaban ‘mapped’ or ‘grouped’ ova recipients for me, a sociological mapping that was intended to help me ‘make sense’ of the population. This kind of ‘category’-thinking pervades Israeli society and military (Handelman, 2004) and has been a bio political tool for managing populations. I perform it here with tongue firmly in cheek to enter a discussion of the politics of race and racism in Israel: The 25 women I interviewed who painstakingly decided to become ova recipients have varied ethnic, religious, class and personal backgrounds. Most of them were born in Israel. Most of them are Jewish. Twenty percent of the interviews were with recipients who self-identified as Palestinian, Arab or Druze. It was more difficult to distinguish among ethnic ‘groups’ in Israel as couples are often ‘mixed’ and many people consider themselves to be both, Mizrakhi⁸ and Ashkenazi.⁹ However, of those who did self-identify as Mizrakhi there were 6 interviewees (24 percent). The remaining fifteen interviews were conducted with people who were either of ‘mixed’ ethnicity, Ashkenazi, or couples in which partners self-identified as coming from different ethnic backgrounds. A large proportion of people called themselves ‘mixed’, by which they meant they had parents who are Ashkenazi and Mizrakhi. The majority, then, of my interviews with egg recipients come from non-hegemonic subjects, people who have historically been on the margins of Israeli society. Interviewees came from different socio-economic backgrounds as well. Most of the women lived in central Israel, cities such as Tel Aviv, Herzliya, Rishon Le’tsion, Holon, Jerusalem, Netanya, and Petah Tikvah. Palestinians, Druze and those who self-identified as Mizrakhi in this study came from more northern and southern cities, Palestinian villages inside Israel, Jewish settlements in the Occupied Palestinian Territories of the West Bank, and *moshavim* (different kinds of Jewish settlements).¹⁰ These demographics will be important to bear in mind later on in this chapter, they hint towards the questions of mixture, and difference that materialise Israeliness (Nahman, 2006). Attention to the details of ethnicity means undermining the social

marginalisation and categorisation of people, while at the same time enabling a critique of how gender, race, class and borders are made in Israel (Alcalay, 1994; Lavie, 2011^a, 2011^b, 1996; Motzafi-Haller, 2001; Shohat, 1989). Putting Mizrahi women in the heart of the interpretive description here is an attempt to combat the tendency to have them/us as a category of analysis but not as ‘speaking subjects’ (Motzafi-Haller, 2001).

In similar ways to egg donation in other social contexts such as the USA and parts of Europe, becoming an ova recipient in Israel involves usually painful decisions about whether to stop trying to have a baby altogether, whether it is important to gestate the pregnancy oneself, how to tell others about this decision. They resonate in some ways to the ‘I can’t have a baby stories’ that are part of a Western tradition of narrating motherhood or the difficulties encountered in trying to become a mother (McNeil, 1993^a, 1993^b).

Dorit, a Jewish woman of Romanian background in her late-forties told me that:

...it’s a process of coming to accept that you are in treatment. When I was doing the IUI I didn’t, spiritually speaking, even want it to succeed... I was sort of divided into two people, the logical person and the emotional person. The logical one decided to go for it because I didn’t have any other choice. But the emotional person did not connect.

Despite accounts of the seeming out-of-control way in which Israelis undergo IVF, the women I spoke to portrayed a painstaking decision-process, as well as much social and familial pressure. Her frustration with what she framed as her own failure to succeed in the dream of heterosexual coupledness and childbearing is indicative of some of the ways in which self-blame is integral to the experience of becoming ova recipient. The affective aspects of taking an egg from another person and accepting the idea or prospect of this was often coupled with the knowledge the actual process of getting an egg would involve transnational travel. For Rinat, a 44 year old soldier, was the fact that she ‘needed’ egg donation and there were none in Israel at the time *destroyed her whole world*. She commented:

And then I saw in the paper about two months ago, an article about egg donation. And it said

they might make ... [private import of eggs] illegal, so I contacted Ofra. And she told me of this place, which still performs ova donations. And I knew that I had other options like going to Cyprus but I already knew that there was this simple option where I didn't have to go back and forth to a country that is not mine and so that's how I got here.

Beyond the reticence to travel abroad for egg donation, which very many of my interviewees expressed, was a concern with the 'genetics' of their potential future child. In fact, at the time, Israeli law was that the genes did not decide who is a Jew, but rather being born to a Jewish mother (Kahn, 2000). The egg recipients I spoke to argued repeatedly that they were like an adoptive mother to their future child, or that they worried about the donors' genetic history affecting their future child. This is one of many instances in which the interviews in 2002 anticipated already the new egg donation law of 2010, which has a more genetic notion of citizenship, religion and relatedness (see chapters 12 and 13 in this volume). They often struggled with balancing the fact that they wanted a child with the fact that that child would not be related to them. Dorit expressed these ideas as such:

At the beginning I was against it, but then I connected with it. Once I got to the end of the IVF it was the child, any child that was important to me...I went through all the procedures but the emotional side of me really objected to this because I would never have a genetic child of my own. And I don't know why this bothered me so much. What's so fucking important, excuse me, about my own genes? There's no logical explanation for it. But it was crucial for me to accept that I would not have a genetic child.

Dorit so movingly questioned her own need for a genetic connection with her future child. 'Natural motherhood' seems so deeply connected here to flesh and blood in the traditional Western kinship sense (Strathern, 1992^a). And this flesh and blood would, according to Rabbis and doctors, of course be 'hers' in that she would produce it in her own body, with her own cells if we took a strictly 'biological' view on the process. Yet, her understanding is deeply genetic. Blood and flesh are imagined as genetic in Israel.

Part of the issue is that the women I interviewed are embattled within themselves about the origins, geographical and genetic, of the eggs. The wording here is crucial, they are in a

battle. So more central here than genetics perhaps, is the idea of the symbolic war involving destruction and survival deeply embedded in their ‘can’t have a baby’ narratives.

There have been shootings and bombings daily in the settlements and at army posts along the roads. Many people have died. The government has been striking. I’ve become addicted to Israeli TV and this is not good! (22 Feb 2002).

Waging a war to make a baby: militarizing egg recipients’ relationships

One day I was in the clinic in Tel Aviv observing and the recovery ward was full, approximately six beds were occupied. Sharon, the nurse who emigrated from the USA, and with whom I sometimes chatted in English, ushered me in to observe from behind the secretaries’ desk facing the people who were waiting. Orit came by at one point and commented that I could not really see anything from my vantage point, so we found a convenient place for me to sit. She and I chatted for a bit. Later I ‘hung out’ in the recovery ward. A woman named Shoshana was wheeled out of surgery having just had ‘embryo transfer’. The nurse, as she wheeled the patient out of surgery, told me that Shoshana was willing to converse with me. I thus followed the nurse and patient into the cubicle where the woman was placed and conducted an interview. Shoshana was a 49-year-old woman at the time of her embryo transfer. She told me that she was a grandmother and had two daughters aged 29 and 26. She was divorced from her first husband in 1994 and has remarried since then. Her current husband also had children from a previous marriage. She explained that her treatment/pregnancy history was long. In her first round of treatments she had become pregnant three times but the pregnancies did not advance. After having had an extended break from treatments she decided to try again. In this second round of treatment cycles she had had ten IVF cycles, and eight pregnancies. None of them developed to term. One pregnancy developed to twenty four weeks but, she said that her “cervix opened and the babies died”. It was twins, and *hakol halackh*, “all

was lost”. She commented that the only person who knew she was having egg donation was her husband. If people asked her what she was going to the clinic for she would tell them, she was going for a new IVF treatment. She chose not to tell the rest of her family, “because they will call [her] stupid”. Her co-workers did not know because she has quite a senior position and fears how her attempts at pregnancy through egg donation will appear. She told me that she was of “Romanian extraction”. We talked about how poor Romania is today. She then told me that when her family arrived in Israel (in the 1940’s) they lived in a *ma’abara*, a temporary camp for new immigrants.

I asked her how she came to seek treatment at this clinic. She told me she used to be a patient of one of the doctors who was accused of stealing eggs.¹¹ So she left that clinic and came here, “*ki lo hayta breyra. Nizgar haberez*”, “because there wasn’t any other option, the faucet closed”. And so she was compelled come here because she knew it was the only place that was performing egg donation at the time. She had had three of four ova donation cycles. This was her first try at this particular clinic. Tova commented that “it was not easy to decide to do egg donation because [her] husband found it hard to accept”. When I asked her about the ‘genetics of the egg’, she said that she was a lot less bothered about that, because “the goal sanctifies the means”. And “when you want something you overturn worlds”. But, she added that not knowing the origin of the egg was, in fact, preferable. She told me that, from a Jewish perspective, it is better to have an egg from a non- Jew or an Arab because then there’s no chance of the child that is born later marrying its genetic sibling. Most of the Jewish women I had interviewed prior to this (and indeed after this as well) had stated that they could never accept an egg from a Palestinian or Arab woman (see below for a discussion of ambivalence around this issue). Here, the ‘means’ of acquiring a child may be slightly problematic from her perspective, but the end goal makes it an acceptable. I returned to the issue of her existing children and clarified how many she and her husband have between them. She answered, “three, but none together”. I asked why it was necessary to have one together, and she replied,

“because it’s a family, it’s togetherness, it’s a cell, nuclear”. We then return to the topics of treatment and the donor. She told me she did not wish to know anything about the donor except her age. She waited six months before her eggs were ready the treatment itself cost her 11,000 shekels, approximately 1500 GBP. She told me that she does not know where she got the courage to do this but that, *ani osa milkhama lehavi yeled*, “I am waging a war to make a child”.

A ‘suicide bomber’ was ‘neutralised’ in a café on Emek Refaim. 14 people were injured in the West Bank town of Ariel in a suicide bombing. This morning I woke to the sound of loud booms of the army bombing Bethlehem. (7 March 2002).

I wondered, after interviewing Shoshana, what it meant in this particular time of the *Al Aqsa Intifada*, to say that one is waging a ‘war to make a child’. The symbolic resonance was so strong, and seemed even more than the usual militarisation of Israeli IVF and pregnancy documented by other anthropologists (Ivry, 1999). To make her relationship to her husband truly ‘nuclear’ she must wage war against the limitations of her body, her age and availability of reproductive materials.

For some egg recipients this created a militarised bond among themselves. Dorit:

It’s not like you were with someone on a trip/holiday, it’s not the same. Understand? It’s not like you studied with someone and you have common memories, joint experiences. There is something not good here, very difficult, that connects between you. The pain, the knowing that you will never be able to have a child of your own. This is the glue. And I’m telling you, this happens on every trip.... one of the women got pregnant and her entire family does not know it’s an egg donation! I know it. I have a secret about her. I know something about her that no one else knows... We in Israel say: We parachuted together on the *Mitleh*’ ... In the Sinai war, of ‘56, the (IDF) troops landed on Sinai. “*Mitleh*” is the name of the place. ... The only time in Israeli history that regular fighters had to parachute into the battlefield. ... it’s like... we have something connecting us, it’s something secret something very intimate, very discreet and something very, very painful. Awfully, awfully painful. And this connection is made, temporarily.

Egg donation and IVF, have been theorized by Dorit as being about a deep pain, a kind of bonding of sisters, and a military bond. The experience of being, becoming, not wanting or

wanting to be an egg recipient tells another story of the relationship of some women to the Israeli state. The kinship between recipients is such a strong bond according to Dorit. The secret that they will not have a baby that is genetically theirs is a similar fear of women globally who undergo IVF with egg donation. The difference here is that it is being figured as akin to military secret.

On Friday 12 April Tahani Assad ‘Ali Fatuah, a pregnant woman, aged 35 who works as a pharmacist and lives in Nablus went into early labour. She was in her 8th month of pregnancy after undergoing fertility treatments having initially tried to conceive without assistance for four years. Nablus was under curfew on this day. Red Crescent was called several times, but was unable to reach her in time. A local doctor was called in to deliver the baby at home. The baby was born and then quickly died minutes after being born, having required an incubator. The hospital was two kilometres from her home. B’tselem – the Israeli Information Centre for Human Rights in the Occupied Territories – attributed cause of death to the IDF who blocked access to medical assistance (B’tselem, 2002^a).

‘Intimi’: intimacy, the state, and the birth of the Israeli IVF

‘Egg Donation is an intimate thing, they won’t speak about it.’ This is what I heard repeatedly from ordinary people and doctors in Israel when I first went to study this topic in 2002. In the following, I explore Foucaultian biopolitical aspects of the state and the reproduction of people. Foucault believed that sexuality was not a taboo for Victorians in his iconic work on the History of Sexuality. Here I argue that, likewise, even though Israelis argued that egg donation is a taboo subject it isn’t a taboo really. Rather they have a role in the discursive masking of the illegitimate and colonial nature of the State. Above, Dorit made the connection herself between a secret military mission in grabbing land in the Sinai desert, with getting donated

eggs in Romania. Here I explore this further.

On a Friday morning in 1984 donors and recipients sat together in a waiting room at an Israeli hospital. They had answered an advertisement for ova donation that had appeared for the first time in the Israeli national newspapers. The donors and recipients sat together in the clinic's waiting room. In this, the first case of Israeli egg donation, no protocols were in place in order to facilitate anonymity for donors from recipients.¹² Today, Israeli ova donation is practiced with many levels of secrecy and is often narrated as 'intimate'. This occurs in everyday talk, clinical practice, responses in interviews and at the national legislative level. Israeli bio politics means that ova donation is institutionalized as a secret that must be secured, and everyday discursive practices narrate it as an intimate thing that cannot be spoken about. Before my arrival in Israel I was told that there would be no women for me to interview about experiences of ova donation because of the 'crisis' of an 'egg shortage' (Nahman 2013). When I did arrive and spent several months observing IVF clinical practices and interviewing doctors and nurses in the Jerusalem fertility clinic, they told me repeatedly, 'ova donation is an *intimate thing*, they won't talk to you about it'. I found this idea quite strange at the time since it was clear to me that Israelis do talk about 'intimate' things in quite public ways. Already upon my arrival, and increasingly throughout the duration of my research I watched countless television programs about issues of reproduction, sex and the body. Family members whispered to me about so and so who 'must have had egg donation'¹³. Despite the warnings of the intimacy of egg donation (and that therefore it was not something people spoke about) people *did* talk to me about this issue.

Given the importance of motherhood and 'the family' in Israel it is no surprise that women who have experienced difficulty in conceiving children attempt to have them with the assistance of technology.¹⁴ It is further not surprising that there might be a certain level of stigma attached to infertility.

Yet it seems that Israeli ova donation is surrounded by discourses and practices that construct it as an intimate thing, but at the same time constantly reveal it. Can it be that the discursive construction of ova donation as ‘intimate’ is closely connected to the discourses that construct Israel as ‘pronatalist’? Is the ‘intimacy’ of ova donation connected to the repetitive refrain of ‘Israel has the most IVF clinics per capita in the world’? Is all this talk of ‘*intimut*’ a way of making the nation and the border something that is both mentionable and unmentionable?

I interviewed Rina and her husband Albert in their family home. The television was blaring loud comedy programmes and friends and teenach children walked in and out of the room freely. Rina, in her mid-forties, was one of the few pregnant ova recipients I met in Israel. It was clear Rina and Albert did not keep their IVF treatments hidden from friends and family, but the egg donation was not something they shared with everyone.

[A]bout the egg donation, we didn’t tell them these details. It doesn’t matter [...]. It’s not a secret, but it’s personal; you don’t run and tell people. (Rina, 2002)

For the majority of ova recipients this secrecy extends to their future child as well. For instance, Shoshana, who was still trying to become pregnant and whom I interviewed in a private clinic’s conference room said: “we will not tell our child he is from a donated egg. Why should he know? This is not interesting. This is not an adopted child! It has no relevance.”

The statement that it is ‘not interesting’, sitting alongside what many women told me regarding their concerns that the child would not be ‘their own’, can be read as a synecdochal¹⁵ moment (Nahman, 2007; Nahman, 2013) between the inception of the State and their own conception. Clearly, ova donation carries some relevance; I am referring here to the matrilineality of Jewishness, and the importance of Jewishness to the concept of this State. In Israel, the ‘Public-Professional Committee on the Subject of Ova Donation’ which deliberated the matter of egg donation in the year 2000 before tabling an Egg Donation Law was intent on

having a secured donor offspring registry. This would be a database that contained the identities of donor offspring for the purpose of preventing future genetic sibling marriage. A company called 'InfoFORT' was hired to present the committee with the plans for a secured database. Their presentation to the committee opened with an image of a blue 'ovum' secured by a golden lock. The annual maintenance of this registry was to cost \$208,734 . The emphasis of the proposed database was on security in maintaining the secrecy of donor offspring's' identity.

The very fact that such a registry was proposed is not surprising as there is a desire to maintain anonymity and information on gamete donation worldwide. Yet, I want to suggest that guarding and securing the identity of the donor offspring (as 'illegitimate' children of their parents) materially-semiotically stands in for the extensive Israeli practices of securing and guarding the imagined nation-state (other, more literal examples are the security 'fence' or rather, the wall being built to separate the West Bank from Israel).

Israeli extraction: racialized borders, difference and mixtures

Dr. Barukh was on the phone, "yes, it's fine to give her eggs to a Jewish woman". My interest was piqued. Dr. Ezra knocked on the door to Barukh's office and let himself in. Ezra looked at me and said, "so, you say you want to see egg donation? Come with me". (Barukh, 2002) He took me to the ward to meet Maryam. Maryam is a Palestinian citizen of Israel who comes from a trendy village just outside Jerusalem called Abu Gosh. She is 27 years old, works at home, and her husband owns a local shop. Ezra rushed into the recovery ward and told her that she had produced 26 eggs. He explained to her that the normal number is five, and he asked if she would be willing to "donate a few in order to help another couple become pregnant". Maryam asked whether this would reduce her own chances of becoming pregnant. Ezra

replied that this would not harm her chances of getting pregnant. She agreed. She was just beginning her eighth IVF cycle.

Yudit is a 37-year-old Jewish woman of Indian family background who has been married for twelve years. She began tests for infertility after six months of marriage. There was a lot of pressure from her mother-in-law. She works at the hospital as a computer programmer and systems analyst. Having had one daughter already through ova donation, she had been waiting for another egg donation for over a year after several failed attempts. The nurses telephoned Yudit and exclaimed, “we have eggs for you!” They began making all the arrangements, telling her to find her husband so he could come in as soon as possible to provide the sperm. Finally the nurse said, “oh and one more thing: the donor is Muslim, is this ok?” There was a pause. Disappointment registered on the nurse’s face. Yudit had rejected the eggs; she did not want a baby from an “Arab woman”.

I interviewed Yudit a week later (Yudit, 2002)¹⁶. She talked about always having wanted to experience a pregnancy. But initially she had immense difficulty dealing with the fact that, “it’s my husband’s sperm, and I know it’s my husband’s child but it’s not my child. It’s like, like I’ll carry the child, I’m sort of like a surrogate mother, it’s not exactly mine.” But she took heart that at least the child would be her husband’s.

Once she resigned herself to egg donation, she registered with a few hospitals. I ask her what criteria she requested in the donor. She said that she did not know what to put down, except that she knew she wanted someone Jewish. I asked ‘why’. She commented:

It’s something...I don’t have an explanation, but I didn’t want a non-Jew.... We are Sephardim. And the Sephardim have a problem with ova donation: the donor has to be single¹⁷ or not Jewish. I had difficulty with this, like, with taking a donated egg from a non-Jew because I thought to myself, in Israel, it could only be from a Muslim woman, so I was very scared. I didn’t want it. This is something I can’t explain....I *really* didn’t want this. Like, I wouldn’t have minded if it was a tourist who came to Israel, and she was Christian, this really didn’t bother me.

When I switch off the tape, Yudit tells me that she slightly regrets her decision to reject the egg from 'the Arab woman' but is sticking firm with this decision.¹⁸

Ethnographies of Israeli reproduction tend to parse 'Israeliness' along lines of Jewish and non-Jewish, examining the role of religion in Israelis' thinking about making babies. Some have demonstrated an awareness of racism within Israel among Jews (notably, Teman, 2010; Birnbaum-Carmeli and Carmeli, 2002). The tendency is to suggest that Israeli reproductive technologies are unique and particular. The question remains, when history of settler colonialism, the attempts at whitening the Mizrahim and class inequalities are attended to can anything more broad be extracted?

Ethnicity and genetic thinking are highly relevant category to Israelis, and operate in similar ways to some Euro-American ideas because Israel is an outcome of European settler colonialism.

Conclusion

Like other forms of migration, such as travelling to seek work in wealthier economic zones, 'repro-migration' can signal that the travel has not been simply done for 'fun'. Indeed migration due to global inequalities is an important reference point for seeing who becomes a source of reproductive stuff and who travels. In my current research on migrant egg providers in Spain, Eastern European women's desirability as white egg donors comes at the expense of their own commodification. As shown in my work on Romanian egg donors (Nahman, 2013) many of the women in Romania whom I interviewed expressed the desire to migrate elsewhere because life was difficult for them in Romania. Today I am observing the outcomes of that with migrant women in Western Europe being desirable donors.

'Repro-Migrations' attends to the manifold movements across symbolic-concrete (ma-

terial-discursive) bodily, national borders that occur in egg donation without simplifying who 'these women' are. There are 'local biologies' here that are about 'migration', the border and the state-nation (Lock and Kaufert, 2001). That is, how to deal with the nuance, complexity of the concepts 'Israeli women' and 'experience' of egg donation, without eliding the universal in the anthropological search for 'the particular'. More specifically, what are some of the personal and financial costs of egg donation? What is allowed to pass into and what is kept out of the imagined 'Israeli body'? These are questions that engage the process of writing and genre as much as they are about gender, race and nation.

Extracting eggs from women's bodies is a complex technical-material practice. Oocyte (egg) extractions make 'the national' and 'the political' palpable. Equally, the national' and 'the political' make ova palpable. Here, the Israeli notions of ethnicity, in the guise of ideas of 'mixture' and 'difference', are found in egg recipients' selection and rejection of imagined traits and donors. 'Biosocial ethnographic moments' (Nahman, 2007) from the clinics and preferences for traits of donor/baby/self make national borders palpable: They are an enactment of a Repro-Migration, where the donor is 'over there', the baby 'in here' and the self 'right here'. Distances, both geographic and 'racial' are telescoped.

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Notes

¹ This chapter is a substantially shortened version of my former Chapter *Nahmann, M. R. (2013). Repro-Migrants. In Extractions (pp. 84-127). Palgrave Macmillan UK.*

² All names have been anonymised.

³ Dorit self-identified as an Ashkenazi Jew of Romanian descent. Throughout this piece I identify these self-descriptions in order to indicate the diversity of the interview population. This study covered the experiences of Palestinians as well as other Others in the Israeli context. Working against the normalizing of the study of Jews separately to colonized and minoritised populations in this fieldsite was a central aim of my ethnography.

⁴ Sharona self-identify as a Kurdish Jew.

⁵ Chen L'Piryon is the name of a patient advocacy group in Israel that has worked quite closely with legislators to develop the Egg Donation Law of 2010. <http://www.amotatchen.org/english/homepage/homepage.htm>

⁶ Another group of women who often cannot conceive, but were not discussed with me in interviews are those who were born with 'ambiguous' sexual organs. In North America at least such women have often had their ovaries, or ovo-testes removed at an early age because of cultural anxieties about sexual ambiguity. One woman whom I interviewed in Israel had had this done to her as a child. Such a 'condition', which in North America and the UK is termed 'intersex' has wide reaching implications for the individual in question. For a discussion of the medical construction of sex through the category of intersex, and for an in-depth discussion of the variety of experiences of individuals who have been diagnosed with such sexual variation see Nahman (2000).

⁷ This is based on an interview with Ofra Balaban, founder of CHEN.

⁸ Mizrakhi and Sephardi are often used interchangeably to denote Jews from North African, Arab or Muslim countries such as Iraq, Iran, Morocco, Turkey, Egypt, Libya etc. There is a politics to the use of Mizrakhi rather than Sephardi. The latter, which means 'Spanish' lends a European veneer to what are largely non-European people.

⁹ By mixed I mean that people often were not one or the other, they could be both. Again, I want to stress that I see identity as a process, that is always incomplete, and so whether or not people identified as Palestinian, Mizrahi, and Ashkenazi I recognise the complexity of identity categories, which can never fully describe people (Hall, 1991). People are not Mizrakhim—a reified category available for objectification. Rather Mizrakhiut is a place to spring into social action and criticise Euro Israeli academic theorising (Motzafi-Haller, 2001).

¹⁰ It tended to be difficult to categorize people into sociological groupings, for they themselves often resisted such categorization. I am interested in how discourses of race, geography and economy play a part in the discursive practices of ova donation. I identify people by name, and I tend to include information about them if it seems relevant to the particular passage. Nonetheless, in this study I set out deliberately to include women of different religious, ethnic and class backgrounds, which I ascertained through their own self-identification. Also, I did not screen out non-Jewish respondents, for example. In analyzing the responses to my interview questions I have tried to account for these varied subject positions but also not to over-attribute people's responses to questions about their ethnicity and class. The following discussion of the ways ova recipients construct the racialized boundaries of the nation, relates to the 'choices' they made about which kinds of donor they wanted and what kind of child they imagined themselves having. That is, the majority of my analysis is not about the identities of the recipients per se. Instead, I focus on the kinds of ideologies about appropriate/desirable national subjects that were produced and reproduced through processes of 'choosing' donors and eggs.

¹¹ For more on the egg stealing crisis in 2000 please see:

<https://www.theguardian.com/world/2000/may/19/suzannegoldenberg>

¹² This is how it was recounted to me by the social worker who was present for the first egg donations in Israel.

¹³ These were references to the advanced age of women who conceived after long periods of time spent - 'trying'.

¹⁴ This is of course also the case in other national contexts such as the US (Becker, 2000); Britain (Franklin 1997) and Egypt (Inhorn, 2002).

¹⁵ Synecdoche is a kind of metaphorical relationship. In the case it is about how 'parts' relate to 'wholes'. In the book I suggest that the narratives of egg donation have a relationship to narratives of the State. They they 'reveal' social anxieties and truths about the State. This is similar to Mary Douglas's thinking about peoples' anxieties about what is inside and outside or the norms of society. (See Nahman, 2013).

¹⁶ Yudit self-identified as an Israeli of Indian heritage.

¹⁷ To avoid the possibility of 'adultery' (see Kahn, 2000).

¹⁸ The significance of such ambivalence is discussed further in Nahman, 2013.