

Technologies of Race and Reproduction

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Camisha Russell's book *The Assisted Reproduction of Race* (2018) brings together critical philosophy of race and philosophy of technology to look at the ways that contemporary reproductive technologies are implicated in the production and productivity of race thinking in the context of kinship. Three principles of analysis shape her discussion. The first is that it is crucial to focus on what race does, not what it is: in short, race is a technology, and as such, is both produced and productive. Second, she argues that assisted reproductive technologies (ARTs) aim at remedying infertility in the context of the white heteronormative family unit, and in doing so, "reinforce the privileging of whiteness and the naturalisation of racial categories" (Russell 2018: 46). Third, she wants to move away from the framework of intersectionality to explore the social operations of race as an axis of identification, rather than the experiences of individuals so identified.

In commenting on her analysis, I want to make three critical points, which are targeted toward aspects of these guiding principles rather than specific details of her analysis. Thus, in order of appearance, in what follows I discuss the following three points which can be stated somewhat polemically as: why we should stop talking about ARTs; why we should talk more about genetic relatedness; and why feminist theorists and philosophers should stop rejecting bioethics.

Before I enter into this more critical discussion though, let me begin by saying that my comments are presented in the spirit of friendly critique. There are a great many aspects of this book that I admire, and I have no doubt it will prove productive for feminist and critical scholarship on reproductive technologies. Two aspects I particularly like. First is the construal of race as a technology, and the use of critical race theory to shift the discussion from what race is, to what it does. Second is the analysis of reproductive technologies in the framework of neoliberal biopolitics. Russell argues in the final chapter of the book that the contemporary intersection of reproductive and genetic

technologies often demands of parents that they take on the responsibility of personal choices in regard to their future children (Russell 2018: 135) – even, at times, the choice of race. In essence, the integration of genetic and reproductive technologies (ie, ‘reprogenetics’) entails the increasing *responsibilisation* of parents, and especially women, as they are induced to make decisions– and, in fact, cannot avoid making those decisions – about investing in future generations (see Mills 2016).

Why we should stop talking about assisted reproductive technologies

One of the first questions that could be asked about a book on assisted reproductive technologies and race is, what are assisted reproductive technologies? As it turns out, Russell focuses primarily on surrogacy, and in vitro fertilisation (IVF) since it is what makes surrogacy possible. Surrogacy, and especially international commercial surrogacy, has been controversial for some time, not least because of concerns about exploitation. This because it often entails couples from resource-rich countries contracting women in resource-poor countries to undertake gestation and birth for them.

Questions of race are never far from discussions of commercial surrogacy, because of the way in which race imbricates with socio-economic status. Even so, how race operates differs in different contexts. Race operates differently, for instance, when a gay multi-ethnic couple from Australia uses an egg from a woman in Poland, and has it gestated by a woman in Mexico or Kenya , or when a white couple from the UK or USA contracts a surrogate in Thailand or India (Whittaker, 2018), or when a Japanese couple contracts a white Christian woman in the USA to gestate a baby for them (Yanagihara 2020). But, surrogacy, and IVF are only two examples of what typically is covered by the phrase of ‘assisted reproductive technology’.

In general, assisted reproductive technologies can be understood as technologies, methods or procedures that are used to help a person or couple achieve a pregnancy. Typically, this is understood to encompass not only IVF and surrogacy, but also techniques such as ovulation induction (OI), intra-uterine insemination (IUI), intracytoplasmic sperm injection (ICSI), and practices of gamete donation and freezing. Increasingly, so-called assisted reproduction also integrates with genomic techniques such as preimplantation genetic testing (PGT), and mitochondrial replacement techniques (MRT). Interestingly, these latter technologies are aimed not at fertility per se, but at allowing a couple to achieve a pregnancy with the outcome of a genetically

related child that is not affected by a particular genetic condition. They are, then, not simply ‘assistive’ technologies but also ‘selective’ technologies—a point that is particularly clear in regard to PGT where, following genetic testing, an embryo must be selected from an array of embryos in order to be implanted in a woman’s uterus.

However, while this list usually covers the scope of legislation and other instruments that regulate the use of assisted reproduction, there are also a range of other technologies, methods and procedures that may be involved in helping a couple or person achieve a pregnancy. These could include apps for tracking ovulation, acupuncture, vitamin supplements and so on (though I make no claim about the efficacy of these in actually assisting the goal of pregnancy). Indeed, I would go so far as to say that, ultimately, *all* reproduction is assisted insofar as no-one can do it alone—every human reproducer requires the assistance of at least one other person.

What is the significance of this? It highlights the point that the phrase ‘assisted reproductive technologies’ is embedded in a heteronormative imaginary that sees some forms of reproduction as ‘natural’ and ‘normal’ (that is, those involving a man and a woman, ideally in a marital relationship, and no-one else) and all others as ‘assisted’, involving something other than the conjugal couple, and as such, as not quite ‘proper’. It has to be said that this imaginary is out of step with the actual practices of reproduction employed today, and—I will be unambiguous on this point—ought to be dismantled. As part of that dismantling, we ought to stop talking about ‘assisted reproductive technologies’ and simply talk instead of *reproductive technologies*.

Given this, then, issues also emerge around Russell’s claim that the key aim of (assisted) reproductive technologies is to rectify the infertility of women who delay childbearing for careers. Russell writes that: “ART’s are intended to solve the problem of infertility and that infertility, by relatively implicit cultural understanding, is the problem of heterosexual, middle-class, married white women who have delayed childbirth in favour of careers” (Russell 2018: 33). This particular claim is shaped by the philosophy of technology that is drawn upon, namely the work of Neil Postman and specifically the commitment to asking the question “what is the problem that this technology provides the solution to?” (Russell 2018: 29). To my mind, this is the wrong question to ask of reproductive technologies, and actually occludes important dimensions of their operation. For one, the question presupposes that the problem being addressed pre-exists the solution or technology. It also obscures an important distinction between the problem that a technology *purports* to solve and what it actually does.

This is important to consider because *even if* reproductive technologies purport to address this issue of age-related infertility (caused by career delays), they are notoriously bad at actually doing so. To make this point, it is worth being specific about which technologies are doing what. For a start, consider IVF. Historically, the development of IVF was not linked to maternal age; rather, the techniques of in vitro fertilisation were developed to address infertility arising from issues such as blocked fallopian tubes (Kovacs, Brinsden, and DeCherney 2018). Nor it is clear that IVF *now* addresses infertility caused by maternal age: the chances of successful pregnancy for women over 40 are small, and vanishingly small for women over 44, especially those who seek to use their own ova (Hogan et al. 2020; Yeh JS et al. 2014). Other practices such as surrogacy address the incapacity to gestate a pregnancy, which has limited relationship to maternal age. In contrast to this, egg freezing *is* frequently seen as a solution to so-called age-related infertility, allowing women to freeze their eggs at an optimal age while continuing to pursue their careers until actually reproducing at a later age. Despite this association of egg freezing with women's workforce participation, though, recent studies show that the main reason that women seek to use egg freezing and delay childbirth has less to do with career choices than it does with the availability of (male) partners who also wish to have children (Hammarberg et al. 2017). Finally, in technologies such as pre-implantation genetic testing, reproductive technologies move away from infertility altogether; instead, the rationale is a matter of permitting or preventing the birth of children who are genetically related to their parents, but who do not share a particular genetic disease trait. Thus, at this point, reproductive technologies are less about infertility than they are about disease prevention.

Why we should talk more about genetic relatedness

This brings me to my second point, which is about the importance of genetic relatedness. Focusing on the restoration of fertility for women who choose careers makes it difficult to see the full political importance of genetic relatedness *vis a vis* reproductive technologies. Russell writes that "ART's take the nuclear family as the appropriate site of reproduction and aim at facilitating reproduction in that context" (Russell 2018:43). There is an element of truth in this, but we also need to consider that several developments in reproductive technologies have actually made quite different forms of family-making possible—surrogacy included. Indeed, in my view the commercial aspects of reproductive technologies and their provision often push against a heteronormative framing of reproduction; at the same time, regulatory frameworks

that surround reproduction often work to reinstate it. Hence, a tension emerges between the technologies and the practices in which they are embedded, and the regulatory apparatuses that govern their provision. Within this, genetic relatedness plays a multifaceted and key role.

While there has been much discussion of the moral significance of genetic relatedness, this is less my interest than is thinking about the political—or rather, *the biopolitical*—significance of it. On the one hand, some reproductive practices seem to undermine the significance of genetic relatedness in kinship formation—consider donor gametes, for instance, that have enabled gay and lesbian couples, single parents and others to become legal and social parents, even while not genetic parents. On the other hand, some reproductive technologies gain their traction precisely insofar as they permit genetic relatedness where it otherwise may not be desirable. Consider here mitochondrial replacement techniques, which derive their rationale from the desire of a woman with mitochondrial disease to have a child that is genetically related to her—and who does not inherit mutated mitochondrial DNA from her (Mills 2020). In short, parentage and kinship are managed by regulatory apparatuses that govern the use of reproductive technologies; at the same time, many of these technologies would have little market value without prospective parents desiring a genetic connection to the child that they parent. What this suggests, then, is that there is considerable work to be done in thinking about how genetic relatedness is deployed—that is, about the political economy of it and of structures of kinship—in relation to reproductive technologies. In this, it is not enough to simply argue that reproductive technologies reinstate heteronormativity; in some instances, this is precisely what they appear to break apart. In others, they rely on genetic relatedness and heteronormativity to gain traction.

The multifaceted role of genetic relatedness also raises the question of how to analyse axes of identity and health in a way that allows the full ambiguity of reproductive technologies to be brought out. As I mentioned earlier, Russell wants to move away from the focus of individual experiences of being ‘raced’ to examine the operations of race as a social axis of identity. In this, she draws on the idea of a Gestalt image (Russell 2018: 28). Just as in the classical gestalt image of the duck/rabbit, in order to render race visible, other axes of identity such as gender and disability must be backgrounded. The virtue of this is that it allows a clear limning of race, figured against the ground of gender and/or disability.

My concern, though, is that this makes it impossible to see how race and gender, or how gender and disability, or race and disability, are co-produced (Mills 2015). Consider, for

example, that within the framework of liberal eugenics, it may be that race actually appears *as a* disability. That is, it may be that the reluctance to improve access to IVF for black women is not (only) about fertility, but because blackness is itself implicitly understood as a disability and is therefore counter to the normative aim of producing a (so-called) normal healthy child. To be clear, I am by no means endorsing this logic; rather, I want to raise a question about the productivity of the ‘gestalt’ approach to axes of identification—that is, at what point do we move beyond seeing a duck or a rabbit, and see instead, the conditions of their mutual constitution? And how might moving beyond the capacity to see only what is on one side of the line become possible? My sense is that in relation to reproductive technologies, tracing the tangled lines wrought by the variable mobilisation of genetic relatedness may be a fruitful way of doing this. Hence, we should talk more about the biopolitical economy of how heteronormativity and genetic relatedness are deployed in and by reproductive technologies and their regulation.

Why we should stop rejecting bioethics

Finally, let me make one brief point about the role that bioethics plays in Russell’s discussion, to make the point that we ought to stop rejecting bioethics. Early in the book, Russell sets aside bioethical debates, seeing these as generally driven by the concerns of principlism (Russell 2018: 24). She argues that “in contrast to ethical approaches that are based on individual rights, autonomy and decision-making and that focus on prescriptions for action”, what is required is a “political analysis” that addresses issues of “social and political structures and inequalities, of power relations,” of “historical context, social values and the often intangible harms to socially defined groups” (Russell 2018: 26-7). I want to take issue with this in a couple of ways.

For one, this quick dismissal of bioethics as equivalent to principlism partakes in a form of synecdoche that many who self-identify as working within bioethics may find problematic. That a particular form of bioethical practice claims for itself the mantle of *being* bioethics *in toto*, and that this form of bioethics practice is particularly Anglo-American, is not surprising. However, it is surprising—and troubling—when other feminist and critical scholars take that claim at face value. Doing so shores up that claim to representation and works to make bioethics appear more univocal and monolithic than it actually is. Further, it adds to the occlusion and exile of different approaches to bioethics, including, for example, queer bioethics (Feister 2012), disability bioethics (Scully 2008), phenomenological bioethics (Svenaeus 2018) and feminist bioethics,

which have flourished in recent decades. In short, bioethics should not simply be construed as the enemy; it is itself open to new horizons and different futures.

Further, one of the things that these ways of doing bioethics do is put into question the contrast of ethical and political analysis Russell draws. That is to say, they proffer ways of doing bioethics that incorporate and are built upon analyses of historical context, structures of inequality and the harms to social groups that attend those inequalities. Indeed, they show that prescriptions for action that *do not* take these into account are problematic and need to be challenged and, in fact, should themselves be seen within those historical contexts, inequalities and the distribution of social harms and benefits. Hence, it is simply not the case that prescriptive ethics operates in a terrain outside of power, and consequently, any analysis that takes power and inequality into account must be something other than ethics. Action-guiding prescriptions should *exactly* take those issues into account (Mills 2011). Or, in other words, don't cede the territory. We need to be doing ethics, and yes, bioethics, that is responsive to political-economic-historical context, responsive to structural oppression, to vulnerability, to precarity, to resistance, and to new forms of living.

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