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Lynn M. Morgan

Mary E. Woolley Professor of Anthropology
Mount Holyoke College
South Hadley, Massachusetts, USA

> lmorgan@mholyoke.edu

Throughout much of Latin America, infertile couples take advantage of in-vitro fertilization (IVF) to treat infertility. In-vitro fertilization creates embryos in the laboratory by mixing sperm and eggs. One or more of the resulting embryos is then implanted into a woman's uterus in hopes of achieving a pregnancy. A recent study estimates that between 1990 and 2010, over 95,000 babies were born in Latin America through assisted reproductive technologies including IVF (Zegers-Hochschild et al. 2011). But access to assisted reproductive technologies is not uniform across the hemisphere. The procedure is condemned by the Vatican and often ignored by the state. In most countries IVF is little-regulated; it is performed in private clinics and hospitals where patients must pay for the service. Laws do vary, however, from one country to another. In June 2013, Argentina announced that its national health system would begin to cover the costs of IVF for same-sex and straight couples. In contrast, Costa Rica banned IVF entirely from 2000 to 2012, the only country in the hemisphere to do so. Supporters of the ban argued that IVF produced embryos that would later be destroyed and that those embryos had a

constitutional right to life. In 2012, the Inter-American Court of Human Rights (ICHR) ruled that Costa Rica's ban violates the rights of infertile couples, specifically the right to found a family, the right to equality and non-discrimination, and the right to have one's private and family life respected. As of June 2013, the Costa Rican Legislative Assembly was still debating how to bring the country into legal compliance with the ICHR ruling. Assisted reproductive technologies have created many new ways to "make people" as well as many new ways to dispute the politics and morality of reproductive governance.

In *God's Laboratory: Assisted Reproduction in the Andes*, Elizabeth F. S. Roberts offers a compelling and sophisticated analysis of IVF in the context of contemporary urban Ecuador. Roberts is a feminist medical anthropologist at the University of Michigan. She carried out participant-observation in fertility clinics in Quito and Guayaquil for one year, and then made follow up visits over a seven-year period from 2000 to 2007. During that time she interviewed medical specialists and patients in an effort to understand how people from different walks of life make sense of IVF. Most ethnographic studies of IVF to date have been carried out in the United States and Europe. Yet, Roberts argues, many of the European and US debates about IVF are less relevant in Ecuador, where the procedure seems to be more easily accepted. While social anxieties about IVF in the US and Europe tend to focus on supposedly "natural" biogenetic relatedness and the commodification of life—that is, on concerns related to individual autonomy—in Ecuador Roberts found that many people tended to support IVF precisely because it *assists* the process of reproduction.

The word "assisted," Roberts says, has a different valence in Ecuador than it does in the US and Europe. In Euro-American contexts, IVF is often depicted as a narrowly biological process, "disconnected from money or kin relations" (p. 6). In Ecuador, however, people were much more willing to acknowledge that their success with IVF depended heavily on their carefully cultivated relations with God, the Virgin Mary, family members, and powerful allies, as well as access to clinicians and money (often through loans from family and friends). They talked about IVF not as a violation of God's will but as a manifestation of God's will, and of their hard work in mobilizing the social, spiritual, and financial networks necessary to make IVF possible. Roberts traces these differences to the reality of stratification and domination that allows Ecuadorians to perceive reproduction as

a process that has always required “assistance.” IVF is just one more, relatively unremarkable technique that people—even working class and low-income families—can use to create new people.

The book contains an introduction and conclusion, as well as five substantive chapters. The first chapter, *Private Medicine and the Law of Life*, examines relations between women, private fertility specialists, the Catholic Church, and the state. The second chapter, *Assisted Whiteness*, shows how IVF works to construct racial identities. The third chapter, *White Beauty: Gamete Donation in a Mestizo Nation*, examines the role of egg and sperm donation in relation to race. The fourth chapter, *Egg Economies and the Traffic Between Women*, looks at relations between female family members who exchange eggs, blood, and money. The fifth chapter, *On Ice*, examines the practice of egg freezing or cryopreservation. Each chapter is preceded by an ethnographic vignette or story, often a dramatically complicated tale of a woman who tried to bear a child through IVF. The stories show how women worked to gather the care and resources they needed to change their bodies, reconcile contradictions, and come to terms with their lives. The stories illustrate life’s messiness and complexity, vividly showing how the realities of women’s lives rarely fall into the neat, universal ethical categories preferred by some ethicists and theologians. The substantive chapters are informed by debates in the historical and ethnographic literature of the Andes, as well as debates within medical anthropology and feminist science studies.

Early in her research, Roberts noticed her interviewees making frequent reference to “*nuestra realidad*.” She came to understand this phrase as their way to explain “non-universality,” that is, why things (social relations, laws, norms, side-effects of drugs, IVF success rates) might be different in Ecuador than elsewhere. Roberts uses the concept of *nuestra realidad* as an analytic tool, to introduce the notion that biology and bodies are contingent. That is, biologies and bodies are formed under specific material circumstances that vary from place to place. Using the concept in this way allows Roberts to avoid treating IVF as a stable, universal medical procedure that remains constant across biomedical locations. That could have led Roberts to make a facile comparison between IVF in Ecuador and IVF elsewhere, but she avoids that trap. “This is not a book about IVF in Ecuador as a local version of a global practice,” she writes, “but rather about the ways in which IVF in *nuestra realidad* is shaped by

relational and material processes both immediate and far away” (p. 4). But nor is this a national case study, because Roberts also shows regional variations within Ecuador. In the final chapter, for example, she examines “embryo destinies” in Quito and Guayaquil. Perhaps surprisingly, given that IVF is so little regulated in Ecuador, Roberts finds that the rate of cryopreservation (freezing embryos) is quite low (p. 189). As one technician explained, she would rather have the embryos dead than frozen, because to freeze embryos is to leave them socially adrift. “The trouble with cryopreservation,” Roberts says, “is not the possible death of the embryo but the risk of neglect and abandonment by the family” (p. 207). This was especially true in Quito, while people in Guayaquil seemed more willing to exchange embryos among families.

Nuestra realidad, Roberts argues in another of the book’s central arguments, is deeply inflected by race. Roberts relies on historians and anthropologists who have studied Andean processes of *mestizaje* and *blanqueamiento*, defined as elite projects that would whiten and therefore ostensibly to “improve” the nation through the deliberate mixing of indigenous with colonial blood. “This racial and racist history,” she says, “is essential for understanding IVF in Ecuador” (p. 19). The people that Roberts interviewed talk about race as a malleable feature—both a physiological and an economic status (p. 75)—that they could manipulate through IVF. One way that women become whiter, Roberts says, is by accessing private health services such as surgery, C-section, hormonal treatments, or IVF that are more usually associated with the care provided to white women. White women were perceived as more prone to infertility than “poorer, browner women whose robust bodies are supposedly made for hard manual labor and easy reproductive labor” (p. 100). For that reason, women do not attribute infertility to poverty. They see IVF as a way to whiten themselves by opting for lighter (anonymous) egg donors, thereby cultivating whiter offspring and—ideally—whiter futures.

One of Roberts’ major contributions concerns the role of religion in IVF. Under Pope Francis, the first pope from Latin America, the Catholic Church will likely continue to oppose IVF. Yet Roberts shows that lay Catholics have their own ways of interpreting Catholic doctrine and God’s will. Not all of Roberts’ interviewees considered themselves practicing Catholics, but she says that “everyone—even the spiritual and atheist practitioners—invoked God at specific mo-

ments of the IVF process” (p. 28). Women often described their personal negotiations with an understanding God. They did not frame their deliberations in terms of fear of punishment by a punitive Lord. Nor did they use the language of “rights.” While international reproductive rights and pro-family debates have tended to emphasize “the reproductive rights of individual women...against the right to life of the unborn,” Roberts found that many of the Ecuadorians she interviewed tended to describe themselves as “passive Catholics” who “pay little attention to doctrine” and prefer instead to emphasize personal relationships with God. Their God was both more forgiving and less fanatical than the God espoused by the Church hierarchy or its zealots (p. 53-4). Some of the doctors and technicians Roberts interviewed justified their participation in IVF with similar logic, explaining that they were God’s humble helpers or that God must approve of IVF since he had given them the ability to perform it (p. 55). At the national level, Roberts explains the unlikely proliferation of IVF clinics in Ecuador by looking at the history of cool relations between Church and state. This has resulted in lax oversight of private clinics, where doctors may foster their own paternalistic relations with patients free from state surveillance. Meanwhile, Ecuadorian legislators studiously ignored IVF even as they crafted laws that would grant embryos the “right to life from their conception.” Through careful ethnographic research and evidence, Roberts allows us to appreciate the multiple interpretations and manifestations of Catholicism that exist even among practicing Catholics, and even in relation to issues about which the Church hierarchy has strong opinions. Thinking Catholics have their own ideas.

In Roberts’ capable hands, the debates over in vitro fertilization provide a window into a much broader set of concerns including race and ethnicity, kinship and family, nationality, gender and sexuality, medicine and bodies, and the economics of collaboration and exchange. The implications of her insights cannot be overlooked. While legislation promoting human rights and gender equity has progressed significantly in Latin America since the late 1990s, embryo debates in various countries have become increasingly volatile, intractable, and even deadly. The debates take different forms: in Honduras, politicians argue over the availability of emergency contraception, while in El Salvador the issue is therapeutic abortion. Roberts invites us to ask how reproduction, in its many guises, shall be governed. To address

such questions, anthropologists and other social scientists must consider how assisted reproduction (including contraception, sterilization, and abortion) is related to other forms of social reproduction such as educational and immigration policy, parental leave and other labor regulations, and the evolving relationships between Church and state.

In addition to its insights into the specifics of IVF in Ecuador, Roberts' analysis can help to illuminate why a country such as Costa Rica—with its reputation for high standards of human rights, gender equity, and medical care—seems unable to extricate itself from an impasse over in vitro fertilization. As I write these words, Costa Ricans who wish to avail themselves of in vitro fertilization must travel to Panama, Colombia, Miami—or even to Ecuador. Roberts reminds us to pay attention to the activists who travel across borders to share their strategies and expertise, as well as the international treaties and courts that affect national policies. She works in the present while staying exquisitely attuned to the past, and she works in private clinics without forgetting the class relations that consign so many sick and poor people to the crumbling public sector in this era of neoliberalism. Roberts makes a transcendent point when she writes, “The embryo is not everywhere the same: it is an object assembled within specific material and political realities through which practices of relatedness, personhood, and human life are articulated and negotiated” (p. 210). By showing how people selectively deploy and re-situate IVF in their own social worlds, Roberts helps us to appreciate the histories and logic that people use to perceive, articulate, mobilize, and negotiate their desire to build and nurture families *en su realidad tanto como en nuestra realidad*.