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Citation for the original published paper (version of record):

Leibetseder, D. (2017)

Queer Reproduction Revisited & Why Race, Class and Citizenship Still Matters: A Response to Cristina Richie.

Bioethics

<https://doi.org/10.1111/bioe.12416>

Access to the published version may require subscription.

N.B. When citing this work, cite the original published paper.

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<http://urn.kb.se/resolve?urn=urn:nbn:se:uu:diva-331150>

QUEER REPRODUCTION REVISITED & WHY RACE, CLASS AND
CITIZENSHIP STILL MATTERS: A RESPONSE TO CRISTINA RICHIE

Queer bioethics is not a one-trick pony. (C. Richie)¹

Single vision produces worse illusions than double vision or *many-headed*
monsters. (D. Haraway)²

ABSTRACT

In the dialogue between Timothy F. Murphy and Cristina Richie³ about queer bioethics and queer reproduction in this journal, significant points of the emergent and extremely important discussions on LGBT and queer bioethics are raised. Richie specifies correctly that queer bioethics can either complement or contradict LGBT bioethics. She shows that the queer standpoint against heteroconformity and heterofuturity is decisive here. As the field of queer bioethics is such a recent and essential part of consideration for bioethics and as it is still evolving⁴, the objective of this intervention is to provide both an overview

¹ C. Richie. Lessons from Queer Bioethics: A Response to Timothy F. Murphy. *Bioethics* 2016; 30: 368.

² D. Haraway. 1991. A Cyborg Manifesto: Science, Technology, and Socialist-Feminism in the Late Twentieth Century. In *Simians, Cyborgs and Women: The Reinvention of Nature*. New York: Routledge: 149-181: 154.

³ Richie, *op. cit.* note 1, 365-371; T. F. Murphy. LGBT People and the Work Ahead in Bioethics. *Bioethics* 2015; 29: ii-v.

⁴ Discussions on a queer bioethics took place so far amongst others in journals such as *Bioethics*, *Hastings Center Report*, *Journal of Homosexuality*, *Human Reproduction*, *Arch Sex Behav*, etc.

of important milestones of queer bioethics and to highlight that queer bioethics is not mono-logic and monolithic. In order to exemplify queer bioethic's 'many-headed monsters', queer reproduction is revisited and complemented by a European viewpoint. It is central to my argument that to be against heterofuturity does not necessarily mean to be against queer reproduction. Finally, I will discuss the most recent debates on race, class and citizenship, e.g. queer necropolitics. These points still need to be addressed in queer bioethical agendas.

INTRODUCTION

Queer bioethics has its origins, as does Queer Theory, in the AIDS outbreak. Murphy's books on *Ethics in an Epidemic: AIDS, Morality, and Culture* (1994) and *Gay Science: The Ethics of Sexual Orientation in Research* (1997) count as landmarks of the beginning of a queered bioethical discussion. His articles on this topic were published even earlier, e.g. in this journal as early as in 1990. In the 2010s queer bioethics gained a huge momentum as queer reproduction with the use of ARTs became more mainstream. Again Murphy's *Ethics, Sexual Orientation and Choices about Children* (2012) is crucial here. Officially mentioned and termed as such, queer bioethics came to life in 2010 in the project on *Bioethics, Sexuality and Gender* at the University of Pennsylvania. An outcome of this project was the conference on *Queer Bioethics: A Symposium on Bioethics, Sexuality and Gender Identity* (2012) and the article 'Queer Bioethics: Why its Time Has Come' co-written by Wahlert and Fiester.⁵ As Richie pointed

⁵ L. Wahlert, Fiester A. Queer Bioethics: Why its Time Has Come. *Bioethics* 2012; 26: ii-iv.

out there are differences and similarities between queer and LGBT bioethics. LGBT ethics has found expression through events, publications and organizations such as the special issue of the Hasting Center on *LGBT Bioethics: Visibility, Disparities, and Dialogue* (2014), the accompanying symposium *LGBT Health and Human Rights: New Ideas for Dynamic Times*⁶, and the ESHRE (European Society of Human Reproduction and Embryology). There is a special interest group on ‘Medically Assisted Reproduction in Singles, Lesbian and Gay Couples, and Transsexual People’ within their ‘Task Force Ethics and Law’.⁷ Most of these publications and events have a medical and healthcare viewpoint. However, academic research with a more philosophical queer bioethics perspective is also on the rise, such as Roth’s *What Does Queer Family Equality Have To Do With Reproductive Ethics?*⁸

REPRODUCTION

Richie’s depiction of a queer standpoint suggests that queer resists all forms of heteroconformity and disavows reproduction⁹, as articulated by the anti-social

⁶ A video link with the recorded talks is available on :

http://library.fora.tv/2014/11/17/LGBT_Health_and_Human_Rights_New_Ideas_for_Dynamic_Times#oUU56Cl2FF7frw9M.99 . [Accessed 24 Nov 2015].

⁷ <https://www.eshre.eu/Specialty-groups/Special-Interest-Groups/Ethics-and-Law/Documents-of-the-Task-Force-Ethics-Law.aspx> [Accessed 08 Aug 2016].

⁸ A. Roth. What Does Queer Family Equality Have to Do with Reproductive Ethics? *IJFAB: International Journal of Feminist Approaches to Bioethics* 2016; 9: 27-67.

⁹ Richie, *op. cit.* note 1.

strand in Queer Theory (Lee Edelman)¹⁰. Since the beginning of the queer movement some queers called straight people ‘breeders’ and for many women *not* to reproduce was a feminist choice of refusing to contribute to a patriarchal society. But queer perspectives have existed in a range of ways, for example as seen in the international queer conference in Berlin *Queer Again? Power, Politics and Ethics* (2010). This range also contains neovitalistic,¹¹ (see Claire

¹⁰ L. Edelman. 2004. *No Future: Queer Theory and the Death Drive*. Durham: Duke University Press.

¹¹ *Queer neovitalism* focuses on the ontology of life, bodies and matter. Thus, it is similar to the contemporary and more philosophical *critical vitalism* (Frédéric Worms), which looks at the confluence of relations (biological, social and psychological) and tensions that drives life. Worms argues that both bioethics and biopolitics are at play in questions and discussions about life, because power relationships form part of life. F. Worms. ‘Towards a Critical Vitalism’, presentation at the Centre for Research in Modern European Philosophy (CRMEP), Kingston University, 30 Oct 2014. <http://backdoorbroadcasting.net/2014/10/frederic-worms-towards-a-critical-vitalism/> [Accessed 21 Nov 2016].

Colebrook¹², Sara Ahmed¹³, Jami Weinstein¹⁴) or utopian ideas, such as those of José Esteban Muñoz.¹⁵ Muñoz's rejection of the no-future (or anti-social)-attitude for dispossessed queers and/or queers of color, is evident in his words, 'I respond to Edelman's assertion that the future is the province of the child and therefore not for the queers by arguing that queerness is primarily about hope and futurity.'¹⁶ Futurity and a utopian vision is crucial for queer and trans people (and also in general for people) of color, for whom the struggle to be able to survive is still so important. Juana María Rodríguez writes about Muñoz's connection of sociality with futurity and how it enables the possibility of collective futures;

¹² C. Colebrook. 2014. Queer Vitalism. In *Sex After Life: Essays on Extinction*. Vol. 2. Michigan: Open Humanities Press Michigan Publishing: 100-25.

<http://quod.lib.umich.edu/o/ohp/12329363.0001.001>; C. Colebrook. 2012. Feminist Extinction. In *Undutiful Daughters: New Directions in Feminist Thought and Practice*. H. Gunkel, C. Nigianni, F. Söderbäck, eds. New York: Palgrave Macmillan: 71-85.

¹³ S. Ahmed. 2006. *Queer Phenomenology. Object, Orientation, Others*. Durham, NC: Duke University Press; S. Ahmed. 2010. Orientations Matter. In *New Materialisms. Ontology, Agency, and Politics*. D. Coole, S. Frost, eds. Durham, NC: Duke University Press.

¹⁴ Her new project funded by the Swedish Research Council is on a vital ethics: 'Vital Signs: Life, Theory, and Ethics in the Age of Global Crisis.' <https://liu.se/forskning/foass/jami-weinstein?l=en>.

¹⁵ Muñoz, José Esteban. 2009. *Cruising Utopia: The Then and There of Queer Futurity*. NY: NYU-Press.

¹⁶ Ibid: 11.

Futurity has never been given to queers of color, children of color, and other marginalized communities that live under the violence of the state and social erasure, a violence whose daily injustices exceed the register of a politics organized solely around sexuality, even as they are enmeshed within a logic of sexuality that is always already racialized through an imagined ideal citizen-subject.¹⁷

A rejection of heterofuturity and assimilation¹⁸ does not therefore necessarily mean there should be *no* queerfuturity (of color).

Today, as laws concerning queer reproduction and adoption are changing in many states and opening up towards (more) queer options, we also have a different queer generation consisting of ‘queer breeders’. As Ulrika Dahl suggested, perhaps it is ‘the adult phase of queers’.¹⁹ Queer reproduction is becoming more common these days in some states, aided by Assisted Reproductive Technologies (ARTs) and new more LGBT-friendly legislations regarding marriage, civil unions and adoption.

However in other countries, Preciado still describes heterosexuality as a ‘political assisted reproductive technology’, which is organized and maintained by

¹⁷ J.M. Rodríguez. 2014. *Sexual Future, Queer Gestures, and Other Latina Longings*. NY: NYU-Press: 11.

¹⁸ As Richie suggests in Richie, *op. cit.* note 1.

¹⁹ ‘Not Gay as in Happy, but Queer as in Fuck You: Queer(y)ing Kinship as/through Failure’, presentation at the International Conference on Critical Kinship Studies, University of Southern Denmark, Odense, in 2014.

certain states²⁰ that do not allow the use of ARTs for same-sex partners, for certain heterosexual persons (outside of a couple, poor people), transgender, asexual or disabled people. These groups constitute a reproductive minority, according to Preciado, referring to the word ‘sexual minority’, as for them it is forbidden to pass their genetic material, just because they are not able to perform a heterosexual sex act. These groups of people are politically sterilized and the political and economic fight in order to have access to ARTs is connected to the de-pathologization of their lives and to having control over their own reproductive and genetic material.²¹

I agree with Richie that queer bioethics has *to queer* ‘reproduction’²², such as it was done from a lesbian perspective in Laura Mamo’s book *Queering Reproduction*.²³ Bioethicists need *to queer* reproduction, if they want to avoid the

²⁰ For example, Preciado is criticizing France. Each European country has its own regulation, which are changing over time, e.g. in Austria lesbians have only been allowed to use ARTs since 2015.

²¹ P.B. Preciado. 2013. Procréation politiquement assistée. *Libération* 27 Sept http://www.liberation.fr/societe/2013/09/27/procreation-politiquement-assistee_935256 [Accessed 5 Jun 2014]. ‘Jusqu’à maintenant, nous avons payé notre dissidence sexuelle par le silence génétique de nos chromosomes. Nous n’avons pas seulement été privés de la transmission du patrimoine économique: notre patrimoine génétique aussi nous a été confisqué. Homosexuels, transsexuels, et corps considérés comme “handicaps”, nous avons été politiquement stérilisés ou bien nous avons été forcés de nous reproduire avec des techniques hétérosexuelles.’ Ibid.

²² Richie takes on Wahlert’s and Fiester’s idea that bioethics has to ‘queer’ itself. Richie, *op. cit.* note 1. L. Wahlert & A. Fiester, *op. cit.* note 5.

²³ L. Mamo. 2007. *Queering Reproduction: Achieving Pregnancy in the Age of Technoscience*. Durham, NC: Duke University Press.

‘political sterilization’ of queer, trans and dis/abled people and to include ideas of critical disability studies and ‘crip’ studies. The outcome of this will be that a queer bioethics will need to redefine what ‘health/sickness and ability/disability’²⁴ means in reproduction.

On the other hand, reproduction should not be the societal norm for LGBTIQQA (lesbian, gay, bisexual, transgender, intersex, queer, questioning, asexual) people in an assimilatory way to heterosexual reproduction. Thus, they should not be pressured to reproduce but if they want to procreate, it should be their choice how they want to procreate. Joshua Gamson argues that ‘self-determination in the making of our families and the use of our bodies for the making of kinship, doing so free of coercion and stigma’²⁵ is a basic meaning of family justice.

For example, in the case of intersex people, who are often framed as infertile by medical institutions and whose procreation is seen as a ‘medical miracle’, doctors may therefore pressure intersex people not to postpone having

²⁴ Richie, *op. cit.* note 1, p. 370.

²⁵ In his talk on ‘The Politics of Family Creation Stories’ at the workshop ‘Making Families: Transnational Surrogacy, Queer Kinship & Reproductive Justice’ at UC Berkeley, 19 Feb 2016. <https://www.youtube.com/watch?v=Z2r-XLo5Jto&list=PL-eKBeU4WBxYXjZnikLmaMB5qd2XQaWvL&index=2> . A summary of his presentation is also in: E. Hosman. 2016. Bridging Borders: Transnational Surrogacy, Queer Kinship & Reproductive Justice. 25 Feb. <http://www.biopoliticaltimes.org/article.php?id=9212> [Accessed 24 May 2016].

babies, as Costello, an academic and intersex activist, criticises.²⁶ The physicians may want to prove that putting certain intersex people into the category ‘female’ by medicine, was the right choice. Pregnancy should therefore be the happy ending of the intersex journey to the ‘right’ female sex/gender. However, being pregnant does not make intersex people feel more female or like a ‘real’ woman, it just makes them feel ‘pregnant’, as Costello said in his blog ‘The Intersex Roadshow’.²⁷ This shows that self-determination, as a crucial concern in a queer bioethics of reproduction is very important.

ARGT & RACE, CLASS AND CITIZENSHIP

Looking closer at one example, ARGTs (Assisted Reproductive and Genetic Technologies) I show what it means to focus on issues of race, class and citizenship in a queer bioethics.

Depending on the use and application of ARGTs, their outcomes can be in the normative/normalizing²⁸ sense or non-normative/normalizing. The new

²⁶ C. G. Costello. 2011. Intersex Fertility. 7 Sep.

<http://intersexroadshow.blogspot.com/2011/09/intersex-fertility.html> [Accessed 12 Nov 2013].

²⁷ Ibid.

²⁸ ‘Charis Thompson gives various examples in her chapter on ‘Techniques of Normalization’ of how procedures and objects in ARGT clinics are normalized and routinized. These normalizing procedures involve the norming and performing of gender. Thompson’s conclusion is that in the ARGT clinics gender stereotypes are used to overcome ‘these novel sociotechnical settings’ and in my opinion, they are also used to legitimate ARGTs, as technologies, which only help (‘assist’) the biological reproduction of society or a population even if they have the potential to change

technologies are reactionary (contrary to a queer sense) in the ‘maintenance of the family, now as a diverse unit of social reproduction’ and ‘the racial commitment to one’s own kind’²⁹ e.g. as in the case of two white lesbians, who sued their fertility clinic, because they bore an African American baby³⁰. In contrast, ARGTs can also have non-normative/non-normalizing outcomes meaning being ‘revolutionary – a destruction of the family unit as the sole site for reproduction’, a refusal of the norms of social recognition, and even an affirmation of life beyond one’s own body.’³¹ ARGTs can be used to form a queer family and to extend one’s own queer life through queer reproduction.

Queer potentials in the ARGTs can be seen in their non-normative or non-normalizing outcomes concerning:

1. Sexuality: sexuality is non-normalized, because heterosexual intercourse is no longer necessary for reproduction with the use of ARGTs.
2. Gender: does not need to be female anymore (e.g. pregnant transmen, such as Thomas Beatie and others before and after him).

reproductive choices.’ D. Leibetseder. *Reproductive Ethics: An Example of an Allied Dis/Ability-Queer-Feminist Justice*. In *Queering Paradigms VI: Interventions, Ethics and Glocalities*. B. Scherer, ed. Oxford: 131-146. Peter Lang; C. Thompson. 2005. *Making Parents: The Ontological Choreography of Reproductive Technologies*. Cambridge, MA: The MIT Press.

²⁹ Colebrook, *op. cit.* note 12, p. 87.

³⁰ K. Bellware. 2014. White Woman Who Sued Sperm Bank over Black Baby Says it Is not about Race. *The Huffington Post* 2 Oct 2014. http://www.huffingtonpost.com/2014/10/02/black-sperm-lawsuit_n_5922180.html [Accessed 4 Apr 2015].

³¹ Colebrook, *op. cit.* note 12, p. 87.

3. Kinship: traditional forms of family, consanguinity and kinship are called into question,³² for example lesbian families created with ARGTs.³³

ARGTs create the possibility of the ‘new reproductive logic’, where dis/abled and LGBTIQ people are able to form non-genetically and even genetically related families. However, all these technologies have the potential to be tools for a new eugenics through preventing intersex or disabled babies from being born.³⁴ The danger is that these technologies contribute to a reinforcement of able-bodiedness, able-mindedness, racial differences³⁵, of (hetero)normativity³⁶ and an exploitation of poorer classes and races or of different citizenships. Overall, in many countries, these technologies are only available to people who can afford to pay for them, and are rarely fully covered by public or private health insurance. The inclusion of LGBT people in the use of ARGT was and is still a cause for celebration, but as Laura Mamo explains there is also some reason for caution with the expansion of ‘Fertility Inc.’, because it ‘contributes to racialized, stratified possibilities of childbearing and motherhood.’³⁷ For Mamo it is

³² U. Kalender. 2012. Queere Potentiale? Zur Queerness von Reproduktionstechnologien aus der Perspektive Materialistischer Feminismen und Kritischer Disability Studies. *Feministische Studien* 2: 12: 198-209.

³³ Mamo, *op. cit.* note 23.

³⁴ Leibetseder, *op. cit.* note 28, p. 134.

³⁵ D.E. Roberts. 2009. Race, Gender, and Genetic Technologies. A New Reproductive Dystopia? *Signs: Journal of Women in Culture and Society* 34: 783-804.

³⁶ Kalender, *op. cit.* note 32.

³⁷ L. Mamo. Queering the Fertility Clinic. *J Med Humanit* 2013; 34: 227-239: 230.

important to see both ‘the radical in all queer family forms’ (fertility clinic, adoption, foster parenting and other family formations), but also how they perpetuate normativity and how for example the US fertility industry turned into the ‘Wild West’ of assisted reproduction.³⁸ The fertility market in the US is mostly unregulated. Professional and voluntary guidelines exist only in a corporate and mostly for-profit environment, and fertility travel looks like an unregulated imperial expansion.³⁹ Mamo concludes that ‘[a]s the most fortunate have their rights expanded, the least fortunate are often called forward to supply those rights. Gender, class and race stratifications shape two-dad, trans-men and trans-women’s families just as they do two-mom families.’⁴⁰ For Mamo the queering of the fertility clinic comes with a high cost paid by others, in the form of their exclusions or ‘demands for their reproductive gametes and services.’⁴¹

Biocolonialism

I look at the bigger picture of biocapitalist and therefore biocolonialist structures of these stratified technologies in order to find out, as Mamo has brought up, who are the fortunate ones and who is paying the high costs. The fertility clinics market is highly commercialized, donors and gametes can

³⁸ Ibid; R. Dresser. Regulating Assisted Reproduction. *Hasting Reports* 2000; 30: 26-27.

³⁹ Mamo, *op. cit.* note 38; C. Krollokke, K. Foss and S. Pant. Fertility Travel: The Commodification of Human Reproduction. *Cultural Politics* 2012; 8: 273-283.

⁴⁰ Mamo, *op. cit.* note 38, p. 235.

⁴¹ Ibid: 237.

circulate and medical migration/ reproductive tourism⁴² exists to countries, which offer lower-cost ART services (e.g. Russia or Ukraine) or are less regulated and accept LGBTQI individuals (California).⁴³ Charis Thompson came to the conclusion that biomedicine ‘makes both production and reproduction parts of the economy.’⁴⁴

Biocapitalism is closely linked to biocolonialism as Mia Mingus points out. On her chart, biocolonialism is situated between science, medicine and eugenics and can be found in the practice of medical procedures concerning reproductive control, sterilization, contraceptives and assisted reproductive (biogenetic) technologies⁴⁵, for example as seen in surrogate mothers in Asia, Latina or African-American surrogate mothers in the US, Ukrainian or Russian surrogate mothers for mostly European couples.

Looking closer at who does the labour in these technologies, feminists discovered how biocapitalism and biocolonialism work and who is exposed to

⁴² Reproductive tourism ‘refers to the transnational consumption of ARTs’; other terms used are fertility/procreative tourism or reproductive exile, crossborder reproductive care, reproductive travel or transnational reproduction. D. Deomampo. Gendered Geographies of Reproductive Tourism. *Gender & Society* 2013; 27: 514-37. C. Thompson. Medical Migrations Afterword: Science as a Vacation? *Body & Society* 2011; 17: 205-213.

⁴³ Leibetseder, *op. cit.* note 28, p. 135.

⁴⁴ Thompson, *op. cit.* note 28, p. 250.

⁴⁵ M. Mingus. 2015. Medical Industrial Complex Visual <https://leavingevidence.wordpress.com/2015/02/06/medical-industrial-complex-visual/> 6 Feb [Accessed 25 Mar 2015].

these economic systems. For materialist feminists the embryos in the laboratories are materialised products of labour. This view contradicts the opinion that the researchers and the employees of the clinics/laboratories are doing the work and women are just ‘donating’ their bodily materials.⁴⁶ This ignores the fact that donation itself is a process involving bodily labour through, for example, being injected with hormones, etc. Ute Kalender names it commodity work, ‘a work which produces and makes primary resources available.’⁴⁷

In countries where egg donations are legal, paid migrants with insecure ‘visa or residency status’ are often recruited as egg donors. In this case the position as a worker for primary resources and precarious citizenship are interwoven. For example in Spain, these are often migrants from eastern European countries.⁴⁸

Queer people have long been struggling to become valued citizens of a nation and are achieving it nowadays by supporting heterosexual couples in having a baby. Queer egg cells are particularly highly sought after and contribute to a homonormativity, if used for an assimilatory heterosexual family politics. In the case of the UK queer egg cells also contribute to a homonationality, when one’s state/country leads Europe in medical biotechnology.⁴⁹ Especially for

⁴⁶ Kalender, *op. cit.* note 32; M. Cooper, C. Waldby. From Reproductive Work to Regenerative Labour: The Female Body and the Stem Cell Industries. *Feminist Theory* 2010; 11:3: 3-22.

⁴⁷ Kalender, *op. cit.* note 32, p. 201.

⁴⁸ Ibid. S. Bergmann. Reproduktives Reisen. *Gen-ethischer Informationsdienst* 2011; 204: 33-5.

⁴⁹ J. van Reenen. Economic issues for the UK biotechnological sector. *New Genetics and Society* 2010; 21:2: 109-130.

regenerative medicine human egg cells are in high demand, e.g. for the recent mitochondrial replacement therapy. Thus, queer egg cells are now welcomed, because lesbian women have a 20% higher positive outcome in ARGTs⁵⁰ as they do not necessarily use ARGTs because they biologically suffer from sterility. It is often solely the reproductive sexual act, which is missing and this is why they make use of ARGT. In the UK lesbians are, at times, specifically targeted by fertilisation clinics for ‘egg-sharing’ programs, meaning that they donate their eggs and get the ART treatment cheaper or for free.⁵¹ These lesbians want to take advantage of ARTs, because they may want to use the egg of one partner to implant in the uterus of the other partner, so both share their bodily materials. Their donor eggs count as a primary resource of high quality for regenerative medicine (ARGTs, stem cell research, cloning). Queer egg donorship can therefore be seen as a form of reproductive citizenship.

These examples suggest a new economic aspect concerning biopower (producing and managing life). As Preciado explains: the thinking of the previous biopolitical regime was that sperm and eggs should be used/controlled for reproduction, but now the reproduction of *capital*, to make profit and to support

⁵⁰ Kalender, *op. cit.* note 32.

⁵¹ Ibid. E. Breitbach. Grossbritannien: Lesbische Frauen Sind Begehrt. *Die Wunschkindersseite* 2009. <http://www.wunschkindernet.net/aktuell/gesellschaft/ausland/lesbische-frauen-sind-begehrt-3344/> [Accessed 25 Nov 2013]; S. Goodchild. Fertility Clinics to Recruit More Lesbians as Egg Donors for IVF. *London Evening Standard* 2009. <http://www.standard.co.uk/news/fertility-clinics-to-recruit-more-lesbians-as-egg-donors-for-ivf-6754421.html> [Accessed 25 Nov 2013].

the economy of a country, is central.⁵² Sexual drive (lust), femininity and masculinity, heterosexuality and homosexuality are transformed into tangible realities, chemical substances, commercial molecules, bodies, human biotypes and into goods that can be exchanged by multinational pharma-industries⁵³ or the medical industrial complex.⁵⁴ J.K. Puar calls these procedures of using the body and body related concepts in a different way to make a profit ‘piecing’: ‘this piecing is not only about productive capacities, but also about extending the body experientially and extracting value not just from bodies but from body parts and particles.’⁵⁵

We need an alliance between those precarious human beings, who are mostly involved in the exchange of these bodily goods by the biomedical complex and pharma-industries, namely dis/abled, transgender, and intersex people and the commodity workers who make the bodily resources available, such as migrants or women of color, and/or eastern European, Russian and Ukrainian women, or military wives.

Dis/Ability & Citizenship

There are several points of importance for a queer bioethics of reproduction. People with dis/abilities have a long history of forced sterilization,

⁵² B. Preciado. 2008. *Testo Yonqui*. Madrid: Espasa Calpe.

⁵³ Ibid.

⁵⁴ Leibetseder, *op. cit.* note 28, p. 135-136.

⁵⁵ J.K. Puar. Bodies with New Organs: Becoming Trans, Becoming Disabled. *Social Text* 2015; 33:3: 45-73: 54.

because they are often seen as ‘unfit’ parents and are defined as asexual.

Depending on their disability, ARGTs can be their only option to reproduce, but some doctors do not recommend reproduction because of the fear of dis/abled offspring. Genetic testing and mitochondrial replacement in IVF often de-select and avoid dis/ability and thus differentiate between desirable and undesirable bodies.

If dis/abled people are ‘officially’ able/allowed to reproduce, it often depends on how their productivity is seen within a nation/state in order to achieve ‘full’ citizenship. Nicole Markotic and Robert MC Ruer termed this ‘*crip nationalism*’ in presuming that some disabilities are socially productive for national economies.⁵⁶ A similar concept by Sharon Snyder and David Mitchell is ‘*ablenationalism*’, the ‘implicit assumption that minimum levels of corporeal, intellectual, and sensory capacity, in conjunction with subjective aspects of aesthetic appearance, are required of citizens seeking to access the “full benefits” of citizenship.’⁵⁷

⁵⁶ Ibid; N. Markotic & R. McRuer. 2012. Leading with Your Head: On the Borders of Disability, Sexuality, and the Nation. In *Sex and Disability* R. McRuer & A. Mollow, eds. Durham, NC: Duke University Press. 165-182.

⁵⁷ J.K. Puar, *op. cit.* note 57. p. 49-50; S. L. Snyder & D.T. Mitchell. Introduction: Ablenationalism and the Geo-Politics of Disability. *Journal of Literary and Cultural Disability Studies* 2010; 4: 113-125.

An example for queering reproduction with non-normative babies, and therefore subverting the future ‘normed’ society⁵⁸, is the case of a deaf lesbian couple in Maryland, who wanted to have a deaf baby in the US and chose a deaf sperm donor, causing a public discussion whilst shaking up ‘the idea that a better future is one without disability and deafness’⁵⁹ and questioning what it means to have a healthy baby and what is the right decision in the best interests of the child.

In this case the boundaries of what counts as disability or ability, of what is healthy or sick are challenged, as there are different views from the deaf lesbian couple’s and from the able-bodied society. To erase these distinctions further there is also the opinion that deafness is not a disability but rather that deaf people are a linguistic and cultural minority who have high rates of intermarriage.⁶⁰ There is usually no public outcry, if a deaf heterosexual couple has deaf children, but there is, as seen in the example above, if they want to use ART. However, as gay couples need ART (or alternative, not medical, ways of assisted reproduction) to reproduce, Kafer concludes that ‘either deafness or

⁵⁸ This echos the anxiety that queer parents produce queer children and even if the child does not turn out to be queer, these parents ‘burden’ their children with having been born into a queer family, and influence their children with a queer lifestyle. ‘At sites where disability, queerness, and reproductive technologies converge, parents and prospective parents are often criticized and condemned for their alleged misuse of technology.’ A. Kafer. 2013. *Feminist Queer Crip*. Bloomington, IN: Indiana University Press. p. 69.

⁵⁹ Ibid: 70.

⁶⁰ Ibid: 75.

homosexuality in isolation would be permissible, but the combination is too abnormal, too disruptive, too queer, [...].⁶¹

The use of ARGTs is tied to the idea of helping and improving human kind, as technologies in general are seen as assisting in creating a better future. Queer and dis/abled people and people of color still have difficulties in accessing these technologies. As Dorothy Roberts has noted, black women do not get referred to fertility treatments as often as white women.⁶² The problem with access to ARGTs for people with disabilities is seen as a medical rather than a political issue. This is why it is hard to prove discrimination. The deaf lesbians couple's use of technology is viewed as improper, because ART should eliminate disability and not proliferate it.⁶³

The argument of the 'quality of life' or what is defined as a 'good or better life' that is often used against the reproduction of queer and dis/abled couples, has been condemned in a queer theoretical framework. In his queer ethics *The Trouble with Normal* Michael Warner explains that this rhetoric of the 'quality of life' disconnects the discussion from the political culture in hiding that there are different values or opinions out in the world, and 'different people

⁶¹ Ibid: 79.

⁶² Ibid; Roberts, *op.cit.* note 34; D.E. Roberts. 1999. *Killing the Black Body: Race, Reproduction, and the Meaning of Liberty*. NY: Vintage.

⁶³ Kafer, *op. cit.* note 60.

might want different qualities in their lives.’⁶⁴ People with dis/abilities have different experiences and therefore have diverse insights and knowledge. They know ‘alternative ways of being in the world’,⁶⁵ which are not necessarily worse ways of living than able-bodied and able-minded ones.

Trans & Citizenship

For trans people citizenship plays a major role regarding their opportunities for reproduction, because the law, as to whether they are required to have gender confirmation surgery⁶⁶ differs from country to country. If this surgery is legally required, it means that reproductive organs have to be removed. For example, in Europe there are still 23 countries, which demand such surgery.⁶⁷ The European Court of Human Rights decided in 2015, that the obligation of permanent infertility, which often comes with a legally required gender confirmation surgery, is not compatible with human rights.⁶⁸ Therefore, it is a human right to be permitted to reproduce and no law should diminish the reproductive possibilities of certain people. The reproductive capacities are

⁶⁴ Ibid: 83; M. Warner.1999. *The Trouble with Normal: Sex, Politics, and the Ethics of Queer Life*. Cambridge, MA: Harvard University Press. p. 183.

⁶⁵ Kafer, *op. cit.* note 60, p. 83.

⁶⁶ In medical and more mainstream terms this surgery is called gender reassignment surgery.

⁶⁷ Trans Rights Europe Map 2016. Norway abolished its requirement recently. 10 May 2016. http://tgeu.org/trans-rights_europe_map_2016/ [Accessed 14 Jun 2016].

⁶⁸ 10 Mar 2015. <http://tgeu.org/ecthr-ends-absurd-sterilisation-requirement-in-turkish-law/> [Accessed 14 Nov 2015].

controlled by the state in which the transgender person lives and therefore their citizenship decides if they are allowed to reproduce or not.

Some trans people who have/had hormone treatment and/or were sterilized, depend on the use of ARTs for procreation. Since 2001 the Standards of Care of the World Professional Association for Transgender Health (WPATH) ‘contains a paragraph that addresses the need to discuss reproductive issues with transsexual persons, prior to starting hormonal treatment.’⁶⁹ Regardless of whether a country requires gender affirmation surgery or not, these standards of care are valid in every state and transgender people should have equal access to and a fair treatment with ART if they want to reproduce.

However, not every fertility clinic accepts transgender people and even if they are admitted, they are often not treated respectfully. For example, the doctors often treat them quickly and impersonally and they have to pay higher storage fees for their eggs or sperm.⁷⁰ Existing studies show the reproductive

⁶⁹ WPATH. 2011. Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People. 7th Version. p. 50-52.

[https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20\(2\)\(1\).pdf](https://s3.amazonaws.com/amo_hub_content/Association140/files/Standards%20of%20Care%20V7%20-%202011%20WPATH%20(2)(1).pdf) [Accessed 8 Feb 2016].

⁷⁰ Stechyson, N. 2013. Transgender Pregnancy: The Last Frontier in Assisted Reproductive Technology. 6 February. http://www.calgaryherald.com/story_print.html?id=8947850&s [Accessed Apr 10 2014].

wish of transwomen is around 40% and for transmen it is around 54%.⁷¹ A recommendation of the ESHRE (European Society of Human Reproduction and Embryology) is that these reproductive technologies ‘in non-standard situations are morally sound in many cases’, ‘a categorical dismissal would imply discrimination’ and that ‘double standards to evaluate possible risk factor for the welfare of the child should not be used’.⁷²

QUEER NECROPOLITICS

If queer or trans people and people with dis/abilities are using ARGTs, we have to avoid the biocolonialism imbedded in such technologies.⁷³ In her book *Discounted Life: The Price of Global Surrogacy in India* (2015), Sharmila Rudrappa comes to the conclusion that these are technologies of life and death. In

⁷¹ Wierckx K., et al. Reproductive Wish in Transsexual Men. *Human Reproduction* 2012; 27: 483-487; de Sutter P., et al. The Desire to Have Children and the Preservation of Fertility in Transsexual Women: A Survey. *International Journal of Transgenderism* 2002; 6/3: 97-103.

⁷² De Wert G., et.al. ESHRE Task Force on Ethics and Law 23: Medically Assisted Reproduction in Singles, Lesbian and Gay Couples, and Transsexual People. *Human Reproduction* 2014; 29: 1859-1865.

⁷³ F.W. Twine pointed this out in her book *Outsourcing the Womb: Race, Class and Gestational Surrogacy in a Global Market* (2015) and many other scholars such as D. Deomampo, A. Whittaker, A. Pande, D.W. Riggs, K. Vora, etc.

a talk she argued that fertility markets are not so much aimed at life, but rather at death and are therefore ‘necromarkets’.⁷⁴

Transnational commercial surrogacy for queer people is therefore equally exploitative, as the exploitation is not annulled if the surrogacy is intended for queer parents. In his research on Danish gay men who made or are making families through surrogacy arrangements Michael Nebeling Peterson shows that these men are reconfigured as vital and reproductive, but ‘this new vital position is so fragile that it can only be embodied through the active exclusion of other kinship positions.’⁷⁵ Thus, with colonial logic and narratives such as these gay men want to give economic help and agency to poor Indian women and that

⁷⁴ ‘Markets in Life: Of Earthworms, Sugarcane Farmers, and Surrogate Mothers in Southern Karnataka, India’ delivered at the workshop ‘Making Families: Transnational Surrogacy, Queer Kinship & Reproductive Justice’ at UC Berkeley, 19 Feb 2016.

[https://www.youtube.com/watch?v=aG-d26CB-yg&index=7&list=PL-](https://www.youtube.com/watch?v=aG-d26CB-yg&index=7&list=PL-eKBeU4WBxYXjZnikLmaMB5qd2XQaWvL)

[eKBeU4WBxYXjZnikLmaMB5qd2XQaWvL](https://www.youtube.com/watch?v=aG-d26CB-yg&index=7&list=PL-eKBeU4WBxYXjZnikLmaMB5qd2XQaWvL). A summary of her presentation is also in:

Hosman, *op. cit.* note 25.

⁷⁵ M. Nebeling Petersen. 2015. Between Precarity and Privilege: Claiming Motherhood as Gay Fathers through Transnational Surrogacy. In *(In)Fertile Citizens: Anthropological and Legal Challenges of Assisted Reproduction Technologies*. V. Kantsa et al. eds, Athens: Alexandria Publications: 93-100.

‘Indians are more emotionally distanced’,⁷⁶ the surrogate mothers are de-vitalized.⁷⁷

However, a similar exploitation happens within the Global North with a class and race divide. Thus, Danish gay men who used American surrogates gave voice and contributed agency to their surrogate mothers, for example framing them as free, equal, independent and ‘a real power lady’. The intended parents underplayed the racial and economic difference between them, because ‘that could have disturbed the narrative about the free choice and will of the surrogate mothers.’⁷⁸ Nebeling reaches the conclusion that ‘[t]hrough a necropolitical lens, we could say that the vitalization of the gay man by enrolling into the heteronormative imperative of reproduction rests upon a de-vitalization of racialized, classed, and gendered Others.’⁷⁹ These phenomena are called *queer necropolitics* and are instances where ‘queer vitalities become cannibalistic on the disposing and abandonment of others’⁸⁰ and ‘[w]hen queer and trans politics are identified as parasitic.’⁸¹ LGBT transnational adoption is an example of queer necropolitics, because of the way, in which ‘the vitality of the figure of the transnational

⁷⁶ Ibid: 97.

⁷⁷ Ibid; K. Vora. Limits of ‘Labor’: Accounting for Affect and the Biological in Transnational Surrogacy and Service Work. *South Atlantic Quarterly* 2012; 111: 681–700.

⁷⁸ Nebeling Petersen, *op. cit.* note 77, p. 98.

⁷⁹ Ibid: 100.

⁸⁰ J. Haritaworn, A. Kuntsman, & S. Posocco, eds. 2014. *Queer Necropolitics*. NY: Routledge. p. XVI and 2.

⁸¹ Ibid: XVI.

adoptee was framed as an excess of life.’⁸² This is similar to the (cannibalistic) using of body parts of people of color, or migrants, (or of women, who need money), for LGBTIQ or dis/ability reproduction without caring about what happens to the former’s bodies and human beings after the delivery of the ‘product’.

CONCLUSION

Pointing out examples of queer necropolitics and finding strategies to avoid such a necropolitics is central for a queer bioethics, if it wants to fulfill its promises, as outlined by Fiester and Wahlert in 2012:

It places the ‘less powerful’ center-stage; it challenges the status quo and the presumptive legitimacy of the normative; it employs powerful intellectual resources from neighboring fields (Queer Theory, disability studies, medical humanities, and the history of medicine); and it challenges our complacency in the face of injustice and discrimination in medical encounters, systems, and policies.⁸³

It is urgent and about time, especially after the US president’s election in 2016, to place color, ethnicity, disability, class and citizenship on center-stage in a queer bioethics and to face the hidden spots that have been created so far. We have to continue asking the same questions in bioethics, which H. Brody has raised in

⁸² Ibid: 10; M. Nebeling Peterson & L. Myong. (Un)liveabilities: Homonationalism and Transnational Adoption. *Sexualities* 2015; 18: 329-345.

⁸³ Wahlert & Fiester, *op. cit.* note 5, p. ii.

2009 in *Future of Bioethics*: ‘Is bioethics succeeding in speaking truth to power? Is bioethics effectively taking the side of the relatively less powerful, or siding with those who would exploit them?’⁸⁴

Despite the challenges queer, trans, intersex people and people with dis/abilities face in ARGTs, we have to be aware of the possibilities of *queer necropolitics* and to avoid it. A way around this challenge is to give voice to all the people involved in ARGTs and to build alliances between them although they have different intersectionalities.

Acknowledgments

The author likes to acknowledge her Marie Skłodowska-Curie Fellowship, Nr. 749218 ‘Towards an Inclusive Common European Framework for Assisted Reproductive Technologies (ART): Queer Transgender Reproduction in the Age of ART. – QTReproART’, Horizon 2020, European Commission, for supporting her work. She also thanks the anonymous reviewers of this article and faculty of the Centre for Gender Research at Uppsala University, especially Prof. Gabriele Griffin and Ulrika Dahl, and attendants of the internal research seminar for their constructive feedback. This project was further supported in part by the Beatrice Bain Research Group (Department of Gender and Women’s Studies) and the CSTMS (Center for Science, Technology, Medicine and Society), University of California, Berkeley.

⁸⁴ Ibid; H. Brody. 2009. *The Future in Bioethics*. Oxford: Oxford University Press: 4.

