Blue binders of white donors: sorting race out in South African IVF

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By Tessa Moll

Miracle babies. The microscopic enchantments of embryos. The image of a woman holding that much-desired infant. In vitro fertilization, or IVF, is replete with awe-inducing imagery, often bordering on the near religious. Kylie, an embryologist I interviewed in Cape Town described the images of IVF as part of the inspiring stories that drew her into the field: "I watched a programme on TV once, and it was basically on embryology. And it was so interesting… It was just amazing to see that people can inject the sperm into the egg and then help people to form families."

In contrast, the day-to-day objects in an IVF clinic are often decidedly mundane. Part of Kylie's job tasks was to go through an Excel spreadsheet of patients with frozen biological material and send email after email with additional forms. She admitted that it was sometimes a little dull.

But as dull as they may look, binders, paperwork, and forms create and embed moral and social orders (Bowker and Star 1999). Such systems tend to fade into the background, concealing the political and ethical choices made in their construction. Moving these objects beyond dull encounters brings politics back to the fore. How do everyday questions and organizational schema create the infrastructures through which we come to understand certain realms of life in relationship to one another? What forms of 'unseen' work do these infrastructures do?

W, C or B?

I conducted 14 months of fieldwork in a fascinating area of biomedicine – IVF, a biomedical technology where eggs and sperm are alienated from the body, used to create embryos in a petri dish and eventually implanted into a womb. While assisted reproductive technologies has been a much-studied area of medical anthropology and science and technology studies in the last three decades, thus far South Africa has remained a blank page on the map of the global flows and markets for reproductive services. The country also has a particular history of bureacratization of

many areas of intimate life (Breckinridge 2014). During fieldwork, I spent time in embryology labs, andrology labs, genetic consultations, ovarian scans, pregnancy tests, psychology screenings of egg donors and in the online world of IVF. I saw eggs being injected with sperm, viewed eggs under a microscope and observed as couples held hands while doctors implanted an embryo into a woman's womb.

And yet, I can't forget a set of blue binders I saw early in my fieldwork. I first started thinking of the productive work of mundane medical infastructures when I saw Gillian, an embryologist, at one of the three clinics I observed, flipping through page after page of a bulky, three-ring binder. I asked what she, a trained embryologist, was doing searching through a binder for more than an hour? In fact this was the binder filled with the profiles of anonymous sperm donors. These were young men in South Africa that had "provided a sample" – to use the clinic language – for use in IVF, to create an embryo and *hopefully* a child for someone else. This binder that Gillian was flipping through was labeled "WHITE" and indeed every picture that accompanied a profile featured a young, white man. Gillian only needed this one binder, yet two more remained on the shelf. They were labeled "COLOURED" and "BLACK/OTHER". Indeed this echoed the codes that donors had attached to their files and the "straws", the containers for the frozen sperm. Each code began with a W, C, or B.

To certain audiences these may not seem mundane. But consider the thousands of forms one fills out in bureacratic life. "Name", "Date of Birth", and, especially in South Africa, very often "Race". Racial classification in South Africa, and particularly in the Cape, has a long and brutal history intertwined with imperial encounter, slavery, global scientific racism, modernity, and settler colonialism. The architects of apartheid were in part influenced by eugenicists of the early 20th century, many of whom had a clear impact in South African intellectual traditions (Dubow 1995). Yet with the reverberations of World War II and the decline in eugenicist thinking, apartheid architects entrenched racial difference through modes of 'culturist' and 'development logic'. This premised that the different racial groups of the country were not necessarily biologically different, but that different cultural groups required isolated development in order to prosper. Apartheid codified and entrenched segregation and bioculturalist theories of racial difference through a series of laws. This included registration of all persons by race, designation of certain areas by racial classification, and the prohibition of sexual relations and marriages between people of different races.

Despite the end of apartheid more than two decades ago, racial classification persists in everyday ways and means and modes of bureacratic reasoning. "Everyday practices of racial classification show

that a person is embedded in an already constituted field of racial meaning" writes Zimitri Erasmus (2017: 92) in her recent monograph on race in South Africa. Infrastructures, organizational schemas, profile questions and drop-down menus become technologies through which race materializes as a social "fact." Moreover, the design of these searching features renders race of primary significance, thus making it impossible to conceive of searching for donors by other factors.

Filling out forms, choosing race

For donors entering into this system, the first step is always an application – the first part of a screening process – that can range from 10 to 20 pages depending on the agency or clinic requirements. All invariably include questions on looks (hair colour, hair type, race, ethnic group, complexion, height, face shape and some include very detailed questions on face elements – please see picture below); "medical history" (such as drug usage, smoking and alcohol history, reproductive health, number of sexual partners, sexually transmitted diseases, and for women, pregnancies, children or abortions); detailed family medical and genetic history (some have a list of diseases for which one must tick as appropriate); professional and educational background (such as jobs and university, but sometimes also including family members, including grandparents and siblings); and "personality" questions ("If you had a free afternoon, what would you do?", to listing favorite movies, books, music, to ticking boxes of personality traits such as "introvert", "imaginative", "obedient", "indecisive", or "sneaky"). A donor would have to question – "Do I have straight, wavy or curly hair?" "Is my nose long, average, or short?" Filling out forms becomes a process through which donors siphon their differences into the easily provided categories. This is self-reported, but donors often additionally meet with clinic or egg agency staff and provide baby pictures.

Personal Details

Occupation	
If student what are you studying?	
Religion (or religion born into)	
Marital Status	
Children	
Have you donated sperm previously?	
Are you adopted?	

Physical Attributes

Height (m)	
Weight (kg)	
Shoe Size	
Clothing Size	
Blood Group	
Race	
Ethnic Origin (be specific)	
Predominant Hand	

Please Circle or Underline:

Facial Freckles	None	Few	Numerous	
Dimples	None	Slight	Medium	Deep
Holes	None	One	Several	Numerous
Mouth	Small	Average	Large	
Lips	Thin	Average	Full	

Nose Width	Narrow	Average	Wide	
Nose Length	Short	Average	Long	
Nose Bridge	Concave	Straight	Convex	
Eye Colour	Brown	Green	Blue	Other:
Eyes Set	Narrow	Average	Wide	
Eye Size	Small	Average	Large	
Eye Sight	Short	Normal	Far	
Eyebrow Arc	Flat	Medium	High	
Eyebrow Thickness	Thin	Medium	Thick	
Ear Size	Small	Average	Large	
Hair colour at birth	Black	Brown	Blonde	Red
Hair colour as adult	Black	Brown	Blonde	Red
Hair Texture	Fine	Medium	Coarse	
Hair Fullness	Thin	Medium	Thick	Balding
Hair Trait	Straight	Wavy	Curly	Very Curly
Dental condition	Poor	Fair	Excellent	Braces Yes No
Palette shape	Narrow	Average	Wide	Buck
Other distinguishing features (eg cleft chin)				

Selected pages from a sperm donor application

For recipients, the problem is searching through large databases or binders of donor profiles. Infrastructures differ depending on the agency, clinic or bank. Some use binders, folders and physical paper profiles, like Gillian's. Larger agencies have online databases, where recipient couples can select which race of donor they want by using prescribed drop-down menus. Many recipient couples also reported to me that they "didn't know what to look for" in a donor, and thus sought "expert advice". Others said they were "overwhelmed" by the mass of information on donors and the numbers of donors available. Another said that she worried she would miss something – either not see something about herself or not see something in a donor that could mean something in terms of their matching. A couple I spoke with said that they selected 'White' under race for the donor simply because they *had* to select something to cull the list of donors. Both the arbitrariness of how they describe selecting 'White' and the seeming 'obviousness' of using race as a sorting features belies the habituation of racial thinking, that race *means* something in selecting reproductive inheritance. Could recipients choose a different race? Or could we imagine choosing race "otherwise," to borrow Erasmus's (2017) expression; that there simply was no drop down search feature for race?

Clinic Location:

ALL (CPT, PE, DBN ⬍)

Ethnicity / Race:

✓ All
Asian
Black
Caucasian
Coloured – Mixed Race
Indian

Height (meters) min-max:

⬍ - ⬍

Age min-max:

⬍ - ⬍

Recently Added:

All ⬍

Name:

Search form in an online database of donors

Disconnection between these three referents – papers, person, and pictures – is part of the job of "matchers" to shore up. "Matchers" is the term I have assigned to this body of professionals in the IVF industry. Their actual professions include nursing sisters, IVF coordinators, egg donor agency professionals, psychologists, physicians and embryologists like Gillian who spend hours poring through binders, databases and folders filled with donor profiles to successfully "match" them with recipient couples. Their job is to provide a handful of choices for the recipient couples to make the final decision. But the job is to further ensure "matchability" on a choice that the recipients may have already made, to make sure that it is indeed a "good choice". Matching donors and recipients also requires translations, constantly negotiating axes of difference and similarities between the two profiles. On one occasion, for example, a donor told me that she was, as she put it, "grilled" by a fertility doctor who did not believe she matched her baby pictures. He looked at the baby photos and looked at the donor sitting in front of him and stated, "This is not you." After insisting that it was indeed her in the photos, the doctor proceeded to ask numerous questions about her parents, her grandparents, and her siblings' eye colour and professions. Matching additionally provides verifications and a constellation of references to this anonymous person, but the matcher is meant to provide the final conclusive validation that there is indeed matchability.

Drawing on philosopher Michael J. Monahan, Erasmus (2017) argues that racial classification draws on a politics of purity, that is that each category

is distinct, pure, and seemingly maps "onto a pure underlying reality". This creates exclusive categories – one cannot occupy more than one category. Thus, in the moment when I watched Gillian, she only needed the "White" binder. "Black/Other" and "Coloured" binders could be left on the shelf. Any "mixture" does not reveal the instability of categorization, but instead produces a new category –"Other" in the images of search terms, which would further have to be justified and explained in pictures interviews and profile sheets.

Race categories further afield

Such sorting procedures facilitate South Africa's role in the global market for donor eggs. South Africa has become a nexus of sorts for this market, receiving international patients who come to the country for donor eggs; and also the country from where many "travelling egg providers" live – those who go abroad to donate eggs, particularly for the international commercial surrogacy market. Owing to the geographic and economic dispersal of IVF patients, the eggs of white South African women have become a "hot commodity", as one local fertility specialist told me. One egg agency estimated that 50% of their clientele were international patients, and among these 70% were Australians. International patients I observed also came from the United Kingdom, United States, Uganda, Cameroon, Germany, Zimbabwe, and China. Those in the South African industry view these as discrete markets, cleaved by racial categorization: viewing white donors for the Global North and black donors "for the rest of Africa", as described to me by Dr Coetzee, a fertility specialist. These discrete markets are how egg agencies and clinics come to envision, advertise and recruit donors. On Facebook, agencies post variations of the advertisement pictured here:

Facebook advertisement seeking Indian egg donors

Indeed, this form of international travel to and from South Africa appears from all accounts to be growing. At the detailed, and yes, boring level of binders and papers and profiles, it is important to understand the politics of infrastructure systems that fade from view as they become part of our everyday. Further, it shows how the infrastructures of the donor system come to imagine and divide populations through habituated categories of race. It raises the question of how we come to see such categories – identifiable features, selections on a drop down menu, tick boxes – as not only indelible to our selves but as factors that make donors commodifiable and "marketable" in a increasingly intensified capitalist exchange for reproductive material. How these questions are asked and the context in which they are asked allows us to question how race sediments in relation with questions, queries and categorizations that come to define us as persons.

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References

Bowker, G.C. & Star, S.L. 2000. *Sorting Things Out: Classification and Its Consequences*. Cambridge: MIT Press.

Breckenridge, K., 2014. *The Biometric State: The Global Politics of Identification and Surveillance in South Africa, 1850 to the Present*. Cambridge: Cambridge University Press.

Dubow, S. 1995. *Scientific racism in modern South Africa*, Cambridge: Cambridge University Press.

Erasmus, Z. 2017. *Race Otherwise: Forging a New Humanism for South Africa*. Johannesburg: Wits University Press.

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