Introduction

Rushing from class at the university to her job downtown, Megan tuned in to the radio and half listened to an advertisement calling on young women to give the gift of life. Her ears perked up on hearing that financial compensation would be offered to those who are caring, healthy, and willing to help infertile couples have a child. Thinking about the tuition bill that was coming due next semester, she decided to call for more information. The men at Megan's school hear a different kind of pitch. Flipping through the pages of the college newspaper, they might come across a cartoon drawing of sperm floating above a call for a few good men, those who are healthy, in their twenties or thirties, and in pursuit or possession of a university degree. The copy suggests that they put their sperm to work and "get paid for what you're already doing." These ads are for egg donors and sperm donors, women and men who

are paid to provide sex cells to people who are using reproductive technologies to have children.

Unimaginable until the twentieth century, the practice of clinically transferring eggs and sperm from body to body is now part of a multibillion dollar market.[1] Hundreds of fertility clinics in the United States offer services ranging from artificial insemination to more complicated procedures such as *in vitro* fertilization (IVF), and they are dependent on a constant supply of sex cells for clients who do not have or cannot use their own eggs and sperm. Tens of thousands of children have been born as a result of such technologies, and the number of people attempting to conceive via assisted reproduction rises every year.[2]

Although it would be shocking to see a child listed for sale and it is illegal to sell one's organs, it is routine for egg and sperm donors to receive financial compensation. Payments to women in the United States range from a few thousand to tens of thousands of dollars, depending on the characteristics of the donor and the program where she is donating.[3] In contrast, there is much less variation in the rates paid to men; most sperm banks offer around $100 per sample.

Despite the monetary exchange, staffers in egg agencies and sperm banks consistently refer to this practice as "donation." Depending on the sex of the donor, though, there are subtle differences in how donation is understood, differences that are already apparent in the language of the ads mentioned above: egg donation is portrayed as an altruistic gift while sperm donation is considered an easy job. Given that eggs and sperm are similar kinds of cells—each contains half of the genetic material needed to create an embryo—what explains these different understandings?

The answer to this question is not reducible to biology or technology. In this book, I bring together sociological theories of the market with gendered theories of the body to create a framework for analyzing markets for bodily goods, both in terms of how such markets are organized and in how they are experienced. Eggs and sperm are parallel bodily goods. But they are produced by differently sexed bodies, and looking closely at this market reveals the extent to which it is shaped by economic and cultural understandings of biological sex differences as well as gendered expectations of women and men. The chapters that follow offer an inside

look at egg agencies and sperm banks. Listening to the staff who organize the market and hearing from the donors who sustain it reveals the many ways in which the gendered framing of donation as a gift or a job matters: it influences how donation programs do business, and it profoundly affects the women and men whose sex cells are being purchased.

MARKETS FOR BODILY GOODS: FROM SEX TO CELLS

Commodification of the body—a process in which economic value is assigned to bodily services or goods—has long generated heated debates that only grow more intense as the number and kind of goods for sale increase. There is, of course, prostitution, the "oldest profession," which has undergone enormous changes in the last few decades as evolving transportation and communication technologies have provided new opportunities for people to buy and sell sex. In medicine, eighteenth-century scientists began to evince a ghoulish need for corpses to sustain and nurture their burgeoning knowledge of human anatomy. More recently, the development of surgical techniques and transplant medicine has fostered demand for various body parts, from blood and organs to bone marrow and even faces.[4] But it is in the realm of reproduction, where there has been an explosion in the use of medical technologies to have children, that some of the most pointed questions about markets for bodily goods have been raised.

Infertility, a condition barely spoken of at the beginning of the twentieth century, is now defined as a medical problem and routinely discussed on daytime talk shows and in the pages of the *New York Times*.[5] Affecting roughly 10% of the population, infertility can often be traced to physical problems such as blocked fallopian tubes or low sperm count. However, demographic trends and changing cultural norms have also contributed to an increased reliance on reproductive technologies. More women than ever are seeking higher education and participating in the labor force, and as a result, some choose to delay childbearing.[6] Gays and lesbians, whose reproductive decisions have become more visible as they advocate for rights associated with marriage and parenthood, are

also increasingly turning to the medical profession for help in conceiving children.[7]

The technologies currently offered are the result of centuries of reproductive experimentation. The first attempts at artificial insemination began in the late 1700s, but it was more than a century before the use of *donated* sperm was reported in the medical literature. Today, insemination involves the use of a syringe to place semen into a woman's vagina or uterus. Vaginal inseminations are fairly simple, and some women opt to perform this procedure at home; however, intrauterine inseminations are typically performed in medical settings.[8]

Experiments with IVF began in the 1930s but did not result in a human birth until 1978, and success with *donated* eggs followed just a few years later.[9] Today, an IVF cycle involves a woman self-injecting fertility medications for several weeks, which stimulates the ovaries to produce multiple eggs that are then removed in outpatient surgery. Eggs and sperm (also called "gametes") are mixed together in the lab, and if viable embryos result, a few are placed in the woman's uterus.[10] People who use insemination or IVF to conceive generally prefer to use their own eggs or sperm, but some must turn to egg and/or sperm donors. Those who cannot sustain a pregnancy might opt to engage the gestational services of a surrogate mother.[11]

In undergoing the first part of an IVF cycle, egg donors face short-term risks associated with both the fertility drugs and the egg retrieval surgery, risks that include ovarian hyperstimulation syndrome, infection, bleeding, and complications from the anesthesia. The American Society for Reproductive Medicine (ASRM) estimates the risk of serious complications to be around 1%, and the few empirical studies that have been conducted find similar rates.[12] There is very little research on the long-term effects of undergoing IVF, which has led to calls for an egg donor registry to track young women who are exposed to fertility medications early in life.[13]

There are no physical risks associated with sperm donation, but men's activities are restricted for a much longer period of time than egg donors'. Most programs require that men commit to producing samples by masturbating at the sperm bank at least once a week for an entire year,

and each donation must be preceded by two days of abstinence from sexual activity. If the sample meets bank standards for sperm count and semen volume, it will be frozen and stored in the bank's offices until it is purchased by recipients for use in insemination.

The United States has responded to technological interventions in reproduction with far less regulation than other countries. For example, Britain's Warnock Report, issued in 1984, resulted in the Human Fertilization and Embryology Authority (HFEA), which monitors and makes policy on all aspects of assisted reproduction.[14] The HFEA sets compensation for egg and sperm donors at very low levels, and in 2005, it eliminated anonymous donation, requiring that identifying information about donors be shared with offspring at age eighteen. In contrast, the United States' laissez-faire approach has permitted the existence of fairly open markets for reproductive goods and services. Starting in 1992, Congress required that fertility clinics report the number of procedures performed each year as well as what proportion are successful. But there are no federal requirements regarding payments to donors, and ethical determinations about other aspects of egg and sperm donation are left to professional societies such as ASRM, which have very little power to enforce the guidelines they issue.[15]

THEORIZING BODILY COMMODIFICATION

The issue of bodily commodification has drawn sustained attention from scholars in many disciplines, from law, philosophy, and ethics to history, sociology, and anthropology. Despite all this attention, though, there remains a schism in the wide-ranging literature. On one side, scholars conceptualize commodification as uniform; the simple fact that money is exchanged for all or part of a human being is fundamental in shaping the market. On the other side, scholars contend that the exchange of money for bodily goods and services is a variable social process; it can proceed in many different ways and be imbued with many different meanings.

The first view has a longer history and more adherents. There are a few in this camp who are unabashedly pro-commodification, arguing

for open markets for sex, children, organs, and the like.[16] But the vast majority of scholars in this area have been sharply critical of assigning economic value to bodies, contending that the effects of doing so are uniformly negative. Richard Titmuss' classic study of blood donation provides just one example. When he was conducting research in the 1960s, the United States relied on a hodgepodge system of paid and voluntary donors, which he compared with the wholly voluntary, centralized blood collection system in the United Kingdom. Titmuss concluded that altruism-based systems like the UK's produce safer blood and are morally preferable to payment-based systems, writing, "blood as a living tissue may now constitute in Western societies one of the ultimate tests of where the 'social' begins and the 'economic' ends."[17]

Writing about egg donation twenty-five years later, bioethicist Thomas Murray revealed a similarly dichotomous view of society and economy when he asks,

> Are children more likely to flourish in a culture where making children is governed by the same rules that govern the making of automobiles or VCRs? Or is their flourishing more assured in a culture where making children . . . is treated as a sphere separate from the marketplace? A sphere governed by the ethics of gift and relationship, not contract and commerce?[18]

Indeed, deeply embedded in this first view is the assumption that bodily commodification is harmful, both for the society and for the individual. In tracing the stigma associated with earning money through the use of one's body from the ancient Greeks to the present, philosopher Martha Nussbaum bluntly summarizes the prevailing opinion. "It is widely believed . . . that taking money or entering into contracts in connection with the use of one's sexual and reproductive capacities is genuinely bad."[19] In the following laundry list, Titmuss specified all the ways in which he believes paying for blood produces negative effects.

> The commercialization of blood and donor relationships represses the expression of altruism, erodes the sense of community, lowers scientific standards, limits both personal and professional freedoms, sanctions the

> making of profits in hospitals and clinical laboratories, legalizes hostility between doctor and patient, subjects critical areas of medicine to the laws of the marketplace, places immense social costs on those least able to bear them—the poor, the sick, and the inept—increases the danger of unethical behavior in various sectors of medical science and practice, and results in situations in which proportionately more and more blood is supplied by the poor, the unskilled, the unemployed. . . ."[20]

In sum, abstract distinctions—economic/social and commodity/gift—undergird this first view of commodification as uniformly degrading: when the market expands to incorporate bodily goods, social relations are invariably threatened.

On the other side of the schism in this literature is a view based on the opposite assumption, which is that markets and social life are inextricably intertwined. Economic processes are shaped by social factors and vice versa. One leading proponent of this second view is Viviana Zelizer, a sociologist whose research has spanned the emerging market for life insurance, the changing cultural and economic value of children, and the social and legal interpretations of monetary exchanges in intimate relationships.[21] Based on this research, she has formulated a sociological model of markets in which economic, cultural, and structural factors interact. Zelizer notes, "As an interactive model, it precludes not only economic absolutism but also cultural determinism or social structural reductionism in the analysis of economic processes."[22]

In allowing for the possibility of variation in how markets are configured, this model opens up the theoretical prospect that commodification can have various and multiple effects on those who participate in such markets. In this way, the work of Zelizer and others contests the idea that commodification is inherently or solely detrimental. For example, legal scholar Margaret Jane Radin has endeavored to better understand the "complexities of commodification as we experience it. These complexities include the plurality of meanings of any particular interaction, the dynamic nature of these meanings (their instability), and the possible effects (good or ill) in the world of either promoting or trying to forestall a commodified understanding of something that we have previously valued in a noneconomic way."[23] Likewise, Kieran Healy's sociological

analyses of blood and organ donation challenge normative assumptions, such as those in Titmuss' work, about the evils of the marketplace and the benefits of gift exchange. Healy concludes, "The idea that markets inevitably corrupt is not tenable precisely *because* they are embedded within social relations, cultural categories, and institutional routines."[24]

Debates about commodification are so extensive because they are so crucial, and thus it is important to directly address this schism. *Is the process of bodily commodification uniform or variable? If there is variation in how markets for bodily goods are organized, to what extent does that variation affect the experience of being paid for bodily goods?* Asking the question in this way builds upon previous research but is innovative in that it clearly delineates two aspects of bodily commodification: the *organization* of the market and the *experience* of the market. Scholars who assume commodification is uniform have not had cause to ask these questions, while those who attend to variation have generally focused on the organization of markets, paying less attention to the embodied experience of commodification. In the next two sections, I develop a theoretical framework to address each of these two levels of analysis.

ORGANIZING THE MARKET: SEX, GENDER, AND THE VALUE OF BODILY GOODS

In bringing together economic, cultural, and structural factors, Zelizer's sociological model of a market is a useful starting point, but to analyze the organization of markets for bodily goods, I find it necessary to incorporate biological factors into the framework. Doing so allows for the explicit accounting of different kinds of bodies and different kinds of bodily goods in studies of bodily commodification. In this book, I focus on a particular kind of bodily difference, that of sex. So, in this case, taking biological factors into consideration involves conceptualizing eggs and sperm as cells that are associated with female and male bodies, as well as gendered expectations of women and men.

Here, I am drawing on a long-standing distinction in feminist theory between "sex," which is defined as biological differences between females

and males, and "gender," which is defined as the cultural meanings attributed to those biological differences.[25] In general, social scientists have paid more attention to gender and downplayed biological sex differences. However, as Sylvia Yanagisako and Jane Collier note, the failure to analyze sex is a mistake because "having conceded sex differences to biology in the interest of establishing our scholarly authority over socially and culturally constituted gender differences, we have limited our project and legitimized assumptions about sexual difference that return to haunt our theories of gender."[26]

The challenge lies in incorporating biological factors into sociological analyses without reverting to an essentialist tautology, in which sex differences are the beginning and end of explanations for gender inequality. As a way out of this conundrum, Judith Butler suggests a social constructionist approach that acknowledges bodily differences but contends that bodies are anything but empty, "natural" vessels waiting to be filled with cultural meaning. Instead, she argues that bodies themselves (their differences and similarities) cannot be understood outside of social processes, which means that sex differences are just as socially constructed as gender differences.[27] This perspective, with its analytical openness to variation in how sex is constructed—or more specifically for the purposes of this study, in how biology is valued—sits well within a theoretical framework that allows for variation in how biological factors come together with cultural factors, structural factors, and economic factors to shape markets.

If the valuation of biology is inseparable from these other factors, then bodies do not contain inherent and unchanging value, and it becomes important to think through the various ways in which the worth of sex cells might be established. The first possibility is that eggs and sperm will be equally valued. This may be due to *biological* symmetry, in that eggs and sperm each contain twenty-three chromosomes and creating an embryo requires one egg from one woman and one sperm from one man. Or it may result from *structural* symmetry, in that both egg and sperm donors are recruited by donation programs to produce genetic material for sale to recipient clients, who will conceive children to whom the donors have no responsibility.

The second possibility is that eggs and sperm will be differently valued. After all, these cells are produced by differently sexed bodies. Female bodies have a limited supply of eggs while men's supply of sperm is continually replenished, and extracting eggs entails risk and pain that extracting sperm does not. These *biological* differences may result in an understanding of eggs as a scarce resource, and *economic* mechanisms associated with the pressures of supply and demand may result in women's donation being more highly valued than men's.

Shifting the emphasis to *cultural* and *structural* factors suggests the opposite outcome: broader patterns of gender inequality will result in men's donation being more highly valued than women's. In her research on descriptions of eggs and sperm in medical textbooks, Emily Martin finds that "cultural ideas about passive females and heroic males [are imported] into the 'personalities' of gametes."[28] If a similar pattern holds in the market for sex cells, sperm will be more valued than eggs. Another possibility is that egg agencies and sperm banks consider donors to be reproductive service workers. Given that there is persistent income inequality by sex, trends that are exacerbated in service work and care work,[29] it is possible that sperm donors will be more valued than egg donors.

However, it may be *cultural* norms associated with the family, not the workplace, that influence processes of valuation in this market, as these bodily goods are intended to help people have children. Traditionally, ideals of femininity and motherhood have portrayed women as denizens of the private sphere who are selfless, caring, and devoted to others, while ideals of masculinity and fatherhood situate men as hardworking, emotionally distant breadwinners who inhabit the public sphere. These distinctions are nicely summed up by Julie Nelson and Paula England, who write that "women, love, altruism and the family are, as a group, [viewed as] radically separate and opposite from men, self-interested rationality, work and market exchange."[30] Thus, it is possible that women donating eggs will be perceived as altruistic helpers who want nothing more than for recipients to have families, while men donating sperm will be construed as employees performing a job with little care for the bank's customers.

In the first part of the book, I demonstrate how these factors—biological bodies, economic mechanisms, and gendered cultural norms—interact

within the structural context of donation programs to produce variation in the organization of the market, both in terms of how sex cells are valued and in the expectations placed on egg and sperm donors. The end result is that eggs are more highly valued than sperm, and egg donation is understood as a gift while sperm donation is considered a job. The next question is whether such variation influences women's and men's experiences of bodily commodification.

EXPERIENCING THE MARKET: GIFT RHETORIC, EMOTIONAL LABOR, AND BEING A PAID DONOR

The market for sex cells incorporates both financial compensation and the language of donation, a combination that appears oxymoronic at first glance. The reason that paid donation sounds so incongruous is the long-standing assumption that gifts and commodities are not only completely distinct from one another, but are also very different kinds of things. Arjun Appadurai traced this assumption among social scientists to the different legacies of Marcel Mauss and Karl Marx, providing the following summary.

> Gifts, and the spirit of reciprocity, sociability, and spontaneity in which they are typically exchanged, usually are starkly opposed to the profit-oriented, self-centered, and calculated spirit that fires the circulation of commodities. Further, where gifts link things to persons and embed the flow of things in the flow of social relations, commodities are held to represent the drive—largely free of moral or cultural constraints—of goods for one another, a drive mediated by money and not by sociality.[31]

In an echo of Zelizer's argument, Appadurai considers this dichotomy to be an oversimplified depiction of economic life, and he has encouraged scholars to trace the social life of things. In particular, he underscores the possibility that the same thing can sometimes be both a gift and a commodity, albeit at different points in its trajectory. Lesley Sharp pushes this point further, drawing on research in organ donation to contend that multiple understandings of the same bodily good might be operating at the *same* time, especially in medical settings. For the deceased's

kin, a donated organ is a part of the family that lives on; for the recipient, it is a lifesaving gift; for the doctors, it is a valuable commodity that should not be "wasted" on an undeserving recipient. Sharp concludes, "The language of gift exchange may obscure capitalist forms of commodification. In other words, two models of commodification might be at work simultaneously, one more akin to Mauss's understanding of the symbolically charged gift and reciprocity, the other to Marx's notion of commodities as goods produced under the alienating conditions of capitalism."[32]

The question is whether these various understandings *matter* for the people whose bodies are being commodified. What happens when paid donation is considered to be more of a gift or more of a job? Shifting the focus from determining which things are actually gifts or actually commodities to comparing the use of gift rhetoric and commodity rhetoric makes possible an analysis of whether commodified exchange can be experienced in different ways.[33]

The first possibility is that framing donation as a gift or a job makes no difference whatsoever. It is merely language that "obscures," to use Sharp's word, what is really going on. This is a common theoretical vision of bodily commodification, one that also appears in Nancy Scheper-Hughes' definition of it as "encompassing all capitalized economic relations between humans in which human bodies are the token of economic exchanges that are often *masked* by something else – love, altruism, pleasure, kindness."[34] These scholars echo the view of Titmuss and others that the monetary exchange is fundamental, that commodification is inherently objectifying and alienating, and calling it something else does nothing to change the experience of being paid for bodily goods.

The second possibility is that these gendered frames do have consequences. Given that gift exchange is traditionally associated with affective ties and reciprocity while commodified exchange is marked by contractual relations that conclude when payment is rendered, it is possible that even just the use of gift language evokes a sense of sociability, a sense of connection between donor and recipient that is more durable and lasting than would be expected given the monetary exchange. This is especially plausible in a market for genetic material, as eggs and sperm

are purchased in the hopes of conceiving children. Our culture's emphasis on biogenetic ties in defining kinship may mean that donors are considered more as family than as strangers.

However, forging such connections may result in the expectation that donors and recipients demonstrate care and concern for one another, a form of emotional work. Arlie Hochschild originally formulated the concept of "emotional labor" in her study comparing female flight attendants, who had to exhibit empathy for the customer's every concern, with male debt collectors, who had to manufacture anger with debtors over the phone. Subsequent studies have revealed that these sorts of gendered expectations for emotional work appear in many kinds of employment, and they are based in large part on the cultural norms of nurturing femininity and distant masculinity discussed in the previous section.[35]

More recent research on emotional labor suggests that it may be experienced as more than just coercive and alienating. In a study of nursing home workers, Steven Lopez finds that meaningful interactions can result from "organizational attempts to create hospitable conditions for the development of caring relationships between service providers and recipients."[36] This raises the possibility that instilling an emotional connection between gamete donor and recipient may forestall feelings of alienation, in that both parties are offered an alternative narrative to the stigmatized story of handing over cash for body parts.

Since the dominant assumption has been that bodily commodification is inherently and uniformly degrading, there has been relatively little empirical research on the experiences of those who participate in such markets, including the market for sex cells.[37] There is a rich tradition of sociological and anthropological research on reproduction, some of which includes discussions of commodification, but most of it centers on pregnancy, abortion, and birth, so there is little known about men's experiences in this realm.[38] In general, there has been less concern about the commodification of men's bodies.[39]

Thus, I devote the second part of the book to analyzing how egg and sperm donors experience bodily commodification. First, I examine how they describe the physical aspects of donation, assessing whether being paid to undergo IVF or engage in routine masturbation alters the

experience of these embodied processes. Second, I compare how egg and sperm donors define the money they receive with special attention to whether they consider it a gift for the gift they have given or wages for a job well done. Third, I look at how women and men respond to the possibility that biological offspring may result from their donations and analyze whether they identify their genetic connection as familial. Through close empirical attention to what happens when commodified exchange is mixed with gift rhetoric and when it is not, I find that the simple fact of payment does not solely determine the experience of commodification. Instead, I argue that organizing paid donation as a gift or a job has real consequences; it affects egg and sperm donors' physical experiences, as well as how they conceptualize what it is they are being paid to do.

DATA AND METHODS

To study how the medical market for sex cells is organized and experienced, I collected data on egg and sperm donation in the United States. Most of the data come from six donation programs, where I interviewed a total of forty-five staff members, nineteen egg donors, and twenty sperm donors between 2002 and 2006. These six programs vary in terms of which gametes they provide (eggs or sperm or both), tax status, size, geographic location, and longevity (see Table 1).

CryoCorp is one of the oldest and largest commercial sperm banks. It was started by a physician in the 1970s to serve infertile couples. OvaCorp is one of the oldest and largest commercial egg agencies. It expanded on a successful surrogacy business in the late 1980s to offer egg donation. Both programs run several offices in different parts of the country, but my research was limited to their West Coast locations. (All programs and people have been assigned pseudonyms. CryoCorp and OvaCorp have similar names not because of any relationship between the two programs but to indicate the symmetry in their organizational characteristics and their status as industry leaders.)

Western Sperm Bank is the only nonprofit sperm bank in the United States. With roots in the feminist women's health movement, it opened

Table 1 Overview of Donation Program Characteristics and Data Collection

	CryoCorp	*Western Sperm Bank*	*OvaCorp*	*Creative Beginnings*	*Gametes Inc.*	*University Fertility Services*
Program characteristics						
Gametes offered	Sperm	Sperm	Eggs	Eggs	Sperm, Eggs	Sperm, Eggs
Type	Commercial	Nonprofit	Commercial	Commercial	Commercial	University
Size	Large	Small	Large	Medium	Large	Small
Location	West	West	West	West	Southeast	Southeast
Founded	1977	1982	1989	1999	1975 (Sperm) 2003 (Eggs)	1985 (Sperm) 1993 (Eggs)
Data collected						
Years	2002, 2006	2002, 2004	2002	2002	2006	2005, 2006
Interviews	10 Staff	4 Staff 6 Sperm Donors	5 Staff 5 Egg Donors	7 Staff 6 Egg Donors	11 Staff 6 Egg Donors 14 Sperm Donors	8 Staff 2 Egg Donors
Observation			1 Day	6 Days	7 Days	7 Days
Donor profiles	125 Sperm	44 Sperm	466 Egg	129 Egg	112 Sperm 75 Egg	57 Sperm 149 Egg

in the early 1980s and maintains a small program on the West Coast. Creative Beginnings is a commercial egg agency on the West Coast that had been open for just a few years, but the founder/executive director had worked in infertility clinics for several decades. Gametes Inc., located in the Southeast, opened in the 1970s as a sperm bank and is similar to CryoCorp in age and size. However, it differs from CryoCorp in that it offers both sperm and eggs; it expanded on its established sperm bank business by opening an egg agency in the early 2000s. University Fertility Services is also located in the Southeast, and it is part of a major research university's department of obstetrics and gynecology. In an offsite women's health clinic designed for those with private insurance, the physicians and nurses run a small sperm and egg donation program to serve their infertility patients.[40]

In each of these six programs, I interviewed staff at all levels, including those with decision-making authority, such as founders and executive directors, and those who have the most contact with donors, including coordinators, office assistants, and lab technicians.[41] I asked open-ended questions about donor recruitment, the procedures for screening and monitoring those who were accepted into the program, payment protocols, and how the staff would define a "good donor" as well as reasons why applicants might be rejected. Most of the interviews with staff lasted between thirty and sixty minutes, but a few were as short as fifteen minutes, and some went on for several hours over several meetings.

My request to interview donors in these same programs was granted in all four egg agencies, but I was only able to interview sperm donors from two of the four sperm banks.[42] At Creative Beginnings and University Fertility Services' egg donation program, I selected donors to interview. At Gametes Inc., the staff asked all of the sperm donors who came by the week I was there whether they would be willing to speak with me. At OvaCorp, Western Sperm Bank, and Gametes Inc.'s egg donation program, the donor coordinator chose a group of donors for me to contact after checking in with them first about their willingness to be interviewed. To the extent possible, I asked the donor coordinators to select donors of different ages, racial/ethnic backgrounds, occupations, and parental status (i.e., whether the donor had children of his/her own).

In total, I spoke with nineteen egg donors and twenty sperm donors, ranging in age from 19 to 46. Many donors were still in school, and both those who were students and those who were not had a wide variety of occupations. The majority of donors were single. Seven women and two men had children of their own (see Appendix A for more information about the donors' characteristics). Nearly all of the sperm donors are "identity release," meaning they have agreed to let the sperm bank share identifying information with interested offspring after the children turn eighteen.[43] (Egg donation programs do not generally offer identity-release programs.)

As I was interested in whether the experience of donation changed over time, I interviewed donors who were at various stages in the process: those who had applied to donate but not yet started, those who were in the midst of donating, and those who had donated several years before our interview. I asked open-ended questions about their experiences, including how they first decided to pursue donation, what they thought of the screening process, where donation fit into their daily lives and their financial situations, and about their relationships with program staff, recipients, and offspring. The average egg donor interview lasted a little more than ninety minutes while the average sperm donor interview lasted about sixty minutes.[44]

From the files and websites of these same six programs, I collected more than a thousand donor profiles, which are designed to help recipients choose a donor but which also provide a demographic portrait of each program (see Appendix B). In programs that allowed it, I also spent several days observing daily business practices with a focus on how staff interacted with one another, with donors, and with recipients. The observations allowed me to compare what the staff reported in interviews with how they responded to everyday situations. I usually had my tape recorder running, and I jotted brief notes that I wrote up as more extensive field notes at the end of each day. I also gathered written materials such as office protocols, advertisements for donors, legal contracts, and informed consent forms.

In addition to research at contemporary donation programs, I studied the historical development of the market for sex cells. Beginning in 2005,

I conducted historical interviews with prominent physician–researchers and others who had been in the field of assisted reproduction for decades. Many worked in Southern California, a hotbed of both technological developments in assisted reproduction and their commercialization. Those who are mentioned in this book include a university-based physician–researcher who has served as president of ASRM and editor of *Fertility and Sterility*; a second physician–researcher who pioneered IVF with egg donation at a university before starting his own fertility practice and later served as president of the Society for Assisted Reproductive Technology (SART) (the nurse-coordinator who ran this physician's egg donation program in the late 1980s opened Creative Beginnings in the late 1990s); a third physician–researcher who has published widely about egg donation since the mid-1980s and who is currently chief of reproductive endocrinology and infertility at his university; and a therapist who founded a commercial egg agency that was one of the earliest and is now among the largest programs in the country. Most of these interviews lasted between thirty and sixty minutes.

To supplement these historical interviews, I read articles published in *Fertility and Sterility,* starting with its inception in 1950 and going through 2005, both to verify dates and also to gather information about how donation happened in other times and places. I searched LexisNexis for newspaper and magazine articles about the six donation programs where I did research. I also attended several medical conferences to observe clinicians discussing gamete donation. Finally, to analyze the visual and linguistic strategies used to recruit egg and sperm donors, I collected a national sample of newspaper advertisements from top universities and major media markets in 2006.

All of the interviews were conducted in person, recorded, transcribed in full, and entered into Nvivo, a software program that facilitates coding. To code the staff interviews, I relied on a chronological accounting of the donation process, which is most clearly visible in the structure of Chapter 2. For the donor interviews, I created forty codes based on my theoretical interests and themes that emerged from reading the transcripts.[45] I analyzed the interviews, observations, and historical materials with several different themes in mind, including the relationship

between the historical development of the market and its contemporary organization, the organization of the donation process in different kinds of programs, and how different kinds of donors experienced bodily commodification. Most of the interview excerpts from staff, donors, and founders have been edited for brevity and clarity.

OVERVIEW OF THE BOOK

The first part of the book examines the organization of the market for sex cells, and the second part of the book analyzes egg and sperm donors' experiences in that market. Chapter 1 traces the emergence of the market for sperm and eggs, from the secretive history of artificial insemination at the beginning of the twentieth century to the development of IVF with donated eggs in the 1980s. Nested within this broader history, I explore the development of organizational protocols for managing the production of bodily goods in each of the six donation programs where I did research. Physicians running the earliest sperm banks emphasized anonymity and considered donation a quick task to be performed in exchange for cash. This provided an already-established model of gamete donation by the time it became possible for women to provide eggs, but physicians had different expectations for egg donors than they had had for sperm donors. They relaxed their requirements for anonymity and sought altruistic women who were donating for the "right reasons," that is, women who wanted to help infertile couples have families.

As physicians ceded control over the procurement of sex cells to commercial agencies, these gendered understandings of donation carried over into contemporary programs. Chapter 2 is a detailed comparison of two sperm banks and two egg agencies, where staff rely on extensive screening rubrics in determining who is allowed to be a donor and assign economic value to cells based on the type of person producing them. Drawing on cultural ideals of maternal femininity and paternal masculinity, staff frame egg donation as a gift and sperm donation as a job. This rhetoric combines with systematically different strategies for managing the monetary exchange to produce gender-specific regimes of bodily commodification.

Turning to the donors, Chapter 3 describes how they incorporate donation into their daily lives: women managing their bodies through the shots and surgery of IVF and men managing their bodies through routine masturbation and abstinence. In conversation with previous research, I look at how infertile women and egg donors talk about IVF and find that the embodied experience of this technology differs if women are doing it for pregnancy or for profit. Analogously, I analyze how men experience masturbation if they are doing so for pleasure or for profit and find that being a sperm donor requires a surprising amount of bodily discipline.

Turning from the donors' physical experiences to how they conceptualize the money they receive, Chapter 4 reveals that most women and men are motivated to donate by the prospect of financial compensation, and they spend the money in similar ways. However, as they go through the process of donation and interact with staff, egg donors mobilize gift rhetoric in defining what it is they are being paid to do while sperm donors rely on employment rhetoric in categorizing donation as a job. More than just language that "obscures" or "masks" what is really going on, these gendered conceptualizations of donation have consequences. Women talk with pride about the "huge" gift they are giving to recipients, and men reference feelings of alienation in defining themselves as "assets" or "resources" for the sperm bank.

In Chapter 5, I explore the extent to which donors feel connected to the children who result from their donations. Despite their equivalent genetic contribution to offspring, sperm donors think of themselves as fathers to these children while egg donors are adamant that they are not mothers. Egg donors define their contribution as "just an egg," a fragmented understanding of reproduction that is buttressed by the connection they feel with recipients, whom they identify as the mothers. Sperm donors hear little about recipients and are encouraged to sign up for identity-release programs, which underscore the importance of men's genetic contribution. In seeing themselves as integral to the lives of offspring, sperm donors reflect broader Western notions of the male role in reproduction as primary.

Eggs and sperm are similar kinds of bodily goods, but they are produced by differently sexed bodies, and this results in different donation processes and different associations with cultural norms of gender. It is

this combination of similarity and difference that makes possible a systematic study of variation in how bodily commodification is organized and experienced. In medicalized donation programs, cultural and economic understandings of the reproductive body combine to produce a market in which women are paid thousands of dollars to give the gift of life while men are paid piece rate based on bodily performance. In the Conclusion, I return to the themes introduced here to offer an explanation for why it is that egg donation is considered a gift and sperm donation a job, contending that it is not just sex cells on offer but visions of traditional American femininity and masculinity, and more precisely, motherhood and fatherhood. Building on the findings from this study, I propose a new way of theorizing bodily commodification, which raises new questions that can best be answered with detailed, empirical studies of what exactly happens when people are paid for parts of their bodies.