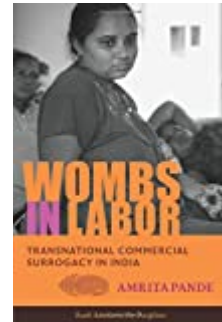


Amrita Pande. *Wombs in Labor: Transnational Commercial Surrogacy in India.* New York: Columbia University Press, 2014. 272 pp. \$90.00 (cloth), ISBN 978-0-231-16990-5; \$30.00 (paper), ISBN 978-0-231-16991-2.



Reviewed by Sharmila Rudrappa (University of Texas at Austin)

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Commissioned by Sumit Guha (The University of Texas at Austin)

International Surrogacy

As a researcher myself on reproductive politics in general and surrogacy in particular, I cannot emphasize enough the impact sociologist Amrita Pande has had on debates surrounding global surrogacy through her various articles published on the topic since 2009, and now collated into this more comprehensive monograph, *Wombs in Labor*. Between 2002, when India first legalized commercial surrogacy, to 2016, when Modi's government banned commercial surrogacy altogether, cities such as Anand, Bangalore, Delhi, Hyderabad, and Mumbai were multimillion-dollar nodes on a global infertility industry that drew clients from Australia, Britain, Egypt, Germany, Israel, Spain, and the United States.

Spanning academic discussions to popular culture (she is featured in an Indo-Norwegian Dutch play titled *Made in India*—*Notes from a Baby Farm*), Amrita Pande's is among the first ethnographies on the topic based on fieldwork begun in 2006, before the phenomenal rise of surrogacy in India. As Pande notes, when she first began fieldwork at what she calls "Armaan clinic," the clinic had been instrumental in the birth of perhaps ten sur-

rogated babies, but that was to soon change. By March 2013 "Armaan clinic" had announced the birth of the 500th baby through surrogacy, and by December that year the 600th in vitro-fertilized baby was delivered in "Armaan" (p. 19). An ethnographer's sense of ethics keeps Pande from revealing her fieldwork site; she says that her study is located in the uncelebrated Indian city named "Garv," where every auto-rickshaw driver knew that "Usha Madam" was very famous and that all foreigners went to her (p. 37). Yet, tying together all the details provided it becomes clear that readers are being led to India's surrogacy doyen, Dr. Nayna Patel, and her much-celebrated and equally vilified Akanksha Clinic in Anand, Gujarat, which is regarded as ground zero for Indian surrogacy.

Though recruitment, labor practices, and class locations of surrogate mothers vary vastly from Indian city to city, as evinced by studies on surrogacy in Bangalore (Sharmila Rudrappa, *Discounted Life: The Price of Global Surrogacy in India*, 2015), Delhi (various publications by SAMA), and Mumbai (Daisy Deomampo, *Transnational*

Reproduction: Race, Kinship, and Commercial Surrogacy in India, 2016), Dr. Patel's model of strictly regulated surrogacy dormitories, wage structures, and recruitment strategies has come to stand as the norm for how to understand surrogacy in India. That itself makes Amrita Pande's book a noteworthy contribution; she provides a rich and detailed ethnography of a surrogacy clinic and its surrogate mothers in the very place that came to epitomize commercial surrogacy in India.

Based on fieldwork conducted between 2006 and 2011, with in-depth interviews mostly in Hindi with fifty-two surrogate mothers, their husbands, and in-laws; twelve intended parents; three doctors; three surrogacy brokers; three surrogacy hostel matrons; and several nurses, Amrita Pande provides thick descriptions of how surrogate mothers are recruited, how they are disciplined into industrial labor practices on the shop-floor in the surrogacy dormitory, how they perceive themselves as engaging in not wage labor alone, but divine labor, how they are cast as disposable workers, and how they reinsert themselves into the labor process by establishing kinship ties to clients and the surrogated babies. Given its ethnographic focus the monograph might seem to be a narrative only a sort of account of surrogacy, but Pande provides a rich theoretical exegesis on how unpaid reproductive labor, that is, pregnancy and childbirth, become commodities that can be bought and sold on the market.

Briefly locating the larger process of surrogacy in the longue durée of controlled reproduction in India, Pande follows women from when they first sign up as surrogate mothers to a few years after. The women she interviewed almost all came from families that existed under the poverty line. And, they came to Dr. Usha Khanderia, aka Dr. Nayna Patel, either because they had heard about Akanksha Clinic over the news, were convinced or coerced by their marital families, or were recruited by brokers in the trade. Pande describes how the women, through counseling and the labor contract, are produced into what she terms "mother-workers," that is, workers whose primary task is to gestate and give birth to a baby. Counselors advise pregnant surrogate mothers, "You have to do nothing. It's not your baby. You are just providing it a home in your womb for nine months" (p. 70). And though Pande skims over how the work of surrogacy is perceived, reading her ethnographic descriptions of Akanksha it becomes clear that labor effort is cast as *not* effort. Instead, the clinic staff propagates the perception that the only effort surrogacy requires is compliance to medico-technical bodily interventions. Such compliance is nurtured through the mother's residence

in surrogacy dormitories where she is trained into industrial discipline, to adhere to a labor contract that ostensibly involves no effort on her part—the work is all that of medical specialists—yet she produces a baby at the end of almost nine months in exchange for wages, which will allegedly pull her out of the cycle of poverty. Within this narrative structure, then, through bestowing children upon the infertile clients and cold cash for indigent Indian women, Dr. Nayna Patel, aka Dr. Khanderia, becomes a goddess-like figure. Thus, even as the mother-workers are perceived as engaging in "dirty" work at Patel's surrogacy clinic, the women posit themselves as engaging in making the divine possible.

Yet, like all other capitalist labor processes, surrogacy is premised on worker disposability. That is, all that matters is the end product, which in this case is a baby and the client's entry into parenthood. The surrogate mothers, however, reinsert themselves into the labor process by emphasizing their unique characteristics, because after all, why else would the clients have chosen them if not for their specialness? They emphasize that they are not abstract wombs, but unique individuals who share exceptional bonds with client couples. Moreover, some claimed they received better wages because of their distinctiveness. Puja says of her client, "Mrs. Shah, the woman, is also a Brahman [upper caste]. Maybe that's why she liked me, because I am clean." Doctor Madam says to me, "Why can't you get me ten, fifteen more Pujas?" (p. 138). Surrogate mothers constructed kinship ties with clients, especially intended mothers, in terms of "sisterhood" that seemingly cross all borders in Garvâ (p. 164).

Thus, Pande writes, global surrogacy in Garvâ (aka Anand) may be a site for the exercise of disciplinary power and extraction of surplus value, but it is also a site for "Third World" women's struggles for control over their bodies and reproductive futures. The individual resistance she reads is at the discursive level, where they construct themselves as moral mothers, and challenge medical constructions of them as "disposable" workers by forging ties with clients and the surrogated baby. Surrogate mothers wrest back control over their lives from the state, their families, and husbands through using their bodies to receive wages to empower themselves. And finally, surrogate mothers form ties of solidarity with each other, which they then use for collective bargaining on the reproductive sweatshop. While Pande acknowledges that such forms of resistance do little to change the exploitative contours of transnational surrogacy, these discursive moves and acts represent a "con-

stant process of negotiation and strategizing at the local levelâ (p. 170). Yet, a reader might be inclined to ask, to what end?

Pande acknowledges that nothing changes with the nature of stratified reproduction in an industry where âFirst Worldâ babies are privileged over laboring âThird Worldâ women, and in spite of the few relationships that form between clients and workers, the vast majority of surrogate mothers end up excised from the clientsâ lives upon delivering the baby. In spite of their discursive resistance, surrogate mothers are disposable workers. In an epilogue very oddly titled, âDid the âperm on a rickshawâ save the Third World?,â Pande returns to Anand in 2011, which is now home to a flourishing fertility market, and some surrogate mothers at Akanksha Clinic are now pregnant for the third time. She finds that though some of the surrogate mothersâ husbands are more likely than before to share in household chores, a vast majority of the women were unable to transcend their everyday lives of precarity. Yet, Pande desires to conclude with what she terms is a â[feminist] fairy tale ending,â where surrogacy transformed at least two surrogate mothersâ lives. With their earnings the two women intended to open their own beauty parlor, putting to use the skills they had learned as residents in Dr. Patelâs clinic. The monograph closes with the words spoken by one of these two women: âManicure, *mehendi* [henna], and putting flowers in womenâs hairâ. There is demand for parlors here everywhere â; we can even one day do bridal make-ups.â Amrita *didi*, can you suggest a name for our parlor?â (p. 194).

If I were to have one critique of *Wombs in Labor*, it is this: the monographâs limitations lie in its very strengths as an ethnography. The reader gets caught up with details on what the women feel, the ways by which they act and cast their compliance and resistance to becoming clinical laborers, but how are these *structures of feelings* generated? What are their caste locations? Are they recent migrants to Anand? Do they still have agricultural holdings, or are their family members landless laborers? And what of Anand itself? Home to the headquarters of Amul, Indiaâs largest milk producersâ cooperative, and housing various large-scale industries that hire substantial numbers of blue-collar workers, Anand is far from being the nondescript, âuncelebratedâ Garv that Pande

describes. Moreover, even as the surrogate mothers are thickly narrated, Dr. Nayna Patelâwho provides the author access to her clinic, her dormitories, and surrogate mothers in her hireâonly appears briefly in the monograph, and that too as a demi-goddess! The media-savvy and charismatic Dr. Patel, who has netted for herself an international reputation, global clientele, and very substantial earnings through surrogacy, remains above the ethnographic gaze. Disappeared from the narrative are cesarian abuses performed *much* earlier than the forty-week gestation period (to be fair, Pande has a section on how the women feel about cesarian surgeries but she does not discuss the systematic nature of these sorts of surgeries); breast milk pumps surrogate mothers use to âbreastfeedâ their surrogated babies if the clients so demand; Patelâs avowed stance against working with gay men even prior to Indiaâs ban on gay clients in 2012; the hiring of two surrogate mothers for every client; and Patelâs multimillion-dollar, newly constructed hospital located away from the bustle of Anand to the industrial cityâs outskirts.

But these are *not* authorial shortcomings. Pande is bound by Institutional Review Board requirements on absolute anonymity. To begin to even describe Anand puts her in violation of such institutional requirements, because Anand is now synonymous with Dr. Nayna Patel. Rather than expecting the author to do all the work upfront, I would suggest that it is up to the reader to pick on the superb yet subtle details the author provides to weave that larger story of Anand, Dr. Patel, and the surrogate mothers who populate Akanksha Clinic. All in all, Amrita Pande has gifted us a beautifully crafted ethnography on what Melissa Cooper and Catherine Waldby term âclinical labor,â defined as âthe process of *material abstraction* by which the abstract, temporal imperatives of accumulation are put to work at the level of the body.â[1] *Wombs in Labor* is a must-read for students of labor, gender, and reproductive politics.

Note

[1]. Melissa Cooper and Catherine Waldby, *Clinical Labor: Tissue Donors and Research Subjects in the Global Bioeconomy* (Durham, NC: Duke University Press, 2014), 12.

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