

# FOREWORD

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*Medical Anthropology: Health, Inequality, and Social Justice* is a new series from Rutgers University Press, designed to capture the diversity of contemporary medical anthropological research and writing. The beauty of ethnography is its capacity, through storytelling, to make sense of suffering as a social experience, and to set it in context. Central to our focus in this series on health and illness, inequality and social justice, therefore, is the way in which social structures and ideologies shape the likelihood and impact of infections, injuries, bodily ruptures and disease, chronic conditions and disability, treatment and care, social repair and death.

The brief for this series is broad. The books are concerned with health and illness, healing practices, and access to care, but the authors illustrate too the importance of context—of geography, physical condition, service availability, and income. Health and illness are social facts; the circumstances of the maintenance and loss of health are always and everywhere shaped by structural, global, and local relations. Society, culture, economy, and political organization as much as ecology shape the variance of illness, disability, and disadvantage. But as medical anthropologists have long illustrated, the relationships of social context and health status are complex. In addressing these questions, the authors in this series showcase the theoretical sophistication, methodological rigor, and empirical richness of the field, while expanding a map of illness and social and institutional life to illustrate the effects of material conditions and social meanings in troubling and surprising ways.

The books in the series move across social circumstances, health conditions, and geography, and their intersections and interactions, to demonstrate how individuals, communities, and states manage assaults on well-being. The books reflect medical anthropology as a constantly changing field of scholarship, drawing on research diversely in residential and virtual communities, clinics, and laboratories, in emergency care and public health settings, with service providers, individual healers, and households, with social bodies, human bodies, and biologies. While medical anthropology once concentrated on systems of healing, particular diseases, and embodied experiences, today the field has expanded to include environmental disaster and war, science, technology, faith, gender-based violence, and forced migration. Curiosity about the body and its vicissitudes remains a pivot for our work, but our concerns are with the location of bodies in social life, and with how social structures, temporal imperatives, and

shifting exigencies shape life courses. This dynamic field reflects an ethics of the discipline to address these pressing issues of our time.

Globalization contributes to and adds to the complexity of influences on health outcomes; it (re)produces social and economic relations that institutionalize poverty, unequal conditions of everyday life and work, and environments in which diseases increase or subside. Globalization patterns the movement and relations of peoples, technologies and knowledge, programs and treatments; it shapes differences in health experience and outcomes across space; it informs and amplifies inequalities at the individual and country levels. Global forces and local inequalities compound and constantly load on individuals to affect their physical and mental health, and their households and communities. At the same time, as the subtitle of this series indicates, we are concerned with questions of social exclusion and inclusion, social justice and repair, again both globally and locally. The books challenge readers to reflect not only on sickness and suffering, deficit and despair, but also on resistance and restitution—on how people respond to injustices and evade the fault lines that might seem to predetermine life outcomes. While not all of the books take this direction, the aim is to widen the frame within which we conceptualize embodiment and suffering.

In *International Surrogacy as Disruptive Industry in Southeast Asia*, Andrea Whitaker brings together the concerns of embodiment and suffering as illustrated through the outsourcing of reproduction. Assisted reproductive technology, in vitro fertilization, and gamete donation have expanded rapidly during the past few decades, with increasing propensity for reproductive medical procedures to take place across borders. The increasing affordability of international transport, the transmission of bio-information through the internet, and the movement of expertise globally allow people to pursue family making, increasingly, when and where it suits them. Thus people side-step national laws, biomedical constraints, and prohibitive charges and pursue secrecy and efficiency as they manipulate their desire for biologically related families. But even the most sensitively timed assisted reproductive technology (ART) procedures, the best doctors, and the most sophisticated clinics do not cover all eventualities. For a growing number of individuals and couples, for whom biological parenting remains the grail, the answer is surrogacy.

Surrogate pregnancy is not new, but it was once largely a private arrangement, framed by affective (often kinship) ties between gestational and intending social mothers. But the desire to establish or continue a biological family, social convenience, and its way around medical difficulties in conception and pregnancy to term have led surrogacy to become an increasingly common reproductive option. The institutions, procedures, and drugs now available in support of advanced reproductive technology have increased the success of the implantation of an embryo (or two or more) into the womb of another woman as surro-

gate, sometimes with the ova and sperm of the intended parents, sometimes with others' gametes. As with other reproductive pilgrimages, for legal, economic, and technical reasons, surrogacy is for many people an offshore venture. In Thailand, where Whittaker focuses her story, ART is a well-established industry, taking advantage of the internet, social media, and the infrastructure of tourism for leisure as well as medical travel.

At the same time, employment as a surrogate mother and opportunities to donate ova provide poor women with new opportunities to generate an income. In Thailand, as in India and other settings marked by economic and social inequality, the organization of surrogacy into a commercially lucrative industry took advantage of this. Women's reproductive capacities become exploitable as a resource as a form of labor. Whittaker offers us a rich account of the assemblages and markets of affect—the overwhelming desire for a biological child or children—with technology, economic inequality, and commercial greed. It is a story of brokers, travel agents, clinics, lawyers, “spotters,” accommodation providers, hospital and embassy staff, intended parents, surrogates, and ova providers. Parental hopes find willingness in the desperation of poor women, and doctors, nurses, brokers, and others make money from this convergence.

This is a continuing story. Whittaker describes how the exposure of some of the most extreme cruelties of surrogacy has forced legal changes, including in Thailand. But when surrogacy is pushed out of some countries, its commerce crosses borders, reappearing in settings where government intervention is ineffective and where reproductive women are among the poorest. These assemblages of technology, kinship, and capital are deeply disturbing. As Whittaker illustrates, others' dreams are pursued and often realized through the exploitation of inequality and the perpetration of social injustice.

