TPWKY - Special Episode - Alev Scott

EW: [00:00:00] Hi, I'm Erin Welsh, and this is This Podcast Will Kill You. Welcome to the latest episode in the TPWKY Book Club series, where I bring on authors of popular science and medicine books to chat about their latest work. Over the years, we've gotten to cover some fascinating books on subjects ranging from the history of refrigeration to the evolution of language, from the concept of proof to the story of syphilis, and so much more. If you'd like to check out the full list of books we've covered so far, as well as ones on the horizon, head over to our website, thispodcastwillkillyou.com. Once you're there, click on the Extras tab and then Bookshop, which will take you to our affiliate page that has several podcast-related lists, including one for this book club. If you just read or heard about a cool book that you think would be a good fit, please let us know. I always appreciate getting recommendations, and I've taken you all up a few times on those recommendations. The best way to get in touch is through the Contact Us form on our website, which you can also use to share topic suggestions, your firsthand account, or any other thoughts you might have. Two quick things before we can move on to the book of the week, and that is to please rate, review, and subscribe. It really, really does help us out. And secondly, we're on YouTube. That's right, you can now find full video versions of most of our newest episodes. Make sure that you're subscribed to the Exactly Right Media YouTube channel so you never miss a new episode drop.

Social media ads for egg freezing, IVF clinics boasting about success rates, surrogacy contracts approaching the length of a book, websites where breast milk can be bought and sold. These days, the maternal body is increasingly seen in terms of monetary value. Does this leave people more vulnerable to exploitation, or might it actually be empowering? As this week's book shows, there is no right answer. Journalist Alev Scott joins me to discuss her latest book, Cash Cow: How the Maternal Body Became a Global Commodity and the Hidden Costs for Women. Scott takes readers through her personal and compassionate exploration of the fascinating and, at times, deeply disturbing underbelly of the global fertility industry. She explores the three main elements that have undergone this commodification, breast milk, eggs, and womb, and delves into how each has been turned into a business opportunity with little to no public scrutiny. The breast milk market, who's buying and who's selling in this completely unregulated space. Future fertility fairs promoting cutting-edge technology alongside shamanic nutritionists. Are claims of success required to have support? The wide range of surrogacy legality across the globe. Which countries allow for-profit surrogacy versus altruistic-only surrogacy versus

surrogacy being labeled a crime against women? The regulation of sperm donation. Should a donor's identity be visible, or should they remain anonymous? To say the ethics are complicated is quite the understatement, but that is where the power of Cash Cow truly lies. Readers are forced to confront their feelings and have their assumptions questioned. Where does the line between exploitation and empowerment lie? Sitting in that moral gray zone is not a comfortable thing to do, but it is crucial, especially since the global fertility market will only continue to grow in the coming decades. I found this book to be a revelation, one of those books where for weeks after you're telling your friends about what you learned. I do want to mention that this conversation features discussions of pregnancy loss, abuse, and overall exploitation, so please listen with discretion. Let's take a short break and get started.[00:05:00]

Alev, thanks so much for joining me today.

AS: Thank you for having me.

EW: In the prologue of your book, Cash Cow, you drop readers right into this strange world, really, of the breast milk market, which you later explain, you know, kind of planted the seed for this idea of this book. How did that seed grow? Like, when did you go from the breast milk market to kind of seeing the commodification of fertility everywhere you looked?

AS: I really didn't set out to write about the fertility industry or the breast mi- breast milk market, but, uh, it kind of came about serendipitously when I had my first child a few years ago. It sort of did come from that initial encounter I had with the online breast milk market, and I suppose it was natural for my curiosity to go from there to other parts of the maternal body that are commodified. I was extremely lucky. I had a very easy heteronormative route to motherhood. Um, I didn't go through IVF, but many of my friends have either gone through IV- IVF or are considering doing so, or they're having their eggs frozen, or they're looking at surrogacy. And so when I'd encountered that world before, I'd seen it through their eyes, but I began to see it a bit more from From this perspective, I suppose, of like what are we actually doing here? Like, what does the industry entail? How is it that there are such different laws and regulations in one country from the, from the other, and how much does cultural attitude play into that? To be totally honest, I felt quite protective of some of my friends when they were embarking on these IVF journeys because I could see that they were, well, they were obviously desperate to have children, but they were, they were very, very vulnerable as consumers as well. So I was looking at it from a kind of market lens, I suppose. I don't know how best to explain it really, other than my very personal, very visceral encounter with, with the

breast milk industry online sort of matched up with my curiosity about the IVF market in other ways, and they kind of came together in this book.

EW: And you arrange this book in three m- you know, main big chapters. Can you tell me a little bit about that structure and how you landed on that structure?

AS: I forced myself to be quite literal about what I was doing, which was really kind of breaking the maternal body down into its composite parts, the sort of byproducts of fertility in a way, um, or the steppingstones to having a child. And it made me think of a, of a Dutch book I'd encountered, which was written by a Dutch artist about the uses of one commercially raised pig, and she detailed hundreds of uses of its body parts, everything from cigarettes to body, uh, like to paint to bullets, like crazy stuff. Anyway, that made me think about how, how the bits of the maternal body are commodified. And it is a bit of a, a stark comparison perhaps, but I thought actually it's effective, and those are the three main parts of the maternal body that we do commoditize. So that's how I kind of landed on that structure.

EW: I really love how throughout the entire book, you are constantly probing the question of exploitation and empowerment, and where does it lie, and does it lie in a different place for different people or different countries or different experiences or different practices. And just so much of these questions that I think that many of us don't really consider that deeply, or, like, unless we are confronted with it. And throughout the course of reading your book, I found myself confronted a lot by these, these ethical questions that I didn't know the answer to, and I still don't know the answer to. And you discuss this as well, how some of your preconceptions about parenthood and fertility were overturned throughout the course of writing this. What were some of those?

AS: I think the subject I knew least about... Well, I mean, I, I knew very little about lots of things when I started this research. Um, surrogacy was something that I didn't know very much about. I didn't actually know how I felt about it because, like you, I'd never forced myself to confront any of the ethical questions that it brings up. I have to say that when I set out looking at the, the American model, I sort of expected to find it a bit in your face, a bit crass, like the commercial aspects of it, because I live in a country where only altruistic surrogacy is allowed. And in Europe, surrogacy is, is either banned, um, in certain countries like Spain, for example, or Italy, or it's allowed in a strictly altruistic sense, like in the UK or the [00:10:00] Netherlands. So I was thinking, "Okay, this is gonna be a bit weird looking into the US market." And it was a bit weird, and the first time I read a surrogacy contract, I was very taken aback by some of the clauses, um, in that contract. Having said that By the time I finished

my research, and by the time I'd looked into surrogacy markets in other parts of the world where surrogacy is not strictly illegal, but it's not really legal either, it's this gray area, and there's a lack of regulation, and no one really knows how the surrogates involved are treated. It depends from agency to agency. Those markets worried me so much more that I came around to the view that the US market is probably the safest in terms of, uh, well, in terms of safeguards, expectations from both sides. Mm-hmm. It doesn't mean it's perfect at all. There've been a couple of viral articles recently. I don't know if you've read, um, there was one in the, in Wired, recently in New Yorker. For me, I was really glad those articles are written, not because I am critical of surrogacy and I want there to be bad press about surrogacy out there, which by the way, some people assume. Some people assume my book is anti-surrogacy. It's not. I just want to open up the conversations about the pitfalls and the weaknesses in the system, even in the US, which is held up as like, you know, the poster child of a surrogacy industry. It's, it's much better than many other markets. It's not perfect, and we need to talk about why it's not perfect.

EW: Yeah. Showing the full range of there is no one answer necessarily, or one way to feel. And you do this right away in the, your chapter on breast milk and how, you know, you talk about that your first exposure to the fertility industry for this book was through the breast milk market. Can you tell me w- about this market? You know, who's on the market selling? Who's on the market buying? Are there laws or regulations surrounding this? What's, what's going on with the breast milk market?

AS: Great question. So, um, I knew very little. I didn't know there was a breast milk market until I had my child, and I had an oversupply of, of milk. So I had all this frozen breast milk in the freezer, and it was gonna go to waste, and I wanted to donate it. I knew that was possible. Although it is, it isn't widely known actually. I happened to have a friend in Amsterdam who'd, who donated her breast milk to a hospital, so that's what I set out to do. And what I discovered while I was researching that was the online market, which took me by surprise. I decided to post an ad in the spirit of research. I was never intending to sell my milk because morally I personally didn't want to do that. I, I've tried to be very open-minded in my research and non-judgmental about women who do sell their milk, but I personally didn't want to. I didn't feel comfortable. But I wanted to see who would approach me, and I also wanted to kind of just get a sense of the market and talk to other women selling their milk online. So I posted an ad, and I made it very kind of clinical almost. It was just a photo of some milk that I'd pumped and some details about the fact that I had an oversupply and that I'd donated to a hospital previously. So in other words, it was not fishing for attention. Um, but most of the replies I got, most of the requests I got were from men. Within hours of posting that ad, they were

predominantly men, which I, I, I think I'd had an idea that maybe there might be a few men me- approaching me, but I hadn't expected it to be the vast majority. I thought the majority would be other parents, maybe mothers with low milk supply or gay or adoptive parents looking for breast milk. So that was a huge surprise. Some of them didn't come straight away with sexual requests. They, they said they were bodybuilders. It's very big in the bodybuilding industry, or they said they had a health concern like IBS, or they were cancer survivors or something like that. But often when we got into a correspondence, the sexual element would come out.

EW: Let's take a quick break, and when we get back, there's still so much to discuss.

Welcome back everyone. I've been chatting with Alev Scott about her book, Cash Cow: How the Maternal Body Became a Global Commodity and the Hidden Costs for Women. Let's get back into things. With this market, is there regulation? For instance, like when you were looking into the breast milk market and, and selling milk online, what are the different places where people can do this, and what- are there regulations surrounding these websites?

AS: So in very few countries are there regulations. In a few countries it's banned altogether for reasons I go into in the book. There've, there's often been a scandal, and the government ends up saying, "You know what? Sales of breast milk are now [00:15:00] banned now." But that's only happened in like two, three countries. Um, by and large, it's not, it's not regulated. In the UK and the US, it's actually classed as a food. So breast milk is the only bodily f-fluid substance that's ca-classed as a food. The FDA and the FSA both advise against sales of breast milk, but it's not illegal. And honestly, I don't know who would trust breast milk that is sourced online because the dangers for, for the consumer are like obvious, right? So when I donated to a hospital, I had to go through so many hoops. I had to have my blood tested for STDs, for all sorts of things. Like, uh, I had to promise, I had to sign forms promising not to have ibuprofen, Advil, um, I, I, I can't remember. It was a, it was a big kind of saga to get through before they even agreed to accept my milk, which was then screened for pathogens. Um, it was pasteurized. You know, it was-- it's, it's being given to premature babies in hospital, so, so, um, the protocol is very strict. There's obviously none of that for something you're buying online. Um, that kind of goes without saying. I don't think a lot of the men buying breast milk online care about that. I don't, I don't... They probably wouldn't care if it was actually cow's milk that some random person is, you know, putting into bottles and shipping to them. It's the idea of buying it that they like. So- Ah ... I'm less concerned about, about those c- those particular consumers being defrauded.

Um, I'm more concerned about parents of m- babies being defrauded. Um, but yeah, it's interesting. It's not regulated because it's not really legal, but it's not really illegal. It's just sort of There. It's just out there. It's just one of these things. You can sell your used knickers online if you want to. Like, there's, it's just kind of the market's there if you want it.

EW: There is so much discourse today surrounding breast milk, and there's shame and judgment surrounding breastfeeding or not breastfeeding, whether that's a choice, whether that's something that you, you know, want to breastfeed but you cannot. And I, I couldn't help but think of, you know, as reading your chapters, how technology has really transformed the way that we approach breastfeeding, where there are pumps available, there's lactation consultants, there's formula available. And so there kind of then leads to the stigma surrounding breast milk that is not something that you produce directly, that you either purchase or, you know, formula or, um, wet nursing for instance. And it's like technology has kind of in a way furthered the stigma and narrowed the acceptable range for if you do not breastfeed. Is that something that you kind of encountered throughout this?

AS: I think there's a lot of kind of Not just social stigma, but political stigma- Mm ... that surrounds breast milk. Because as you say, breastfeeding is now this hot potato where, I don't know about in the US, but in the UK certainly, we used to have this slogan, breast is best- Mm-hmm um, that I think was used by the, the NHS, our National Health Service, and it was seen to be the best thing to give your child. But it came under this backlash because it, it was seen to also shame women who chose not to or struggled to breastfeed and needed or chose to use infant formula instead. So I've now visited the milk bank where I donated my milk, and for premature babies, certain premature babies, they actually do need breast milk. Like, they cannot digest infant formula, right? So it's not a matter of like, oh, ideally sh- they would have this or that, or it doesn't matter. They just, they need it. So donations are absolutely crucial for saving the lives of premature babies in some instances, which is why I feel conflicted about the kind of open market which treats breast milk as this commodity which could go to a baby in need, or it could go to a man. Because I, on the one hand, I feel like, look, as long as a baby isn't being depri- if a moth- if a lactating mother at home is, has got enough for her baby, and she's got this excess, who am I to say where, where she sells it or who she sells it to?

EW: Right.

AS: Or whether she donates it. You know, I think we expect a lot more altruism of women than we do of men, and I think that's another stigma that kind of

plays into all of this, is that we, we, we're like, what kind of mother sells her milk? Like, surely she would want to donate it to a hospital. And actually, like, you know, that woman is probably excluded from the labor market. It's a way for her to remain at home with her baby and make some money on the side to support her family. Who am I to say she shouldn't be doing that? And if that means selling to men, maybe that just means selling to men. On the other hand, I have seen how important from a health perspective donated breast milk is, and how dependent on donations hospital milk banks are. So it's difficult for me to keep that entirely [00:20:00] out of my mind. If I thought that the private online market was so big that it was seriously threatening donations to the nonprofit sector, I'd be more worried. I think even though it's much bigger than I expected, this online market- I instinctively, I don't feel like it's leeching those nonprofit donations personally, but I might be wrong. I'm not an expert. That's the thing. I'm not an expert in any of these fields. All I'm saying as a journalist is what I found in my research. Um, and that, but that's where the interesting kind of ethical conundrums come from, is, like, we don't really know actually.

EW: Mm-hmm. Again, this question of empowerment versus exploitation and who gets to decide that, whether something is exploitative versus empowering. Is it the individual? Is it society? Yeah, I feel like there are, there are so many dimensions.

AS: Definitely. And I think also this part of the book where I talk about the Cambodian example, where very poor women in Cambodia were being paid by an American company to... I mean, they call it compensation. Essentially, they were being paid for their milk, and women's rights groups got to know about this, and there was this big backlash, and Cambodia ended up being one of the first governments to say, went banning exports of breast milk, and the company shut down its operations in Cambodia. And so these women no longer sold their milk. Mm. And this was hailed as a great victory by these women's rights groups, human rights groups. Actually, if you read the local media stories where they interview the women and ask them what they feel about it, they're upset. They're angry. They, they didn't want that income to be shut off. And so for me, that's a really good example of the empowerment versus exploitation debate because are we just being patronizing with these Western ideas of coming in and being like, "Oh, these poor Cambodian women, they shouldn't be allowed to sell their milk." Really? Like, what's it like to be in their shoes?

EW: Right. Right. I feel like you do such a, an amazing job of forcing the reader to kind of go, "Well, wait a second now. Like, think about this in this way and from this, this perspective." And the flip side of the coin is that, of course, there are companies that do prey on people's intense desire to have a

baby, a, a biological child. As part of your research, you went to the Future Fertility Show- Mm-hmm ... which features this dizzying range of clinics and services from, I think you described a consultation from a shamanic nutritionist- Yep ... to, uh, legal representation, sperm analysis. I mean, that seems like such an eye-opening experience. Like, what was it like to wander around the show, and what do you think it says about the global fertility industry or the fertility industry, you know, where this show was held?

AS: Yeah, it was a really, really interesting experience, and I definitely felt like a consumer walking around that show. And that is another kind of interesting point for me about the whole fertility industry is, is to what extent are people consumers versus patients. So obviously, a lot of fertility treatment is elective. There are certain cases where, I don't know, for example, a woman who's been diagnosed with cancer- Has to freeze her eggs if she wants any chance of having children after treatment. But usually it's women electing to do that because they're worried that at some point they'll want a child and they'll no longer be fertile. And that worry, that an- anxiety is something that's very much monetized, arguably exploited. I had so many kind of philosophical conversations during my research with people outside and inside the industry about what that line is. I had a really interesting conversation with a surrogacy lawyer in California where I kind of said, "Look, it seems to me there is an exploitative nature sometimes in the promises that are made to these people who are desperate for children. Is it to you? Is it, is there an element of exploitation?" And he was like, "Absolutely not. It's just taking advantage of a need that exists." And we had this sort of weird semantic discussion about what the difference is between taking advantage and exploitation. And then, then I realized that he was coming at it from quite a kind of, well, obviously a very capitalist, but a kind of business perspective of taking advantage as a positive thing. Like, there's a market that exists, let's take advantage of it, as opposed to like, is there a vulnerability about this particular patient/consumer demographic that we should be more careful of exploiting? So that's what came out to me from, well, from that conversation and other conversations. I thought it was very interesting that the Future of Fertility Fair was actually part of a bigger fair that was the Future Beauty Fair or something, show, trade show.

There were so many women kind of wandering between the two, and in one hall they were being offered the chance to look younger and more beautiful. And if you're being cynical, more capable of attracting a mate perhaps. And then in the other hall they were being offered the [00:25:00] chance to either fix or kind of stave off infertility, and it just seemed to me two sides of the same coin. And I'm not saying, by the way, that these shows shouldn't exist or that the market shouldn't exist, and obviously I, I think IVF is a wonderful innovation and it's, it's helped so many people. I do think that the way the industry markets itself

can be problematic, and I do think there is an exploitative nature that is not just limited to a few bad actors, which is what a lot of people have suggested to me. It's just like, "Oh yeah, some clinics overpromise or over-treat," 'cause a lot of clinics do over-treat. They offer sort of almost endless rounds of IVF when it's probably obvious that they're not gonna work, uh, for one example. Or they, they target egg freezing at women in their 40s, which I was told by several gynecologists is, like, pretty much a waste of money. And, and I was told, you know, "Well, yeah, of course there are a few bad actors. There are a few bad clinics. There always are in every industry." I'm not sure about that. I think it's more pervasive than that.

EW: And I think it makes it so much more difficult to know what is an ethical clinic, what's a good clinic, how, how are they measuring success. You know, if you have a choice, then the one clinic is going to want to stand out in some way, whether that's for egg freezing or IVF or anything like that. How do you sift through, as a consumer patient, how do you sift through what is a good or ethical clinic from a bad one, and is it ever that obvious?

AS: Yeah, I don't think it is that obvious. I think most patients probably don't actually come at it initially from a, from a perspective of like, is this ethical or is this not? Am I gonna be taken for a ride? They just want a baby, so they're looking at success rates, and that's all important to clinics. Like, their success rates, th- they're everything. That's what makes, like, high-profile fertility doctors extremely competitive with each other, and that is something I go into in the book, like what has that actually led to in practice? I don't know. I have t- I have talked to fertility doctors who admit that the competitive element is a problem, and they sort of accuse their, their rivals of acting in unethical ways, and they, they say, "Look, I'd never do that. You know, obviously this isn't a charity. A clinic is a profit-making enterprise, but I would never put the needs of my patients behind, you know, financial gain." So they are aware of it. They're definitely aware of it, and I'm not a doctor, so I don't... I can't judge what they're doing with a sort of clinical eye. What I do know is that, for example, in London, there are some clinics who are, like, big clinics, and they have, they have good reputations, but they're known for pushing treatments on, on patients when they're probably not needed. Add-ons, for example, all these things that you can b- pay extra for, or, you know, hidden costs. Like, they'll advertise a certain price on their website, but then they won't include the medication or the, some of the testing that has to be done, and certainly not the storage cost. So you go in thinking you're gonna pay a certain amount, and then it's, like, three times that amount in some cases. So I think it's very difficult to judge which clinics are ethical or not, and I don't even think most people care that much, as long as they get a baby.

EW: Right. It's so hard because you, you have people who might have vastly different experiences, like you talk about, between, you know, w- within one clinic. One person goes, they love their experience, they... Everything worked out for them, and another person who really had a, the, the opposite experience. Yeah. And so again, shows how personal this journey can be.

AS: Yeah, absolutely. And I, it's really interesting actually looking at Google reviews of fertility clinics because I don't know if you're familiar with the, the J curve phenomenon of most online Google reviews are generally, like, very bad or very good because it's only people who are kind of really motivated to write the review who are gonna do that. But it's particularly acute in fertility clinics, I think, because you either get a baby at the end or you don't. And often if you don't, you feel like it's been denied to you in some way, or you've been treated badly, or there's been a mistake, there's been a kind of human error, or the doctor's been really unkind when you've miscarried or whatever it is. Like, you feel strongly about the fact that it went wrong, or you feel very strongly about the fact that it went well and you've got a baby, so you're incredibly grateful. Very few people seem to have a mediocre experience freezing their eggs or... Like, some people do. Some are like, "Eh, it wasn't great, but it was fine." But that's particularly, like, the case with egg freezing, obviously, because most people never use their frozen eggs, so you don't actually know how that process is gonna pan out in the long term. But in terms of IVF and actually trying for a baby, it feels like there are two extremes of the experience.

EW: Let's take a quick break here. We'll be back before you know it[00:30:00]

Welcome back everyone. I'm here chatting with the wonderful Alev Scott about her book Cash Cow. Let's get into some more questions We've mostly, I feel like, been talking about IVF within either the UK or a little bit in the US, but there's also the, the swath of international IVF clinics where people may elect to go to another country to go through this IVF experience. Uh, and your book explores some of the, the gray market kind of place where these agencies live. Can you tell me more about the legal landscape that these clinics operate within and what has driven their growth?

AS: Well, I wish I could tell you more about the legal landscape. It's very opaque. I don't think even the clinics- Very opaque, yeah themselves are entirely clear about the legal landscape. Um, but yeah, I focused a lot of my research on Northern Cyprus, which happens to be where my mother is from and where I spent a lot of time as a child. And it's not an, uh, an internationally recognized country. It's actually viewed as occupied territory, so the, the reason that's significant is that it operates in many ways, and not just in the fertility

sector, but in other ways where regulation is just not really a thing, and they don't have to sign up to like, you know, EU regulations or anything like that. I should say that clinics in Northern Cyprus generally have a very good word-of-mouth reputation, and they're cheap. The IVF sector is part of their tourism industry, which is huge. It's like by far the biggest economy within that country. And so it's hard for me to say, "Look, it's, you know, a dodgy place to go and freeze your eggs or have IVF," because actually, um, I was quite impressed by the clinics I went to, and I have heard many good stories there.

But I did encounter practices that I... Well, surrogacy aside, if we're keeping with IVF, strictly IVF and, and egg freezing, there are things that are done there that just aren't legal in many other countries. So for example, women up to the age of 55 are treated, they can undergo IVF in Northern Cyprus. And I spoke to a gynecologist in the National Health Service here in the UK who was complaining about the number of women she treats who go and get pregnant and then have these extremely dangerous high-risk pregnancies where they're often, you know, they're, they're often pregnant with like twins or triplets because that obviously i- in IVF, the more embryos you implant, the higher your chance of, of, of achieving pregnancy, but that can lead to multiples. So, you know, a woman in her 50s coming back from Cyprus to the UK pregnant with twins and, you know, that's, that's a big burden on the NHS. So that's a bigger conversation about like kind of picking up the slack of people choosing their treatments abroad and coming back and, and needing treatment for high-risk pregnancies. But also, I'm not sure, I'm not sure how, what I think about the availability of that and- Other things like gender selection of embryos, that's legal in the US. It's really, really frowned upon in other countries, including the UK and most of Europe. Like I said before, I'm not, you know, I'm not a specialist in these, in bioethics. I'm not, I don't have a degree in that. I d- I d- I don't have ready answers here. All I'm saying is that some of these things made me feel like, oh, is this, is this okay? I don't know. Like, it's r- a really extreme example of a totally open market where if you want it, it's there and it's cheap

EW: You bring up this great question of, like, why does the ethics or the laws, regulation, why do they differ so drastically in different countries? You know, s- you use surrogacy as an example where in the US it's a, it's a thriving industry in, in some ways, and, and, and you talk more about that industry in your book. But in Spain, it's completely illegal.

AS: Mm-hmm.

EW: And w- what do you think contributes to some of the, the regulations or just the general sense of ethics varying across the landscape?

AS: Okay, starting with Europe, I think that a really interesting commonality I noticed was Catholic Southern European countries like Spain and Italy, they both have a real aversion to surrogacy. In both countries, it's not just not allowed, it's a crime. In Spain, it's classed as a crime against women. In Italy, a politician described it recently as worse than pedophilia. And not only is it illegal in the country, in Italy, for example, but they're now beginning to prosecute parents who've gone abroad for surrogacy and come back, which has really spooked a lot of people, obviously, and they're kind of striking off parents from birth certificates retrospectively. So that's a pretty extreme example. And if we [00:35:00] look at Spain, Spain is so interesting because it's the country in which most egg donations are performed in Europe. It has an incredibly high number of-- Like, lots of people go to Spain to have their egg- eggs frozen or to donate, and it's a big IVF center in general, but all donations have to be strictly anonymous. And so this, the, there's this dual thing where, like, they never have a shortage of eggs, unlike, for example, the UK, where you're not allowed to be an anonymous donor. So unsurprisingly, not that many people want to donate, so they're always having to import, import eggs and sperm from other countries like the US and Denmark.

Spain doesn't have that problem. It has plenty of eggs, plenty of sperm, loads of anonymous donations. So that side of things is, like, thriving, but then the surrogacy is completely illegal. And I have a vague theory about, like, Protestant versus Catholic countries and their different attitudes, because if you look at, say, the UK and the Netherlands, it's non-anonymous donations, which means... that doesn't mean, by the way, that as a parent/client, you, you know or you can choose a lot of detail about your donor. The donor is anonymous by name to the people using those sperms or eggs. But the child, any resulting child from this donation, when they turn 18, they're allowed to contact and find out who their biological parent is. So, but on the other hand, out, uh, surrogacy, altruistic surrogacy is allowed in the UK and the Netherlands. Mm-hmm. So that was just a weird sort of divide that I found, and I don't really know. I would have to talk to sort of- sociologists or, um, anthropologists. I d- I don't exactly know what's going on there, but there does seem to be a link between anonymous donation and a negative attitude towards surrogacy in these Catholic countries, which I don't know if it's like you, they want to sort of eliminate any tie between a child and a parent that isn't sort of present in their life or I don't know. I, I... It's a strange thing, but the US is obviously a whole different landscape.

EW: Yeah. The, the US and the commerciality within the US I think is, is highlighted so well, especially in the surrogacy aspect of it, where you, you talk about the surrogacy contracts where you can start to see evidence of, like, the different things that can go wrong or have gone wrong in, wrong in the past, and

then lead to these, like, clauses upon clauses upon clauses. Like, what does a surrogacy contract in the US, what does it look like? Like, what are the expectations for the surrogate and the intended parents?

AS: It's very long. Uh, most contracts I read, most surrogacy contracts I read in the US were maybe 50 to 60 pages. And one parent described it to me as this very sort of sad experience reading it because all the clauses that prohibit certain behaviors or kind of warn against certain scenarios are basically saying, "This went wrong this one time," or, you know, "This has gone wrong in the past, therefore we have to guard against it in this particular contract." So in a way, it's good that those clauses are there. It's also very sad to read them because you kind of imagine like, oh my God, that happened to someone. One clause I found very upsetting was one in which the surrogate's husband-- So if the surrogate is married or possibly even in a, in a partnership, but the, that partner or husband has to be a co-signatory on the contract. So they agree to certain things, and this clause prohibited or, or said that if the surrogate's husband hit, punched, kicked, you know, abused in some way, hurt the surrogate, he would be liable for the financial damages that would result in, in terms of like hospital bills for her, or if there was any damage done to the fetus or fetuses. And it was written in such a way that it wasn't at all about the fact that that was a criminal offense or that that would just be an abhorrent thing to do. Obviously, it's-- I mean, it's legal. It's a legal document. It's not gonna go into like all of the ins and outs of how terrible that situation would be.

But just the coldness with which it kind of focused on the financial damages that would accrue from that really upset me, and I was thinking about it for many, many weeks afterwards. Um, other quite upsetting examples of like more to do with money, like if you're, if a surrogate's carrying multiples and one of them dies in the womb and the other survives, like how does that affect her pay? It's kind of pro-rated. And how much money would she get from the day of the sonographer dis- like, you know, finding there's only one heartbeat until delivery, and like all that really kind of detail-oriented stuff which happens in contracts. Like, it is about the details, it is about the money, but somehow there's an added emotional element to it in this, in something like a surrogacy contract because it's like that's just really unpleasant to think about. And by the way, I should say that like I think in the US, like you said, because it is so normalized, [00:40:00] um- And accepted. It feels like if you say anything negative about the industry, you're seen as a critic. So I feel like there will probably be people who read the book and read those things, for example, when I discuss how unpleasant a contract is in, in these ways, who will think, "Oh, she's just anti-surrogacy," and this is out, this is like a skewering of the surrogacy industry. Because broadly speaking, if surrogacy is a choice, it's about choice, it's a positive thing, it's a progressive thing, and in some cases

rightly so. But it feels like if you ever point out that there are maybe some aspects that should be modified or regulated or changed-

EW: Right ...

AS: it's assumed that you're kind of against the whole industry.

EW: But there needs to be room for nuance in these discussions about it. And this, this is what I loved so much about your book, is that how much nuance you explored in each aspect of the global fertility industry. You also touched on some ethical examples too, that were like, okay, here is something that seems to be working well, that seems to be in agreement. What, what were some of the examples of ethical practices that you encountered?

AS: Personally, I'm a big fan of the, the legal changes that happened here in the UK, for example, back in 2005. Previously, donors could choose to be anonymous, as I mentioned, and in 2005, a law came in to change that so that any donor signing up for any clinic or, or bank would have to agree to be contacted by any resulting biological children when those children turn 18. And the reason that the regulatory body here in the UK gave for that decision was they said that the rights of a child to know their biological parent trumps the right of a donor to remain anonymous. They thought it was more important for a child to know about their biological origins, and this has come up in a lot of research that it's really beneficial for children to have answers to the questions they may have if they know they're donor-conceived or suspect they're donor-conceived or, or, you know, born from a surrogate, whatever it is. Basically, secrets are bad and not being totally transparent with children within a family about how they came into the world is, is generally not a good thing. So I personally think that's a really good change. Having said that, I, I can see that there's an issue with a shortage of donated eggs and sperm in this country, as I said before. Like, we have to import a lot from the US, from Denmark. So is it feasible? You know, if every country did that, we wouldn't have enough donated sperm or eggs, certainly in the future as the industry grows at, at the dizzying rate that it's currently growing. So- Sometimes what's ethically the right choice might not be workable, and then you have to look at the bigger picture and you have to say, "Okay, do we say, do we just say that this is the way it is? Or do we say, actually, no, we need to promote more donation. This is what we need. Infertility is rising. More people need donated eggs and sperm, so we can't restrict it in this way."

EW: Right.

AS: I'm not a policymaker. I don't know. But personally, I think that anonymous donations are problematic. The US is a good example of somewhere where both are possible. You can have anonymous and n- non-anonymous donation. You usually pay more for a known donor You pay for all the information you receive really about donors, uh, in s- in one way or the other. So that's one thing that I have, I suppose, a relatively firm opinion on with caveats. I think similarly we have to be realistic about surrogacy and the fact that it's absolutely exploding. There are many people who would say altruistic surrogacy is the only acceptable form. There are some people, of course, who don't think that even altruistic surrogacy is acceptable, but if you think that altruistic is superior to commercial, fine, but is it realistic in a world where surrogacy, demand for surrogates is booming, and there just won't be enough to go around? And if you can't afford the prices in the US, you go to places like Northern Cyprus, you go to places like Georgia, Colombia, where it's not really an established industry yet, and there are unfortunately unethical agencies that do operate, as I discovered. I don't think that's an acceptable situation. I think broadly speaking, it should be legal, and it should be regulated because that's the way it's going. That is the way the industry is headed, is just, like, more demand, huge demand, not enough supply. How do we make sure that surrogates are treated well and also that parents are treated well? We don't want, we don't want parents in situations like some of the nightmare situations you f- you, you discover where they've been left without their child, having spent all this money. And, and also the rights of the child. You know, tho- those are so often overlooked. It's all about kind of the customer and the provider, but what about, what about the babies as well? It's just such a legal, ethical, cultural minefield, the entire industry.

EW: It, it really is, and it's an uncomfortable one to think about. But all of this just speaks to how important it is to think about [00:45:00] these situations deeply and, and maybe not, like, personally if, if this is something you don't want to, but just, like, at least for policymakers for regulation because it's not going anywhere. Yeah. And it's only going to become more abundant. It's only growing, and so these questions, these ethical considerations are, are also growing along with the fertility industry overall.

AS: Yeah, exactly. I mean, in a totally utopian future, there would be some kind of international treaty. There would be some kind of form of international regulation where countries would have to sign on to certain ethical standards, and there would be mo- more sort of oversight and cohesion between the different disparate markets in the global space. I really don't think that's coming anytime soon, unfortunately. Yeah. So it's kind of up to individual governments to, to make those decisions. But yeah, I, I've spoken to several surrogacy lawyers in the UK and Europe who are, are slightly sort of in despair at the lack

of Regulation. In this country, for example, there was meant to be a sort of a government body that was gonna look at reforming surrogacy law here. It's just, it's just not deemed to be a priority, particularly because it's such a hot potato politically, right? Mm-hmm. No one really wants to go there. No government wants to be responsible for looking really pro or anti-surrogacy really. Right. Especially if it's a vaguely centrist government like we have currently in the UK. Like, they just don't wanna touch that. It's too, it's not worth it for them.

EW: Too politically dangerous. Ugh. Well, this, I mean, this is... I, again, just thank you so much for, for writing this book- Thank you ... but also for taking the time to, to chat with me today, today. I really enjoyed our conversation.

AS: Me too. Thank you very much. I, I, um, I still have so much to think about with relation to the book and all its, all its nooks and crannies, so it's nice to, nice to discuss them. Thank you.

EW: A big thank you again to Alev Scott for taking the time to chat with me. If you enjoyed today's episode and would like to learn more, check out our website, thispodcastwillkillyou.com, where I'll post a link to where you can find Cash Cow: How the Maternal Body Became a Global Commodity and the Hidden Costs for Women, as well as a link to Alev's website where you can find her other work. And don't forget, you can check out our website for all sorts of other cool things, including but not limited to transcripts, quarantini recipes, show notes and references for all of our episodes, links to merch, our bookshop.org affiliate page, our Goodreads list, a first-hand account form, and music by Bloodmobile. Speaking of which, thank you to Bloodmobile for providing the music for this episode and all of our episodes. Thank you to Lianna Squillace and Tom Breivogel for our audio mixing, and thanks to you listeners for listening. I hope you liked this episode and are loving being part of the TPWKY Book Club. A special thank you, as always, to our fantastic patrons. We appreciate your support so, so very much. Well, until next time, keep washing those hands