

Surrogacy at the Fertility Frontier

Rethinking Surrogacy in Israel/Palestine as an (Anti)Colonial Episteme

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Abstract

Surrogacy is a popular assisted reproductive practice in Israel, and has been legal since 1998, albeit, until recently, only for married heterosexual couples. Same sex couples who aspired genetic parenthood were therefore 'forced' to look for available surrogates abroad, in countries such as the United States, India, Nepal, Mexico and Russia. This resulted in the emergence of a lucrative transnational surrogacy industry in Israel that relies on the reproductive labour power of racialized egg cell providers and surrogates in the Global South, East and North to (co-)reproduce biologically related babies. This paper engages with Alys Weinbaum's (2019, 2022) stimulating suggestion to rethink contemporary policies, practices and markets of assisted reproduction from the vantage point of the "*colonial episteme*", by unpacking the complex "intimacies" and reproductive afterlives of settler colonialism and racial capitalism in Palestine/Israel in relation to its triadic population economy of settlers, natives and subcontracted racialized workers. In conceptualizing and empirically mapping the dialectics of Israel's surrogacy regime as a *double frontier*, I argue that surrogacy operates both as a demographic frontier in the consolidation of a Jewish State in Israel/Palestine and as a commodity frontier for the accumulation of capital in a booming surrogacy industry. With this, I aim to tease out three contributions to the ongoing scholarly debates on colonialism, racial capitalism and (assisted) reproduction. First, that Israel/Palestine offers an interesting and necessary lens to understand the multiple modalities of re/production under racial capitalism. Secondly, that the epistemic condition of possibility of surrogacy lies not only in slavery and 400 years of "slave breeding", but also in the ongoing removal and replacement of Indigenous peoples, inviting us to look at the distinct yet mutually constitutive reproductive "grammars" of elimination, exploitation and accumulation in contemporary ART regimes. Thirdly, that this 'triangulation' of surrogacy's colonial episteme should not only inform our understanding of how reproduction operates as a force of colonial dispossession and capitalist extraction, but also as a stratified sphere of reproductive resistance.

¹ Certain sections of this paper were already included in other published papers and book chapters. The section on the racial-religious clause of the Egg Donation Law was also discussed in Vertommen, Sigrid. 2017. "Towards a Political economy of egg donations: doing it the Israel way". In: *Critical Kinship Studies: Kinship (Trans)formed*. Eds. By Kroløkke, Adrian, Myong and Tjørnhøj-Thomsen. Rowman and Littlefield International. pp: 169-184. The section on the sperm smuggling of Palestinian political prisoners was developed in greater detail in Vertommen, Sigrid. 2018. "Baby's from behind the bars. Stratified assisted reproduction in Palestine/Israel". In: Lie, Merete and Nina Lykke. *Assisted Reproduction Across Borders: Feminist Perspectives on Normalizations, Disruptions and Transmissions*. New York: Routledge. The section on the surrogacy strike has been partly included in Vertommen, Sigrid; Bronwyn Parry and Michal Nahman. 2022. "Assisted Reproductive Technology's Colonial Present: Colonial Lineages of Global Fertility Chains." *Catalyst: Feminism, Theory, Technoscience* 8 (1): 1–16.

Introduction

"There is something revolutionary about being at the frontier of something new. Someone has to be the first one, someone has to be the pioneer".

Gay surrogacy advocate about Tammuz, Israel's first gay surrogacy agency (interview Tel Aviv, 13/08/2017)

Israel was one of the first countries in the world to legalise commercial surrogacy in 1996. While surrogacy will soon be allowed for all Israelis, irrespective of sexual preference, initially the Embryo Carrying Agreement Law only permitted surrogacy for married heterosexual couples, explicitly excluding same-sex couples and singles from accessing this reproductive service². This fostered the emergence of a transnational surrogacy sector in the early 2000s, consisting of Israeli surrogacy agencies, fertility clinics, law firms specialised in family and migration law that recruit and contract offshore surrogates and egg cell providers in countries where these practices are either allowed or not regulated at all. Israel's transnational surrogacy industry does not only cater for same-sex commissioning parents who wish to have a biologically related child, but also for heterosexual couples who prefer to look for cheaper and available surrogacy arrangements abroad (Moreno and Eyal, 2018).

This paper uses commercial surrogacy as a lens to analyse the broader political economy of (assisted) reproduction in Palestine/Israel, at the crossroads of ongoing histories of settler colonialism and racial capitalism. It engages with Alys Weinbaum's (2019) stimulating suggestion to rethink contemporary policies, practices and markets of assisted reproduction from the vantage point of the *"colonial episteme"*, by unpacking the reproductive "intimacies" and afterlives of racial capitalism, empire and settler colonialism in Israel's surrogacy regime (Hartman, 2006; Lowe, 2015; Bhattacharya, 2018). I will do so by introducing the *frontier* as an analytical trope to conceptualise and grasp the variegated (anti)colonial-capitalist relations of Israel's surrogacy regime.

The idiom of the 'frontier' has been sparking Zionist imaginaries since the late 19th century when Jewish *'halutzim'* or pioneers from all over the world were encouraged to redeem the "Land of Israel" and make its deserts bloom through productive labour, farming and homesteading (Efron, 2007; Prainsack and Firestone, 2006). In Zionist history, this is considered the constitutive period with the pioneer as *"the quintessential moral and economic subject for national conquest and development in Historic Palestine"* (Neumann, 2011:3). Through their continuous conquest of the supposedly empty land on the frontiers of Historic Palestine, the pioneers instilled the *"perennial rebirth"* of the Jewish people after centuries of diasporic persecution and degeneration (Weiss, 2002; Massad, 2005; Wolfe, 2007). Until now, the frontier is used as a catchy metaphor to foreground Israel's advanced and innovative position or "chutzpah" in the field of science, technology, health and medicine. However, as postcolonial STS scholars rightfully demonstrated, frontier imaginaries of scientific progress, modernity and civilisation could often only materialise through violent and necropolitical

² In 2018 the existing law was modified by allowing single women to obtain surrogacy services, while still excluding same sex couples and single men. July 2021, the Israeli Supreme Court ordered the government to lift the surrogacy restrictions for same sex couples and single men (Ha'aretz, 27 June 2018).

practices of displacement and dispossession vis à vis Indigenous and enslaved populations (Harding, 2011; Franklin, 2007).

In Israel/Palestine, gestational surrogacy, as I will argue, materialises first and foremost as a *demographic frontier* in the consolidation of a demographically Jewish State, mostly at the expense of Palestinian life (Kanaaneh, 2002; Nahman, 2013; Vertommen, 2017). In dialectical relation to that, surrogacy also operates as a *commodity frontier* in which an outsourced reproductive labour force of “Caucasian” (and other racialised) surrogates and egg cell vendors are providing the ‘cheap inputs’ (Moore, 2015) for Israel’s fertility industry. Drawing on extensive ethnographic fieldwork research conducted along the surrogacy frontier in Israel/Palestine (2012-2019) and Georgia (2018), consisting of participatory observations in surrogacy agencies and fertility clinics in Tel Aviv, Nablus, Haifa, Ramallah, Tbilisi and Batumi, and semi-structured interviews with Israeli, Palestinian and Georgian fertility doctors, fertility brokers, government officials, commissioning parents, (gay) surrogacy advocates and critics from civil society organisations, I will empirically unpack the intricate ways in which gestational surrogacy is put to work and contested in Israel/Palestine in relation to its triangular population economy of settler, natives and ‘exogenous’ workers.

In doing so, I would like to make three contributions to the existing scholarship on reproduction and empire. Firstly, to bring Palestine/Israel and Zionism’s settler colonial present into the debates on the grammars and modalities of re/reproduction under racial capitalism. Building on the astute insights from Black feminist scholarship on the crucial role of reproduction in plantation and slave economies (Davis, 1972; Reddock, 1985; Spillers, 1987; Roberts, 1997; Morgan, 2004; Vergès, 2020; Weinbaum, 2013a; 2013b; 2019), my research on Palestine suggests that the epistemic condition of possibility of surrogacy is not only grounded in slavery and 400 years of “slave breeding”, but also in genocide and the centuries-old ongoing removal of Indigenous peoples (Smith, 2015). This is an invitation to look at the myriad genealogies of *conquest* in contemporary ART regimes with their distinct yet mutually constitutive reproductive “grammars” of removal, accumulation and exploitation (Vertommen, et al. 2022). Secondly, to further cross-fertilise Marxist feminist and Black feminist accounts of social reproduction and reproductive labour with Indigenous positionalities of what it means to reproduce on a daily and intergenerational basis under a settler colonial logic of replacement (genocide) rather than exploitation (slavery). Finally, to explore how these stratified reproductive logics also impact the articulation of reproductive resistance by looking at the diverging ways the ‘surrogacy strike’ and sperm smuggling have been imagined and has materialised in Israel/Palestine.

Hagar and the Genesis of Surrogacy in the Holy Land

To start unpacking some of the epistemic ‘intimacies’ of racial capitalism, slavery and settler colonialism in Israel/Palestine, the Old Testament figure of Hagar offers a fertile point of departure. This story from Genesis is often discursively framed as the first case of surrogacy, and during my interviews with Israeli fertility treatment providers it was often used to provide cultural and religious legitimations for the ubiquity of ARTs and surrogacy in Israel. The story goes that the matriarch Sarah, when realizing she was infertile and unable to provide Abraham with a son, asked her Egyptian slave Hagar to be inseminated with her husband’s sperm, so

that their son could be Abraham's successor and father of a great nation. Yet, intimidated by the pregnant Hagar, who began to feel confident in her new role as surrogate for the patriarch's future child, Sarah banished Hagar to the desert. According to Jewish and Islamic tradition, Ishmael, the son of Hagar and Abraham, went on to become the father of the Arab–Islamic nation, while Isaac, the 'real' son of Sarah and Abraham, went on to become the father of the Jewish nation. This urged some scholars to use this badly managed surrogacy arrangement as a metaphor for the so called "conflict" between the State of Israel and Palestinians (De Sutter and Delrue, 2017). According to *New World Encyclopedia*, the expulsion of Hagar is "*a key text in interfaith relations between Judaism and Islam*", symbolizing for Palestinians their expulsion from their homeland in 1948, while Jews believe that "*Sarah was justified to use forceful measures to defend the life of her son Isaac and the Jewish nation from perceived Palestinian encroachments*" ³.

Despite Hagar's Biblical role as a surrogate for Abraham and Sarah, in present-day surrogacy arrangements in Israel, it is highly unlikely that Hagar would be of Egyptian descent, and she would surely not be a Muslim Palestinian woman. On the contrary, the State of Israel is actively avoiding using the wombs or egg cells of Palestinian women for third party reproductive services for Jewish Israelis. There are even laws in Israel, prohibiting "inter-religious" egg donation or surrogacy agreements between Jews, Christians and Muslims (Vertommen, 2017). Instead, Israeli couples and their fertility brokers are increasingly contracting transnational surrogates in countries like Thailand, Nepal, Georgia or Mexico, and egg cells from Ukrainian, Czech or Romanian women in their reproductive quest for a genetically related child.

Remarkably, there is another group of racialised women who have come to identify with Hagar and her role as slave, handmaid and housewife. Black scholars in gender and theology studies have related the surrogacy story of Hagar with that of the millions of Black enslaved women whose wombs were violently appropriated and controlled by their masters and plantation owners for over 400 years in the reproduction of property, labour power and capital (Davis, 1993; Williams, 1993; Weinbaum, 2019). Angela Davis (1993:24), for instance, noted that enslaved Black women "*possessed no legal rights as mothers of any kind, considering the commodification of their children—and indeed, of their own persons—their status was similar to that of the contemporary surrogate mother.*" Alys Weinbaum (2019) refers to these analogies as the '*slavery-surrogacy nexus*', arguing that the persistence of what she calls the *slave episteme* continues to frame the racialisation of reproductive and gestational labour in the biocapitalist present. Her recent book includes a discussion of *Sisters in the Wilderness*, the treatise by womanist theologian Dolores Williams (1993), who suggested that "*through Hagar, Black women's history...[becomes visible] as reproduction history.....as history that uses labor as a hermeneutic to interpret black women's biological and social experience of reproducing and nurturing the species and labor as an interpretive tool for analysing and assessing Black women's creative productions as well as their relation to power*" (cited in Weinbaum, 2019:135). The figure of Hagar speaks to generations of Black women, who not only relate to the reproductive exploitation and expulsion she faced, but also to her willpower to resist and overcome these imposed hardships.

³ New World Encyclopedia <https://www.newworldencyclopedia.org/entry/Hagar> (last entry 15 April 2022)

I am sharing this Biblical anecdote to not only illustrate the contested religious genealogies of surrogacy in the *Holy Land*, but also to make an analytical point on the murky messiness of historical and contemporary reproduction that becomes visible in and through surrogacy, with its gendered and racialised stratifications and divisions of labour that are shaped by epistemic legacies of slavery and settler colonialism. Hagar's story epitomises many of the surrogacy narratives that will animate this paper: the pronatalist imperatives to reproduce the nation, the exploitation of enslaved women's reproductive labour power that this pronatalism requires, the expulsion of natives who are seen as a reproductive threat, and the fertile modes of resistance that are enabled in and through the reproductive sphere. Yet, despite the many resemblances between Black and Indigenous conditions of womanhood, I will argue in this paper that unlike Black women, Palestinian women are not so much racialised through the hermeneutic of reproductive labour and exploitation but rather through the hermeneutic of demographic replacement and dispossession, considering the hesitance or outright refusal of the Israeli settler polity to depend on Indigenous reproductive labour power (Wolfe, 2016).

The paper will proceed with an analysis of the stratified ways in which gestational surrogacy in Israel/Palestine materialises as both a demographic frontier and a commodity frontier in relation to its "triadic" population economy, based on several (international) surrogacy stories and case studies that emerged during my fieldwork between 2012 and 2019. Complicating the dyadic model of settler versus native, Black scholars, including Silvia Wynter (1996), Frank Wilderson (2010) and Tiffany Lethabo King (2019), introduced a triadic population model of "European-Negro-Indian" or "White-Black-Red" to understand the complex relations of colonial conquest, slavery and genocide. Congruently, Lorenzo Veracini (2011) in his work on settler colonialism, argued that Israel/Palestine, similar to other settler colonial formations such as Australia, Canada and the United States, is historically shaped as triangular population economy, consisting of Jewish Israeli settlers, Indigenous Palestinians and "imported" workers, who are all governed and racialised through different re/productive logics. Put differently, reproducing racial capitalism in Israel/Palestine requires the plentiful reproduction of (Ashkenazi) Jewish Israelis, problematises Palestinian procreation as a "demographic threat" and exploits the reproductive labour power of racialised (migrant) workers, including elderly care workers, sex workers and – as I will argue – egg cell providers and surrogates. The final part of the paper examines how surrogacy not only operates as a frontier of demographic replacement and capital accumulation, but also as a frontier of resistance, by discussing the diverging ways in which the 'surrogacy strike' and sperm smuggling has been imagined and articulated in Israel/Palestine.

Surrogacy as a Demographic Frontier: Selective Pronatalism

Gestational surrogacy has become one of the newer and more popular reproductive technologies through which dys/infertile Israelis are exerting their right to parenthood, a right that is deemed so fundamental in Israel that it is recognised by political leaders and juridical courts alike. In the well-known Israeli court case of *New Family versus Approvals Committee for Surrogate Motherhood Agreements* judge Cheshin (quoted in Shuz, 2013:199), famously stated:

"The right to parenthood is at the foundation of all foundations, at the infrastructure of all infrastructures, the existence of the human race, the ambition of man and the basis

of that right as the profound need to have a child which burns in the soul ... man's instinct of survival ... the necessity for continuity”.

With an average of 3.1 children per woman, Israel is the most fertile of the OECD countries, where the average hovers around 1.7 children (OECD, 2022). Already in 1977, Lesley Hazleton referred to the strong reproductive drive in Israel as a “*fertility cult*” while Orna Donath (2014:6) argued that childlessness is perceived as “*a deviation from the natural order*”. The “*imperative to reproduce*” (Weiss, 2002) is not only deeply entrenched among heterosexual couples, but also among gay couples. Dan, for instance, gay father to two surrogacy babies with an American surrogate, explained in an interview (Tel Aviv, 13/07/17):

I grew up in Israel and these are the values that the society I grew up in has given me. When I go to Europe and I speak to gay people about the opportunity of becoming parents, people raise an eyebrow and tell me: ‘why should we become parents?’ When I meet with people in Europe who go through the surrogacy process they usually have one child. Here in Israel we all want twins and that’s only the beginning.

Also Uri, the head of the Association of Gay Fathers said (Tel Aviv, 09/07/17):

I think it’s part of the Israeli and maybe even Jewish ethos that you become part of the tribe when you produce your own offspring.

Since its establishment in 1948, the State of Israel has been known for its pronatalist policies, aimed at high birth rates and large families. This pronatalist stance has been institutionalised through various funds, councils and committees, including the Heroine Award for mothers with at least ten children (1949), the Committee for Natality Problems (1962), the Demographic Centre with its Fund for Encouraging Birth (1968) and the Israel Council on Demography (2002). These initiatives provided financial incentives for reproducing large families, social and welfare benefits for (working) mothers and high child allowances (Hashash, 2010). The same pronatalist stance can be discerned concerning the usage, regulation and subsidising of assisted reproductive technologies, including in vitro fertilisation (IVF) and intracytoplasmic sperm injection, gamete donation, surrogacy and preimplantation genetic diagnosis. Israel has more fertility clinics per capita than any other country in the world, i.e. 25 public units and more than 100 private units for a population of 9 million people. Measured by the number of IVF treatment cycles per capita, Israelis are by far the biggest consumers of IVF in the world (Birenbaum-Carmeli, 2016, Israel Ministry of Health, 2022) ⁴.

Many of these reproductive technologies are comprehensively sponsored by the state. Israel is known as the most generous country in the world in terms of public funding for infertility treatment. For instance, the government funds for every citizen of the country up to the age of 45 years - regardless of ethnic, religious or marital background - an unlimited number of IVF cycles for the birth of a first and second child (Shalev & Felmayer 2012; Birenbaum-Carmeli and Carmeli, 2011). In contrast to the remarkably generous support for enabling reproductive

⁴ According to the most recent data by Israel's Ministry of Health (2020), there were 5.169 IVF treatment cycles in 1995, resulting in 4.5 cycles per 1000 women. In 2018, that number has risen exponentially to 48.294 IVF cycles or 23.4 cycles per 1000 women, which is over five times the European average and ten times the international average (Birenbaum Carmeli, 2016). Accordingly, live births via IVF treatment rose from 1.7% of Israel's total live births in 1995 to 5.1% in 2018 (Israel Ministry of Health, 2020).

technologies, treatments that restrict family size remain largely underfinanced in Israel. Family planning services are not only inadequate, but they hardly receive state support (Portuguese, 1998). Abortion, except for therapeutic reasons, is *de jure* still illegal.

Paradigm Shift: the Settler Colonial Turn

Israel's pronatalist stance is often explained and legitimised through cultural narratives of Jewishness, that emphasise the importance of reproduction in Jewish culture, history and tradition (Kahn, 2000). Some authors refer to the first religious commandment that prescribes Jews "to be fruitful and multiply and replenish the earth" (*pru urvi umil'u et ha'aretz*). Others refer to the virulent waves of anti-Semitism to which Jewish communities in Europe and Russia have been subjected for centuries, culminating in the Holocaust and the extermination of six million Jewish lives, turning individual procreation into a matter of collective Jewish survival (Kahn, 2000; Teman, 2010; Ivry, 2010). A recent fertility bulletin by the Taub Center for Social Policy Studies in Israel (2019) suggested that these cultural arguments do not uphold when comparing Israeli Jews to Jews elsewhere in the world. The report states that "*although they often share the same history, fertility among Jews in other developed countries is significantly lower – including among Jews living in Europe, where welfare policies are more generous than in Israel*"⁵. While cultural narratives of Jewishness are indeed important albeit insufficient to explain Israel's pronatalist drive, the report's conclusion that the reasons behind Israel's "exceptional" fertility trends "*remain a mystery*" is less convincing (Taub, 2019).

Drawing on the inspirational body of work by Indigenous scholars and/or scholars on settler colonialism including Nadera Shalhoub-Kevorkian (2015, 2017), Andrea Smith (2002, 2015), Kim TallBear (2018), Nahla Abdo (2011), Nira Yuval-Davis and Davia Stasiulis (1995), Margaret Jacobs (2009) and Patrick Wolfe (1994, 2006, 2007, 2008, 2016) on the gendered, embodied and reproductive grammars of settler colonial formations, I have been arguing in my work that there is nothing mysterious nor exceptional about Israel's pronatalism, when taking into account Zionism's ongoing histories of conquest and demographic replacement in Israel/Palestine. Settler colonialism is an old scholarly paradigm that has recently been picked up again by researchers from all over the world who want to understand the political, economic, social and cultural past and present of settler societies, including the United States, Canada, Australia, Zimbabwe, South Africa, Algeria, etc (Wolfe, 1994; 2007; Veracini 2006, 2010, 2016; Jabary Salamanca et al., 2009; Shalhoub-Kevorkian, 2017; Lentin, 2019). Nira Yuval Davis and Davia Stasiulis (1995:3) have defined settler colonialism as "*a specific type of European expansion that resulted not in overseas empires but in societies in which Europeans have settled, where their descendants have become and remained politically dominant over indigenous peoples and where a heterogeneous society has developed in class, ethnic, racial and gendered terms*". According to Patrick Wolfe's structuralist approach (2006, 2007), settler polities have two defining features, 1) territorial expansion and the maximum accumulation of Indigenous land and 2) the demographic transfer of the settler population to the newly acquired lands. He argued that this double movement of territorial accumulation and demographic settlement is undergirded by a societal logic of replacement of the native population and their claims to their land, culture and history. This is also a highly gendered and reproductive process.

⁵ Taub Center. 2019. "Why are there so many children in Israel?" <https://www.taubcenter.org.il/en/research/why-are-there-so-many-children-in-israel/>

Similar to other settler colonial formations, including Australia (Wolfe, 1994) or the United States (Byrd, 2011; King, 2019), my work suggests that Zionism's demographic zero sum project in Israel/Palestine follows a bio/necropolitical grammar of reproduction, in which the fruitful reproduction of the settler population requires the non-reproductivity or, as King (2019) succinctly states, the death of Indigenous population (Abdo and Yuval-Davis, 1995; Ghanim, 2008; Shalhoub Kevorkian, 2016). Analysing historical and contemporary fertility policies in Israel/Palestine, Abdo and Yuval-Davis (1995), Portuguese (1998) and Kanaaneh (2002) argued that these were primarily designed by the State of Israel to benefit the Jewish citizenry, and not Palestinians whose supposedly high fertility rates have been framed by Israeli media and policy makers alike as a ticking demographic time bomb for the survival of the Jewish State ⁶. A famous example was the Heroine Mother Award, a birth prize initiated by Prime Minister David Ben Gurion in 1949 to grant all mothers a financial compensation and a personally signed letter on the birth of their tenth child. The award was dropped after ten years when it turned out that it were mostly Palestinian mothers in Israel who were claiming it ⁷. Portuguese (1998) suggested that Israel, in its attempt to create and consolidate a Jewish demographic majority in a Jewish State, has been as concerned with lowering the Palestinian birth rate as it has with raising the Jewish one. She also stressed that this never resulted in a straightforward anti-natalism towards Palestinians. Unlike other settler colonial societies such as Australia or the United States, Israel has no history of forced sterilizations or abortions of Indigenous women (Roberts, 1998; Jacobs, 2009; Briggs, 2012). Moreover, Palestinian citizens in Israel (unlike those in the West Bank and the Gaza Strip) are legally entitled to the same fertility treatments as their Jewish compatriots. My research suggests nonetheless that Palestinians in Israel are often restrained from exercising their reproductive rights equally. This is not only because of Islamic and Christian restrictions to third party reproduction, but also, as I will show, because colonial realities.

⁶ In terms of vital statistics, the fertility rates in Palestine/Israel have always been remarkably high, and this on both sides of the Green Line. In the West Bank and Gaza, the average birth rate in 2012 stood at 4.1 children per woman, a rapid decline since the 1960s when it amounted to more than eight children (PCBS, 2013). In Israel, the total fertility rate in 2013 reached 3.03, the highest of all OECD countries where the average fertility rate has plummeted to 1.7 since 2010 (OECD, 2013). Over the recent decades. While over the past decades, Palestinian fertility in Israel and in the West Bank has been rapidly declining, Jewish fertility is stagnating and even slightly on the rise again. In terms of mortality rates, these are significantly higher among Palestinian infants than among Jewish Israeli babies (ICBS, 2016). In 2014, Israel's Health Ministry published a report stating that the mortality rate of Israeli Arab children under one year old is two and a half times higher than those among Jewish infants. In the West Bank the mortality rate of Palestinian infants is seven times higher, and in Gaza it is almost ten times higher than for Jewish Israeli infants (van den Bergh, et al. 2015). According to a recent report by Physicians for Human Rights, the life expectancy of Palestinians in the West Bank and Gaza is about ten years lower than that of persons in present-day Israel, and maternal death rates are four times higher in the West Bank and Gaza Strip (Mor, 2015).

⁷ Other examples are the 1968 Fund for Encouraging Birth and the 1970 Veteran's Child Allowance Scheme, which offered extra child allowances and social benefits to large families in which at least one member had served in the army, clearly excluding Palestinian citizens in Israel as they usually do not serve in the army (Kanaaneh 2002). In 1992, when discussing a bill in the Knesset that would end this discriminatory practice by equalizing child allowances for all families regardless of the military history of their members, the founder of the right-wing Moledet party Rehavam Ze'evi remarked: "*This proposal is an incentive for making more Arab children. They will live off us forever. They will give birth to 50, 60, 70 children and we will pay them discharged soldiers grants*" (quoted in Portuguese 1998, p.108).

From Interreligious Zygotes to Racialised Wombs

In 1996, when the Embryo Carrying Agreement was put in place in Israel, a state committee was appointed to approve and authorise the surrogacy contracts between the Israeli surrogate and the intended parents. The law included a religious clause, requiring the surrogate carrier and the intended mother to share the same religion. The same religious logic was repeated in 2010 with the introduction of the Egg Donation Law, requiring the egg donor and egg recipient to both have the same religion. The introduction of these strict religious requirements was justified as a way to harmonise both surrogacy and egg donation practices according to Halakhic principles, since Judaism follows matrilineal standards by which the religion of a newborn is determined by the mother's religion.

Halakhic standards generally defined the mother as the one who carries the baby, favouring gestational motherhood over genetic motherhood. However, with the arrival of newer assisted reproductive technologies there has been a fragmentation of different maternal roles - genetic, mitochondrial, gestational, creating strong disagreements among the rabbinical authorities on who or what defines motherhood, and thus Jewish kinship (Kahn 2002; Ivry, 2010). In an interview with a prominent rabbi, (Jerusalem, 16/07/2013), who was then president of Israel's National Bioethics Committee and expert in medical halakhic ethics, the stakes of the rabbinical debates on motherhood were clarified:

"There are at least four opinions among Jewish rabbis. One says that the genetic material is the important one, so the egg donor is the mother. Another one says that the egg is just a chip made in China, and what is important is the pregnancy, carrying the baby and delivering, it doesn't matter where the genetic material comes from. A third opinion says that neither is the mother, because to be a mother you have to fulfil both functions, and once you divide there is no half mother, and since it's half and half, then there is no mother at all. A fourth position is that both are mothers, who says that we can only have one mother, we have two mothers, one is the genetic mother and one is the nurturing mother".

Since the rabbis failed to reach a uniform opinion on what constitutes 'pure' Jewish motherhood, it was decided that both the genetic mother and the gestational mother have the same religion, "so that", the rabbi continued, "we know for sure what a child is, either Jewish or non-Jewish" (Jerusalem, 16/07/2013). In practice, this means that a Jewish Israeli woman cannot donate oocytes or gestate a baby for a Muslim, Druze or Christian (read Palestinian) woman, or vice versa, without the approval of an Exceptions Committee. As Palestinian women rarely serve as surrogates or egg cell providers in Israel, this also means that Palestinian women are not benefiting from these reproductive services. Apart from one, none of the dozens of Israeli surrogacy agents whom I interviewed mentioned having Palestinian clients for either domestic international surrogacy arrangements. They predominantly cater to Jewish Israeli couples, which is in line with Elly Teman's (2010) findings in her foundational study of surrogacy in Israel.

In the case of the Law on Egg Donation, the Legal Advisor of the Ministry of Health and her assistant, explained the inclusion of the religious amendment as a way to "*not make more problems than we already have, and we have a lot*" (interview Jerusalem 20/02/2012).

"If, for example, there would be a Jewish egg donor and a Muslim recipient then this would cause problems because the baby would be both Muslim and Jewish. I said Israel is a traditional country and we don't have separation of state and religion and it is important to make sure that everybody is comfortable".

Asa Kasher, a well-respected bioethicist and former member of the Bioethics Committee clarified: *"We don't know what will eventually emerge as the religious attitude towards inter-religious zygotes, so we decided to stay on the safe side"* (interview Tel Aviv 26/07/2013).

Ironically, most Israelis in need of egg donation or surrogacy continued to make use of transnational egg vending and surrogacy programs with countries such as the Ukraine, Georgia, Romania and the Czech Republic, where oocyte vendors or surrogates are rarely Jewish⁸. In these cases of transnational fertility services, the State of Israel, in agreement with the Chief Rabbinate, solved the alleged kinship problem by encouraging the intended parents to convert the children born from this procedure to Judaism in order for them to be recognised as full-fledged Jews (Nahman, 2013, Birenbaum-Carmeli, 2017)⁹. In the latter case, the genetic possibility of an inter-religious zygote did not motivate Israeli policymakers to outlaw the reproductive practice. This suggests that religious legitimations hide more than they actually reveal, as is often the case in Israel/Palestine (Ben Porat, 2000; Nahman, 2013). Indeed, religious categorisations of Jews, Muslims and Christians often tend to obscure underlying racial and ethnic classifications of Arabs/Palestinians versus Jews. As Patrick Wolfe (2016:260) phrased it: *"In Israel, religion operates as a racial amnesty"*. When asked about his opinion on the inclusion of the religious clause in the Egg Donation Law, one well-respected fertility specialist from Hadera stated: *"The consensus was that we didn't want to mingle between populations and to put, let's say, a Jewish egg in an Arab woman"* (interview Hadera, 21/08/2012).

Moreover, Michal Nahman's (2016) research on Israeli practices of ova extraction demonstrated how Jewish-Israeli women rejected, or at least considered rejecting ova from Palestinian-Israeli women. She quoted a Mizrahi Jewish couple: *"Regarding the religion of the donor, we didn't talk about it, so I guess it's not relevant. Of course it's important that she shouldn't be an Arab, ya'ni"* (Nahman, 2006:205). Similarly, when asking a Jewish Israeli surrogate, who pointed out during our interview (Kiryat Atta, 21/07/17) that she would happily gestate the babies of all Israeli couples, *"from ultraorthodox couples to homosexual ones"*, whether she would do the same for a Muslim or Christian couple, she answered: *"Of course not, they don't have the same values as us. These mothers send their children to explode themselves as suicide bombers, how can I share a surrogacy with them?"*

In her research on surrogacy and racial practices, Jaya Keany (2021) suggested that contemporary transnational surrogacy markets flourish by presenting the womb as an empty rental space, *"a holding environment that brings the child of commissioning parents to fruition"*

⁸ There are some fertility companies that specialise in 'Jewish' egg donations. A Jewish Blessing, for instance, is an Israel-based agency that recruits American Jewish donors. NY Lifespring is a fertility company launched by Ruth Tavor, an Israeli egg broker, who specialises in finding a match between Jewish Israeli donors and couples in the United States.

⁹ Israel's Chief Rabbinate has ruled that all surrogacy babies need to be converted if the parents want their child to be considered Jewish. If the rabbinical judges of the conversion court decide to accept the baby as Jewish, the baby requires immersion in a *mikve* and circumcision if it is a boy.

but does not shape fetal identity". In this biogenetic business model of kinship gestation is seen as peripheral to racial transmission. She argues that "*in sharp contrast to the racialization of gametes, surrogates' wombs are deracialized*". While my research on Israel/Palestine concurs that for transnational surrogacy arrangements, the 'foreign' womb is indeed constructed as largely irrelevant to the racial makeup of the surrogacy baby, this "*nonracialising*" logic does not uphold for domestic surrogacy. *Within* the frontiers of the settler colony the womb's religious and racial boundaries are closely monitored and safeguarded through surrogacy. Similar to cross-religious restrictions for marriage, adoption and egg donation, the State of Israel has demonstrated a structural reluctance to mix with the Indigenous Palestinian population (Ghanim, 2008; Hirsch, 2009). This is contrary to reproductive logics in other settler colonial formations, where Indigenous peoples have been bioculturally assimilated into the settler body. As Wolfe (2016:272) summarized: "*In the case of Palestinians, therefore, Zionism's racialisation strategy can be expressed with maximal simplicity: it is one of outright exclusion*".

Homonormative Pronatalism and the Right of Return

Another example of surrogacy's reproductive-demographic arithmetic in Israel/Palestine can be found in the articulation of gay couples' plight to access surrogacy services. At first sight, Israeli gay couples seemed excluded from the state's pronatalist stance to be fruitful and multiply, by not permitting them to start a surrogacy procedure in Israel, and "forcing" them to go abroad, to countries such as Thailand, India or Nepal, where – until recently - surrogacy was either legal or not regulated at all. At times, these cross-border arrangements resulted in highly mediatized surrogacy scandals in which Israeli surrogacy babies and their intended fathers got stuck abroad without having the necessary papers to "return" to Israel.

In 2013, for instance, 65 Israeli surrogacy babies got stranded in Thailand after the Thai government refused to let the babies cross the border, considering that Thai law awards full parental rights to the gestational mother. The Israeli Ministry of Interior initially refused to issue Israeli passports for the babies, as this would be considered as child abduction by the Thai government. Outraged by the lack of support from their government, sections of Israel's gay community began organising a public campaign to 'bring the children home', particularly targeted at Gideon Sa'ar, then Minister of Interior, who at that time just had a baby himself. In a well-coordinated social media action, famous Israeli celebrities posted selfies with the slogan "*Gideon, your baby is home, ours isn't*" on their Facebook pages. The campaign received massive media attention and after nine days of action the Israeli authorities agreed to temporarily authorise passports for the Israeli babies in Thailand under the express condition that the Thai surrogate would sign a document, relinquishing all her rights and commitments toward the new born child. Similar events unfolded in Nepal in April 2015. After a huge earthquake hit the country, killing almost 10.000 people, it became clear Nepal had transformed into a popular surrogacy destination for Israeli gay couples, with dozens of surrogacy babies who were unable to leave Nepal. Israel was the first country to send a humanitarian mission to Nepal, with the repatriation of the Israeli surrogacy babies and their dads as the top priority, while the Indian surrogacy mothers were left in Nepal (Shalev, Eyal and Samama, 2017). Upon the arrival of the first three young babies in Israel, the spokesperson of Israel's Defence Forces (IDF) sent out the following statement made by

Lieutenant Colonel Ron, accompanied by a picture of an IDF soldier holding a tiny baby in his hands (IDF, 27/4/15) :

"We have the knowledge and experience and especially the commitment to bring the residents of the State of Israel back home".



Israeli soldier with surrogacy baby in Nepal, Facebook Page Israeli Airforce, April 2014.

The script in each of these surrogacy ‘scandals’ followed a similar story line. The Israeli intended parents reported feeling abandoned and mistreated by their government in their quest for parenthood. The Israeli media then followed suit by framing them as reproductive exiles who were refrained from ‘returning’ to Israel, a highly emotive leitmotif in Jewish history. However, in her research on gay surrogacy in Israel, Adi Moreno (2016) argued that the State of Israel was not absent at all in these international surrogacy journeys. On the contrary, the Israeli authorities actively contributed to the regulation of the surrogacy babies by promulgating overseas surrogacy regulations for intended parents, acknowledging genetic parenthood of the parents via Israeli family courts, registering the child, issuing citizenship, arranging passports for the surrogacy babies, and even sending the army or private planes to pick up the surrogacy babies and their parents.

When asking the director of Tammuz, Israel’s most famous gay surrogacy agency (interview Tel Aviv, 21/06/2017), what happened to the Israeli couples who got stuck in Mexico with their surrogacy babies, after the Mexican government had banned commercial surrogacy in late 2016, he replied:

“Every time when there is a closure, there are some troubles. For the first two or three couples it may take a longer time before they can leave the country, but once that is

over then for the next couples the path is cleared. I'm used to that. It was [like this] in India, it was in Thailand, it was in Nepal, it was in Mexico".

Similarly, when inquiring one Israeli surrogacy lawyer about the scandal with the Thai surrogacy babies, and whether the babies were blocked from entering Israel, she replied (interview Tel Aviv, 15/07/2014).

"Of course they entered, but it took some time. But you cannot prevent this child from coming to Israel. They [the Israeli authorities, S.V.] would need to change the Citizenship Law to restrict surrogacy babies from entering Israel. Today it says that every child from Israel is an Israeli by birth. Unless you add a paragraph stating that it doesn't count when the baby is the product of surrogacy in a country that is not acknowledging surrogacy, the Ministry of Foreign Affairs or Justice can do hula-hoops in the air, this is the law. If they don't fix it, then they don't have any argument. If the State of Israel really dislikes transnational surrogacy, then they should just change the Law of Return and add the paragraph on surrogacy, but they are not doing it. Again, because they have this demographic problem, they are afraid".

The Law of Return and the Citizenship Law are the legal cornerstones of Zionism's demographic project in Israel/Palestine. The Law of Return provides every Jewish person in the world the right to acquire Israeli citizenship and settle in Israel. By simultaneously refusing Palestinian refugees the UN-guaranteed Right to Return to their homeland, the Law of Return also safeguards a demographically Jewish state in Israel/Palestine. One of the important insights from Michal Nahman's (2013) work on the oocyte traffic between Israel and Romania is that transnational egg donations are "state-making practices" through which certain imaginaries on Israeliness, citizenship, race, genetics and the nation are performed. She noticed, for instance, how in an Israeli proxy fertility clinic in Bucharest, the sperm and embryo vials of the Israeli recipient couples were all labeled with their Israeli ID number, presupposing that they "somehow already belong to the state" (Nahman, 2013:60). She also recalled how at a certain moment, when the Israeli government halted the import of ova from an Israeli proxy clinic in Bucharest, the Israeli couples who had already started their fertilisation procedures demanded 'their' embryos back, insisting that the embryos had the 'right to return' to Israel (Nahman, 2006, 2013). Similarly for surrogacy, I argue that within Israel's selective pronatalist regime, it operates as a demographic frontier through which mostly Jewish Israelis - hetero and homosexual alike - but not Palestinians are encouraged and enabled to reproduce the nation while interracialised mixing between Palestinians and Jewish Israelis is actively discouraged.

Surrogacy as a Commodity Frontier: Birthing a Reproductive-Industrial Complex

Surrogacy in Israel/Palestine does not only serve as demographic frontier, but it has also capitalised into a commodity frontier powered by a logic of capital accumulation (Moore, 2000)¹⁰. Similar to what world-ecologist Jason Moore (2015: 53) has termed "cheap nature", a capitalist strategy in which use-values such as food, energy, raw material and labour power are produced with a below-average value composition, fertility has become a commodity frontier for the "cheap" (re)production of babies, families and life in Israel/Palestine and across

¹⁰ Jason Moore (2000) defined commodity frontiers as a capitalist strategy based on the progressive appropriation, and often dispossession, of places and people as new and cheap reserves of natural resources and labour.

rest the world (Vertommen and Barbagallo, 2022). The global fertility industry is estimated to become a US\$40 billion market by 2026, with the United States, China, India, the United Kingdom and also Israel as important fertility hubs (Databridge Market Research 2019). Indeed, in its pronatalist drive to create and maintain a Jewish State, a 'reproductive-industrial complex' (Vertommen, 2017) has emerged in Israel/Palestine, i.e. a burgeoning and innovative reproductive industry comprised of sectors as diverse as repro-tech and medicine, the stem cell industry and cross-border fertility tourism including transnational surrogacy and egg donation services (Nahman, 2013; Peskin, 2022).

Israel's Surrogacy Industry

In 2008, Tammuz Family was founded, Israel's first transnational surrogacy company with a specialisation in surrogacy arrangements for gay couples. Since Tammuz, around 15 other surrogacy agencies were created to fulfil the increasing demand for surrogacy babies. These agencies coordinate all the medical, logistical and legal procedures of the surrogacy arrangement and broker between the demands of commissioning couples and the availability of surrogates and egg cell providers, inside but mostly outside of Israel. Only two out of 15 surrogacy agencies specialise in domestic surrogacy, while the others focus on transnational arrangements. A recent report on surrogacy by the Knesset Research and Information Center (2018), suggested that between 2005 and 2017, 700 babies were born via national surrogacy arrangements in Israel and 1513 Israeli babies were born via international surrogacy agreements, with a sharp annual increase of the latter ¹¹. As one surrogacy expert at Israel's Ministry of Health clarified in an interview (Jerusalem, 03/08/2014):

"You can see now that the agencies are a lot more interested in working on surrogacy abroad than on domestic surrogacy. There is no bureaucracy, it goes faster, much more money, nobody [is] watching you all the time and checking if everything is exactly according to the law, they can do whatever they want."

Unlike Israel's oocyte provision sector, which is run by fertility doctors, the surrogacy sector is mostly run by lawyers, social workers and 'experts through experience', who went through transnational surrogacy procedures themselves and feel confident to guide commissioning parents through the complex surrogacy maze. This notion of a shared experience is often deployed as a marketing strategy to recruit more commissioning parents, as can be read on the website of one Israeli surrogacy company ¹²:

"Gal Sava is the founder and CEO of Viva Surrogacy. Gal has a son who was born through surrogacy in India in 2012. Having had this personal experience, Gal wanted to pursue his dream of helping other people experience the joys of parenthood" .

While many surrogacy brokers put an effort in discursively concealing the marketized nature of surrogacy under the tropes of help, care and altruism, it is undoubtedly still a business (Rudrappa and Collins, 2015). Contrary to Israel's international adoption procedures that are legally required to be implemented by certified non-profit organisations, Israeli surrogacy agencies are commercial companies that charge between 9,000 and 12,000 US dollars for

¹¹ The Knesset Research and Information Centre. "The surrogacy procedure in Israel and abroad and its cost elements in Israel that are state-funded". 7 October 2018. www.knesset.gov.il/mmm

¹² <http://viva-family.com/> (last entry, 28/09/2022).

their services – up to a third of the total surrogacy cost. The total cost depends on a broad series of variables, such as the local/non-local background of the egg donor, the surrogacy destination, the shipment of frozen sperm, the legal counseling, the inclusion of non-standard add-on technologies and procedures such as preimplantation genetic diagnosis or screening (PGD, PGS) and the number of new-borns (single baby, twins or triplets). The agencies use various other marketing strategies to promote their services and cut down on costs, such as 'guarantee programs', that offers the promise of a failsafe cross-border surrogacy procedure resulting in a take-home baby – or 'egg cell sharing' deals, whereby two intended parenting couples share the egg cells from one donation cycle. However, the principal way in which surrogacy agencies gain profit is by saving money on the reproductive labour costs of surrogates and egg cell providers through subcontracting to the Global South/East. When interviewing the founder of Tammuz Family, who himself had two children via an American surrogate, he explained that surrogacy in the United States is of high quality but very costly. In California, the epicentre of the global fertility industry, a surrogacy procedure costs between 100.000 and 150.000 dollars on average, while in Israel, couples often pay up to 70.000 dollars.

"This is why with Tammuz, we started to think about cheaper routes for surrogacy. In my previous life, I worked in the high-tech industry, where many activities and labour were subcontracted to low-wage countries like India" (interview Tel Aviv, 17/07/2014).

In India, Nepal and Mexico, until a few years ago the most popular surrogacy destination for Israelis, surrogacy costed between 30.000 and 50.000 US dollar of which Indian and Mexican surrogates only received between 2.000 and 8.000 US dollar. In Georgia, where I conducted my fieldwork on transnational surrogacy, the procedure costs between 30.000 and 40.000 US dollar of which Georgian surrogates receive 15.000 US dollar in 'fees' or compensation (not a salary, as gestation and parturition are not viewed as 'real' labour). Many of the interviewed Georgian surrogates mentioned that they would have to work three years in 'normal' jobs, including laboratory work or waitressing, to make the same amount of money. Yet, surrogates often sign contracts in which they agree to work under questionable health and safety conditions (Pande, 2014; Rudrappa, 2015). In Georgia, for instance, surrogates are not allowed to decide about the number of embryos that are transferred to their womb, how to give birth, whether to perform an embryo reduction or abortion, whether to breastfeed after the birth. The surrogacy contract stipulates that these reproductive decisions are reserved for the intended parents in consultation with the surrogacy agencies and the doctors. Furthermore, surrogates in Georgia do not have access to decent postnatal medical care and life insurance. Medical complications due to the surrogacy pregnancy are therefore never seen or compensated as work accidents but viewed as 'ordinary' health issues. Moreover, for the duration of the conception and pregnancy, the bodies of surrogates are closely monitored, disciplined and surveilled: no alcohol, cigarettes, drugs, 'excessive' sexual intercourse, heavy lifting allowed, while doing exercise and eating healthy food is strongly encouraged. Some Israeli parents even request a kosher diet for the surrogate during the pregnancy. Finally, some of the interviewed surrogates struggled with the psychological and emotional stress of having to transfer the baby to the commissioning parents after delivery. As argued in earlier work (Vertommen and Barbagallo, 2021), one of the main reasons why surrogacy subcontracting in Georgia is an exploitative industry, is because surrogates refrain from and are refrained from identifying as reproductive workers. Despite their undeniable integration

into a capitalist export-oriented industry as surplus value producers, surrogates are housewifized into “gift-giving mothers” (Mies, 2014; Vora, 2019).

Racialised Divisions of Labour

The divisions of labour in Israel's transnational surrogacy industry are not only highly gendered but also explicitly racialised, with egg donors who are recruited based on their presumed ‘genetic qualities’ (such as intelligence, beauty, fitness, race, etc) while foreign surrogates’ genetic makeup is framed as largely irrelevant (Keany, 2021). The latter are ‘merely’ recruited for their gestational capacities (Twine, 2011; Nahman, 2013; Deomampo, 2019). When asking one Israeli fertility broker in 2014 why egg cells are imported to Israel from Ukraine and not from Georgia – assuming it would be easier to combine egg cell provision and surrogacy in the same country – he replied: “*have you seen Georgian women?*” - hinting at the fact that Georgian women are not pretty enough for egg extraction, in comparison to Ukrainian women (interview Tel Aviv, 22/07/14). Indeed, Ukrainian egg cells are desirable commodities on the Israeli fertility market, not only because they are branded as reproducing beauty, but also ‘Caucasian whiteness’ (Vlasenko, 2015).

As discussed earlier, Palestinian women are not recruited as surrogates in Israel's domestic surrogacy model. Scholars in Black, Native and Settler Colonial Studies already noted how settler colonial formations such as Australia, the United States or Guyana did not necessarily depend on an Indigenous labour force, but often opt to import exogenous (forced) labourers who made no sovereign claims to the land (Shafir, 1996; Wolfe, 2006; Veracini, 2010; Jackson, 2012; King, 2019). Similarly, Israeli surrogacy agencies rather contract foreign surrogates and oocyte providers instead of using the ‘cheap’ Indigenous reproductive labour power of Palestinian surrogates or egg cell providers. Yet, contrary to other types of racialised reproductive work in Israel, such as sex work which is often performed by Russian, Ukrainian or Moldovan women from the former Soviet Union, or elderly care work by Philippine women, surrogates and egg cell donors are not employed as a migrant reproductive workers *inside* Israel (Kemp and Rajman, 2008; Bernstein et al., 2017). Instead, surrogates and egg cell providers perform the subcontracted work of ovulation, gestation and parturition outside the borders of the State. Unlike Palestinians who as a ‘surplus’ Indigenous population are racialised through their exclusion from the assisted reproductive labour force, Georgian surrogates and Ukrainian egg cell providers are racialised through the reproductive labour they perform. Similar to *metaplot* or elderly care workers who in Hebrew are often referred to as *filipini* (‘my Philippine careworker’), Georgian surrogates and Ukrainian egg cell donors are racialised as Caucasian through the work of gestation and ovulation (Glenn, 1998; Weinbaum, 2019).

Reproductive Empire

Although Israel has a booming domestic reproductive industry, the biggest profits are made when the national borders are crossed. In the case of egg donation, the reported ‘national shortage’ of local egg cells in the early 2000s prompted the IVF directors of Israel's major hospitals to start partnerships with proxy fertility clinics abroad in countries like Czech Republic, Ukraine and Romania (Nahman, 2013). Some of these proxy clinics are certified by

Israel's Ministry of Health. The doctor in charge of licensing fertility clinics at the Israeli Health Ministry, clarified in interview back in 2014 (Tel Aviv, 21/08/2014):

"There are six official fertility units abroad, in the Ukraine, Czech Republic and the US, but there are so many unofficial units that Israeli doctors are working with...maybe ten or fifteen units all over: in Cyprus, in Russia, in Kazakhstan. Every day, I hear of another place where Israelis go and make business because the women in these countries are often very poor so they are ready to give their eggs for cheap prices".

Depending on the chosen treatment package, a transnational egg donation procedure costs approximately double the amount of a local procedure, and is partially refunded under the National Health Insurance (MOH, 2015)¹³. While local Israeli donors would receive a compensation of approximately 6.000 US dollars, foreign egg cell providers from Eastern Europe and former Soviet countries are paid between 600 and 1000 US dollars.

Also Israeli surrogacy agencies collaborate with local clinics and agencies abroad. When Nepal was a popular surrogacy destination, Tammuz Family started its own proxy fertility clinic in Kathmandu, integrating the medical and logistical services along the surrogacy frontier. Manor Surrogacy, another popular Israeli surrogacy agency, established a fertility clinic in Tbilisi and Kiev, where local physicians perform the medical procedures together with Israeli doctors *"who travel to Tbilisi and Kiev specifically for this purpose"*.¹⁴ Manor also provides fully furnished apartments where the commissioning parents and surrogacy babies can reside after the birth, in anticipation of the legal documents that need to be approved to "return" to Israel. Instead of starting their own proxy clinics abroad, most Israeli transnational surrogacy agencies collaborate with local agencies and clinics. The director of the Parenthood Centre, for instance, travels every month to Tbilisi with a portable container full of frozen Israeli embryos in her hand luggage, and cooperates with a Georgian surrogacy agency and IVF clinic to which she outsources the recruitment and medical follow up of the surrogates.

Another cross-border trend is that Israeli surrogacy agencies started introducing their 'pioneering' surrogacy model to the rest of the world. Tammuz, for instance, created offices in Brazil, Australia and in the Nordic countries over the past few years to recruit foreign couples. The director clarified during our interview (Tel Aviv, 21/06/2017):

"A year ago, we decided that we want to not only focus on Israel. I mean, until then Israel was our base, but we took a decision to expand to other destinations. We started to build new offices, like in the Nordic countries and in Brazil, for over a year now. Australia is quite new. So we now have representatives in these countries. We now have more intending parents from outside of Israel".

In this sense, Israel's reproductive-industrial complex that emerged in the debris of ongoing histories of settler colonialism and racial capitalism, is expanding into what Bronwyn Parry (2022) for the Indian context called a reproductive empire.

¹³ In Israel's three largest health funds, there is a standard reimbursement of up to NIS 12.000 for two trials of egg donation abroad, up to one child.

¹⁴ <https://manorsurrogacy.com/our-facilities/>

Frontiers of Reproductive Resistance - From Surrogacy Strikes to Sperm Smuggling

Using the frontier trope, I demonstrated thus far that fertility technologies, such as surrogacy operate both as a demographic frontier and a commodity frontier in Israel/Palestine, that mobilises the 'reproductivity' of settlers, natives and racialised reproductive workers in stratified yet mutually constitutive ways, depending on their position in the population economy. Following the crucial insight by Marxist feminists of social reproduction's "dual characteristic" (Federici, 2012), it is important to note that ARTs do not only operate as a colonial-capital site of dispossession and proletarianization in Israel/Palestine, but also as a fertile frontier of resistance. In this last section, I will explore some of the stratified and at times counterintuitive ways in which surrogacy and ARTs have been appropriated as reproductive tools of resistance in Palestine/Israel, such as strikes and sabotage.

The Surrogacy Strikes

The first one is the birth strike organised by Gays Against Surrogacy, a small anti-Zionist queer collective that opposes the surrogacy industry, and Israel's overall pronatalist climate that urges the gay community to start biological families.



I met Yossi and Yotam, the founding members of the Gays Against Surrogacy collective, on a typically hot July day in South Tel Aviv in 2017. When we were walking to Yotam's house to discuss surrogacy among Israel's gay community, I noticed the No Kidding badge on Yossi's backpack. Asking him about it, Yossi laughed and said that these badges were his own creation. He wears and distributes them to critique the consumerist pronatalism in Israeli society, especially among 'his' own gay community (fieldwork notes, Tel Aviv, 02/07/2017).

Figure 1: No Kidding badge – picture by author

During our interview Yotam and Yossi (Tel Aviv, 02/07/2017) pointed at the nuclear family and the army as two of the most powerful institutions for the reproduction of Israel's settler project as they bring forth and reproduce Israelis as settler/citizens and soldiers.

"I see a continuity between the Israeli gay struggle for national belonging by joining the army or by having children. For me, these are the two pillars of Israel's social contract. (...) According to the dominant Israeli discourse you only deserve your citizen rights if you have been in the army and if you have served your country. And if you didn't serve in the army, then you are a horrible person. So I see this struggle to permit gay surrogacy as an attempt by the gay community to prove loyalty and belonging to the state."

In 2015, Gays Against Surrogacy joined the Gay Pride in Beersheva, a city in the South of Israel/P. Yossi recalled how they carried a huge banner during the parade that said: "We fuck

up the ass (which doesn't lead to the birth of soldiers)". In this small act of resistance against Israel's hegemonic homonormative pronatalism, Gays Against Surrogacy explicitly correlated queer sexuality with anti-colonialism and antinatalism. Birth strikes are not a recent phenomenon, but have been used throughout colonial history as powerful practices of sabotage. Black feminist scholarship demonstrated that in the plantation economies of the Caribbean and the United States, enslaved women often refused to bear children in and reproduce the next generation of property and labour power for the plantation owners (Roberts, 1998; Morgan, 2004. Weinbaum, 2013) Darlene Clarke Hine (1979) and Rhoda Reddock argued that the fight of Black enslaved women in the United States and the Caribbean against sexual and reproductive exploitation through sexual abstinence, abortion and infanticide was crucial in overthrowing the slave economy. Gays Against Surrogacy, in their queer re-appropriation of the birth strike, provocatively re-introduced the surrogacy strike as a political tool in Israel.



Figure 2: "We fuck up the ass (which doesn't lead to the birth of soldiers)" picture by Yossefa - Gays Against Surrogacy

Unsurprisingly, the surrogacy strike, as proposed by Gays Against Surrogacy never gained traction in Israeli society. Ironically enough, their call was 'overruled' by a different type of surrogacy strike that was organised in July 2018, when the Israeli Knesset voted against a law that would allow surrogacy for gay men. After extending eligibility from heterosexual couples to single women, but not to same-sex couples and single men –the groups undoubtedly in most 'need' of surrogacy - Israel's LGBT community began an unprecedented nationwide strike to protest the government's failure to include gay couples in its surrogacy laws.

Aguda, Israel's umbrella LGBT organisation announced on its website: "*For the first time ever, the gay community will go on a national strike*". And so it happened that in July 2018, in the midst of Israel's deadly incursion against Gaza's March of Return which killed 9 and injured 1350 Palestinians and just a few days before the implementation of the controversial Jewish Nation State Law that critics call an Apartheid law as it only allows national self-determination for Jews and not for Palestinians in Israel, hundreds of thousands of Israeli protesters went on strike and blocked the streets of Central Tel Aviv to demand equal surrogacy rights for gay men to make families. Moreover, more than 40 Israeli companies and branches of multinationals including Facebook, IBM, and Microsoft supported the surrogacy strike and even encouraged their employees to participate in it. Some companies even committed to

financially support the international surrogacy arrangements of their gay employees who were “forced” to look for a foreign surrogate. Also the Jewish Agency, in a landmark move decided to offer a \$11,000 loan to their gay employees to cover costs of surrogacy services abroad. As Isaac Herzog, then chairman of the Jewish Agency stated in an interview (Jerusalem Post 4/3/19): “*The Jewish Agency is one big family, and all its members are equal*”¹⁵.

The strike was successful in the long run for the organisers. In July 2021, the Israeli Supreme Court ordered the government to lift the ban on surrogacy for same-sex couples and single men within the coming 6 months, despite the heavy resistance by Jewish orthodox parties. One of the organisers, the LGBT rights activist Etai Pinkas Arad, wrote on social media:

“We won! And now it’s final. This is a big step toward equality, not only for LGBT in Israel, but for everyone in Israel. The ruling is important to us all because any arbitrary discrimination is an embarrassment to the country. Nobody has the right to discriminate against parents and deny them access to anything just because they aren’t a man and a woman.”

The irony behind the Israeli surrogacy strike was that it was organised by the relatively privileged (excluded) gay consumers of the reproductive practice, and not by the reproductive workers (i.e. egg cell providers and surrogates), as tends to be the case during a strike. In this sense, it was a strike *for* surrogacy, rather than a surrogacy strike. These diverging appropriations of what the surrogacy strike is or could be in Israel/Palestine illustrate the complex articulations of (re)productivity, racialisation and resistance in settler colonial formations. Strikes and withdrawals of labour are usually powerful and effective tools of resistance to obtain more recognition, visibility or remuneration for the paid and unpaid labour performed by the working class (in its broadest sense). Strikes, however, might be less effective for indigenous peoples who are deemed ‘surplus’ populations and whose primary value - from the oppressor’s point of view - lies in their removal rather than their exploitation. As Gargi Bhattacharyya (2018:20) aptly remarked in her work on racial capitalism and social reproduction: “*To be rendered surplus is not be paid less, it is to be left dying or for dead. Rush too quickly to brush away this ugly distinction and we are in danger of collapsing all racialised economic violence into a claim for equal pay*”. Throughout its history, the Zionist movement has been cautious not to depend too much on Indigenous Palestinian labour. In the early 20th century, the principle of “*avoda ivrit*” or Hebrew labour was introduced to encourage Jewish entrepreneurs and company owners in Mandatory Palestine to only hire Jewish workers at the expense Palestinian workers, although the former were often more expensive and less skilled than the latter (Wolfe, 2006). Since the early 2000s, and especially after the Second Intifada, Israel is giving fewer working permits to Palestinians from the West Bank and Gaza to work inside Israel, while there are increasingly more migrant workers from Thailand (agriculture) and the Philippines (care work). Although Palestinians have effectively used general strikes as means of resistance against colonial dispossession (for example in 1936, during the First Intifada and most recently in May 2021 during the latest Israeli onslaught), Glen Coulthard (2014) argues that from an Indigenous perspective, blockades have been much more effective than strikes in materially dismantling and disrupting colonial relations. In *Red Skins White Masks* he explains that blockades and other acts of sabotage constitute “*a crucial act of negation*” to processes of colonial extraction, appropriation and accumulation in settler political

¹⁵ This section on the surrogacy strikes was also included in Vertommen, Sigrid, Bronwyn Parry and Michal Nahman, Introduction of the Catalyst Special Issue on “The Colonial Present Global Fertility Chains.” Catalyst: Feminism, Theory, Technoscience 8 (1): 1–16.

economies. Rather than strictly focusing on sabotage as the disruption of “productive” land- or industry-based infrastructures, technologies or materialities, such as pipelines, powerlines, a factories or power plants, it is as interesting and necessary to look at sabotage from a reproductive perspective.

Sperm smuggling

A remarkable act of reproductive sabotage that is currently trending in Palestine/Israel are Palestinian political prisoners who are smuggling their sperm out of Israeli prisons in an attempt to make proxy families. Unlike Jewish Israeli prisoners, Palestinian political prisoners are not allowed any physical contact or conjugal visits with their partners. Obviously, these restrictions have far-reaching consequences for the parental wishes of Palestinian prisoners and their partners at home. Thwarting Israel's security policies through their reproductive bodies, Palestinian prisoners started smuggling their sperm out of prisons. The sperm, which is referred to as “*ambassadors of freedom*” in Palestinian parlance, is then rushed to fertility clinics in Nablus or Ramallah where the wives of the prisoners use it to achieve a pregnancy via artificial insemination or IVF.

Salem Abu al-Khaizaran, the leading doctor and spokesperson of the prisoner's project in the Razan Medical Centre, estimated during an interview conducted in August 2013 that more than 65 Palestinian prisoners had succeeded so far in sneaking their semen out of prison and into the Razan Medical Center for Infertility in Ramallah and Nablus where it is stored in freezers awaiting fertility procedures. According to “Doctor Salem” – as his patients call him – this had resulted in 18 pregnancies and six live births, with more deliveries expected in the near future (interview Nablus, 03/08/13). Since our interview in August 2013, the sperm smuggling strategy has swimmingly gathered steam, not only in the West Bank but also in Gaza¹⁶. According to a report by The Media Line news agency in 2017, at least 63 Palestinian children have been born via sperm-smuggling since 2003 ¹⁷.

Although IVF costs around US\$ 3.000 per IVF cycle in the West Bank and Gaza, the Razan Medical Centre provides the fertility treatment free of charge to the wives of long-term prisoners as part their community services. Doctor Salem claimed that it would be “*unreasonable and unethical to charge these women whose husbands have been in prison for 15 years or more, and who have been waiting for such a long time to have their babies*”. For Doctor Salem, assisting in the prisoners' project is a matter of humanitarian importance. As he said:

“It's a fundamental human right of everyone, including Palestinian prisoners, to start a family. I look at it from a humanitarian and not a political perspective”.

Yet, the matter became highly politicised when some prisoners' family members and the Israeli authorities made repeated references to the political tension surrounding this issue in the national and international media. Lydia El-Rimawi, one of the prisoner's wives who gave birth

¹⁶ Sherwood, Harriet. 2013 “Gaza's first 'prison baby' on way after jailed Palestinian smuggles out sperm”. *The Guardian*, 13/10/2013. <http://www.theguardian.com/world/2013/oct/13/gaza-first-prison-baby-palestinian-smuggles-sperm> , last entry 25/07/2014.

¹⁷ Abumaria, Dina. Smuggled Sperm Allows Palestinian Prisoners to Become Fathers. The Media Line 29/10/2017. <https://themedialine.org/featured/smuggled-sperm-allows-palestinian-prisoners-become-fathers/>

to a baby boy in 2013 after her husband Abdelkareem smuggled his sperm out of Nafha prison, proudly stated during our interview (interview Beit Rima, 30/08/2014):

“The birth of our son Majd is a defeat for the Israelis, and a personal and a political victory for us. Despite all restrictions we managed to find a way”.

Her father-in-law, Abu Abdelkareem, who walked in during one of our talks, added (interview Beit Rima, 30/08/2014):

“When Majd hears national Palestinian music, he always starts dancing”.

Dallal Ziben, the first Palestinian woman who got pregnant through the sperm-smuggling strategy (quoted in Ma'an News, 31/07/2013) remarked:

“This accomplishment is dedicated to the Palestinian people, namely prisoners and their families”.

Rhoda Kanaaneh (2002) and Jacqueline Portuguese (1998) have documented how the Palestinian resistance movement has, in similar fashion as the Zionist movement, deployed the ideology of motherhood as a political tool. Portuguese referred to Yasser Arafat's famous speech from the seventies when he compared the Palestinian woman to *“a biological bomb threatening to blow up Israel from within”* (quoted in Portuguese, 1998:165). The discourse of reproduction as a form of resistance gathered steam during the Intifadas when childbearing was presented as Palestinian women's national duty and a way to replenish those who were martyred as a result of colonial violence. This pronatalist discourse has been criticised by Palestinian feminists and women's organisations as a patriarchal one, that restricts women's insurgent capacity to their biological and cultural role as mothers (Kanaaneh, 2002; Wick, 2008)¹⁸.

Similarly, in the case of the prisoners' project, Palestinian women are using reproductive technologies as a last resort to abide with the socio-cultural traditions and imperatives of motherhood in what is still a patriarchal society. Dallal Ziben, for instance, used preimplantation genetic diagnosis (PGD) to select the sex of the embryo, to ensure the birth of a baby boy, still an important tradition in Palestinian society. Moreover, Doctor Salem informed me that he is keen to help the wives of the prisoners as they run the risk of *“paying a double price”*. *“First, she wastes her life waiting for her husband and by the time he gets out, his family will start pushing him to get married to another woman, because she will be too old to give him children”* (interview Nablus, 03/08/2013)¹⁹.

Yet, assisted reproduction also permeates the political arena as a vexed site through which Palestinians are negotiating and claiming their reproductive-demographic rights as a people, in an act of embodied sabotage against colonial politics of erasure. In her research on Palestinian women giving birth in Jerusalem, Nadera Shalhoub-Kevorkian (2015:160) concluded that *“the wilful act of deciding to continue surviving and giving birth is itself*

¹⁸ While some Palestinian women's and family planning organisations have promoted lower fertility rates and smaller families as a modern model for emancipation against traditional cultural, it seems that large families are at least in part wanted by Palestinian women. Research from Abdul Rahim et al. (2009) suggests that in 2006, the family size considered ideal by Palestinian women was around five children, with some differences between the West Bank and Gaza Strip.

¹⁹ None of the women that I interviewed mentioned this as one of their motivations. Marcia Inhorn (2012) has criticised this culturalist trope of 'the Arab man' who will separate from his wife if she cannot give him children. She suggests that *“the new Arab man is self-consciously rethinking the patriarchal masculinity of his forefathers and unseating received wisdoms”*.

perceived as political – as subversion, revolt and agency – by the women themselves". When asking Lydia Al-Rimawi during our interview (Beit Rima, 30/08/2014) if she wanted to have more children like through sperm-smuggling, she proudly replied "*inshallah*" while encouraging other prisoner couples to deploy the same reproductive tactics.

Reproductive Solidarities

In bringing together the intimacies of racial capitalism, slavery and settler colonialism in this paper, commercial surrogacy serves as an insightful "hermeneutic", in the words of Sarah Franklin, to make sense of the broader political economy of reproduction in Israel/Palestine. Conversely, Israel/Palestine is an equally fertile lens to understand how reproduction is put to work in settler and racial capitalist formations.

By conceptualizing surrogacy in Israel/Palestine as a dialectically interwoven frontier of demographic replacement and capital accumulation, I aimed to demonstrate that the Zionist movement and later the State of Israel has capitalized on its colonial impetus to birth and nurture a demographically Jewish State, at the expense of the lives of Indigenous Palestinians and racialized reproductive workers across the fertility frontier, from Nepal to Georgia and Thailand. To paraphrase Tiffany Lethabo King's (2019:57), surrogacy in Israel/Palestine is as much a procreative technology of life as it is a necropolitical technology of death, "*in which Indigenous peoples experience multiple and ongoing kinds of death for conquistadores/settlers to live*."

As Hagar's surrogacy experiences in the opening story already illustrated, assisted reproduction also constitutes a powerful site of resistance in Israel/Palestine. From surrogacy strikes to sperm smuggling, there are variegations in how different population groups are seizing the means of reproduction against Israel's selective pronatalist regime. These analytical differences shouldn't be taken as a moral sign of incommensurability. On the contrary, at the frontiers against racial capitalism and settler colonialism, reproductive solidarities between different constituencies are and will be needed. In that sense, Hagar is as much the Georgian surrogate who organizes for better reproductive working conditions, as she is the wife of a Palestinian prisoner who decides to make a baby with the smuggled sperm of her husband against ongoing forces of dispossession or the Israeli queer who dares to question Israeli pronatalism.

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