Surrogacy as Feminism
The Philanthrocapitalist Framing of Contract Pregnancy

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INTRODUCING DR. PATEL

Surrogate pregnancy “is much better work than a laborer, a construction-worker, or a maid”; so said the star clinician Nayna Patel to the English BBC World talk-show host Stephen Sackur during a 2013 episode of HardTalk.¹ Many viewers, of course, possess firsthand experience of performing non-surrogate pregnancy to help weigh Patel’s claim. She herself has gestated two of her own children, decades ago, unwaged and off-camera. But how does “normal” pregnancy compare to the waged labor of being in labor? The sector Patel pioneers is private contract pregnancy, in which—thanks to the laparoscopic technique of embryo transfer—the gestator and the embryo happen to share no DNA, and the commissioning parents pay a fee (over 70 percent of which goes to her clinic).² Thousands of clinicians perform these lucrative transfers and supervise the ensuing pregnancies in the state of California alone. Patel, a doctor based in Narendra Modi’s home state of Gujarat, caters to hundreds of couples resident in India. But her clinic has also become emblematic of “medical tourism” in this global infertility care market: a dynamic Amrita Banerjee calls a “transnational reproductive caste system,”³ whereby couples from the global North come to have their gametes gestated by low-income women at the periphery (at a fraction of the California price).

Western reporters tend to sensationalize—somewhat pruriently and with misplaced pity—the “otherness” of the birth-ontology to which Patel plays midwife, choosing for instance to dwell on her exclaiming about a newly glimpsed newborn: “Pure white! Even when the egg is Indian, you can always tell when it is British . . . European.”⁴ One might remark that in another sense, the truth about surrogacy—however uncomfortable for many—is quite the opposite: since “race” is above all a social relation rather than a medical symptom, you can’t ever “tell.” Nevertheless, “crossracial reproductive tourism”
(Laura Harrison’s term) is the most mediagenic aspect of Patel’s business. But the “technological” model of “kinship construction” parents are buying into here also relies precisely on an interpretation of gestational genetics as guaranteeing no substantive “crossing.”5 Certainty—the idea that “you can always tell”—is Patel’s public message. Indian surrogates, meanwhile, have described their own conceptualizations of the genetic stranger inside them (behind Patel’s back) as their own “sweat and blood.”6

Alison Bailey cautions rightly against the twin dangers of epistemic imperialism and moral absenteeism when regarding this field, especially (as I am doing) from a distance.7 The normative problems in discussing marketized reproduction are legion, and the privileging of “tourists” in coverage of Patel is but one aspect that speaks directly to this. Studying that coverage, as such, carries the risk of reproducing a form of occidentalism rather than making it visible. I do not pretend to be certain I have resolved the difficulty. But I join Bailey in trying to think about surrogacy with the goal of reproductive justice in mind, even though I am turning to the dominant voice of the capitalist in this scenario—not to the people who might overtake her from below and spearhead the progressive transformation of currently “stratified” infertility care.

That surrogacy work (transnational or not) can only entrench injustice rather than trouble it is by no means a foregone conclusion. Not only the selective fascination with “race” in this context, but also the invocation of “feminism,” as we shall see, can function to mystify or truncate our understanding of what are, in the end, no more and no less than class relations—mediated by Patel. “Domestic” (Indian) commissioning parents are literally never represented in the Anglo-American representations I have gathered and interpreted in this paper. Moreover, local socio-economic contexts barely figure in these accounts: no mention is ever made of electoral tensions in the area, for example, far less the labor struggles of the workers at the clinic or the feminist movement sweeping through streets nationwide. What an Anglophone person (who watches TV) thinks of as “surrogacy politics” might in theory mean any of these things, but in practice it has hitherto most likely consisted disproportionately of the canny public relations maneuvers of Nayna Patel. Her mastery is what I want to make explicit and unpack.

At the time of writing, despite India’s 2017 ban on commercial surrogacy, Patel remains the most visible individual surrogacy specialist in the world. A wealth of documentary coverage has aired about her business—the Akanksha clinic. Patel’s favorite quote about her project is the glowing verdict Oprah Winfrey bestowed upon her on the *Oprah Winfrey Show* in 2006: “women helping women: I love it!”8 While “women helping women” is the official, internationalist byline, onlookers could always (from time to time) glimpse
Patel’s nationalist streak. She has served foreign and domestic clienteles at different rates and is fully, unapologetically dedicated to local devotional custom—especially pregnancy ceremonies held in the clinic, where the surrogates are honored and gratified as mothers. She speaks often of her pride in India and has dropped hints to Gujarati politics commentators since 2012 about intentions to run for election on the Hindu-nationalist Bharatiya Janata (BJP) ticket for the district of Anand; a move that, if it ever transpires, might enable her to influence domestic deliberations on commercial surrogacy—seeking to reverse the India-wide ban on commercial surrogacy that came into effect in December 2018—and to lobby internationally for more permissive (and pro-capitalist) surrogacy legislation.9

As Patel explains in her indignant lament in the pages of Hindu Business Line on January 4, 2019: “The Bill says an Indian woman of 25–35 years with at least one pre-existing child, who is a ‘close relative’ [a vague, undefined term] of the intending [also resident Indian, heterosexual, married] couple can undertake an altruistic surrogacy on their behalf” Calling the exclusion of same-sex couples from the bill’s provisions “a human rights violation” with sudden conviction (despite, as we shall see, having excluded them from her own business), Patel also charges the bill with “paving the way for . . . secret financial arrangements and malpractices” such as the very custom of dowry payments the Indian government “is taking steps to eradicate.” Albeit self-interested, Patel’s arguments here overlap and align with those of critical socialist-feminist commentators such as Sharmila Rudrappa, who contend that surrogacy bans do not halt but actually fuel the baby trade, rendering gestational workers far more vulnerable than before. While commercial surrogacy is certainly no panacea for working-class women in India, Rudrappa avers, “the ban can potentially be far worse [because] ‘altruistic’ surrogate mothers might be in deeply dependent, long-standing relationships with intended parents and unable to refuse when asked to provide their biological reproductive services for free.” The political situation around commercial surrogacy in India remains highly volatile. This article, by necessity, speaks to the ascendancy of the industry in that country rather than speculating about its future.10

**DR. PATEL LEANS IN**

One other TV accolade Patel commonly mentions by name is National Geographic’s 2012 Womb of the World, in which the focus, similarly to Oprah’s, wasn’t so much the eponymous “womb” as the faces of the Canadian, Spanish, and Australian childless clients (tagline: “how far would you go
to have a baby?").

In 2009 pivotal minutes of the job Patel described on HardTalk could be witnessed in the opening scene of the docu-drama Google Baby. As broadcast on HBO, Patel displays total confidence about allowing a film-crew to train its camera on the face of a surrogate worker mid-partum. Beforehand, she is completing a hurried call at her desk. She then stands and promptly makes another, failing to connect it. She steps briskly away from her cramped office, slips into different sandals, and dons operating scrubs that are tied at the back in a flash by a young attendant (one of many) who also takes the mobile phone. In the next room, a surgical team stands around the readied body of a pregnant woman, prone and partially covered in green cloth. Placing herself between the woman’s exposed thighs, a now-masked Patel claps the dust from her surgical gloves and utters praise in one breath to both Krishna ("Jaya Bhagavan") and "Mother Mary: bless her and bless the baby." The surrogate opens her eyes and forces a smile. She is visibly anaesthetized. Immediately, final incisions are made: presumably an episiotomy, cutting the flesh between vagina and anus. Besides the co-surgeon, another male clinician is positioned at the other end of the table, touching the forehead of the employee undergoing the cutting. The film pans to him reaching under the cover in order to push down vigorously in sharp bursts on the woman’s upper belly, propelling the baby through the vaginal canal. This is not a caesarean section, yet the control of the surgeon over the birthing process is total.

At that exact moment, somewhat comically, the mobile phone rings. Patel switches to Gujarati to mutter to a second man “don’t answer that call” (the subtitles translate), and then, immediately, “Jaya Sri Krishna” again (this is not subtitled)—because the baby has popped out. She lifts the urinating newborn into the air by the feet in a swift, visibly familiar, motion—and, while an aide is cutting the umbilical cord, she laughs about the tiny, still copiously spouting penis, mock-grandly announcing in English: “Urine passed!” The ambience the camera now captures is both bustling and casual: many things have become inaudible; the baby is screaming while being cleaned in the background. But the person out of whom the baby has just been pressed is, we notice, discreetly sobbing. Subtitles indicate that the words Nayna and others are peremptorily addressing to her (in both languages) are “You’re fine? Is anything wrong? Then why are you crying? You’re happy? Good”—to which the response is simply dazed silence. The postpartum worker administers another injection.

The discussion that follows examines one of the bosses in the infertility industry and the mechanisms that foreground her framing of commercial surrogacy as a type of feminist-developmentalist practice. I’ve introduced Dr. Patel here as she “leans in” in at least two senses: extracting a baby surgically,
and claiming a seat at the table of British public discourse—in the latter sense, leaning in indicates the strategy for women’s self-advancement popularized by US feminist business acolyte Sheryl Sandberg.\textsuperscript{14} From here I propose to analyze further Patel’s meaning-making incisions at a material-semiotic frontier. I inquire into the conditions of possibility for her appropriation of an authorial prerogative in relation to gestational labor. My approach is informed by the explosion of surrogacy scholarship emerging from and about India, for example by Banerjee, Harrison, and Bailey, but also (especially) Daisy Deomampo, Anindita Majumdar, Sharmila Rudrappa, Amrita Pande, and Kalindi Vora—who identify the “gendered geographies” in the industry,\textsuperscript{15} its discounting\textsuperscript{16} and “disaggregation”\textsuperscript{17} of mothering work, its abuse of “choice rhetoric,”\textsuperscript{18} and its neocolonial capture of “vital energy”\textsuperscript{19} as well as forms of counterpower and agency being negotiated within it. Pande, notably, stresses the key role for surrogates of “God’s labor” and the “everyday divine,” yet at the same time deftly skewers the class-blind framing of surrogacy as “gifts for global sisters.”\textsuperscript{20}

My supplementary method here involves looking at Patel’s narrative exclusively and in-depth. What isn’t it translating? Having absorbed the work of scholars who engaged ethnographically with Dr. Patel and her staff specifically (in one case anonymously, in another semi-anonymously), I offer a lyrical transversal reading of the ensemble of Anglophone television and news reportage on the same subject between 2006 and early 2016—emphasizing Patel alone, and US- and UK-based rather than Indian media. Patel has been the only clinician visibly attempting to materialize surrogacy’s meaning on the world stage, not only garnering goodwill and legitimacy for its market but also—however contradictorily—defining the substance of its political economy. Patel, in this sense, leads the way in unapologetically lubricating an uneven geography of “life support,” as Vora has termed it.\textsuperscript{21} Like many philanthropic capitalist innovators, she advances the frontiers of “the new history of outsourcing.”\textsuperscript{22} The multimedia texts I dwell upon have been selected as elements in a global conceptual ambassadorship for surrogacy. The scenes within them I parse, as my argument unfolds, enable me to shed light on the wider stakes of a victory for Patel’s framing of gestational labor as well as the tensions inherent in the nexus of gestational capitalism and capitalist gestation within which her venture exists.

**Wages for Pregnancy**

This is a critical, uncertain moment for reproductive technologies in history: a moment of worldwide scrambling to construct socio-legal norms and prec-
edents to match ever-accelerating scientific capabilities. The juridical ground and, hence, bioethical parameters for feminists, parents, and clinicians are fast-shifting. The consequences of rhetorical strategies around reproductive freedom appear difficult to control. Nevertheless I want to seize the opportunity to scrutinize Patel’s mediations of literally reproductive wage labor at this moment, in full knowledge that I will be overtaken by events. I am interested in potentially utopian implications in excess of the intended effects of Patel’s statements. In particular, her audacious ontic claim about gestation (“it’s a job”) seems to me potentially exploitable by “the other side” in global class struggles.

Controversies sometimes generate openings for transformation, and few activities on earth elicit more controversy than hers—she has been listed among “top controversial Indians.” Patel’s self-justifications potentially expose themselves as anti-political, pointing to structural injustices that run deeper than infertility. Seated in the back of a car, she delivers a thundering segment for Russia Television: “To my critics I say: Can YOU give this poor couple a child? Can YOU give this poor woman’s family a better life? When you do, I will STOP doing SURROGACY!” To the BBC in 2008: “Are they [the surrogates] murdering someone? No. Are they doing a robbery? No. Are they doing some immoral act? No. Then what are they doing? They are doing a good act by giving a baby to someone.” These rhetorics go too far, unintentionally revealing the sheer poverty of a moral code that subordinates means entirely to ends and judges right and wrong, good and bad, on the sole basis of individual aspiration and the sanctity of individual property.

Patel follows the aforementioned head of Facebook and author of Lean In—Sheryl Sandberg—in this as well as other ways, namely, proclaiming herself “absolutely a feminist” and cheerfully describing her productive daily labor as never-ending. Pregnancy is the most obvious task that shares this quality, yet she pointedly does not make the link. Indeed, leaning in—as critically explored by Dawn Foster—is the art of outsourcing and then re-invisibilizing social reproduction; giving the impression of not having a life (let alone lives) to reproduce; cleaving lovingly to the culture of the environment in which one’s success will be defined, no matter the cost. In one scene in the BBC documentary House of Surrogates, Patel finishes praying and strides out of her home past her servants, past her family who are eating lunch, toward her chauffeured car, in one continuous shot. To the hurrying camera crew following her, she explains diffidently the template of her usual working day:

“Full day I am in the clinic, seeing my patients, delivering babies, doing IVF, laparoscopic surgeries. Afternoons, I remit to my email consul-
tations, Skype, surrogacy work, any problems, anything to solve. Evenings, again, I see my patients, and I typically work twelve to fourteen hours a day. When you do something different in society that is challenging, and when you want to come up in a world which is ruled by men, you know, as a female, you want to fight that out. It is still difficult [for a woman] all over the world.”

Typical of the gap between the letter of *Leaning In* (as a business executive) and its on-the-ground realities—a gap that allows the ideology to position itself paradoxically as both feminist and postfeminist—what Patel has shown is rather different from what she has asserted. Prayer, for example, does not come up in her stated timetable for success; nor do the host of servants who appear to be responsible for her nutrition. Her own reproductive sphere is as such cheerfully invisibilized; a fitting irony for the commercial obstetrician who gives hundreds of women a nine-month pseudo-holiday from their existence as wives and mothers as a way of capitalizing on pregnancy. So pronounced are the resonances here with Sandberg’s neofeminist bestseller that it may in fact have been precisely the germ of *Lean In*, circulating as inspiration among peer networks for businesswomen, that inflected Nayna Patel’s embrace of feminism in 2013.

Her silence about the merger her business accomplishes between production and reproduction is all the more symptomatic since the question the BBC was invited to consider—of the relative desirability of the work her subordinates do (“much better than a construction worker or a maid”)—relies on accepting that what *Google Baby* shows the semi-conscious employee doing is work. Contract pregnancy is exposed as work by the act of legitimating it; and as a result, gestation *simple* begins to look suspiciously as though it might be capable of producing “value” too. The proposition that all pregnancy should attract a wage (not merely a state subsidy) is a radical one that was levied most famously by the autonomist-Marxist Wages for Housework campaigners of the 1970s when they declared “every miscarriage is a workplace accident.” This is a different claim to Amrita Pandé’s, which is that surrogates specifically—not gestators per se—perform “kin labor” (an affective sacrifice). Taken at face value, then, it is the boss, not the anthropologist in this instance, who voiced the more radical claim. Although she has never served as a surrogate, Patel says, she would do so for her kids; she has gestated two children of her own and “it’s a physical job.”

But this position, even if sincere, is not pursued with any consistence. Patel’s speech prompts one to consider why only “hi-tech” pregnancies, undertaken under contract for others and for pay, should be analytically treated as work.
Are all pregnancies “productive,” then? Patel, in fact, has it both ways. While insisting that her associates do “much better work than” other menial workers do, Patel never frames gestational labor as skilled or inherently creative. She even directly undermines her claim that pregnancy is a “job” when she claims—often within the same breath—that producing a child for a childless couple is a “priceless” act that could never be rendered commercial. While normalizing surrogacy work as a choice of job, she promotes a set of more conventional forms of (feminized) gainful employment among her employees: embroidery, machine sewing, computing, candle craft, and beauty treatments. She would rather see them doing “something else,” she says.

A tension arises then, in the discourse of this owner of multiple pregnancies (or, as an Israeli newspaper has termed it, “pregnancy producer”) between surrogacy-as-means and surrogacy-as-end-in-itself; surrogacy as work and surrogacy as back-to-work program; surrogacy as a job like any other and surrogacy as training and career development for low-income Indian women. The absent presence in Google Baby and other movies of its ilk is the laboring mass of the pregnant: the specter of their politics. Cognizant of this tension, scholars such as Holly Donahue Singh have rejected the ontological flattening inherent in National Geographic’s phrase “womb of the world” and—in the context of the boom in commercial surrogacy services in 2009—instead describe India as “the world’s back womb,” putting the emphasis (rightly) on the coloniality of power shaping the trade.

Besides Singh, dozens of gifted ethnographers, theorists and legal anthropologists have sought to make the trend toward professionalized pregnancy legible in this way. They have announced a new axis of “reprogenetic” dystopia, reproductive stratification, extractive globalization, and offshoring. Yet no one has explicitly stressed the inseparability of professional from non-professional pregnancy within this historic maelstrom. No one, that is, except the erstwhile militants—like Silvia Federici—who polemically demanded “wages for pregnancy” in a bid to destroy waged labor as a whole. Commercial surrogacy potentially reanimates that defunct utopianism from the 1970s, though prospects of its success admittedly appear—at present—at the outer limit of possibility.

“THAT POSITIVE ATTITUDE”

In a Time segment, Patel’s customers were acutely impressed by her visit to a “slum.” At one point she helpfully translated for them, in real time, what one of the women being filmed had said: “Because Dr. Patel selected me for surrogacy, now everything is great.” As though touring a factory dormitory...
or model village, Patel framed her visit as concrete evidence her business is “a boon to society.” With one European commissioning father seated beside her in a shack owned by a former surrogate, Patel spoke English, explaining for his benefit (and ours as viewers), “This is a good house as far as this area is concerned.” Patel remarked rhetorically:

“There are so many NGOs who start criticizing [me], but why don’t they come and help such people? They should come here to the slum every day and help the people, if they want to help! They also blame the surrogate—that she is trying to ‘sell her body.’ They compare it to prostitution: ‘the poor surrogates, they don’t know anything and they’re being exploited and their body is being used like a machine’—[here the commissioning father interrupts her inaudibly]. Yeah, they should not be ashamed of what they do, they should be proud of what they are doing. We have come out in the open. Rather than get scared of the society and do it behind the closed doors, not letting anyone know, hush-hush, we have come out in the open and said: yes! We do surrogacy! These are the surrogates: they are carrying babies for foreigner couples. She could not have earned this kind of money, if you’re talking about 300,000–400,000 rupees, even if she works 24/7 throughout her life. In the beginning, they start for money. Even in the end, money is a criterion, all said and done; the world is like that, you know. But she has that feeling! That positive attitude in her that says ‘I’m going to be of some use to someone.’”

The philanthropic and capitalist impulses in this speech feed into each other figuratively in a self-undermining loop or ouroboros—a trope that has been identified by scholars of postfeminism. The real reward of unfathomable riches—more money than could be earned in a lifetime—is said to be a positive attitude. Yet even at the end money remains “a criterion,” so the paradoxical cycle of philanthrocapitalism continues.

Seconds after she has apparently repudiated the whore-phobic underpinnings of anti-surrogacy moralism and stigma, Patel props up the equally problematic principle that women eternally seek opportunities “to be of some use.” Patel takes it as given that she is “helping” by providing such opportunities, and falsely implies that she visits the village every day. Cursory research quickly reveals the key elements of this narrative to be straightforwardly misleading. For example, the real pay usually reported by Patel’s employees is Rs. 200,000 and this, according to a recruiter, might “keep her going for . . . three years.” Still, as early as 2007, such was the determination of the Akanksha-social-business to express its altruistic mission on its website that it was out-
right claimed (this text is now only accessible via the website’s cached history):
“Th e surrogates receive the full amount for their surrogacy, the clinic taking
nothing at all.”47 If this were the case, one might well ask, how do the Patels
themselves subsist? Why shouldn’t the surrogates in fact pay for the privilege
of their literacy and money-management training at the Akanksha? Th e latter
has certainly occurred to Dr. Patel:

“While Akanksha Infertility Clinic helps counsel the surrogates on
money matters, we neither expect a single rupee of it nor would we take
any. Th is service is for their benefi t.”48

What we see here is India’s surrogacy market attempting to legitimize itself
within the developmentalist discourse of “philanthrocapitalism,” whereby in-
dividual entrepreneurs’ “social causes,” such as women’s empowerment, are
celebrated more or less openly as strategies for capital accumulation (and vice
versa).49 It is this mediation strategy that is being experimentally embodied
for surrogacy by the industry’s fi gurehead. While surrogacy-as-philanthropy
remains a contested framing, it is nevertheless one that has already smoothed
the path for many a “compassionate consumer.”50

As Patel insinuates, criticisms of surrogacy abound: besides India’s
triumphal opposition (spearheaded by the journalist and campaigner Pinki
Varani), a wider organized resurgence in anti-surrogacy discourse (e.g., the
Stop Surrogacy Now campaign) is taking place, especially in Europe, Australia,
and the USA.51 Gestational surrogacy, commercial or not, appalls many
people who feel strongly opposed on principle to any separation of newborns
from their birth-mothers whatsoever. Vice News reporter Gianna Toboni
dramatically described her visit to Patel’s clinic as “the most heartbreaking
experience I ever had.”52 Th e report in question showcased a contradiction
currently active within western liberalism with regard to intimate services
(one could compare it to regulatory disputes over sex work). Namely, the
commercial and transnational modalities in surrogacy can function both to
infl ame repulsed liberal sentiments about commercialized maternity, and on
the contrary to allay them by ensuring remuneration, professionalism, and
distance. In these troubled waters, confused clients rely on a guarantee that
their chosen broker is somehow “diff erent,” and Patel has had considerable
success in positioning herself as this guarantee.

In the context of infl ammatory reportage like Vice’s, infertile people
worldwide have grappled in very public ways with the ethics of becoming
consumers of the “infertility solutions” on offer “abroad.”53 Among these, Dr.
Patel’s clients have appeared particularly at peace. Th e Sacred Th read, a book
about one client’s experience, pinpoints the central question for the “ethical”
North American commissioning parent: “Is Dr. Patel’s clinic a reputable institution?” The rest of the book makes clear—by clearing its author’s conscience—that the answer is yes. Similarly, the San Francisco Chronicle concludes a full-length feature with the words: “Jennifer’s only real regret about the experience was that they hadn’t turned to the clinic sooner.” The Sunday Times describes the doctor’s sari, long hair, jewelry, and all-round aristocratic demeanor in “An Appointment with Dr. Patel” in the most effusive possible terms. This literature suggests that within any guilt-ridden rumination about transnational surrogacy, a turn to Patel has the power to perform a relieving and salutary function. This clinic, clients can soothe themselves, represents a compromise: Patel isn’t in it for the money so much as for the joy of helping people: most of all “the women.” The explicit logic of exceptionality here allows for a repudiation of all other surrogacy clinics if necessary; a ritualistic unburdening of the customer’s doubt. Elsewhere there might be “womb-farms,” but here, everyone has that positive attitude.

INTRODUCING THE AKANKSHA

The Akanksha is not a charity but a branch of the Sat Kaival Hospital Private Limited Corporation, which is registered to four people: Dr. Patel herself (the founder and managing director), her husband Hitesh, her son Niket, and her daughter Mitali—all of them directors. Besides surrogates, the payroll of Sat Kaival Pvt. Ltd. includes stem cell researchers, housekeepers, nurses, obstetric specialists, cleaners, counselors, managers, cooks for the surrogate hostels, drivers, lab analysts, administrators, NICU staff, and many more besides. Until late 2015 the Akanksha spanned several small buildings in Anand, Gujarat. The institution was then upgraded to a gigantic multiplex at a new site on the outskirts of the small town. Patel has said that she is staffing the new multi-functional maternity hospital mostly with former surrogacy alumni: women who, by gestating the gametes of hundreds of clients between 2004 and 2015, generated profits sufficient to undertake this ambitious upgrade of the facilities involved. (Patel’s honoring of this commitment is a matter that deserves future research scrutiny. Again, neither Niket nor Mitali Patel was born via surrogate.) Pande’s recent monograph focuses unmistakably on the pre-expansion Akanksha clinic. While choosing not to boost the profile of Patel’s business in the public arena, Pande dispels any doubt as to whether the pseudonymized doctor in her study is Patel (referring for example to “her starring in Oprah Winfrey’s segment on infertility” on p. 99). One can thus read Wombs in Labor as the definitive study of the “manufacture of the mother-worker” to date in Patel’s institute.
The new premises for the Akanksha were officially opened prior to the foreign surrogacy ban in September 2015 and began operations in December, boasting a research facility on its top floor. For a clinic in the habit of “taking nothing at all” and not “expanding too fast,” it cuts an astonishingly vast, white, futuristic figure on the ex-urban landscape. The idea, as repeatedly clarified for the benefit of various media sources, was to bring together offices, outpatient clinical facilities, delivery-rooms, a neonatal intensive care unit (NICU), gift-shop, apartments for the infertility tourists, and dormitories for their gestational carriers all under one roof—a “one-stop-shop.” Foreign-language media were reminded that the Sanskrit word akanksha means “wish” and that the launch symbolized the fulfillment of a whole host of people’s deepest desires. In House of Surrogates (2013), the bare bones of the dreamed-of super-hospital could be seen, springing up amid the slow bustle of construction laborers wearing hard hats and saris. As the BBC was told, the “first-of-its-kind Institute for Surrogacy” intends to realize Patel’s vision of “total care” (all the foregoing are Patel’s own phrases). The cost of construction was quoted at the time by Hitesh Patel as approximately $6 million, but a visitor touring the site in 2015 was given double this figure: “$12 million, with a separate branch for stem cell research.” Those who, like me, had tracked the super-hospital’s progress since 2012 might have remembered that Patel had also said, “I am also visualizing one step further . . . one day, I am thinking of a hospital for the surrogates, run by the surrogates.” That particular political promise is one to which I return later in this essay.

As the apparent under- quoting of these construction costs suggests, the lack of social legitimacy for profit making premised on contracts for human gestation generates pronounced and symptomatic sensitivity in Patel around the question of profits. In an outburst on the BBC 4 documentary House of Surrogates, Patel protested, “Whatever I am earning in the small clinic will be [the same] in the big clinic. Maybe it will increase marginally, 5 percent. Whatever I get, I will be distributing.” Dispelling the numerical vagueness surrounding the projected increase in Patel’s direct income has certainly not been easy, either for HardTalk’s Stephen Sackur or for private attorneys such as Harjit Sarang. Sarang enthusiastically interviewed Patel in the immediate aftermath of the BBC 4 broadcast. In the laudatory exchange, Patel performed what a routine observer of hers comes to understand is a signature rhetorical strategy: ventriloquizing critics, the better to refute them. “People think that I am making this grand new project to get more money!” she expostulated to Sarang. “Nothing like that!! It is not going to increase [here, she abruptly tails off] . . . to the extent that they think. It is to give more employment.” Perhaps sensing opportunities for “more employment” herself, Sarang—a surrogacy
lawyer—sympathized and heartily assented to this schizophrenic philanthrocapitalist framing.

It is important to note, before we continue, that the Akanksha stands on moving sands. In India a new ban may mean that surrogacy’s day as “medical tourism” may have peaked. At the time of writing, more than a thousand babies had passed through Nayna Patel’s hands. Yet as of 2016 she has faced regulatory challenges. The configuration of worldwide surrogacy destinations shifted extremely swiftly in 2015, with national legislatures clamping down on biomedical businesses in response to high-profile cases of surrogacy gone wrong. A major scandal over delays in issuing a newborn’s paperwork involved an Akanksha clinic baby (Baby Manji). In October 2015 it was reported that India’s government would stop foreigners from using surrogate mothers in India: “The government said . . . surrogacy would be available only for Indian couples.” The Guardian continued,

Dr Nayna Patel . . . said the move discriminated against foreigners who were also desperate to have children.

“. . . It’s inhuman,” Patel told AFP.

“There is no exploitation, it’s a voluntary contract between human beings involving an exchange of money. What’s wrong with that? It’s a dignified earning. Instead of women working as maids, they can be surrogates.”

This excerpt represents the Akanksha CEO’s strategic abandonment of the narrative of her clinic’s “exceptionalism,” which I described earlier. In her proactive personal media counter-campaign of late 2015 and early 2016, the doyenne of surrogacy has, in fact, expansively defended the industry in toto, affirming that the alternative in India is “women working as maids” (recall the footage showing that she employs maids in her own home). According to these press interviews, consolidation of the announced legislation would deal an unfair blow to humanity, her newly expanded business, and Indian national pride itself (since India loves being the “womb of the world”). To be forced to rely exclusively on Indian commissioning parents for surrogacy profits might be expected to embattle the Akanksha. However, according to at least one ethnographer, all signs point to a possible shift in Patel’s primary business onto the terrain of stem-cell research and cord-blood banking (with the surrogacy business merely providing the pluripotent cellular raw materials). Most commentators foresee the Surrogate House remaining in place. What is perhaps harder to imagine is how private laboratory work on placental and embryonic tissues can be incorporated into a mission of feminist philanthrocapitalism.
The portmanteau “philanthrocapitalism” could in many ways describe most philanthropic members of the upper classes throughout colonial and modern history. However, its emergence is generally understood in relation to more recent, neoliberal fusions of charity with business—where the promotion of entrepreneurship is the anti-poverty strategy and is often mediated by billionaire celebrity personalities. Although theorized in 2008 as philanthrocapitalism with unashamed positivity by the authors of *Philanthrocapitalism: How the Rich can Save the World*, this worldview is also mediated by the anodyne phrases “socially responsible business” and “social entrepreneurship.” According to *Philanthrocapitalism*, non-profit and political activities are ultimately to be rejected in favor of (as the *Economist* has it) “doing well by doing good”—seeking “win-wins” via “smart giving” (i.e., investment). The archetypal “social entrepreneur” is perhaps Muhammad Yunus, founder of the Grameen Bank. As “Banker to the Poor,” Yunus pioneered an antipoverty approach that became development orthodoxy: offering tiny high-interest loans to individual women (because poor women are constructed as more “responsible” than poor men) in lieu of boosting welfare spending or macro-infrastructural investment. A powerful oratorical free-market rhetorician, Yunus received a Nobel Prize despite ample evidence of debt’s ill-effects on women’s lives; and of microcredit’s inability to transform structural poverty. Like Yunus, Dr. Patel can claim to be a banker to the poor, not so much because she literally opens bank accounts for her employees (although she does), but because she brokers a form of biocapital—embryos—and an opportunity to take a risk, enabling proletarians to capitalize on their biological assets. Doing well by doing good, doing good by doing well—whatever the dominant underlying motivation for the Akanksha’s expansion, and whatever its future fate in light of the proposed ban on foreign trade—Patel’s mission as a self-styled altruistic employer has already charted a high-growth trajectory.

One Gujarat newspaper’s encomium to Dr. Patel described her history of “serving the poor” while still in secondary school at the Catholic Nirmala Convent in Rajkot. The Gujarat *Weekend Leader* featured Patel in its “Amazing Entrepreneurs” series as a “humanitarian . . . hailing from a respectable family,” the daughter of a “brave” Gandhian barrister and a mother with a “zeal for social work.” As readers were somewhat breathlessly informed, Patel “remembers visiting tribal habitations as a small girl and cutting the nails, cleaning the teeth, and washing the hair of the tribal people.” The *Leader’s* piece, in fact, reads like a faithful transposition of an interview.
with Patel: its title, “Giving a New Life to Many a Childless Couple and a Livelihood for Women” is precisely on-message from her perspective. The journalist admiringly notes the Kaival Corporation’s yearly turnover of $4.4 million (29.40 million rupees) but hastens to add: “Dr. Nayna has refused to look at surrogacy as a money-spinner.” This moral sensibility is rendered inseparable from the Leader’s potted hagiography of Patel’s trajectory in corporate management. From 1993, the reader learns, she courageously borrowed and invested in good quality sonographic and embryoscopic equipment that will last. This helps illustrate Patel’s desire for a “lifelong bond” with “her surrogates.” Virtue—the article implies—is its own reward: now she maintains a charitable trust that “offers medical assistance . . . to surrogates who might have medical problems . . . provid[ing] school bags and books to their children.”75 Despite enormous acclaim, she refuses all opportunities that would expand her business “too fast,” rejecting franchise requests “even if it mean[s] losing revenue.”

Historically, there were other kinds of “requests” Patel turned down precisely because they threatened her revenue. In 2013 the Indian Express quoted Patel as “planning to launch a new brand”—the Anand Surrogate Trust—which was to be run by former surrogates on an artisanal trademark: SurroMAA. “Around 20 women,” she said, “will get trained in chocolate-making initially. We plan to produce nutritive ingredient-based snacks that can be consumed by mothers-to-be and infants.”76 There is no evidence any SurroMAA chocolate making happened. Regardless, in the corpus of television materials analyzed here, Patel made use of the idea in order to couch surrogacy in the language of gender-mainstreaming and “empowerment” policy. Here (as with the Grameen Bank) viewers were presented with surrogacy as a way of investing in women: a “win-win” opportunity for girls to become entrepreneurs. The terms “gender-smart,” “smart giving,” and “smart technology” would not have been out of place alongside Patel’s phrase “total care.” But only one year prior, the Express had described a more radical intention: “Patel had announced the formation of a cooperative with 100 surrogates.”77 The plan was for the cooperative to cooperativize confectionery manufacture, not gestational labor (although such initiatives are attempted, for example in Bangalore).78 The reporter notes that the surrogates “had to shelve the plans owing to an inspection by the Indian Council of Medical Research (ICMR) . . . when the clinic was guided against such a move” (italics mine).79 Patel manifestly did not tell the Express who “guided” her against allowing the surrogates’ co-op to be established, nor what negotiations were involved in it being “shelved.” What is clear is that in formulating a substitute plan,
Patel fell back on the rigid hierarchies of the charitable traditions she knew in childhood:

“...which I will start in June [2016], is educating the school drop-outs, the chai-wallahs, the slum children: bringing them, tempting them, giving them a different sort of audio-visual training and education, computers, banking, and so on.”

The purview of the Anand Surrogate Trust was thus radically changed. But even as worker-ownership was replaced with philanthropy, the vague pronoun deployed by Patel in speaking for it became—increasingly—“we”:

“We collect donations, we help the children of the surrogates get their education. We help the surrogates with any medical help, even a few years down the line, even if it is not gynecological. We help them—with medical treatment, or cover up certain loans. Even [if] their family member is sick, we help them—everything.”

The absence of other voices, here, invites skepticism.

If, as Katharyne Mitchell has suggested, the TED Talks media platform exemplifies the rise of neoliberal citizenship and “celebrity humanitarianism,” it is no surprise that Dr. Patel has sought to exploit it for promotional purposes. In her April 2016 TED Talk at KIIT University in Odisha, Patel told her audience:

“Dream! ... Use your knowledge and skills for betterment of society. Don't wait, saying, 'This is my time to earn; when I’m retired, I'll start helping people.' Helping the people starts when you are earning! ... And at the end of the day, you know, the more you give, the more you get back. ... More returns will come to you. ... Be a philanthropist right from day one. I don't say 'go bankrupt' or 'don't help your family.' Family comes first! But simultaneously, start your social service, don't wait for retirement. ... And bless the critics. ... Change is always not accepted at first. ... Go ahead. ... Never give up, because life is all about struggles. ... Stop not, until the goal is reached!”

Patel’s “striving” rhetoric—which is essentially indistinguishable from any number of other TED Talks—is successfully true to its medium. She promises the satisfaction of having fat personal dividends “at the end of the day” while simultaneously admonishing the audience to give this wealth away in advance. We’re confronted, once more, with a vision of cyclical endlessness that naturalizes capitalism by means of spiritual, almost ecological imagery. Indeed, the final words in this speech quote a popular sloka (verse, saying)
of Swami Vivekananda: “Arise, awake, and stop not until the goal is reached.” Vivekananda was a key figure in the middle-class nationalist movement within Hinduism that has been described as “bourgeois Vedānta” with “colonial roots.” According to Brian Hatcher, this interpretation of Vedic philosophy, which deems “life [to be] all about struggles,” has proven easy for Indian philanthrocapitalists to pair with the class-erasive message that we are “all in it together” (e.g., facing two basic drives). Meanwhile, capitalism’s structural insatiability dictates that most “goals” never stay still (and as such can never “be reached”).

“FAMILY COMES FIRST”

In some cases surrogacy’s entire economy is partially segregated from capitalism and kept within the legal, affective, and genetic bounds of a single biological family unit. Despite the paucity of data on surrogacy markets, it is safe to say these cases are in the minority worldwide. As such, it is instructive to notice that it is such a case Patel chooses to center narratively in the “story of the Akanksha clinic.” The vast majority of the arrangements she has brokered involved strangers entering into a commercial contract for payment across significant difference and distance. By contrast, the famous and often-repeated origin story of Patel’s sphere of specialization is a tale with intra- rather than inter-familial, and altruistic rather than commercial characteristics. In Patel’s own words, the formative case is a British-Indian one involving Non-Resident Indians from the suburban town of Ilford in Essex, England. Most strikingly, the surrogate was a woman not unlike Patel herself, in her forties (accounts in British newspapers varied between 43 and 47), who even bore the same surname:

“I always thought that it [surrogacy] is a headache. But then I had this first couple from UK, where the girl was Indian, and they could not find [or] afford a surrogate in UK. For three months they searched for a surrogate in Anand, and Delhi, and could not find one. And therefore the girl’s mother, that is, the grandmother, delivered the twins for the daughter. And when I saw the end result, I was really happy! Because the husband was ready to divorce that girl.”

As an instance of a grandmother surrogacy, the case was only the fifth in global history, a fact proudly emblazoned on the Akanksha’s original website. The preceding transcription is from a February 2016 RT segment, but similar renditions appear elsewhere in which Patel clarifies that the girl was “beautiful” and that the husband “wanted his wife’s genes or was ready to throw her
Patel’s account varies, but essentially she tells that Radha Patel (no relation) proudly gestated her son-in-law’s genes in order to save her daughter’s marriage. She betrays considerable self-identification with the grandmother-surrogate, whom she outright eulogizes:

“What will a mother not do for her children? . . . She did it, and then she came out in the open and she said . . . ‘There’s nothing wrong about it.’”

The positive attitude of the morally irreproachable grandmother-surrogate remembered and honored in Patel’s autobiographical speech provides a deep well of inspiration for Dr. Patel when she boasts (e.g., in her TED Talk) of a shame-free “community” in Anand “out in the open.” But this narrative of destigmatization sits uneasily with the other Mrs. Patel’s widespread insistence on anonymity at the time, for fear of stigma. There is also a striking contrast between her fervor to save this middle-class couple from divorce and her pseudofeminist dismissiveness toward working-class marriages (explored later). And at least one other element suggests factual slippage: while the myth making seems to rely on the claim that the clinic was named Akanksha after this auspicious first baby—in reality they were twins and their names were Neal and Nandine. Unencumbered by too much historic specificity, the tale chosen as a metonym for all surrogacy thus accomplishes an astonishing representational elision of the internal gulfs between commercial and altruistic surrogates. The unpaid altruistic surrogate who is doing it literally for her child stands inconspicuously for all surrogates, who are doing it economically for their children. One woman is flimsy grounds for Patel’s claims that she supports stakeholder control over her surrogacy business. Available evidence suggests she is nevertheless the dignified and immaculate figure introspectively animating Patel’s statement that she would—“in a heartbeat”—serve as a surrogate herself, “even without the desperation” . . . on her children’s behalf.

What happened after the “Baby Akanksha” surrogacy? Patel talks us through the thought process that made her realize surrogacy could in fact be scaled up, while preventing it from being a “headache”:

“Not all females are that lucky, that they can have family or a friend who can do it. So then I thought: that this is not a bad option, this is a good option! The birth certificate will have the name of the genetic parents, not the surrogate. The surrogate has no right over the baby and no duty towards the baby, so the legal problem post-surrogacy is not there, adoption is not required, and neither can the surrogate keep the baby—that is very important. And finally, the cost. It is definitely one-third of
the cost of surrogacy in the western world: the doctors, the clinics, the surrogates, everyone charges that much.\textsuperscript{91}

Here extrapolation from the grandmother case extends so far as to lose sight of it completely. In every case going forward except this originary one, the surrogate will have barely any further contact with the family afterward, and she will be paid. When it comes to the surrogate’s own putative daughter’s infertility, the clinic will not arrange for it to be serviced (by her or anyone) for free. A price that is one-third of that in the western world is, needless to say, still a barrier to most people ever accessing commercial surrogacy. The market morally elevates “the” right (supposedly everybody’s) to be helped, while necessarily elevating only a limited, affluent constituency’s appetite for babies to the status of a healthcare entitlement. Given this reality, that Patel feels able to say her surrogates “charge” one-third of what western surrogates do, as though they set the price themselves, is somewhat damning. To say that Patel is silent with regard to reproductive justice is no overstatement.

“So What Will These Females Do?” (“Anything”)

It is crucial for the Akanksha brand, as for the Grameen Bank, that participants be not merely uncoerced and willing but enthusiastic and even grateful. Plausibly, if this were really the case, recruitment agents would not be necessary. Patel has denied she employs agents, claiming that surrogates and their husbands come to them by word-of-mouth.\textsuperscript{92} She has built from nothing, she says, an invaluable network of trust: “a community of 2,000 surrogate mothers in Anand.”\textsuperscript{93} But these descriptions—“community” and “word-of-mouth”—are clearly stretching the truth. In 2014 \textit{Vice} spoke (via an interpreter) to a woman in an outer Anand slum who alleged that she brokered surrogates directly for Patel on commission.\textsuperscript{94} The documentary \textit{Ma Na Sapna} begins unabashedly with this same “scout,” Madhu.\textsuperscript{95} The findings of two local groups, Sama and the Human Rights Law Network, document the widespread practice of such people skimming off the (usually illiterate) surrogates’ fee.\textsuperscript{96} \textit{Wombs in Labor} confirms this picture by documenting the centrality of two live-in agents, viewed by surrogates as a cruel and haughty moralizer and a “crocodile eating up their savings,” respectively (both double as hostel matrons).\textsuperscript{97} Of the latter (also a midwife at a different hospital), Pande writes,

Nurses joke about her and refer to her as the “greedy broker.” The doctor refuses to acknowledge Vimla’s role in the surrogacy process and emphasizes she is not paid a “cut” by the clinic. Vimla, however, tells the story differently: “Doctor-Madam pays me a cut.”
In fact Pande heard that the cut used to amount to 50 percent of the surrogate’s wage. Surrogates reported to Pande that “Vimla” took huge additional referral fees out of their pay.98 “The boss’s only on-record comment directly responding to this line of inquiry is “I do not encourage that.”99

Patel alleged on BBC Radio that she turns down 67 percent of candidates who want to serve as surrogates at the clinic.100 Indian women, she declares by way of explanation, come from a culture in which childlessness is so much feared, pitied, and abhorred that “when they learn that a woman is not having a womb, they will do anything to let that couple have a child.”101 This is lurid rhetoric, but clearly they will not come to Patel to be impregnated for no pay. This preposterous insinuation tallies neither with her own admission that “in the beginning, they start for money,” nor with the evident need for brokering practices, not to mention the myriad lines of evidence that surrogates coming to the Akanksha do not even understand the mechanics of gestational surrogacy.102 Whore stigma clearly shrouds the work that surrogates do, regardless of Patel’s claims that “we have come out in the open.”

In actuality Patel valorizes two quite different attitudes in parallel. In public she lionizes the grandmother’s lack of shame, while her everyday manner rewards the unobtrusiveness of what Pande calls “the perfect mother-worker”: a mythical volunteer so angelic and so compassionate that she is willing to incur stigma upon herself worse than the stigma of childlessness in order to free someone—a stranger—from the latter. Patel, in conjuring this Victorian fantasy, invites us all to believe in a proletarian who is not particular about her fee (including the proletarians themselves!). At the same time, Patel proposes to be the workers’ champion when it comes to their income, claiming to have fought with income tax officials who “wanted to deduct TDS [Tax Deducted at Source] from their earnings.”103 She insists that savings accounts be in women’s names, imposing financial independence coaching on them, and patronizingly threatening their husbands: “I don’t want any trouble.”104 Patel’s antipoverty, like Muhammad Yunus’s, is not so much false as circumscribed by her overriding personal class interests. Her feminism is not so much “fake” as loyal to her class position and prejudiced against working-class men. Nor are her piety and her work ethic exceptional: they are simply inscribed with the affective contradictions of a society inciting many women to “lean in” while still being premised on a gendered division of labor whereby “women’s work”—as a labor of love—is socially required to be unstinting yet invisible, manifesting a perfect absence of desire for compensation.

Masterfully squaring this circle, Patel marries a protective baronial “feminism” with neoliberal boot-strap individualism. Deployments of the former can serve to smooth the way for the latter; and it is the combination of
both that secures the functioning of the Akanksha as social entrepreneurship. Doing well by doing good is the name of the game, but so is selflessness, doing what you’re told, and knowing your place. The Akanksha can be all about service, piety and sisterhood but also working non-stop, dreaming big, and loving what you do. While the métier mediating all of this is indeed iconoclastic—literally dripping with visceras—the underlying thread of Patel’s praxis is mundane: bourgeois, colonial-era faith in personal striving and in God. She defends her dealings in \textit{Ma Na Sapna} (2013) by appealing to a true enough dilemma:

“In India there is no provision by the government to provide housing, food and medical help to poor people, OK? So . . . what will these females do? . . . They cannot earn big money.”

In this context Patel’s capitalist-realist appeal for indulgence demands: how could the Akanksha bringing jobs to town not be a good thing (crocodile brokers notwithstanding)?

Actually, if the “females” of whom Patel is speaking cannot earn big money elsewhere in Anand, it turns out they cannot do so at the Akanksha, either. As the recruiter Madhu told the director of \textit{Ma Na Sapna} in plain terms: “We tell Dr. Nayna to increase the payment, but she isn’t doing it.” Pivoting and contradicting her comparison of them to construction workers or maids, Patel tacitly justifies her denial of wage increases by framing surrogates as idle poor only \textit{transitioning into} dignified work: “You came here illiterate but you won’t leave that way.”\textsuperscript{105} Surrogacy isn’t a job after all but a win-win investment; not so much a source of wealth as a gateway or an internship. Training is supplied, yet (as we shall see) the transmogrification mostly fails to happen. Medically dangerous “second surrogacies” are rife, and even third and fourth cycles: “evidence of the clinic’s failure to transform the lives of the surrogates.”\textsuperscript{106} Exploiting the idea that there is essentially “no alternative” to surrogacy for low-income Indian women, Patel flips the morally incumbent charitable relation on its head. The surrogates become smart decision makers making a charitable gift to the rich. While appearing to grant low-income women newfound agency, this inversion primarily imposes bourgeois morality on them as a form of control, without however materially turning them into bourgeois subjects. Their economic need is painted as social enthusiasm.

\textbf{The Life-Giving Mastery of Lady Bountiful (CEO)}

As a maker of charitable relationships, Patel occasionally betrays monomaniacal lapses in which she likens herself to God. She avers that “there are two
basic drives in life: to survive and to have a child.” In other words, her vocation is to deal on the one hand with the desire for life (i.e., the economic means to reproduce a life worth living for one’s pre-existing children) and, on the other, with the desire for a specific new life or lives (not just any progeny but progeny of certain genetic parentage). Ministering to these “incontestable motivations,” to borrow Heléna Ragoné’s phrase, is doing God’s work under the embryoscope. God-like, she facilitates the fulfillment of both supposedly primal drives—or so she implies—bringing disparate questing hearts together in symbiotic unity. The neatness of this universalist “two basic drives” formula (a better life and “life itself”) subtly obscures the fact that it is actually rendering them split—and even oppositional to one another. Their separate-ness and commensurability is accomplished through a discursive act of “sectioning” that mimics the distribution of liability that has become standard in non-philanthropic neoliberal business.

Risk is shouldered squarely by the laborer-cum-entrepreneur; not least, via the risk contingent upon C-section. RT filmed instances of the statement Patel makes to surrogate recruits while signing them up in her office: “You are responsible. If something happens, the clinic is not responsible. I am not responsible. The parents are not responsible.” It is here, too, that workers are told: “Doctor is not God.” Backstage, the secret is revealed: Patel does not and cannot satisfy both parties’ (or classes’) libidinal imperatives. It is a testament to the technical brilliance of Nayna Patel that this egalitarian win-win framing has made headway on a global stage in legitimating commercial surrogacy. Her mastery lies in having brought this trade—of “life itself” for “a living”—under the aegis of the firm rather than the state. By way of proof, she has an international coterie of fanatically devoted former clients online. It would be foolish to doubt the force of feeling Patel inspires. Grateful parents write dedicated blogs about their journey to Anand, promote her speaking tours to the UK and US, and comment proactively in her defense on forums at Dr-Patel-Surrogacy.com—“Dr. Patel’s Global Support Group”—or on the Akanksha Facebook page. (One January 2016 comment read: “You are the one healing all the pain.”) Not so: there is an large quantum of pain-risk that Patel contractually externalizes.

If Patel's business is an “ontological choreography,” (as Charis Thompson elegantly suggests), then we have still not glimpsed the most breathtaking and arguably profane moment in it. In the Google Baby scene with which we began, Nayna and the pediatrician are busy with their task when the mobile phone rings again. This time, the first man answers—“Hallo? Please hold”; then turns, in order to press the phone to Nayna’s masked face. She traps the phone under her chin while continuing work with the suturing needle. Her
blood-covered hands seem more than able to deal automatically with the unconscious body of her surrogate employee, while, separately, her voice deals with the person who has rented that body’s capacities. The substance of what we hear her say in the very act of stitching up an abdomen creates a certain obvious but unconscious irony. She uses business English: “Yes, I’m so sorry, doctor, but, you know, it’s not an easy procedure. It’s a very complicated procedure, is surrogacy, and they should understand all the implications. Yes. Bye-bye, no, most welcome, bye-bye. Bye.” What irony!—briskly sealing deals while physically sealing up a womb, the faintly bored-sounding Dr. Patel paradoxically asserts the high level of skill involved in the latter. She asserts, above all, that it is her highly skilled labor that defines the “surrogacy” process (not the surrogate’s gestational creativity, clinical suffering, or sheer voluntarism).

Having just taken a baby out of a woman’s body, Patel now nonchalantly issues the instruction: “Now take the baby out to the mother.” This arresting illocution is the uncanny apogee of a performance, captured in Google Baby and already repeated more than a thousand times at the Akanksha, whereby the author of this “reprotech” declares exactly what she is doing: making parents. Doctor Nayna doesn’t so much produce babies as cut and draw, make and break relationships of parentage; creating claims and nipping others in the bud. Nonchalance is part and parcel of the communicative strategy. By enacting, for her implied and explicit audiences, a form of everyday surgical midwifery that is fused with a banal boss–employee relationship, Patel familiarizes us with the practice of “clinical labor”—on her own terms. What we have been unpacking is essentially the process of clinical labor’s manager telling us, on the workers’ behalf, that all of this is already real (so get used to it!). What we saw was not the mother; it was not the infertility patient. Motherhood was born, but the mother was not in the room.

THE “ANTI-FAMILY”

In 2009 Patel invited a Delhi theatre company to Anand to give a special performance of a play about “Fool Gulabi,” a “feisty” surrogate who defies her husband. Fool Gulabi was attended by one hundred of her employees, and such was the comically misandrist and poignant splendor of the depiction that, as Patel reportedly enthused afterwards: “I could hear all my surrogates clapping.” Whereas fee-skimming agents or bosses are not mentioned in her account of what so moved them to mirth, Patel’s anecdote reinforces the line that intra-familial male encroachment over women’s money presents the biggest problem in surrogacy. (It is a pattern alleged to be rife in microfinance—enabling advocates to pin blame for its failures solely on brown men.)
contrast with both her obfuscatory stance on brokers and her respectful attitude to her own husband, Dr. Patel proactively recognizes, centers, and targets the endemic phenomenon “no-good husbands.”

As hinted earlier in my remarks on Patel’s theorization of reproduction, one of the most striking ideas about the “house of surrogates” for outsiders is that it might be a kind of women’s commune. Surrogates spend eight months gestating and living together; resting, socializing and earning money while their husbands take over all their daily tasks back home. So it is tempting, from afar, to imagine a kind of an “anti-family” in which women are finding refuge in each other away from their usual unpaid reproductive duties, excusing themselves from their respective households and capitalizing on something that “good” women are not supposed to capitalize on: wombs. Certainly a cheerful misandry is frequently to be glimpsed in much of the footage. As Patel frequently explains, all the surrogates are married prior mothers. Surrogates’ husbands are the butt of frequent jokes and suffer dressings-down at Patel’s hands in her office. A form of glee around this is evident in all western documentary films about Patel’s establishment, for instance in the emphasis on a moment in which Patel extracted somewhat forced laughter from a gathering of sixty or so surrogates with the line: “Ah! A husband is always a problem!”

Life inside the Surrogate House enables defiance toward an absent husband. It provides temporary escape from motherhood in the very act of generating motherhood for someone else. But the heterotopia over which Patel presides is defined only by its moderately defiant stance toward patriarchy as manifested in heterosexual proletarian marriages. What this helps accomplish in context is an obfuscation of other relevant dynamics—notably, the intra-women class relations between Patel and the surrogate workers. In House of Surrogates, for example, Patel is visiting newly enrolled surrogates in their separate dormitory when, in response to an account of one husband’s drunken brutality and mendacity, she tells the woman: “Just leave him!” American and British media strike a palpably celebratory tone about all this that is easily swallowed (as is the message of Lean In) if one fails to notice that it is only working-class families that are being mocked and undermined; only working-class relationships with children that are being strained and separated. Noticeably, the Indian TV station VPRO’s tone has been more respectful while addressing this area, for example by simply showing a woman preparing chilies on the floor of the Akanksha dormitory, who says to the male interviewer behind the camera: “If you had my drunk and abusive husband, you would also enlist as a surrogate.”

Another useful counterpoint to Patel’s “anti-husband” shtick becomes vis-
ible in *Ma Na Sapna*, in which Papiha’s husband Pinto is shown caring for Papiha in myriad ways, helping her in her post-partum recovery by carrying her pumped breast milk from floor to floor, and earnestly asking the clinic to be allowed to participate in the job of surrogacy: “Is there nothing for us gents? . . . Pay us less, but hire us for something.” Papiha and Pinto’s partnership enacts resistance to the faux-feminism by which surrogates are invited to leave their “bad” husbands (temporarily or permanently), only to participate submissively in the hypervalORIZATION of bourgeois marriages and their “universal” procreative ideal. Regardless, most TV segments depict a closeknit, happy (albeit reverently hierarchical) sorority in which even a regular assembly might end with the spontaneous cry: “Everybody, touch her [Patel’s] feet! She is our mother goddess.” The joyful but pious ambience is consistently evoked in TV as well as in print pieces. “Nisha” in *Ma Na Sapna* says, “She is more important to me than my mother or my God”; “Aasima” declares, “All of us here support Dr. Patel” in a piece titled “We Pray That the Clinic Stays Open.”

Although it was removed in 2016, the Akanksha website carried text for several years describing the “nurturing environments” and “camaraderie” of the house surrogates inhabit, stating that quarters are “run by a former surrogate who had a vision to care for her ‘sisters.’” “I keep them like my daughters,” Patel explains. Director Valerie Gudenus casts a stark light on this, however, by showing a surrogate (“Champa”) describing her hatred for the place. Gudenus’s less romanticized interpretation of the family relation Patel evokes also helps contextualize the brawl captured later, in which surrogates beat and hurled abuse at one another. We have the option, then, of understanding Surrogate House not so much as an anti-family but rather—precisely—as a *family*, with all its attendant psychological violence, structural conservatism, and biopolitical efficacy. In this frame the people Patel calls “my surrogates” play the part of children. She is a disciplinarian parent: “Before you leave this house each of you must learn to write your signature. Otherwise you won’t get your money. Got it?”

The rationale is almost explicit. The broker “Divya” in *Wombs in Labor* quotes Patel as saying: “How you train them, that is what makes surrogacy work.” She is not referring to handicrafts *per se* but ideological content: in addition to promoting literacy, Patel trains surrogates to harbor the correct desire for private property. Besides the priceless gift of helping others, the proper appeal of the Akanksha for surrogates is deemed to be the allure of a house. Seemingly generated by Patel, the myth is upheld that surrogacy will generate a down-payment sufficient for a plot of land and a deed. As a symbol of a new life, this fictive *house* sticks in the mind as surrogacy’s just reward.
Interviewed about their motivations, surrogates’ almost always respond: “I came here because we need to build our house.”129 In Ma Na Sapna, seconds after Papiha has undergone caesarean section, Patel briskly asks her: “Happy? What will you do with the money?” A semi-conscious Papiha answers from where she is lying, simply: “I will buy a house.” “Where will you buy it? In Nadiad?” “Yes.” Patel nods in approval but tests her skeptically: “Hmm. Your husband seems OK. Some husbands spend it all.” “No, no, I will buy it for sure,” promises Papiha.130 It falls to Madhu, the agent, to speak the truth behind Patel’s back: “Who can speak up to her [Dr. Patel]? I’ve told her four or five times: No houses are available for that money, Madam.”131

Patel believes in home ownership, but the basis for Patel’s entire career has been the construction of childlessness—and not as pathology. She is obsessively invested in the successful development of the cells she views through her embryoscope. She alleges (credible) that she cries when transfers fail. Photos of babies hang as calendars. A blond baby forms the back of a clock. Another mural artwork depicts a figurative white feminine form enveloping, in its arms, a large number of multi-colored smaller forms with swollen bellies. Patel (the white figure in this montage, presumably) does not engage with the possibility of arguments questioning the inherent virtue of baby making. Of prospective customers who cannot conceive she has said: “They suffer so much, they are just like vegetables.”132 The reproduction of this social relation—infertility as death—is what provides the overarching, legitimating rationale for Patel’s industry. Its biomedical framing pretends to a universality concealing the reality of whose childlessness counts, or even gets the chance to elicit tears in practice. In championing the procreative rights of relatively affluent infertile heterosexual couples, Patel appeals variously to a humanist register—in which the barren body receives the intrinsic “right” of reproductive “care”—a determinist register—positing two basic “drives”—and a socio-spiritual one—in which people’s purpose on earth is proliferation. Patel might cry over any transfer, but some transfers are more equal than others. Put differently: some infertilities are not even visible.

WHOSE INFERTILITY/WHOSE FEMINISM?

Surrogate recruits face serious obstacles to redressing their labor-power’s relative cheapness. As other Indian feminists have long explained, their reproduction has been systematically “desisted” by the state even as their bodies have been, in various ways (now including surrogacy), enlisted to assist the reproduction of others.133 Patel hails the desire for a baby as a “basic human right”134—meanwhile, proponents of reproductive justice such as Loretta Ross...
and Dorothy Roberts have long strategically deployed this type of universalism against itself, drawing attention to the fact that poor people’s procreative rights are undefended and, as such, nonexistent. As Sharmila Rudrappa tells us, Dr. Sulochana Gunasheela was a medical pioneer in southern India notable for both for her reproductive justice advocacy and her support for decriminalizing and progressively regulating surrogacy in the domestic national frame. Discounted Life rightly puts a spotlight on Gunasheela, laying out the reasons why she advocated the formalization of Indian third-party reproduction. In Gunasheela’s eyes, enterprises like Patel’s opportunistically exploited the context of the Indian state’s anti-natalism and the colonizing imaginary that sees in India a “surplus” of reproductivity.

Controversially from Euro-American and Australian feminists’ point of view, Gunasheela preferred commercial to altruistic surrogacy. The fee, she thought, seizes at least some payment for a practice already socially entrenched in Indian society whereby impoverished women act as “traditional” surrogates in wealthy households (the term “traditional” means that the women’s own genetics go into the pregnancy). Centering figures like Gunasheela helps us appraise Patel’s declaration of feminism not only as itself contestable but as already (of course) contested. Oprah’s blessing does not protect Patel from the presence of a living international legacy of more radical and class-conscious feminisms, which threatens to up-end the illusion of orderly harmony at her clinic. Whereas Patel says her employees gestate “instead of working as maids,” Gunasheela saw a situation in which surrogates need to struggle together where they are (including as maids) for better conditions. Gunasheela’s arguments point toward worker autonomy, not training programs and literacy initiatives dreamed up by management. However well-intentioned, enlightened bosses like Patel can never effectively bargain on behalf of reproductive workers in their confrontation with patriarchy and capital. Recall the portrayal of Patel by the recruiter, Madhu, in Ma Na Sapna: “We tell Dr. Nayna to increase the payment, but she isn’t doing it. . . . Who can stand up to her?” A good question.

In India, infertility is estimated (as elsewhere) at about 10 percent. Hysterectomies, however, are more common than anywhere else in the world. Historically, Indian women’s reproductive health has been attacked through structural under-provisioning, compounded by anti-natalist measures such as sterilization. No country accounts for as many maternal deaths as India. Amit Sengupta writes: “Women are truly invisible to the public health system—the latest available data indicate that just 17.3 percent of women have had any contact with a health worker.” Among the disproportionately female populations that have been cast as surplus to
capitalism’s labor requirements, the fertile and the infertile alike suffer the consequences of abysmal maternal and reproductive healthcare provision. In the liminal and transitional space of the Akanksha clinic, for the duration of their hired custodianship of valuable biocapital, Indian women are lavished with an intensity of high-quality medical care they never experienced for their own pregnancies.

If Indian women are the most competitive service providers for outsourced prenatal maternity (“the world’s back-womb”), it is perversely because they continue to die in childbirth at record rates for lack of care. The final grotesque irony is that this prior lack of care in turn legitimizes the medical appropriation of their motherhood. These are the presently developing patterns that are lubricated by discourses of universal humanism such as Patel’s. With garment factories as the prevalent alternative source of employment for the women she studied, Rudrappa found that “surrogacy was . . . more meaningful for the women than other forms of paid employment.”142 Needless to say, this finding does not so much vindicate Patel as point to the kind of nuanced sensibility required if we are to develop an antidote to Patel’s preference for monolithic and binarizing rhetorics and moral blackmail. While there is no reason to single out surrogacy work for anticapitalist excoriation, we must take issue with any suggestion that her actions even come close to fulfilling her (or anybody’s) obligations as a feminist.

“FOR THE SURROGATES”

The promise of a hospital “for surrogates run by surrogates” opens the question of who the patient in infertility care is taken to be. As Rudrappa notes: “The [Indian ART] Bill specifically defines a patient as ‘an individual/couple who comes to an infertility clinic and is under treatment for infertility.’”143 Surrogate mothers, who bear the brunt of reproductive interventions, including caesarean deliveries, are specifically not patients. By explicitly transferring the suffering in medical intervention from the mother to the commissioning individual(s), the bill ignores that surrogate mothers are “the ones whose bodies are the most heavily manipulated by medical technologies.”144 It ignores the fact that the women in question are among those worldwide most deprived of—most entitled to—medical care in their own right. The Human Rights Law Network raises this in its workers’ inquiry against Dr. Patel, stressing the riskiness of both pregnancy proper and C-sections in particular.145 Demands levied at the Akanksha via the farm laborers’ union, according to this report, included a demand for pay equivalent to that of American surrogates, to com-
pensate for this elevated risk to human health. And why not? Women are supposedly a top priority for the UN and babies, as we know, are “priceless.”

The share of the undisclosed profits of the Akanksha taken home by surrogates must be extremely low. Foreign clients pay the clinic approximately $30,000 for their procreational package (Indian clients pay 20 percent less); while surrogates contribute to their board and receive between $2,500 and $5,000: a wage for their gestational labor which works out as an hourly rate of approximately $0.5. Notwithstanding the operating costs of the clinic with its microscopes, freezers, incubators, ultrasounds and monitors, its specialist staff and full-time surrogate house, one can guess that the Akanksha has hitherto been far from a workers’ co-operative—a point bitterly underlined by the fact that Patel and her family live in a mansion, while for surrogates “no houses are available for that money.” The utopian phrase “for the surrogates, run by the surrogates” may still, for all that, come back to haunt the person who spoke it. As her hollow promise unconsciously recognizes, discursive space has opened up in which gestational contractors, aided by others, can assert their power. Substantial social stigma around womb-rental remains to be overcome, but materially speaking the core obstacle facing Nayna Patel’s employees is the patrician Patel herself.

If the Akanksha survives the threat of a ban on foreign surrogacy clients, it will supersede the illustrious milk-making co-operative AMUL as Anand’s signature industry. The famous worker-controlled dairy and its 1970s “White Revolution” are still synonymous in the local area with a host of emancipatory effects on women, on account of AMUL’s policy of buying exclusively from women’s dairy collectives. Patel pays lip service to AMUL as a source of inspiration, but if elaborations on the plan for a “hospital for the surrogates, run by the surrogates” really exist, they cannot readily be located. The phrase, as we saw, appears to have been an apotropaic gesture toward an idea that was once briefly floated (a hundred-strong co-op) before giving way to something more modest (a twenty-woman private trademark) and finally becoming eclipsed by a plethora of charitable collections and banking tutorials. Far from turning the management of the hospital over to the gestators, the intention of today’s Anand Surrogate Trust is clearly to diversify and increase the productivity of surrogates, creating self-responsible individuals who are in themselves a bulwark against their own dissent.

“Coming Knocking”

To dream of surrogates running surrogacy is to change forever the very meaning of the word “surrogate.” Materially and semiotically, it poses the question:
what (if anything) could surrogacy be under conditions of cooperation and horizontality? Followed to its conclusions, the motto “for the surrogates, run by the surrogates” undermines the necessary link between surrogation and subordination. Though the noun “surrogate” is synonymous with “substitute,” a world in which deep, non-proprietary practices of mutual aid were generalized might be one in which self-directed surrogacy is not an oxymoron. Politically subjectivating surrogacy is one strategy for bolstering gestational theory and praxis that is predicated upon the collective, co-imbricative, transcorporeal creativity of social reproduction everywhere. The demand for a permanent auto-managerial role in reproductive medicine for its “clinical laborers”—whose acts of gestation have been the “cure” for global others—brings us nearer, I think, to apprehending the political challenge of collectively determining whose reproduction (in global terms) gets assistance, and how.

As Natalie Fixmer-Oraiz has pointed out, “the rhetorical dimensions of transnational gestational surrogacy have received less scholarly attention than its legal, ethical, structural, or ethnographic counterparts.”148 Disruptions of the communicative practices emanating from the sector are necessary, she argues, because they consolidate worlds. This has been one such attempt at rhetorical disruption. Further, I believe Patel’s creative destruction of categories pertaining to life, rights, and labor can be matched and countered by those of us committed to different ends (including those of us in academia). Deconstructing the internal logic of Patel’s philanthrocapitalist speech not only sheds light on neoliberal feminism’s schizoid maneuvering and the political economy of an important emerging industry but generates utopian alternatives. Excessive and unintended effects of her discourse (e.g., “it’s a physical job”) can help us see through the implied egregiousness—the supposed novelty—of commercialized gestation, and remind us to connect it to histories of materialist-feminist struggle around housework, care, and reproduction, from Sulochana Gunasheela to Wages for Housework. I have argued, among other things, that the name Akanksha encrypts a fable about an impossibly flexible woman (paid for yet volunteering for free; anonymous yet unashamed; traditional yet futuristic; a grandmother to her child, etc.) and that this fable functions to discipline actually existing gestational workers in the Surrogate House even though it does not remotely apply to their situation.

But it is not enough, in the end, to have enumerated ways in which the reproduction of capitalist reproduction is guaranteed, rather than challenged, by what Patel does. Naturally I hope that it will be of use to others to have given fresh articulation to the web of ideas framing surrogacy politics in Patel’s discourse, from philanthrocapitalism to (universalizing) feminism.
From here, as I am all too painfully aware, the question must become: how can surrogacy be turned against reproductive stratification? Otherwise, just like the creative destruction of the surrogacy business itself, its critiques will turn out to be just one more case of plus ça change, plus c’est la même chose. Patel has earned the gratitude of thousands of people by systematically brokering the exchange of one family’s circumnavigation of clinical infertility for a temporary amelioration in another’s quality of life. And as I have suggested, it is the prerogative of her workers—and of onlookers sympathetic to class-based feminist organizing in the global South—to denaturalize the oppressive uneven geography upon which this brokering depends. As the Human Rights Law Network activists’ report in Anand shows, laborers’ perspective not only exists but is leveling demands. If successful in their struggle for life insurance and higher wages, surrogates might fix their sights on even broader horizons of reproductive justice for all. Reproductive expertise and assistance might be made locally available to those whose reproduction has historically been stamped out. Families who have helped other families might enact ongoing kinship through forms of solidarity more meaningful than payment.

Severely limiting to her claims that she wants change, and “wants [the surrogates] to become self-sufficient,” is the fact that Dr. Patel markets “her surrogates” on the basis that social and geographic distance will make it near impossible for them to later “come knocking” (her words) on the doors of families their laboring bodies have made possible. What if we denaturalized that distance? Through factory strikes and social movements—whose brand of feminism radically supersedes the “business feminism” of Dr. Patel—anti-rape campaigners, dispossessed women, industrial unionists, and farm laborers have lately begun to step up the intensity of their struggles in India. Likewise, those who might have deemed themselves destined to remain at the butt end of non-cooperative value chains are forcing the horizon open for a recasting of reproduction. “Coming knocking” might be exactly what surrogates organize themselves to do. Scholars, meanwhile, can abet them by “coming knocking” on the closed doors of neoliberal feminist ontologies. I hope this reading has posed a threat to Nayna Patel’s philanthrocapitalism, recentering the liberatory desires for a just and livable classless mode of social reproduction that her narratives seek to co-opt, distort, and obfuscate.

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NOTES

8. Harrison, “I am the baby’s real mother,” 149.
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28. RT, “Wombs for Rent in India.”
30. *House of Surrogates*.
34. “Surrogacy in India.”
43. *Outsourcing Surrogacy*.
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52. Erica Tempesta, “‘They Tried to Sell Us a Baby over Dinner,’” *Daily Mail*, April 7, 2015.
58. Bhandare, “Center of India’s Thriving Surrogacy Business.”
59. *House of Surrogates*.
61. Sharmila Rudrappa, personal correspondence, February 2016.
62. *House of Surrogates*.
63. *House of Surrogates*.


67. Doshi, “India Bans Foreigners.”

68. House of Surrogates.


70. Sharmila Rudrappa, personal correspondence, August 6, 2016.


74. Kumar, “Giving a New Life.”

75. Kumar, “Giving a New Life.”


77. Ajay, “Surrogate Mothers of Anand.”

78. Rudrappa, Discounted Life, 162.

79. Rudrappa, Discounted Life, 162.

80. “Surrogacy in India.”

81. “Surrogacy in India.”


84. Hatcher, “Bourgeois Vedânta.”

85. RT, “Wombs for Rent in India.”

86. “Surrogacy in India.”

87. “Surrogacy in India.”


90. Outsourcing Surrogacy.

91. Outsourcing Surrogacy.

92. Pande, Wombs in Labor, 66. The claim also appears in House of Surrogates.

93. “Surrogacy in India.”


98. Pande, Wombs in Labor, 95.


101. “Wombs for Rent in India.”


103. Kumar, “Giving a New Life.”

104. “Wombs for Rent in India.”

105. Ma Na Sapna.


109. “Wombs for Rent in India.”

110. “Wombs for Rent in India.”


113. Google Baby.
117. Not nine months, according to Google Baby’s Patel.
118. “Wombs for Rent in India.”
120. House of Surrogates.
122. Ma Na Sapna.
124. Akanksha website.
125. Pande writes that this figure, “Divya,” “plays a critical role in the production of a dual mother-worker subject,” Wombs in Labor, 68.
126. “Surrogacy in India.”
127. Ma Na Sapna.
128. Pande, Wombs in Labor, 70.
129. Doshi, “We Pray That the Clinic Stays Open.”
130. Ma Na Sapna.
131. Ma Na Sapna.
132. House of Surrogates.
133. Rudrappa, Discounted Life, 25.
134. Doshi, “We Pray That the Clinic Stays Open.”
135. Roberts, “Race, Gender, and Genetic Technologies.”
136. Rudrappa, Discounted Life, 23.
138. Sengupta, “Medical Tourism.”
140. Sengupta “Medical Tourism.”
141. Sengupta, “Medical Tourism.”
142. Rudrappa, Discounted Life, 96.
143. Rudrappa, Discounted Life, 85.
144. Rudrappa, Discounted Life, 85.
146. This history is documented on the AMUL website, www.amul.com.
147. “Wombs for Rent in India.”