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## Fragmentary Sexuality: the Transnational Gestational Surrogacy Market in Thailand and the Nationalist “Baby Gammy” Scandal

*Using Emily Martin's 1987 ethnographic analysis of female bodies in biomedical settings, this paper investigates the illegal transnational gestational surrogacy market based in Thailand by examining nationalist and gendered rhetoric found on Thai surrogacy clinic websites and in the international media coverage of the "Baby Gammy" scandal of 2014.*

“The main objective of this agency is to make your ‘Surrogacy Journey’ hassle-free, emotionally rewarding, and financially viable,” reads the description on the homepage of Bangkok Surrogacy, one of Thailand’s most successful surrogacy agencies. “We offer a one-stop-shop solution for starting from surrogate matching service to legal assistance to all Intended Parents” (Bangkok Surrogacy 2016). In this paper I analyze the emergent “Surrogacy Journey” of the transnational gestational surrogacy industry of 21<sup>st</sup> century Thailand, an overlapping network of Thai surrogate mothers, typically Australian, American, or Israeli commissioning parents, online gamete donors, foreign-owned surrogacy agencies, and illegal clinics concealed in Bangkok’s streets. Working from Marilyn Strathern’s analysis of reproductive technologies (1995: 355), I locate sexuality in a technological process of separation unique to transnational gestational surrogacy. Drawing on work from anthropologists Andrea Whittaker and Emily Martin, I argue that surrogates’ are involved in complex processes of “intimate labor” and “self-fragmentation” as components of a transnational industry engaged in technological processes of separation, or what I identify as the sexuality of fragmentation (Whittaker 2014; Martin [1987] 2001). From Erik Cohen’s work on the Thai gestational surrogacy industry, I distinguish the illegal surrogacy market

as a neocolonial phenomenon, benefitting from Thailand's already thriving medical tourism economy and marketed mainly to middle-class Western clients from countries formerly engaged in colonial projects across Southeast Asia (Cohen 2015). In addition, using political scientist Cynthia Enloe's work on nationalism, colonialism, and masculinity, I argue that the media coverage of the Baby Gammy scandal interpreted the story in nationalist terms. This resulted in elevating the figure of Baby Gammy's Thai surrogate mother to embody a role of proper nationalist sexuality in opposition to his father's role of a colonizing, antagonistic foreign "other," positioned as a threat to the Thai state.

Because the complex social relationships common to gestational surrogacy complicate familiar notions of relatedness, sexual reproduction, and the family, it is necessary to immediately and clearly define my general theories of sex and sexuality. Sex, taken to be embodied in the physical traits necessary for human reproduction, is in this case presumed to be reducible to both gamete type (either sperm or egg) and the surrogate's entire body as a type of baby-carrying vessel. In Thai surrogacy practice, these are seen to be the only relevant and commercialized sex traits. As multiple components necessary to creating a child are disaggregated both socially and geographically in this process, this likewise disaggregates notions of procreation (the biogenetic creation of children) and reproduction (the familial creation of generational relationships) in order for them to respectively correspond to kinship (biogenetic procreative relatedness) and family (social reproductive relatedness). To Strathern, this disaggregate system comprises "new ways of "knowing" kinship" previously inconceivable to both families and anthropologists alike (Strathern 1995: 351). An analysis of surrogacy requires the separation and definition of these notions in order to distinguish the differing roles of surrogate mothers, commissioning parents, and gamete

donors. Although this context calls for an analysis of gender categories in surrogacy arrangements, here I focus on sex and sexuality for the sake of clarifying a highly elaborate context.

The first section of this paper describes surrogacy as a medical procedure and the historical neocolonial context of the Thai transnational gestational surrogacy industry. In the second section, I analyze the online marketing content from Bangkok Surrogacy and Thailand Fertility, two surrogacy agencies currently based in Thailand, and argue that their online content uses rhetoric derived from the sexuality of fragmentation, or biotechnological processes of separation, in order to deliver appealing marketing to potential clients. The third section analyzes international media coverage of what has become known as the Baby Gammy scandal, a key event from 2014 that finally unveiled the vast extent and success of the formerly inconspicuous Thai surrogacy market. Here I review the use of nationalist rhetoric in media coverage of the incident to analyze state attempts during the 2014 governmental crackdown and imposition of a military junta to selectively control and ignore specific aspects of the sexuality of fragmentation by specifically thwarting the attempts of commissioning parents to transport their new children back to their home country. At the same time, however, the Thai state offered no legal punishment to Thai surrogate mothers despite their crucial role in the surrogacy process. Finally, following Enloe ([1989] 2000) in her analysis of historically colonized women in nationalist movements, I examine the role of surrogates in a historically colonial context in order to understand the media portrayal of Baby Gammy's surrogate mother.

### **Transnational Gestational Surrogacy in Early 21<sup>st</sup> Century Thailand**

A relatively new biomedical procedure first successful in 1980 in the United States, gestational surrogacy has risen to prominent status in the transnational medical tourism market

within the past decade. In its early years in the U.S., “traditional” surrogacy mainly consisted of a straightforward contract between surrogate and commissioning parents: the surrogate agrees to donate her egg, undergo artificial insemination with sperm supplied by the parents, carry the baby to term, and despite being genetically related to the infant, relinquish any legal parental rights to the commissioning parents after the birth of the child. Contrastingly, recent decades have seen the rise of a vastly more popular arrangement now known as “gestational surrogacy.” Although the surrogate is contractually obligated to relinquish postpartum parental rights after carrying the child to term, in this arrangement she is not legally bound to supply the eggs. Instead, a fertility clinic creates an embryo through *in vitro* fertilization (IVF) either from the gametes of both commissioning parents or from gametes donated by other egg and/or sperm donors. The surrogate then is impregnated with the embryo despite being entirely genetically unrelated to the child she will eventually carry (Cohen 2015: 115).

Although vastly more complicated logistically, since the mid-1990s hiring gestational surrogates through surrogacy clinics often located in the Ukraine and India has grown increasingly more popular and affordable for many American, European, and Israeli middle-class couples seeking to have a child than hiring more expensive traditional surrogates often located in California. Additionally, many Western couples perceive more added benefits to gestational surrogacy than traditional surrogacy, for while couples are more conveniently able to hire inexpensive surrogates, they are also able to hire personally selected, often American egg donors to ensure their child will have genetic traits from a woman with a master’s degree, a caring or charming disposition, or a specific (most predominantly white) racial heritage (Google Baby 2009). In other words, gestational surrogacy prevents the sharing of genetic material between child and

surrogate, who in this case typically has little education and is not white. According to Israeli anthropologist Erik Cohen, the widespread search for affordable gestational surrogacy services has created a commonly transnational and “neocolonial” reproductive tourist setting that encourages “relatively wealthy Westerners to hire the womb of a poor woman to produce a child for them” (116). Currently a major feature of the contemporary medical tourism market, transnational surrogacy requires complex international movements of gametes, embryos, persons, and money between borders, varying legal systems, and separate nation-states (Whittaker 2014: 100). Because commercial gestational surrogacy has since its invention been either banned or is financially inaccessible to much of the global North such as China, Japan, the United States, Israel, and most of Europe, infertile or otherwise interested commissioning parents from these nation-states create demand for fertility services in other regions that do not necessarily regulate surrogacy. According to Australian anthropologist Andrea Whittaker, to fulfill their “procreative desires,” these relatively wealthy reproductive tourists cross social as well as transnational boundaries by employing as surrogates “women from lower- and middle-income countries and of different ethnicity, socioeconomic status, language, and religion” (101). Transnational surrogacy arrangements through clinics often limit interpersonal communication between surrogate and commissioning parents. Reproductive tourists usually view surrogacy arrangements as a mutually beneficial agreement despite most remaining ignorant of their own surrogate’s often dire economic situation (*Google Baby*).

While the expansion of the highly successful Indian surrogacy market in the early 2000s has been widely analyzed by medical anthropologists and international media outlets alike, in the meantime another transnational gestational surrogacy market based in Thailand very quietly grew

over 1000% between the 2006 and 2010 (Cohen 118). Although the Thai surrogacy market became highly popular through the Internet with Australian and American commissioning parents, it was shrouded in secrecy to avoid legal and political attention. For example, most websites for Bangkok surrogacy clinics refrain from including any traceable contact information such as street addresses or phone numbers, instead opting to provide potential clients with a live chat option or an automated email contact form (Bangkok Surrogacy; Thailand Fertility 2016). Due to a number of cultural and legal factors, the Thai market presented a strategic opportunity into which the newly emerging transnational surrogacy industry could expand. According to Cohen, the expansion of Thai surrogacy market was assisted by vaguely worded surrogacy guidelines in Thai law that, as long as media attention was strictly avoided, allowed for a lucrative industry to remain entirely unregulated by governmental policy (117). Additionally, Thailand was already popular as a thriving international destination for medical tourism, well known to Western clients for providing affordable and legal cosmetic surgery, dentistry, and gender reassignment or sex change operations. Interestingly, Thailand's reputation as a trustworthy and highly affordable destination for medical tourism also enabled the parallel growth of a much more illicit market dealing in illegal abortions and what Cohen terms "tourism-oriented prostitution" (118). Transnational gestational surrogacy, its existence protected by ambiguous legality and a consistent avoidance of media coverage, benefitted from this illicit and bodily-oriented market. A medical tourism model was therefore already in place and legal standards were unclear at best. Slowly, surrogacy clinics, typically foreign-owned branches of much larger international companies, began to emerge in the Thai market (118). For example, the Georgian-founded transnational gestational

surrogacy corporation New Life Global Network, which previously had an open location in Thailand, currently has branches in a total of ten countries (New Life Cambodia 2016).

### **Surrogacy in Thailand: Intimate Labor, Marketing and the Sexuality of Fragmentation**

The transnational gestational surrogacy industry of Thailand is dependent on what I have so far called the “sexuality of fragmentation.” This is a technological separating process maintained by the geographic distance and social diversity of components needed to create a human embryo and the eventual child. The result is a conceptual distinction between kinship, or biogenetic relatedness organized around procreation, and family, or social relatedness organized around reproduction. As Strathern put it, “while the kinship field includes a miscellany of actors assembled for the purposes of procreation, not all biogenetic relationships may be activated as social ones” (Strathern 353). In other words, the social procreative kinship organization of transnational gestational surrogacy is not directly translatable to notions of family and reproduction. Strathern further draws a distinction between biogenetic procreation and socially familial reproduction: as reproduction is generally defined as the act of duplication or regeneration, this occurs in a “symbolic relationship to the original...a relationship is thought to inhere in a continuity of (personal) identity” (354). In other words, gestational surrogacy arrangements complicate notions of reproduction leading to a shared familial and genetic identity between child and parents. Although usually commissioned by parents with the *reproductive* intent of creating a family, the process of gestational surrogacy is itself grounded in a disparate process of generating *procreative* kinship through the widespread network of gamete donors, IVF clinic, and the surrogate mother. This reproductive intent is reflected in the marketing of surrogacy services:

“At Bangkok Surrogacy, you will not be matched with just anyone who calls in and wants to be a surrogate mother. We will never pressure you to choose a surrogate at your initial meeting with us. We will certainly not spread out countless photos and biographies and ask you to quickly make a choice. At Bangkok Surrogacy, we thoughtfully and methodically select surrogates and determine matches” (Bangkok Surrogacy).

Despite no sharing of genetic material between surrogate and the child she bears, this marketing material assumes the surrogacy clinic’s clients will be interested in gaining a sense of the surrogate mother’s identity yet does not provide photographs or biographies of surrogates. While the online marketing of clinics such as Bangkok Surrogacy and Thailand Fertility suggest a type of supportive familial relationship with the surrogate herself, the websites themselves offer no further introduction to the available anonymous surrogates. Indeed, the websites offer a personally selected surrogate service for every client, emphasizing, “choice is not based on appearance but on their suitability” (Thailand Fertility).

The depiction of egg donors on the Thailand Fertility website, in contrast, appears far more personal. In addition to the friendly and attractive photograph of egg donors on the home page, the clinic promises to provide biographical and photographic information for every donor in the clinic’s database. “We provide you with as much information as possible...you will receive full details on your donor’s health, medical history, education, interests, and several photographs” (Thailand Fertility).





Figure 1. Screenshot from Thailand Fertility's homepage, 2016.

Although the child will develop within the surrogate's womb, it is the egg donors' personal identities that are marketed as appealing while the surrogates remain entirely anonymous. A familial, reproductive relationship with the donor is therefore merely suggested by the marketing of surrogacy services in order to reinforce and encourage the personal motives of the commissioning parents to enter into a surrogacy arrangement.

Fragmentary sexuality and the process of separation are likewise dependent on the conceptual and medical fragmentation of surrogates' bodies as sites of commercial procreation. Here I rely primarily on a theoretical framework introduced by anthropologist Emily Martin in her book *The Woman in the Body*. Martin conducted ethnographic fieldwork in 1980s Baltimore among women from communities she categorizes as white working-class, middle-class and upper middle-class, and black working-class (Martin 1987: 5). She argues that the medical industry under capitalism in the U.S. approaches women's reproductive processes as forms of labor that are separate from the self, strictly as physical processes independent from any personalized experience. Martin extends this notion of reproductive labor to American women's relationships to their children as "her product...as something of supreme value, that is held cheap by society" (19). To Martin, a fragmentation of the self brought on by a capitalist medical industry applies to women's own relationships to their reproductive bodily processes, such as menstruation, as well as their social reproductive relationships with their own children. This has important consequences for the female human body as a site of interaction between reproductive processes and the medical industry under capitalism.

“Many elements of modern medical science have been held to contribute to a fragmentation of the unity of the person. When science treats the person as a machine and assumes the body can be fixed by mechanical manipulations, it ignores, and it encourages us to ignore, other aspects of our selves, such as our emotions or our relations with other people. Recent technological developments have allowed this tendency to progress very far. Parts of our bodies can now be moved from person to person; their purchase and sale can even be contemplated” (Martin 19-20).

Using Martin’s theoretical framework, the surrogate’s body is therefore a site of fragmentation between those reproductive processes that lead to the fulfillment of the surrogacy arrangement and as personally experienced mental and emotional states. As the process often results in a personal sense of detachment from the child, this fragmentation ensures her medical identification as sexually female as well as ensures her compliance in eventually relinquishing her parental rights over the child after birth. While the surrogate almost always initially provides her consent to give the child without argument to the commissioning parents by signing contractual agreements (although it is debatable whether individuals in dire economic situations practice agency at the same level as other more economically advantaged actors), there is limited room for her own notions of personalized bodily agency in the medical process itself. In an article written for BBC News Asia, reporter Jonathan Head interviewed Thai surrogate and factory worker Daeng about her surrogacy experience. According to her, giving up the twins she carried to term was emotionally difficult. “I carried them for nine months, and I loved them”...but she went through with the contract, and “would do it again – so would anybody—because of the money” (Head 2015). The surrogate mother’s contractual detachment sustains until after delivery by c-section, when she must resist any emotional attachment to the child that has developed within her womb over the past nine months. Although Martin’s fieldwork was conducted among women in 1980s Baltimore, there is a similarity here of commissioning parents and surrogacy clinics viewing the

child as a “product which has to be produced according to exact specifications,” specifically the chosen genetic material of egg and sperm donors (Martin 19). In the meantime, the personalized experience of the genetically unrelated surrogate is irrelevant to the production of the child, despite her crucial role in the child’s development.

The notion of surrogate as laborer is also significant to Whittaker’s analysis of Thai surrogacy, characterizing the process as a mobilization of “bioavailable sources of intimate labor” that displaces and trades in “both fertility and emotional surplus value” (Whittaker 106). This surplus value is an example of the witnessed components of Martin’s splitting of the self, components which are visibly employed in the marketing of transnational gestational surrogacy: “All surrogates have had normal pregnancies in the past. We also involve the surrogate’s family so that there is emotional support for them from their families as well” (Bangkok Surrogates). Here a surrogate is reduced to her guaranteed fertility and her need as a mother for familial support. Even though the commissioning parents likely have little interest in acting as her major emotional support throughout her pregnancy, the surrogacy service guarantees that her own family will provide such support.



Figure 2. Screenshot from video of a Skype interview between Thai surrogate and the commissioning parent. YouTube video. Bangkok Surrogacy, 2014.

### **Baby Gammy in Media: Nationalist Discourse of Transnational Reproduction**

The year 2014 marked a period of wide media exposure concerning Thai politics and the surrogacy industry. After a successful military coup against the national government, the military junta instituted the National Council for Peace in Order (NCPO) with the goals of fighting corruption and drastically prohibiting illegal activities (Cohen 121). Coincidentally, this coup occurred at the same time as the beginnings of the Baby Gammy scandal. The result was a nationalization of Baby Gammy's surrogate mother as a Thai popular figure in international media, as well as his father featuring as an antagonistic foreign "other". In this section I will analyze the Baby Gammy media coverage using Cynthia Enloe's work on nationalism and masculinity and will rely upon the work of historian Tamara Loos on masculinization, colonial modernity, and the family in early 20<sup>th</sup> century Siam for historical context.

In early 2014, a Western Australian family contacted an American owned surrogacy clinic located in Thailand about their desire to have children. Several months after surrogate Pattharamon Janbua delivered twins in Bangkok, the commissioning father came to relocate his children to Australia. Although most details of the case are obscure, it is certain that he departed Thailand with the healthy female twin and left Janbua with the male twin who was born with a persistent lung infection and Downs syndrome (Canberra Times 2014). This twin became known in international media as "Baby Gammy." According to the father, the surrogacy service neglected to inform him of Gammy's existence, yet according to Janbua, it was discovered during her pregnancy that one fetus had Down's syndrome. The commissioning parents then urged her for an abortion, yet she refused due to her Theravada Buddhist understandings of life beginning at

conception (Cohen 121). When the father came to visit the Bangkok hospital, Janbua claims he refused to acknowledge Gammy and instead only greeted the twin with whom he eventually departed for Australia (Canberra Times). Needless to say, this story generated a sensationalist international media frenzy that generally depicted Janbua as a loving and earnest young woman doing what economic necessity demanded and the twins' father as dishonorable or confused (Canberra Times; BBC News Asia 2015).



Figure 3. Jonbua “kisses her baby boy Gammy at a hospital in Chonburi province, Thailand. Photo: AP” (Canberra Times)

Although this event occurred in late 2014, it is nonetheless crucial to examine the historical legacy left by British attempts to instate a colonial administration in Thailand on contemporary Thai nationalism and notions of fragmented sexuality. As Cynthia Enloe argued, “Colonized women have served as sex objects for foreign men...Women as symbols, women as workers, and women as nurturers have been crucial to the entire colonial undertaking” (Enloe 44). The figure of the Thai surrogate mother in contemporary media depictions like the one above is described in Thai media mainly in endearing or nurturing terms despite being unrelated to the

child she bore, lacking any descriptions of her experiences with “intimate labor” as a hired surrogate or a key component in a transnational commercial surrogacy arrangement. Historically, Thailand and the colonial project have had particularly fraught and messy interactions. Tamara Loos argues that although the Kingdom of Siam, otherwise known as Thailand, was the only Southeast Asian country to successfully avoid full colonization by French or British forces, it is uniquely positioned both “as a victim of European imperial aggression and as a colonizing power with imperial ambitions of its own” (Loos 2006: 2). Siam’s ambiguous colonial situation meant it was “neither fully under the authority of a foreign power nor completely in control of its own population or territory” (Loos 2).

After the Baby Gammy story hit the international public sphere and was deemed a national embarrassment by the international media coverage, the Thai military junta and the associated regime led by the NCPO were determined to take official and powerful action. Much was at stake: as a country highly dependent on its successful tourism economy, the growing reputation of Thailand as the “Womb of Asia” could turn economically disastrous (BBC News Asia). As a new governmental power unaffiliated at that time with any commercial interests, the NCPO quickly passed a law banning gestational surrogacy entirely, initiating a large-scale police crackdown on illegal fertility clinics and preventing foreign parents from leaving with their children born from a surrogacy arrangement (Cohen 122, 124). Since “any foreigner removing a child from their mother to another country permanently...would face prosecution under human trafficking laws,” this left many Australian families in lengthy legal limbo with uncertain citizenship for their children and few opportunities to leave Thailand. After the Australian government appealed to the NCPO, these families were eventually allowed to return home with their children (Canberra Times).

Interestingly, the governmental crackdown on surrogacy did not publicly entail any legal retribution against Thai surrogate mothers. In this case the Thai state preferred to control the movement of foreign reproductive families and not necessarily punish all the actors involved in the procreative kinship arrangement. “What happens when women get impregnated by “other” men and give birth to “wrong” children?” begins Veena Das’ chapter on kinship and national honor in the partitioning of India in 1947 (Das 1995: 212). I find this question to be just as applicable to the transnational gestational surrogacy industry of contemporary Thailand. In her analysis of American women’s involvement of 1901 in establishing American political and military influence over the Philippines, Enloe identifies a distinctly gendered difference between local and colonial. According to Enloe, “sexual liaisons between colonial men and local women usually were winked at; affairs between colonial women and local men were threats to imperial order” (Enloe 48). In the colonial project, sexual interactions between colonial men and local women were tolerated and perhaps even encouraged. In this framework, strong colonial nationalism presented a masculinized and powerful appearance, whereas contrastingly local colonized populations were required by the colonial state to remain as compliant and feminized subjects. Activity perceived as both local and masculine was therefore deviant and threatening to the colonial project. Following Enloe, transnational gestational surrogacy in Thailand can be interpreted as a neocolonial liaison between foreign commissioning parents from a historically colonial Western country and an economically disadvantaged, female, and local Thai surrogate. Significantly, in international media coverage following the Baby Gammy scandal, the Australian commissioning parents were consistently masculinized as the husband was given an active role in the story while his wife was rarely mentioned (Murdoch 2014). The surrogate, alternately, was given a very nurturing and motherly

role in typical media coverage of the story. This is a highly uncommon result of surrogacy arrangements in Thailand, however, as most surrogates do not interact with the child after its birth. As there been no legal punishment reported for surrogates while the Thai state attempts to empty Bangkok of surrogacy clinics (Head 2015), how are surrogates positioned in relation to Thai nationalism? In Loos's analysis of King Vajiravudh's nationalist discourse of early 20<sup>th</sup> century Siam, promoting a monarchical nationalism was dependent upon defining proper male sexuality.

“King Vajiravudh harnessed the modern family and proper sexuality to a larger state-building project...[defining] proper male officials and, by extension, proper male citizens, as those who engaged in stable marriages with “honorable” women, not with harlots, prostitutes, or mistresses” (Loos 155).

Similarly, following Loos and Enloe on the masculine colonial project, while the colonial state necessitates a commanding masculine presence, the integrity of this presence is dependent on interactions with honorable women. How then are the purportedly legally unpunished surrogates integrated into the legal Thai state project post-Baby Gammy scandal? According to a 2015 article from the Special Broadcasting Service, all surrogacy arrangements are prohibited in Thailand, unless “the surrogate mother is a sibling of the couple” (New Thai surrogacy law bans foreigners 2015). To Enloe, this would be an example of the Thai state altering a previously sexually devious relationship between local female surrogates and historically colonizing commissioning parents to instead assist in the nationalist project between local surrogates and local commissioning parents. Enloe characterizes the result of this relationship as “bearers of the community's future generations—crudely, nationalist wombs” (Enloe 54). Specifically, surrogate mothers were formerly participants in what Cohen characterizes as a “neocolonial” industry financially dependent upon middle-class Western clients (Cohen 116). After international media outlets picked up the Baby



Gammy scandal, however, the Thai state refrained from prosecuting any surrogates, instead enacting laws that reframed surrogacy as part of a nationalist project that only involved familial Thai citizens.

### **Future Prospects of Transnational Gestational Surrogacy in Southeast Asia**

As a transnational industry dependent on the trade of biogenetic material, commercial gestational surrogacy entails a technological process of separation resulting in the fragmentation of the surrogate's body. By labeling this process a "sexuality of fragmentation," I draw the distinction between procreative kinship (the biogenetic creation of children) and the reproductive family (the familial creation of generational relationships) in order to analyze the influences of commercial marketing, Thai nationalism, and historical legacies of colonialism in the surrogacy industry and their effects on fragmented sex and sexuality. Although transnational gestational surrogacy has become a popular option for relatively wealthy potential parents, its popularity does not ensure a conflict-free "Surrogacy Journey."

As a market grounded in deep socioeconomic disparity between surrogate, gamete donor, and commissioning parent, its ethics are complex and highly questionable. The industry's legal stability is usually dependent on the self-regulation of a concealed and predictably secretive medical community, yet in the case of the Baby Gammy scandal, the legal stability can be suddenly revoked with relatively unpredictable consequences for surrogates, clinics, and commissioning parents. As demonstrated by events following the 2014 police crackdown on illegal fertility clinics in Thailand, sudden prohibition of gestational surrogacy does not necessarily lead to less surrogacy overall. It is uncertain whether the transnational surrogacy ban will remain in place if the military junta were to return power to a civilian government, in the meantime, according to Cohen, many surrogacy

clinics are still discreetly operating in Thailand (Cohen 128). Yet a number have begun relocating to neighboring Cambodia, a country with no legal surrogacy regulation whatsoever. In a piece written for the Melbourne Age, reporter Lindsay Murdoch estimated that as of October 2015, at least 20 Australian families have entered into surrogacy arrangements centered in the capital city Phnom Penh. These clients are drawn to Cambodia's relative nearness to Australia and may also be already familiar with the well-regarded reputations of surrogacy clinics previously located in Thailand (Murdoch 2015). As the Thai and Cambodian gestational surrogacy markets are thoroughly complex, secretive, and quickly shifting, there is little academic research from any discipline on these contexts despite their potential to valuably contribute to anthropological understandings of kinship, relatedness, sex, sexuality, tourism economies, and the nation-state.

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