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# Czech Hosts Creating “a Real Home Away from Home” for North American Fertility Travellers

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**Abstract:** North American reproductive travel to the Czech Republic for in vitro fertilization (IVF) is kinship tourism—since it offers possibilities for creating a family. I turn attention to the intimate labour performed by IVF brokers, Czech doctors and hosts—who create a “home” for North Americans while they are in the Czech Republic. Also, North Americans who meet one another in the Czech Republic form bonds of social kinship. It becomes apparent how tourism processes profoundly shape kinship while at the same time relatedness shapes travel.

**Keywords:** reproductive kinship, tourism, intimate labour, in vitro fertilization, broker

**Résumé :** Les voyages de Nord-Américains vers la République tchèque ayant pour objectif la reproduction par fécondation in vitro (FIV) constituent du tourisme de parenté – puisqu’ils offrent des possibilités de créer une famille. Je m’intéresse au « travail intime » accompli par les courtiers en FIV, les médecins et les hôtes tchèques – qui créent une « maison » pour les Nord-Américains pendant qu’ils séjournent en République tchèque. De même, les Nord-Américains qui se rencontrent en République tchèque forment des liens de parenté sociale. L’étude révèle comment le tourisme modèle en profondeur la parenté, alors que parallèlement, les liens de parenté donnent forme au tourisme.

**Mots-clés :** reproduction, parenté, tourisme, travail intime, fécondation in vitro, courtier

## Introduction

We must consider cross-border reproductive care (CBRC) a form of kinship tourism since it gives North Americans new possibilities for creating a family through the structures of organized travel. Global markets of baby-making have opened up as in vitro fertilization (IVF) brokers create new travel routes between North American towns and cities and small towns in the Czech Republic. IVF brokers are Czech American couples who are entrepreneurs who help couples gain access to assisted reproductive technologies (ARTs) using readily available egg donation in the Czech Republic. Kinship travel is a lens that encourages us to recognize the affective underpinnings of tourism rather than merely the commercial, liminal or leisure aspects. This article links intimacy to political-economic structures of global tourism (Cabezas 2011:3).

This article considers the affective nature of reproductive travel that informs and contextualizes North American travel to the Czech Republic for IVF. This article examines the “intimate labour” embedded within CBRC, the labour of family, IVF brokers, Czech hosts and clinics. Boris and Parreñas have used intimate labour as a lens to examine the “intersection of money and intimacy in everyday life” (2010:1). The circulation of people and technologies within CBRC encourages new forms of intimate labour enacted by Czech hosts. Key components of intimate labour are the attentiveness of the brokers and, in this case, “shared secrets subject to market forces in a neoliberal system” (9). These secrets are the intimate knowledge shared between infertile couples and IVF brokers, the “work that involves embodied and affective interactions in the service of social reproduction” (7). Intimate labour offers a way to understand how care, kinship work and economic transactions must be considered in tandem.

There are various ways in which intimate labour is expressed and managed in the case of CBRC, but I turn attention to the intimate labour performed by IVF

brokers, Czech doctors and the hosts, who create a “home” for North Americans while they are in the Czech Republic. These are not the only affective relations within these assemblages of baby-making, however. The relationships that are created between North Americans embarking on this journey (Speier 2011) are new types of relatedness sustained through couples encountering one another on their global route to parenthood. North Americans who meet one another in the Czech Republic form bonds of social kinship that are sustained upon returning home. The relationships between North American IVF brokers, reproductive travellers and Czech hosts will be considered within the idiom of kinship, family and home as intimate transnational bonds are expressed, experienced and understood as social kinship. As I will show in my exploration of these new relationships, tourism and travel processes profoundly shape kinship and relatedness while at the same time kinship and relatedness shape travel and tourism.

## Methods

This research is based on a multisite ethnographic project<sup>1</sup> conducted in North America and the Czech Republic over the past five years. During the summers of 2008 and 2010, I met and interviewed the owners of the IVF broker companies, which I refer to as IVF Holiday and IVF Choices. These companies work with two separate clinics in the eastern Czech Republic. IVF Choices is based in Atlanta, Georgia. This owner, Petra, works with a clinic in Brno, Czech Republic. IVF Holiday is based in Ohio and works with a clinic in Zlín.

Anthropologists (see Inhorn 2004; Whittaker and Speier 2010) have discussed the difficulty of gaining access to infertile couples, especially those who travel abroad seeking services. The anthropologist must rely on the clinic as well as IVF brokers, therefore, as the entry point/gatekeepers to the first set of patient–client participants. The two brokers provided me with initial contacts with former clients, Czech coordinators and clinic staff—including nurses and doctors—and sites of patient accommodation in the Czech Republic. Both IVF Holiday and IVF Choices sent out a survey to past clients asking about their reproductive travels.

During the summers of 2010 and 2011, I travelled to the Czech Republic, living in Zlín and Brno. Three quarters of my time was spent in Zlín, where I had easier access to reproductive travellers, and one quarter in Brno, where I conducted participant observation at the fertility clinics and *penzion* (bed and breakfast) and spoke with North Americans I met in the Czech Republic. In 2012, I followed up with 19 couples in different towns and cities throughout North America to conduct life his-

stories. This article is based on 30 surveys, 47 interviews, participant observation field notes and 19 life histories that have been conducted with patients, brokers, coordinators and reproductive specialists. Each person I spoke with signed an informed consent form before my taping of the life history interview. I manually coded all transcripts and field notes, closely reading and interpreting them for patterns. Pseudonyms have been used for all informants.

## CBRC

The Centers for Disease Control and Prevention in the United States estimate that 11 percent of women aged 15–44 suffer from impaired fertility (2015). In 2006–2010, 13 per cent, or 5.1 million women aged 25–44, had used medical help to get pregnant (CDC 2014). However, price acts as a severe constraint on what professor Debora Spar has characterized as a “constant” demand for ARTs (2006:31). The U.S. fertility medical trade has been referred to as the “baby business,” since it is a largely unregulated, for-profit endeavour (Spar 2006:49). Because of the high profit and endless demand for services, North American clinics have little incentive to reduce their prices. Thus, the North American fertility market is “punctuated by inequities” (Spar 2006:96). “The single biggest problem with reproductive technologies in the U.S.... is a lack of access to health care based on need” (Thompson 2005:27).

CBRC, what Briggs (2010:51) has referred to as “offshore (re)production,” has grown into one of the main forms of medical travel owing to the high cost of infertility treatment, as in the United States (Spar 2006; Thompson 2005); strict regulatory laws, as in Italy (Zanini 2011); or a lack of general access to biomedical technologies, as in Nigeria (Pennings 2002). The Czech Republic is considered one of the top European destinations for affordable IVF using egg donation. Destination sites of fertility travel have evolved through a combination of sophisticated medical infrastructure and expertise, particular regulatory frameworks and lower wage structures, which allow reproductive technologies to be performed at competitive, lower costs than in other countries. Cultural familiarity, regulatory boundaries and the availability of services such as sex selection, surrogacy or commercial ova donation are also important (Blyth and Farrand 2005). Reproductive tourists travelling to the Czech Republic are seeking “white” babies from Czech egg or sperm donors (see also Kahn 2000:132; Nahman 2008). Others have written about the moral panic in the United States around race (Nash 2003), which also directs women toward egg donors promising a particular phenotype.

Largely as a result of CBRC, the Czech Republic has witnessed a boom in the field of assisted reproduction and has seen the growth of 41 mostly private clinics scattered across the nation, some nestled in border towns near Austria and Germany, most situated in urban centers, and others in university towns with easy access to student donors (Stop Neplodnosti 2014). Clinics that treat foreign patients are privately owned, and there are several overlapping networks among Czech clinics. One network in particular, IVF Europe, collaborates with seven clinics across the Czech Republic. The website boasts that these seven clinics perform one fourth of all IVF cycles in the country, and clients come from all over Europe, mainly Germany, Austria, Italy, France and the United Kingdom, and a fraction come from Israel and North America (IVF Europe 2010). This network includes the clinics in Zlín and Brno, where most North Americans are treated. Czech clinic websites advertise in English, German, Italian and Russian, stressing the ready availability of student ova donors with only a three-month waiting period. The Czech reproductive medical field is profiting from its lower price structure and liberal legislation stipulating that sperm and oocyte donation must be voluntary, gratuitous and anonymous. Donors cannot be paid, but are offered attractive “compensatory payments” of approximately 15,000 Czech crowns (CAN\$800) or 1,000 euros (CAN\$1,400) for the discomfort involved in ovarian stimulation and oocyte retrieval. For North American patients travelling to the Czech Republic, treatment of IVF is CAN\$3,110, and for an egg donor cycle the cost is CAN\$4,150, compared to CAN\$10,500 to CAN\$42,000 in the United States. North Americans spend on average CAN\$10,500 for the entire trip to the Czech Republic.

One main reason Americans travel to the Czech Republic, in addition to the lower cost structure and liberal legislation, is that two entrepreneurial individuals have created IVF broker agencies. These Internet businesses reveal that attentiveness toward patients “does not necessarily entail face-to-face interactions” (Boris and Parreñas 2010:4). North American web-based brokers act as the go-between for the patient and the Czech clinic; they help arrange travel itineraries, provide transportation to and from as well as within the country, and can translate when needed in a variety of settings. These brokers have Czech employees assist the patients during their stay in the Czech Republic. More recently, Czech clinics have begun to staff their own English-speaking coordinators, who may work directly with the patients or with the brokers. These coordinators, fluent in English, organize patients’ schedules, meet them before their

appointments and can offer suggestions and discounts on local services.

## IVF Brokers

The IVF broker companies are owned by Czech American couples who have suffered infertility. They utilize their experience as a way to express their “attentiveness” and understanding of North Americans experiencing infertility and unable to afford treatment in the United States. Hana, owner of IVF Holiday, and Petra, owner of IVF Choices, both encountered the high cost and profit motives of American fertility medicine and decided to be “return reproductive tourists” to the Czech Republic (Inhorn 2011). As they journeyed home and realized how much more affordable Czech treatment options were, they decided to help other couples. However, these brokers are companies that are seeking profit. In their intimate labour, “workers align their emotions, bodies, and behavior to the goal of profit making” (Ducey 2010:24). More importantly, however, since they have suffered infertility, they are privy to the intimate bodily secrets embedded in the suffering of their clients (Boris and Parreñas 2010:7).

These brokers “assert the primacy of affective relationships in their trade ... to reassert a discourse of nurture within the commercial relationship” (Whittaker and Speier 2010:364). Using the frame of intimate labour allows for an understanding of the ways individual, private companies are taking on the care and responsibility of reproductive travellers, and we see how “empathy [is] a very important part of the work” (Vora 2010:43). Petra underwent 12 cycles of IVF in the Czech Republic before she finally became pregnant. Her intimate labour was too burdensome to handle alone, as she was suffering her own infertility. Hence, she hired Czech coordinators to assume the intimate labour needed to continue her business. Brokers speak of their clients or patients in terms of friendship. Petra claims,

Sometimes I try not to think of it as a business because, yes, for business you want more business, you want profit, you want to grow. But in this aspect, I just wish it was the other way around. I think I would be happier if people told me I don’t need this treatment anymore, because our bodies are healthier and better and we’re getting pregnant on our own.

It is clear in talking to Petra that she feels emotional strain through her work. While she would prefer women not to suffer, she acknowledges that she has a business that relies on growth and profit. The uncomfortable global linkage between “disease” and profit is glaringly apparent within a medical tourism infrastructure.

Both IVF brokers employ their family members who are still in the Czech Republic to act as coordinators in the Czech Republic. Hana's father is the driver for clients to and from the airport, while Petra's mother runs a Brno apartment that serves as accommodations for most IVF Choices clients. Their transnational kinship ties form the foundation for this global care chain of North American reproductive travel to the Czech Republic. Allan and Alida, a couple from Austin, repeatedly spoke about Tom and Hana's excellent care. Tom had been their main contact. Allan kept saying, "I would recommend Tom the broker, because he's got his family members over there. They pick you up, but more importantly ... just being able to pick up the phone any time of day and being able to call," while they were in the Czech Republic, was the most valued service. Tom and Hana told clients to call them—on the mobile they provided—anytime they needed translation assistance or had a question. This meant that Tom and Hana's phone rang off the hook, at all hours of the night.

Calling someone in the middle of the night evokes phoning parents during an emergency. The labour of IVF brokers is intimate, demanding and time-consuming. Since their labour reaches far into the evening, brokers must always be accessible to their clients who have trusted them and travelled halfway across the world under their guidance and protection. But that is what you do for "family." Hana said to me, "It's so great how you get attached to people and when you talk to them ... you just become more like a friend than a formal client, you know, business relationship." Even in their thinking, IVF brokers feel satisfaction in their intimate labour, often deemphasizing the profit they are earning. IVF brokers are continually speaking of how they "care" about their clients, in effect diminishing the attention placed on the market transaction that is occurring. Again, IVF brokers embody the intersection of intimate labour and a heightened commodification of intimacy.

In my interviews with the owners of both IVF brokers, they "emphasized the affective labour involved in their work" (Whittaker and Speier 2010:364). IVF brokers' websites are adorned with patient testimonials which reiterate this affective discourse, romanticizing the relationship they have with brokers. Testimonials of past clients repeatedly thank the owners for treating them like family and for the "care" they provide. One IVF Choices testimonial reads, "We were treated by [Petra] as if we were family." Another claims,

By the time we left, we felt like family. We were continually pampered with personalized service and special touches, like the 'his and hers' full-body mas-

sages, were a treat. We were always kept informed of our progress, and we felt genuinely cared for ... Our heartfelt thanks to our new "Czech family."

The usage of "Czech family" iterates an affective bond felt by North Americans for IVF brokers, and this bond eases their experiences and stress of travel abroad for treatment. Another woman writes, "Thank you for opening your life and family to us, I feel very blessed to have 'discovered' and worked with [IVF Choices]." Reproductive travellers begin to conceptualize the networks of coordinators in familial yet transnational terms. In fact, since there are two main IVF brokers for the Czech Republic, patients hinged their decision-making regarding which company to work with on a sense of "connection" they may have felt with one of the two owners; this connection alone may have been the impetus for hiring one broker over another. "Connections" are an important trope for understanding the affective bonds of relatedness created between people. These bonds reflect a larger trend in the global tourism industry of an increasing emphasis on the importance of emotional work in cultivating future clients (Cabezas 2011).

### Intimate Labour within the Family

Charis Thompson has written about the fertility "clinic as a site where certain bases of kin differentiation are foregrounded and re-crafted while others are minimized to make the couples who seek and pay for infertility treatment—the intended parents—come out through legitimate and intact chains of descent as real parents" (2005:145). In the North American context, Thompson argues, money plays a significant role for infertile couples to establish procreation intent (2005:145), which makes sense given the nature of the "baby business" (Spar 2006) in which ARTs are embedded. Although the trip to the Czech Republic is more affordable than IVF in the United States, couples still spend roughly CAN\$10,290 for the entire trip to the Czech Republic, including medical expenses. Many rely on the financial assistance of family to go to the Czech Republic. Such loans can be considered as "doing kinship" work, as Maureen used inherited money from her grandmother, money she wanted to "stretch" to make the trip (Thompson 2005:146).

Jessica, in weighing the options for future visits to Zlín, acknowledged that they could not save as they had before, now that they have twins from their first trip. She was thankful that Doug's "parents did say that if we wanted to go back that they'd be willing to help us out financially." In addition to financial support, extended relatives provide other kinds of intimate labour, from home via Skype or by coming along on the trip.

One must remember, “technology does not necessarily diminish intimacy but only changes its dynamics” (Boris and Parreñas 2010:13). In this case, patients Skyping with family in North America while they are in the Czech Republic are relying on family support and, through these technologically assisted familial conversations and transfers of money, are producing kin and family.

Not only echoing the affective language used by brokers, couples also utilize the term *vacation* to describe their experiences in the Czech Republic. IVF brokers try to sell a “vacation” so that couples do not feel as though their money is wasted if their cycle does not work. Thus, in addition to the freedom from the daily stresses of life in North America, couples enjoyed the quality time they had together, since it is a rarity for Americans to have three weeks off. One woman said, “I love being away and not having to work, it is really nice not having to deal with daily pressures.” John, a husband from Dallas, also said, “The whole cycle thing is going to be tough, so why not go somewhere where one doesn’t have all the everyday stress?” Couples often juxtaposed their “normal busy” lives with the quiet, relaxing town of Zlín.

I always ask patients about the most positive aspects of their trip. Faith, a woman from Georgia, said, “Definitely family time—one-on-one time with my husband. We both work so much it was a treasure.” Jessica also said, “Being away from work and home and all the stress of that with my husband has been great.” Couples enjoyed leisurely meals at local restaurants. There were known favourites, like the Sunflower. Jenny fondly remembered one restaurant as like eating in someone’s home, again instilling comfort for the North American reproductive travellers. Maria and Ryan, a couple from Oklahoma who had been to Zlín a total of three times, took full advantage of their time in the Czech Republic and considered it a family vacation. Maria says, “I can bring my whole family over and be relaxed and not stressed and actually have a good time, enjoy ourselves, travel. I know I’m coming to a place where they actually care, they want to see you get pregnant.” These statements reiterate the claims made by IVF brokers, imagining them as friends or family who care. The Czech Republic is a safe haven for couples on a quest for parenthood, as they strengthen their familial bonds while abroad.

It was rare to see a woman alone in the Czech Republic. The majority of patients I met were heterosexual couples. However, if a woman subsequently visits for a cycle using her frozen embryos or sperm, she may travel

with a woman she met on a previous trip. Claudia, a woman from Seattle, told me about her second trip with a woman she had met while on her first trip:

We talked when we got back home, and we went through the ‘Are you pregnant, are you not?’ Then I was and she wasn’t; it was very devastating for her. I ended up having a miscarriage and we would talk and a few months went by and then we kind of talked about [how] she was going to go again, and I thought, ‘Don’t we want to try again one more time?’ I think sometimes, especially for me, I don’t have too many friends who have fertility issues and so when you meet somebody who does, who understands what you’re talking about, it’s a whole different [story].

Here, the affinity women feel for those they met during their trip is a central link between new forms of social kinship built among infertile couples. Catherine Nash (2003) writes about Irish Americans who conduct genealogical research, often travelling over to Ireland to meet long-lost relatives. Along the way, they meet others on similar journeys, and they feel a sense of commonality and affinity with one another. These bonds are similar to the relationships formed between North Americans using reproductive technologies in the Czech Republic. They meet one another on these global journeys, creating and sustaining geographies of relatedness. Maureen chose Zlín because she sought the company of other Americans: “The comfort of having more people who come here and knowing that there will probably be other Americans here that I can talk to when we were here was a very big part of us choosing to come here.”

In addition to husbands or other women undergoing treatment, parents or siblings would also visit or come along on the trip to the Czech Republic. In addition, couples might have extended family in the region or close friends whom they visited. Jenny and her husband Elliot visited family in Germany while in Central Europe. Claudia and Ben went to see old family friends in the Czech Republic who had known Claudia’s father. She nostalgically claimed that she felt as though she was walking in her recently deceased father’s footsteps, visiting his long-term Czech friends. Couples on a “quest for conception” (Inhorn 1994) are sustaining geographies of relatedness in Central Europe within a context of heteronormativity.

### Moravian Clinical Intimate Labour

Marcia Inhorn claims, “IVF providers have built successful practices based on their technical competence” where doctors provide “patient-centered care” (2003:136). Czech



doctors give patient travellers attentive care. Kay was one of the first reproductive travellers I met electronically in 2009. She lived overseas because her husband was in the military. Kay said, about her care in the United States: "I never felt like a patient, just a cheque book. The treatment was never discussed with me, I was just told what to do and when that didn't work, there was no discussion of why, [I was] just told to write another cheque and come back for cycle day 2 monitoring." She said that her Czech doctor was "warm, friendly and truly interested in getting his patients pregnant." The more affordable and individualized care that patient travellers receive directly from Czech health care providers is interpreted as compassion.

When I asked Maria to tell me the main reason she travelled to Czech Republic, she could not limit it to just one reason:

I know I'm coming to a place where they actually care. They want to see you get pregnant, because their main staple is not from people coming over for IVF. Their main staple is everyone in the Czech Republic who needs IVF gets three IVF treatments on the state. That's their main staple, so they're taken care of. And we come here and we know that they are going to do what's best for us and advise as to what's best for us, not what's best for them or what fits their schedule. If you need a transfer on a Saturday, they're here. If you call that clinic 24 hours a day, 7 days a week, somebody's answering the phone. It's just the whole experience for the price is ... Honestly, if I had the money, I would have paid twice the amount that we would have paid in the States to have the better experience.

Maria denies any profit motive on the part of Czech doctors and hyperbolically claims that they truly care, since the national government gives most Czech women access to three cycles of IVF.

The clinic in Zlín, which opened in 2001, is where Tom and Hana conceived their twins through IVF. Patients there imagine the doctors gifting them with a family. Just as the "donated" egg is considered a gift and cannot be given a market value, I witnessed the use of gift-giving language by Hana, who claimed that Dr C of the clinic "gave" her children. The language of gift-giving concretizes the intimate labour performed by doctors and embryologists and is an externalization of the affective discourse around these commoditized transactions. A final way the clinic creates kinship for reproductive travellers is that, after the embryo transfer is complete, the embryologist or nurse tells a patient that the embryos are now "home," which further naturalizes

the connection between the embryo and the woman, even if the embryo is made from gamete donation.

In gift-giving discourse and the use of familial terms, we witness the importance of intimate labour performed by doctors and nurses. In a similar vein, Linda had needed a registered nurse to help administer a shot at home in Seattle before she departed for the Czech Republic. She now refers to the nurse who helped her as "aunt." She retells the story:

I went in there, [and] she gave me the shot. But the shot—here you shake it up, there you don't. So when she shook it up it bubbled. So she actually had to give me two shots and we were worried that I didn't get enough of the stuff out of the syringe. She was freaking out, I'm freaking out. As it turned out, it was fine [motioning to her twins]. But yeah, she calls herself Auntie Laurie, because the kids go in for all their well appointments.

Health care providers are imagined as truly caring in their mutual "freaking out," and thus intimate bonds are forged between health care providers and, in Linda's case, the children born of ARTs.

To be one of the 41 Czech clinics that serve North Americans, they must have successfully treated the owners of the IVF brokers. During her pregnancy—the "gift" of Dr C—Hana approached Dr R, the clinic's owner, about setting up a contractual relationship. Again, these broker companies reveal new forms of global commoditized care, linking ARTs, bodies and transnational families. Dr R remembered:

She has twins from our clinic, daughters, and she told me, I want to co-operate. I think it's a fairytale, a lot of people would like to co-operate, from U.S., from Great Britain, from Ireland and, nothing. I think it was nothing too, but Hana is very clever and start(s) this website and after three months, every month, approximately five to ten clients from United States. And after a few first deliveries in the United States, we started [to] be very popular and now we have approximately 40–50 clients every month not only from American, from all over the world.

What is particularly fascinating is that the Zlín clinic is off the beaten path, located in a hard-to-reach small town, rather than in Prague, the usual hub for tourists visiting the Czech Republic. Patients often claim they chose to travel to Zlín rather than Prague or Brno because, as Leah said, it is "smaller, friendlier." The small, family-owned clinic gives patients the sense that they will experience more attentive doctors and nurses. Petra, a coordinator, says her patients like "the clinic

that is more personal, it is smaller, family-oriented, the owners are the treating doctors." The migratory pathway that was first carved by Hana and Tom to Zlín is now well beaten by hundreds of North Americans, who are seeking the promised emotional labour of Czech doctors and nurses.

### The Penzion: A Czech Home

When I first travelled to Zlín in the summer of 2010, I followed Hana's advice to stay at the penzion in Zlín where the majority of North Americans stay. Testimonials heap endless praise on the penzion:

If you are traveling to Zlín for leisure, business or medical purposes, this is the *only* place to stay. The price is very reasonable, especially with all the things that they do for you and help you with. They are truly amazing and we now consider them part of our own family. We love the *Penzion*!

Again, the discourse is that these Czech hosts are "family" rather than "innkeepers." The penzion is a small bed and breakfast that is family-owned. Sitting atop a field overlooking rolling green hills, the family who owns it provided quality service with a huge touch of generosity. It is a key link in this global care chain of reproductive travel.

The penzion owners encourage North Americans to consider it "home" while they are staying in the small Moravian town. Since North Americans stay for up to three weeks, they do treat it like home. Maria and Ryan considered the penzion their home, and various couples claimed that, aside from the clinic, the penzion was the best part of their entire trip. Couples who stay there can opt to stay in one of the "apartments" that offer them all the comforts of home—Internet, television, a kitchenette, sofas. Maria gushed,

Oh, we love the penzion, absolutely love it. It's exactly what you need. It's not extravagant. It's not a bunch of frills and whistles. We rented the apartment upstairs and you have everything you need ... I love the way that it's all very compact and organized ... and it's not the consumer frame of mind over there.

Again, the economic framework of the travel industry is denied, and the "simple" homelike quality of the apartment makes couples feel cared for. Faith said that when she and her husband returned for the second trip—aligning their trip with a couple they met the first time—they "felt like we were coming back home." North Americans are travelling where others have been successful in getting pregnant. Thus, their personal bio-

ographies become entangled with one another (Rose and Novas 2005:452).

As scholars of international adoption have noted, "others who traveled and lived together when they collected their children often create a common history" (Howell 2006:77). Similarly, the strange town or hotel becomes a shared place of origin for North American reproductive travellers. The penzion is advertised within the blogs of previous patient travellers and on the website of IVF Holiday, and it is also part of the clinics' recommended accommodations. Patients actively involved on the blogs during their Czech stays would keep track of those who were expected to arrive, and relationships begun online were concretized in person. I was often notified by other patients when a new couple was expected to arrive, and I would see them as they met for the first time, yet appeared to be old friends.

As she had with the clinic, Hana approached penzion owner Mareka, who remembered: "It was a pregnant [Hana] that started the whole thing. It was her idea, because she came with her husband to Czech Republic to get pregnant and because with assisted reproduction it is much cheaper here than in the U.S., she [wanted] to build a business here. It was her idea (*Byla to její myšlenka*)." To date, the penzion is still the favourite of most North American reproductive travellers to Zlín. Mareka remembered when Hana's twins were born, and after a couple who had been staying in a downtown hotel were not happy, they transferred to the penzion and its business took off immediately. We can see similar trends in the businesses of the clinic and penzion, as the first patients hesitantly made the venture, enabling a future constant supply of more North Americans. In 2012, about 35 per cent of all guests at the penzion are coming to visit the clinic, and of those going to the clinic, 95 per cent are from the United States.

Mareka is an anomaly in the Czech Republic: she hugs people, and she prepares breakfast with a huge smile on her face (see DeVault 2008). She typifies a service orientation that can also be considered intimate labour. She has been known to wait up to greet new arrivals or to pick them up at the train station at any time. Maria remembers her first arrival: "We got here late at night, [Mareka] was very welcoming even though we got in at 2 o'clock in the morning." This custom of waiting up to greet one another continued for those first-timers who had never been to Zlín before. It created and evoked a sense of homecoming. When Maria's husband had not arrived yet, Mareka took her family touring: "[She] even took us to the zoo the day we were waiting for [Ryan] to come in, because I was so anxious

for him to be here ... She knew we were anxious and took us to the zoo." This intimate labour extends far beyond the typical contractual relationship between penzion owners and guests. Mareka's warm personality encouraged North Americans to feel at home—this is her intimate labour. Mareka's warm spirit and energy were something that North Americans valued. The irony, however, is that Mareka was so busy running her business that she did not have time to visit her own family. This fact may be linked to other forms of female labour such as domestic labour (see Constable 1997).

Like Maria, Linda said, "Oh it was great, it was just real, you felt like a part of either a family or an old friend coming to visit that you haven't seen for many, many years and you come back. It was warm." Although it was their first trip to Zlín, the fact that she evokes the feeling of returning to family or really good friends reveals the extent to which the penzion is a haven for reproductive travellers. Her husband continued, "They cared, they cared how we were doing and always would be inquisitive about us and what was going on and if everything was good. They went out of their way to be really kind." The effusiveness of affection for Mareka and her family reveals the way that "patients tend to romanticize the level of care and the relationships with their practitioners despite the language and cultural divides" (Whittaker and Speier 2010:373). Alida and Allen, in recalling their stay at the penzion, remembered fondly the way that Mareka and her family "made everything wonderful, absolutely wonderful. They felt like family."

Maria, who had visited Zlín three times for treatment, spoke of Mareka and the penzion as open-armed, caring people:

It's just so highly recommended; honestly, they take *care* of everybody. There was even one woman over here who got sick and her husband had already gone home and [Mareka] waited on her hand and foot. I mean brought her soup and made her take her meds and made sure she was okay and it's just a very ... it's not a hotel. It's very family oriented. They have celebrated three birthdays with us and she helped me order a cake—she knew where they made cake—and they brought out fireworks, they had fireworks for him and they're just very open arms kind of people you know, very sweet, very caring.

We see, as with the IVF coordinators, travellers referring to Czech hosts in affective, familial terms of care. The intimate labour of Mareka and her family promotes the continuation of North American CBRC in the sleepy town of Zlín.

## Meals as Sustenance of Social Kinship

One morning I ran into Valerie and Dan sharing breakfast with Lauren and John, newcomers from Dallas. After their first appointment at the clinic that afternoon, Lauren knocked on my door and invited me into their air-conditioned room for an interview. Lauren works with deaf children, and John is employed in real estate. A relatively young couple, they turned to church support groups and found solace in seeking answers to why they were having trouble conceiving. John's dry, quick wit balanced Lauren's soft-spoken southern accent as they recounted entering the world of reproductive travel through a friend of a friend on Facebook.

Mareka told us that a third couple would be arriving that afternoon. Janice and Craig, both registered nurses from Florida, instantly bonded with Lauren and John as they sat outside the penzion enjoying the cool summer night of their arrival. Both couples were going through IVF using their own eggs, so their stay in the Czech Republic would be a much lengthier three weeks, as opposed to the ten-day donor egg option. Janice and Craig were carefully watching their budget, striving to have enough to build a house back in Florida. Thus, they did not venture to Austria or Poland, as Lauren and John often did on the weekends. Though they differed in the extent of their European travel, the men did enjoy tasting different Czech beers and Moravian wines they purchased at the grocery store situated at the bottom of the hill. I was struck by the ease with which the couples moved freely about one another's temporary living spaces by the second week of their stays.

The town of Zlín is sleepy, with not much to do. Breakfast is provided by Mareka, who serves a new dish every day to each guest individually. Tables are pushed together, guests seated together by nationality and language. Mareka also lets people know when other U.S. travellers were arriving at the penzion, thus sustaining and creating bonds for her guests over yogurt, granola, eggs, fresh bread and cappuccinos. Breakfast is the social hour of the day. Plans are made to go to local attractions, and conversation flits between medications, transfers, egg quality, local sights and Czech food. Breakfast is a guaranteed time to socialize with others staying there. Zoe remembers:

While we were at the penzion, there was a couple that we basically had breakfast with every morning, a military couple, the husband was stationed in Germany, so they had driven down from Germany. And, due to the fact that my husband is sort of like the equivalent to national guard and he had actually been to a couple of the bases that the husband had been stationed to in the UK, they sort of got along.



It is the affective bonds created over meals that most find comforting while abroad. Daniel said he felt as though he was part of a community:

And then to have all these other people here that are ... like, 'We had twins on the first try, now we're here again.' And then everyone else, you know, 'We're going [to the clinic] on Monday,' 'We're going on Tuesday.' We went out with a couple who just had their transfer and they were heading back home in a couple days and it just makes you feel like you're a community, part of a system that works.

Mareka claims to be truly happy when she witnesses such community, and we can consider these friendships a form of social kinship. Janice and Craig, new to ARTs, relished the advice they received from other couples in Zlín. Janice said, "I think, out of the whole trip, that [advice] was the great positive part, because they're all doing this." Her husband concurred: "The camaraderie, other infertile folk." Doug even began coming down to breakfast in his bare feet, a sign of truly feeling at home.

Creating families is considered to be a private endeavour, yet ARTs tend to publicize this endeavour, removing procreation from sex and placing it into the hands of a doctor and embryologist. The fact that couples are abroad grants them a level of anonymity and protection from this public nature of ARTs. Also, the presence of other North Americans at the penzion who are considered close friends extends the public nature of ARTs. However, since they are isolated in a small, homelike penzion, they feel a sense of privacy that has been created in the home, and they are protected by their Czech hosts.

The "home" created in Zlín "is a place where people can talk of their issues seldom discussed otherwise" (Becker 2000:108). It is while they are in the Czech Republic, surrounded by other infertile couples, that they feel the comfort provided by this social kinship network. In fact, "families often go on meeting long after their children have arrived," attesting to the strength of the kinship bonds formed in Zlín (Howell 2006:78). While Julie was in Zlín in May 2008, there were 10 or 12 other couples there, "all coming or going," not necessarily at the same time. She continued, "We became very good friends with two of the couples we met over there, one from Georgia and one from Kentucky. We still get together with them a couple times a year." The same was true for Maria and Ryan; as Maria remembered, "One of the couples actually drove up and spent the following Christmas with us and we talk to them all the time." Spending annual holidays traditionally spent with

extended kin is now extended to those social kin with whom bonds were created in the Czech Republic.

Similarly, Claudia and Ben had met a couple who were also from the north-western part of the United States. Claudia recalled, "I think sometimes, especially for me, I don't have too many friends that have fertility issues. So when you meet somebody who does, who understands what you're talking about, it's a whole different ... and for Ben too." At this point, Ben chimed in, concurring with Claudia, "There was that connection, that's kind of why I think we became friends with them." The usage of connection, which is likened to the feeling Claudia and Ben felt when they first met one another, appears once again. "Connection" is important in forming bonds of relatedness. In talking about the other couple, Claudia continued, "We're close in ages, we kind of clicked with them right away too and he [Ben] really clicked with her husband."

The importance of a "home away from home" must not be underestimated for North American couples who are living away from home while creating a family. "Companies such as these reinsert the discourse of affective labour, care and nurturing within a reproductive experience that is otherwise devoid of all familiar relationships" (Whittaker and Speier 2010:364). Essentially, in trying to create a family, North Americans surround themselves within a network of social kinship based on infertility.

## Threads, Connections and Social Kinship

The bonds of social kinship created between North American reproductive travellers, and then sustained online, are similar to those of Nash's (2003) Irish Americans, mentioned above. Just as Nash's Irish Americans exchange gifts and new forms of relatedness, so do reproductive travellers. There is a sense of commonality and affinity in their shared experience of infertility and going through a cycle of IVF in the Czech Republic (Nash 2003). It is a source of comfort for couples to meet other North American couples with whom they can relate on so many levels. Virtual communities, which first informed North Americans about CBRC, are also maintained after couples have returned home.

The length of time spent in the Czech Republic often serves to strengthen bonds between couples going through IVF. They experience adventures together, see new places and support one another emotionally. Jessica thinks back fondly on her trip, saying,

We enjoyed our hotel and the other people that we met there: you, April, Larry and everybody. I really liked that we had other couples there that we could

identify with. We liked Zlín, it was fun just to walk down into town each day and have dinner, go shopping or whatever and then have our hotel up in the hills. It's quiet and pretty.

She also enjoyed having time off from medical appointments to go to Poland with April and Larry for one weekend.

As couples and women prepare to return home, after staying for one, two or even three weeks, tears are shed, and they are sad to leave. Mareka gives every couple two bibs, one for a girl and one for a boy, saying "Made in Zlín," another indication of the heteronormativity that undergirds these family formations. When they leave the penzion, they sign a guestbook. Messages adorning the pages promise future visits, as if they are family members. People thank Mareka for the "personal touches" she adds, and couples promise to keep in touch. Maria even brought Mareka a Betty Crocker cookbook<sup>2</sup> on her last visit. Such gift-giving signifies extended relations of obligation, long-term networks of reciprocity (Mauss 1922).

Since "families often go on meeting long after their children have arrived" attests to the strength of the kinship bonds formed in Zlín (Howell 2006:78). While Julie was in Zlín in May 2008, there were 10 or 12 other couples there, "all coming or going," not necessarily at the same time. She continued, "We became very good friends with two of the couples we met over there, one from Georgia and one from Kentucky. We still get together with them a couple times a year." Her husband, Ryan, continued: "We actually spent Christmas with them at our house." The fact that these new families stay connected and spend important holidays like Christmas with one another indicates the strong element of kinship they feel for one another.

The bonds of social kinship between North American reproductive travellers are created and sustained online once they return home. This is similar to the situation of Irish Americans who have travelled to Ireland tracing their ancestry. They meet one another during their travels and research, and they exchange gifts, signifying new forms of relatedness (Nash 2003). There is a sense of commonality and affinity in the reproductive travellers' shared experience of infertility and going through a cycle of IVF in the Czech Republic (Nash 2003). Virtual biosocial communities, the very ones where North Americans first heard about the possibility of fertility travel, are still maintained after couples have returned home.

One reproductive traveller's blog claimed that all offspring born from IVF in the Czech Republic must be related:

The last time we had to think about *anything* having to do with the procedure was the moment we stepped on the plane to Prague. It was as if we were on a private tour ... but better, because we had three other couples undergoing IVF and sharing the same experiences and nervousness. In a matter of a very few days we became friends and, probably, friends for life ... It's as if any of the offspring born of the Czech experience shall be cousins!

Relationships established in the Czech clinic's waiting room, the penzion or online continue as patients disperse to their homes throughout North America. Claudia and Ben kept in close contact with the couple they had first met, since they also lived outside of Seattle. Four years after Claudia and her friend made their second trip together, the families were planning a summer trip to the beach. I received a funny anecdote from Faith in an email she sent me after our interview:

We get together periodically with 2 other US couples we met over in Zlín. We all had our egg retrievals done the same day, so our babies are all the same age. It's fun to keep in touch and we have a lot in common because of infertility struggles and then having babies at the same time. (One of the husbands likes to joke about the fact that our babies were all conceived in the same room on the same day. It makes people's heads turn, that's for sure.) When we go out to eat together, we usually take up all the highchairs, and people ask us why the babies are all the same age, and which babies belong to what parents. There are 3 couples, but one set of twins, so 4 babies.

The families that are created through IVF in the Czech Republic have a shared origin; although it may not necessarily be the same room, it is the same clinic.

These social kinship networks are gendered, just as the virtual biosocial communities for infertility support groups are. Women are the ones who continue with the "work of kinship" by keeping in touch with Czech hosts, brokers and other reproductive travellers they met along their travels (di Leonardo 2009). Maria assumed the responsibility of maintaining these kinship bonds by sending Christmas cards, saying, "Yeah, we definitely [send] Christmas cards. You know, everybody's got to get updated pictures and all that good stuff." Maria recounts the people she keeps in touch with, primarily online:

We have people that we've met on our first trip that we talk to quite a bit. There was one lady—she was a single parent by choice—and her first attempt did not work. She's on my Facebook and she's always commenting, because she ended up having twin boys and so we have these boys ... She's always commenting on how big the boys are getting ... I usually talk on the phone with Janice because it just seems to be easier for them, because they're not big on the computer. With Linda and Michael, it's usually email, because you know they are busy, they were busy before they had twins.

Of course, a woman's participation within these virtual worlds continues to ebb and flow as she grieves a failed cycle, miscarries or feels overwhelmed parenting twins.

Linda, who met Maria while she was in Zlín, also remembers those she met while in the Czech Republic. "I met four groups of people, four couples. Of the four, three of them we kept in close contact until the babies were born. Once the babies were born, the contact kind of dwindled. But with Maria, every five or six months we send an email, I'll get one out of the blue from her and vice versa." Linda also keeps an online relationship with a woman with whom she shared only one breakfast at the penzion.

I only met her briefly. I talked to her at breakfast the last day that she was coming and I was leaving. I sat next to her husband at breakfast and across from her, so I chatted a little bit and I told her about the Resolve website. She didn't know about it. Afterward, she got on the website—I see her pop up, so I communicate with her off and on ... So it's like when you know she's going or she's preparing to go, I would send her messages.

It is not only reproductive travellers who keep in touch with one another. North Americans also send updates to their various Czech hosts at the penzion, the brokers or the clinic coordinators. Maria said, "Mareka gets pictures at Christmas time, cards. The last time we were there, she gave us bibs that say 'Made in Zlín' and they were so cute. When you're there, it's just like you're family and it makes all the difference in the world ... We're talking about going back, not for a kid, but for a visit. We want to see Mareka."

Other couples became close to their Czech brokers, the ones who took them to the clinic and around the town. Gifts might be sent to the coordinators, or they might become Facebook friends. Petra had a bubbly coordinator, Jana, who had worked with her from the beginning. She told me how she joined Facebook so she could keep in touch with two couples. She was stunned

when she received a huge box in the mail that one of the couples had sent her one Christmas after the birth of her baby. These gifts sustain social kinship ties. Dr M said that about 70 per cent of their North American patients send pictures of their babies to the clinic, pictures that can be added to the universal decorative baby wall.

## Conclusion

The global route of CBRC between North America and the Czech Republic rests heavily on the importance of care as a commodity in medical service. IVF brokers are central in laying the foundation of this global care chain, and their transnational kinship ties form the basis for this particular route to parenthood. IVF brokers recognize the dissatisfaction lower-middle-class North Americans feel toward the U.S. "baby business" (Spar 2006), and they market a fertility holiday that assures patients that they care. IVF brokers present themselves as family members to their clients, and the intimate labour they provide patients is heavily emotional and empathetic.

Intimate labour is a useful lens through which to understand the ways in which Czechs are able to create "homes" for North Americans while they are undergoing fertility treatment abroad. It is apparent that the market of CBRC from North America to the Czech Republic successfully builds on affective ties created between IVF coordinators, North American patients and the Czech hosts in clinics and accommodations. What becomes highlighted is the care provided by hosts, and what is de-emphasized is the privatized market incentives implicated in such a global trade. The market transactions that occur between patients and brokers and clinics is minimized, and patients emphasize the social kinship formed in the private "home" of the Czech penzion. We must consider IVF brokers and Czech hosts as offering intimate labour, as they help globalize new forms of kinship tourism for North American couples journeying abroad hoping to create families.

This community of reproductive travellers reveals the importance of intimate labour in sustaining families created using reproductive technologies abroad. Return reproductive tourism to the Czech Republic reveals the important dimension of care, with its expanded meanings for lower-class North Americans trying to create a family using this route. Despite the different paths of each couple's journey, the social kinship bonds hold them together. We must consider these social kinship networks to be new communities, which are both virtual and experiential in nature. These communities should be

traced in the future, to see how shared experiences of this particular route to kinship will be sustained.

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## Notes

- 1 I obtained Institutional Review Board (IRB) approval for conducting this research through Eckerd College.
- 2 The *Betty Crocker Cookbook* is in its tenth edition and was first published by General Mills in 1950. It is an iconic, traditionally "American," cookbook that many North Americans remember having in their homes growing up or, still do have.

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