

# Keeping Up Appearances in the Argentine Fertility Clinic.

## Making Kinship Visible through Race in Donor Conception

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**Abstract:** This article examines ‘phenotype matching’, a procedure used in Assisted Reproductive Technologies (ARTs) to coordinate the physical appearance of ova donors with that of recipients. Looking into phenotype matching as a socio-technical arrangement, and on the basis of an STS approach, the article suggests that race is key in making kinship explicit, a making that is particularly important in the case of donor conception. By examining some of the ways in which race enters, and helps to sustain, a regime of visibility whereby family links need to be *made visible* in order to count as such, I make two concatenated claims. First, that race *allows seeing* the differences in bodily colours that may otherwise be too abstract to relate empirically. This making visible of certain features of body contributes, in turn, to the production of race as a material bodily substance. Second, I contend that the avoidance of racial in-coherence between mothers and offspring, which is argued both in ‘scientific’ and ‘social’ terms, helps to make kinship visible, that is, to make it real.

**Keywords:** assisted reproductive technologies; phenotype matching; race; kinship; Argentina.

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## I. Introduction

In this article I look into ‘phenotype matching’, a practice used in Argentine ARTs, and elsewhere in the world, to increase the probabilities that children born from donated ova physically resemble their mothers (and, in some cases, also their fathers). On the basis of the epistemologi-

cal and methodological contributions of Science and Technology Studies (STS), I use ethnographic accounts of clinical work to explore how the fertility clinic attempts to reproduce physical likeness materially and semiotically. I claim that although its necessity is rarely argued for in racial terms, the matching of egg donors' and recipients' physical appearance is primarily concerned with achieving racial coherence, supporting Wade's (2012a) suggestion of an expected 'race-kinship congruity' between parents and offspring. In this article, I suggest that producing resemblance in Argentina is rarely (if ever) solely about the replication of distinguishing visible traits, like the size of the ears or the shape of the eyebrows. Rather, it is about creating children who look like their parents in racial terms, about keeping to a family both biologically and culturally. I argue, further, that this 'keeping to' is also, in the context of the stigma still attached to the use of donor gametes, a form of 'keeping up appearances', not merely of belonging to a given family group, but more specifically of belonging to it in a biological way. In Argentina, appearances, and their centrality for both folk and scientific reckonings of race, help to sustain a socially relevant fiction: that children born from donated gametes are the biological offspring of their mothers. Building on Marilyn Strathern's (1992) suggestion that making family links *explicit* plays a crucial role in making (English) kinship real, I suggest that racial congruity between progenitors and donor children contributes to the realness of (Argentine ART's) kinship by allowing it to be seen. In examining some of the ways in which race and kinship materialise in the actual clinical making of mother/donor children similarity, the article contributes to a consideration of their materiality, their entrenchment in technoscientific practice, and how the latter displace the former as biological 'facts', evidencing – what may have been theirs all along – enacted character (M'charek 2010a, 2013; Ossorio 2006; Szkupinski Quiroga 2007; Wade 2002; 2012a).

The matching of physical appearance for donor children is an established routine in ART practice in Argentina and around the world<sup>1</sup>. It

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<sup>1</sup> Countries that currently have legal and/or bioethical provisions regarding the matching of donor and recipient(s)' phenotypes include Spain, the US and the UK, among others. The Spanish law on human assisted reproduction techniques, which does not mention which traits are to be matched, states for the case of sperm donation that 'Under no circumstances will the [male] donor be selected by request of the [female] recipient. The medical team will ensure the *greatest possible phenotypic and immunological resemblance of the available samples with the female recipient*' (Law 14/2006, Chapter 2, Article 6, Paragraph 4, accessed online 10 June 2010, my translation, my emphasis). In the US, the American Society for Reproductive Medicine (ASRM) and the Society for Assisted Reproductive Technologies (SART) Guidelines for Gamete and Embryo Donation (2008) also refer – again, only for the case of sperm donation – to matching of donor and male recipients' characteristics, although overall they are much less constrictive than the Spanish case, indicating that 'The couple *should be encouraged to list the characteristics that they desire* in a prospective donor, including race and/or ethnic

consists of the classification and matching of some physical features of the gamete donor with some of those of the gamete recipient, these features being eminently observable in accordance with what in scientific parlance is defined as phenotypic. Characteristics that are usually matched include eye, hair and skin colour, blood type and Rh factor, ethnic background and height, among others<sup>2</sup>. In Argentina, the matching is always carried out by a practitioner, yet depending on the centre, patients may or may not be consulted regarding their willingness to accept a donor with certain given physical features. The identity of both donor and recipient is always kept anonymous by the centre.

Argentina is also a country of immigration like the US and the UK, and to a certain extent Spain, as examples of three places where physical coordinations also take place. Its main population intakes were Spanish, Italian and to lesser degree French immigrants, as well as a smaller number of other Europeans, who by the first fifteen years of the 20th century had given Argentina a third of its population. The ubiquity of immigrant population in Argentina and Buenos Aires, especially at a moment of political consolidation and economic expansion as Argentina became globally known as the ‘granary of the world’, helped to sustain local narratives of the ‘Europeanness’ of Argentina’s population (Rodríguez 2011). As Andrew Lakoff (2005, 6) has noted, this trope is one that made members of the Argentine elites and middle class see themselves as “Europeans in exile”. Ideas of this kind have pervaded commonplace discourse about the origins of Argentine and Buenos Aires’s population, in part due to the continual economic and cultural subjugation of native Indigenous groups, and the relative invisibility of other immigrant parties of considerable numerical importance (mainly Middle Eastern), and it is even today that

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group, height, body build, complexion, eye colour, and hair colour and texture’ (ASRM/SART 2008, S36, my emphasis). In the case of the UK, traits that were to be matched were never detailed in the regulation. The HFEA’s Code of Practice 6th Edition (2003) stated that ‘Where treatment is provided for a man and woman together, centres should strive as far as possible to match the physical characteristics and ethnic background of the donor to those of the infertile partner (or in the case of embryo donation, to both partners) unless there are good reasons for departing from this (...) those seeking treatment are expected not to be treated with gametes provided by a donor of different physical characteristics unless there are compelling reasons for doing so’ (HFEA 2003, 32-33). This phrasing was already a change from the one used in the previous version of the Code (2002), where clinics were advised not to give patients gametes from persons of a different racial origin (Wade 2012a). Notably, recommendations concerning phenotype matching were dropped from the 7th Edition of the Code of Practice (2007), a change that may be linked to the attempt at ‘publicly avoid[ing] policies that might smack of eugenics’, as Wade (2012a, 86) suggests.

<sup>2</sup> In addition to these, one sperm bank in Buenos Aires lists ‘physical type’, ‘hair type’ and ‘ancestry’ (Cryobank. (2014), Por qué Cryobank, in <http://www.cryobank.com.ar/index.php/por-que-cryobank#tabs-3> (retrieved July 22, 2014).

Argentines identify themselves as of largely European origin.

The facts above help to illuminate the wider rationalities at work in the carrying out of physical coordinations as part of the use of donor gametes in Argentina. They frame the enactment of race as part of the material production of kinship and filiation. I will begin the article by providing a brief account of previous contributions from the scholarship on kinship and ARTs that contextualise the study of the clinical production of physical resemblance. I also offer some examples of how medicine has historically categorised human phenotypic traits, including the use of racial categories in medicine and beyond. After concisely describing the main technical steps involved in producing similar phenotypes, the first analytical section of the article examines ethnographic accounts of the use of phenotypic data forms where the physical data of egg donors and recipients is recorded. Suggesting that phenotype matching can be understood as an inscription device (Latour and Woolgar 1986), I analyse how the data form helps to formalise the differences between, and thus mutually detach, the empirical variance of physical traits (i.e. the several colours of human skin). This formalisation demands particular kinds of colour racialisation<sup>3</sup> that entail enacting ‘race’ within medical practice, an enactment which is significant in the light of the lack of a known scientific basis for the existence of human races (Banton 2012; Ossorio 2006). Basing my argument on these considerations, and expanding Strathern’s (1992, 52) “equation between what is seen, what is real and what is natural”, I suggest that phenotype matching is a device whereby race helps to make body colours visible, race in turn being made real as a material body substance. This arrangement helps to sustain the socially relevant fiction of the biological connection of mothers and offspring, while also performatively (and normatively) shaping the materiality of babies’ bodies in ways that make them embody racial differentiation.

On the basis of scientific argumentations regarding the need to realise physical coordination between donors and recipients, I offer in the second section further examples of the ways in which race is implicated in the production of resemblance between mothers and offspring, an implication that is particularly visible in the case of patients with white phenotypes. Exploring how the search for racial coherence is argued in scientific terms while race provides a telling example of the ways in which nature works, I show that race is not only enacted as a biological aspect of human life (as may be expected from a medical milieu primarily concerned with the body), but also as a social one. Again following Strathern’s lead, I contend that this alignment of scientific and racial thinking entails making (white) kinship real by way of avoiding racial incoherence, that is, by making racial coherence visible. Finally, I suggest as a future line of enquiry that the conflation of race and science may in-

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<sup>3</sup> By ‘racialisation’ I mean the classification of people according to racial categories, although I do not necessarily imply a form of hierarchical classification.

volve the protection of white against brown or black, which in the Argentine and more widely Latin American contexts are still carriers of stigma and confer fewer social advantages.

## 2. What's in a face? The links between phenotype, race and kinship

It is a long established fact in the field of studies of kinship that Western ideas of familiar relatedness involve notions of things transmitted through 'nature', paradigmatically blood and genes, while these biological connections are frequently socially re-deployed in ways that sometimes replicate them, and sometimes complicate them, making them a set feature of kinship and yet a not straightforwardly accountable one. For example, Schneider (1968) claimed that kinship in the US was understood to be genetically based, yet he also underscored in later analyses the extent to which biogenetic ties were being submitted to the logic of choice (Schneider 1984). Similarly, Jeanette Edwards (2000) accounted for the ways in which people in a town in northern England conceived themselves as both being 'born' and 'bred', linked through descent but also through culture, by the fact of having grown up with others in a certain place. And relying on Strathern's (1992) concept of "merographic connection"<sup>4</sup>, Sarah Franklin has suggested that the new genetics work by assembling parts (like the natural and the social) which, belonging to different wholes, "instrumentalizes [...] the model of kinship that says it is part of biological process and part of society" (2003, 82).

The above-mentioned contributions have been important in problematising kinship as something that is not simply a social construction of natural facts, and as something which incorporates, in variable ways, 'nature'. Once these contributions established the importance of biological links for Western kinship, Becker and colleagues (2005) focused on testimonies of families constituted through donated gametes. They employed the term 'resemblance talk' to signal how commonplace 'chit chat' about parent-offspring resemblance illustrates how "the normative folk model of kinship in the US attaches great significance to genetic or 'blood' relationships" (2005, 1301). In its apparent banal significance, talk about children's appearance is constitutive of the parent-child relationship, producing filiation by phenotypically relating babies to their progenitors. Yet as Becker and colleagues make clear, 'resemblance talk' can also be a fairly destabilising moment for donor children's families in the sense that, if physical continuity is not clear, connections through informal talk are more difficult to establish.

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<sup>4</sup> Strathern (1992) defines a connection as 'merographic' when the parts that come together partake simultaneously of other 'wholes'; this is, a merographic connection is one which only engages parts partially.

The issue of parent-children phenotypic resemblance has also been addressed in the case of other family forms like those of lesbian partners (Nordqvist 2010) and those with adopted children (Carsten 2000). In the case of heterosexual couples, however, physical resemblance is a highly anticipated result of conception (arguably more than in the cases mentioned above), and provided that children look reasonably similar to their parents, the fact that they were conceived with donated gametes becomes less obvious. In Argentina in particular, parent-offspring physical resemblance is a fixed feature of everyday 'chit chat' over young children, and when a child does not resemble their heterosexual parents (especially the father) the fact is usually pointed out through colloquial and idiomatic jokes alluding to a the mother's infidelity. Biological parenthood and biogenetic kinship are still the preferred means of family constitution (Garay 2008; Tarducci 2008), and while ARTs have successfully positioned themselves as the great means for achieving these goals for those who can afford the expensive treatment, donor conception is still stigmatised and usually kept secret beyond the family nucleus. In this context, as Becker and colleagues pinpoint, heterosexual parents forming families with the help of donor gametes usually feel that resemblance talk "may cast doubt on the legitimacy of the family structure and subject family members to stigma" (2005, 1301). This situation affects the ways in which race-kinship congruity is sought about in Argentina.

Through the notion of 'resemblance talk' and the menace it might pose for family cohesion and constitution, Becker and colleagues' contribution helps to emphasise just how much phenotypic appearance is taken to be a 'proof' of a biological connection, and thus a key locus of kinship enactment (insofar as the signalling of the presence or absence of the former qualifies the latter). Their findings can also be thought as a particular case of the broader account by Marilyn Strathern. The author has pointed out that tracing natural ties is part of everyday kinship-making in England, emphasising how the naturalness of relations is not given but rather needs to be made explicit. She further observes that, in English kinship, "if something [like biological connection] (...) is seen, it is real" (1992, 52).

The scholarship above is useful in highlighting the importance of physical appearance for an understanding of kinship and of kinship-doing in the fertility clinic. None of these contributions has, however, focused on the articulation of kinship and race, a point that has been tackled by Peter Wade and Seline Szkupinski Quiroga. Discussing racial thinking, Wade asserts that it "is thinking about appearance, inherited substance and behaviour in relation to specific categories which emerge out of colonialism" (Wade 2012a, 80). Specifically on the relation of kinship and race, Wade has suggested that "[k]inship is important in order to understand race because racial identities imply notions of inheritance, both 'natural' and 'cultural', for which the most crucial means of transmission is the family, at least in Euro-American kinship" (2012a, 80). In a more

critical fashion, Szkupinski Quiroga (2007, 144) has argued that “ARTs’ privileging of genetic relatedness is currently deployed in ways that support a white heteropatriarchal model of family in which race and whiteness are reified as inheritable”, signalling how ARTs’ promotion of bio-genetic ties entails the enactment of racialised models of kinship that seek to reproduce the white nuclear family; a process underpinned by expectations of racial purity.

This article explores how race is part of the material enactment of physical likeness between mothers and donor children in the Argentine fertility clinic. In order to do so, it draws upon the above-mentioned contributions, which have underlined how ‘resemblance talk’ contributes to enacting kinship as a form of biological continuity, as shown by Becker and colleagues; how the ‘real-ness’ of family ties depends on them being ‘seen’, that is, on being visible, as suggested by Strathern; and how race and kinship cannot be thought of separately in the context of a study of ARTs, insofar as in the West both tend to pass as biologically given, are paradigmatically noticed in physical appearance, yet need also to be understood in their technologically ‘constructed’ character. In this, the article takes as a structuring assumption the acknowledgement that race is not inscribed in genes (see M’charek 2010a; Ossorio 2006), but rather that this is often the performative result of discursive and material constructs, including scientific and prosaic technologies, that gradually sediment such effect.

### **3. Race in medicine and beyond**

As mentioned above, the characteristics that are matched during the phenotype co-ordinations concern a selected set of aspects observable in a person’s appearance. From a historical perspective, it is clear that their very selection and stabilisation through time as features of medical attention is the result of a long history of practices concerned with classifying bodies according to their visible differences. This history intermixes with that of racial categories, itself the result of specific political and economic contexts, particularly of colonialism, which have grouped people in a limited number of collectives, usually termed Africans, Europeans, Native Americans, Asians, Australasians (Wade 2012a), or similar. As has been widely noted, such categorisations have underpinned many political projects of reformation, segregation, intervention but also of visibilisation of particular human collectives that have been promoted by interest groups as diverse as the criminologists and eugenicists of the 19th and beginning of 20th century, and by genomic research actors and institutions, and pharmaceutical companies more recently.

Indeed, colonial medicine relied heavily on racial categorisations that guided its interventions in dominated territories. In the Latin American

case, as has been documented, for example, by Nancy Stepan (2001), 19th century ‘tropical medicine’ sought to classify the human diversity it encountered, while deploying that very classification in recommendations for improvement of dark bodies’ susceptibility to disease. Yet as Rodriguez (2011, 423) points out, racial categorisations cannot be separated from the “creation of stigma and racialised ideas about people from hot climates”. The use of classificatory regimes in medicine and politics, and their racialising effects, has indeed been well analysed in studies of eugenic movements in Latin America. Stepan (1991) argues that, in Latin America, a neo-Lamarckist version of eugenics that was more politically resonant than its opponent, the Weismann-Mendelian view of heredity<sup>5</sup>, deployed notions of ‘race’ and ‘pure blood’ that guided eugenic interventions in the social, with the expectation that such reforms would translate in permanent improvement, and therefore evolution, of these countries’ populations.

As it is well known, it was not until the end of World War II that the political (ab)uses of race were explicitly countered in the arena of international politics by UNESCO’s two documents on race (1950, 1951). While the two groups of experts that participated in the discussions that led to the publication of both documents found it difficult to arrive at a consensus on the definition of ‘race’<sup>6</sup>, the debates that took place resulted in ‘population’ becoming the preferred category for use in biological research, while ‘race’ was “allocated to the domain of ‘ideology’ and ‘bad science’” (M’charek 2008, 524).

Yet despite UNESCO’s statements and the relative disappearance of ‘race’ from the design of medical research for a few decades, recent years have seen a re-emergence of interest in ‘race’ and human genetic variation in medical and scientific discourse. In fact, as noted by M’charek (2008, 524) “race is making a vital comeback in various branches of genetic research”. A paradigmatic example of this was the Human Genome Diversity Project (HGDP), which in its effort to map the genome of so-called disappearing populations, redeployed notions of race even in the face of worldwide scientific consensus regarding its biological meaninglessness (M’charek 2008, 2010b; Reardon 2004). Another notable example of this resurgence is that of forensic technologies, which have been directed towards identifying the genetic basis for traits like skin, hair and iris colour, genetic ancestry and genealogy, in order to be able to use them in crimi-

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<sup>5</sup> While the first conceived inheritable qualities as affected by environmental changes, the second one thought of heredity as located exclusively in the germ cells, that is, as made possible only by mechanisms internal to the body, rather than external to it (Stepan, 1991).

<sup>6</sup> While the participants of the discussions that led to the first document were mainly sociologists and anthropologists, the heavy criticism met by its publication entailed the participation of experts coming from the biological and medical sciences in the discussions which led towards the second document.



nal investigations. Of special interest to this article is forensic research aimed at linking DNA with facial shapes and other externally visible characteristics (Ossorio 2006). Such technologies, promoted in countries like the UK and the Netherlands, have sought to produce a 'partial physical profile' out of the biological evidence left at a crime scene (M'charek 2008). Interestingly, as is wisely pointed out by M'charek, despite their experimental character these technologies have not only been rapidly accompanied by legal developments, but at least in the Dutch case, were actually *anticipated* by the legislator<sup>7</sup>. These uses and imaginaries of the power of technologies point in the direction of legal and scientific understandings of race as a biological and visible quality, inferable from appearance and genetically given, resonating with some of this article's findings.

A third example of the renewed interest in race in medicine is provided by the pharmaceutical industry. As has been well documented, in 2005 a 'race-specific' drug (BiDil) to treat and prevent heart failure was approved by the US's Federal Drug Administration. Although the clinical trials that led to its approval were not properly designed to compare the effectiveness of the drug in different populations (Duster 2007), the drug was granted a patent that allowed it to be targeted specifically at 'African-Americans', claiming an increased efficacy on this population as opposed to the white one. Nevertheless, the biological mechanisms that underpinned such differences could not be explained (Inda 2014). More worryingly, the trials that led to the drug's approval lacked any substantial definition of how 'race' was understood and deployed in them (Coons 2009), ultimately contributing to both deleting the socio-demographical factors that could explain predisposition to heart failure in different populations, and to promoting a view of racial difference as grounded in biology (Coons 2009; Duster 2007; Winickoff and Obasogie 2008). Although the granting of the patent has been substantially criticised by both social and medical actors for, among other reasons, overstating the therapeutic significance of race (due ultimately to economic incentives), arguments in favour of the use of race in medicine have been made for a long time and still are today (González Burchard et al. 2003; Hunt et al. 2013).

Importantly, in all these examples it is always the same old classificatory regime that is being deployed (Rabinow and Rose 2006), whereby so-called 'racial' traits are being deduced from people's phenotypic aspect or self-ascription (Hunt et al. 2013; Reardon 2004). Rather than producing a

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<sup>7</sup> As early as 1994 the Netherlands passed regulation permitting the use of body samples for criminal investigations irrespective of the suspects' willingness to contribute such samples. This legislation was successively amended in 2001 and 2003. The second change included "the inference of 'visible external personal characteristics' from biological samples" (M'charek 2008, 522-523). Here, physical traits were defined as 'overtly visible to anybody', while 'race' was comprised among such 'externally visible traits' (2008, 523).

‘new complexity’, Rabinow and Rose note, for the case of the HGDP and other projects that seek to map the variability of the human genome, the repetition of “the core racial typology of the nineteenth century’s – white (Caucasian), black (African), yellow (Asian), red (Native North-American)” (2006, 207). The implication is that increasingly advanced technologies are being instrumented through the old classifications, now re-directed by the use of molecular technologies in forensic and pharmaceutical research, while also re-deployed in contemporary (post) disciplinary constructs aimed at identifying persons and regulating their circulation.

#### 4. Methodology

This article presents results from an STS examination of Argentine ARTs. In the wake of critiques of technoscience regarding nature’s loss of its *a priori* value “as referent or authority” (Franklin 2000, 190), the progressive erosion of its ontological difference from culture (Haraway 1997; Rheinberger 2000), and the fact that nature is increasingly modelled on culture (Rabinow 1992), the study sought to establish if and how nature could be said to be (still) present in the practices of fertility medicine. Thirty-five interviews were carried out with ART experts and researchers, which included practitioners of gynaecology, embryology, genetics, psychology and psychoanalysis, biology, endoscopy, endocrinology and nursery. Three of these interviews were held with fertility researchers (biologists) working at research institutions rather than fertility clinics, while the rest of the interviewees worked or had worked at centres offering ART services.

Contact with the practitioners was made through a network of mutual referral (‘snowball’ technique), and the interviews were usually carried out at the clinics. The interviews covered a wide variety of topics related to ART practice. The excerpts cited in this article correspond to a smaller subgroup of ten interviews in which phenotype matching was discussed with the practitioners. The research sought ethical approval from the Ethics Committee of the Department of Sociology at Goldsmiths, University of London. All the participants expressed consent to their participation in the study by signing an informed consent form.

Held within an STS-grounded research, the interviews sought to recover ethnographic information regarding clinical practice, including practitioners’ daily routines and their use of technological equipment and medical-administrative devices (discussed below). Understood as a material engagement of humans and devices, medical work was conceived from the outset not as a matter of ‘ideologies’ or ‘ethics’ that could be separated from concrete practice (see Mol 2002). Interviews did not focus exclusively on trying to understand how practitioners *thought* about their

work, but above all on how they *worked*. Participants were asked to talk about specific aspects of their daily practices, and attention was paid during the meetings to descriptions of how they related to the medical setting, their use of equipment and bureaucratic apparatuses, and the interaction between different types of knowledge inside the fertility clinic, such as gynaecology, andrology, psychology, biology and genetics.

In line with this approach, the study also entailed the collection of a series of materials that circulate ubiquitously within the fertility centres and between the experts involved. These included brochures, information leaflets and documents, medical and ethical guidelines, pieces of legislation, informed consent forms, transcripts of parliamentary debates, photographs, phenotypic data forms, diagrams, medical papers, and information and advertisement pieces present at the clinics' websites. The STS approach taken here favoured the inclusion and analytical consideration of such materials, and facilitated a focus on *agencements* (Deleuze and Guattari 2002), or occasions of mutual engagement between humans and devices whose joint production is greater than the parts (Phillips 2006). The phenotypic matching analysed here is an example of such interaction.

Insofar as the project sought to promote the analytical inclusion of other-than-human entities, which also participate in the clinic, analysis of the interviews was not focused on unearthing 'deep meanings' from the interviewees' accounts. Rather, the analytical focus was on identifying noteworthy moments of engagement between human and apparatuses, and where symbolic signification, enabled by language, was not the sole agential dynamics. This methodological premise is seconded in analytic terms in the present article: while race is not the linguistic matter of the search for phenotypic resemblance (mother/child physical coherence is rarely described in terms of a racial issue in clinics' institutional discourse), the analyses show, however, that race is indeed implicated in the making of physical resemblance, albeit in material, less linguistically-explicit ways, done immanently without this making being actually 'said'. Throughout the article, this material and semiotic 'doing' of race (and kinship) is captured by terms like 'performation' (Callon 2007) and enactment (see Law 2004; Mol 2002), which refer to how things are made in practice in ways that encompass both linguistic and extra-linguistic activities and objects, involving many forms of human-nonhuman entangling.

## 5. Seeing through race

In Argentine fertility clinics, 'race' is scarcely talked about during discussions of making resemblance, a fact that is manifested, for example, in the absence of racial categories from core clinical devices like the data form analysed here. The search for physical similarity is usually justified, rather, in terms of the importance of good mother-donor child bonding,

the stigma still associated with the use of donor gametes (both because a monetary exchange is involved, and because it entails not being able to reproduce with one's own gametes), and the concomitant need to reduce possible sources of detachment or lack of connection between mothers and donor offspring. Appearance, kinship, and sometimes beauty, are always at the front: the emphasis is on how children born through medical procedures, including donor children, resemble their parents in a generic – not explicitly racial – way. A doctor said, for example:

'Sometimes they bring us photos of egg donation babies and you say 'wow, they are beautiful'. They are beautiful, beautiful, beautiful, and *even similar to their parents, I don't know if it's the intention that you see them similar...*' (Gynaecologist 2, my emphasis)

The presence of kinship – and the absence of race – in discussions of phenotypic similarity between donor children and their parents are also frequently echoed in clinics' institutional discourse. On their website, where information on egg donation is provided, a centre explains, for example:

'How is the donor assigned to the recipient couple? The egg donation team (...) carries out an artisanal job in assigning the donors, based on the detailed observation of the physical appearance of the donor and the recipient couple (height, weight, eye and hair colour, complexion) and blood type compatibility' (Clinic website excerpt)

As the examples above make it possible to see, 'race' is not the discursive matter of resemblance in Argentina, at least not until questions about race are asked explicitly by the researcher. The issue of similarity, and how its potential lack is actually made up for through clinical procedures, is talked about in terms of morphology, of the similarity of isolated traits, almost always with no reference to how such traits might actually socially code for race. In the following I will argue, however, that although race is almost entirely absent from the more explicit and intentionally directed medical statements on the issue of resemblance, the *actual clinical doing* of similarity is indeed concerned with race, in often 'silent' less, explicit ways.

To show this, in this section I will examine the use of 'phenotypic data forms' by fertility practitioners. Phenotypic data forms are a simple tool for inventorying a selected set of aspects regarding donors' and recipients' appearance; a record of their look at a particular point in time, used to aid practitioners in remembering a set of characteristics. Some of the clinics will usually match the donor first with the woman who will receive the egg, and will in a second instance try to select a donor who has 'something' of the partner, for example a so-called 'secondary trait', like the shape of the eyes. However, other clinics will not match with the partner of the egg recipient at all. The phenotypic data form is generally used on-

ly in the case of recipients, while information about the partners will be recorded in less systematic ways, for example by ‘making a note’, or simply by remembering it. Some centres use forms both for donors and recipients, while some others use them only for donors or only for recipients<sup>8</sup>. The form analysed in this section is organised as a series of headlines, each headline corresponding to one physical feature (i.e. hair), followed by a series of options (i.e. black, brown, blond, red) beside a checkbox. Using the form, the practitioner will choose from this list the answers that best describe the way a person looks.

The categories contained in the form are meant to operate, then, as descriptors of physical characteristics that can help the practitioner obtain a rapid, and easily recoverable, register (for example, when the donor or recipient are no longer physically present in front of the practitioner). In a sense, forms are structured upon the premise that phenotypic traits are *observable* and *measurable*, much in the way in which Michael Banton (2012) argued, for example, in favour of skin colour as a more objective criterion than ‘race’ in acknowledging human difference. In fact, ‘race’ might appear to be less objective than bodily traits, like skin colour, for the medical gaze, which may be the reason for the avoidance of racial categories in the phenotypic data form. However, as the next paragraphs will show, colours and other traits can be hardly disentangled from race even in a scientific, supposedly ‘social-free’, context (for a discussion, see Fox 2012; Martiniello 2012; Telles 2012; van den Berghe 2012; Wade 2012b). On the basis of the information that they record, the forms will afterwards be used to assign a particular donor to a particular recipient.

Phenotypic data forms can also be characterised as an apparatus contained in an inscription device (Latour and Woolgar 1986), while the matching as a whole can be identified as an example of the latter. According to its famous definition, an inscription device is “any kind of apparatus [...] which can transform a material substance into a figure or diagram [...] directly usable by one of the members of the office space” (Latour and Woolgar 1986, 51). Yet key to the definition of an inscription device is not only its capacity for *transforming* a ‘material substance’, but also for *bracketing off* such a transformation, this is, the ability to present its product as *the substance itself*. In what follows, I will argue that both characteristics (transformation and bracketing off) are present in the clinical arrangement that engages the work of phenotypic data forms and medical practitioners.

As was observed above, the phenotypic data form is a device used to record the way persons look, with the aim of facilitating the matching of donors with recipients. Simple as the procedure of registering a person’s appearance may seem (the banal act of looking with some attention at how a person ‘looks’ and checking off categories on a form), it implies

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<sup>8</sup> Unfortunately, due to a lack of space I cannot give a detailed explanation nor make sense of these different arrangements here.

several forms of knowledge and several translations that may not be immediately evident. In fact, relying on pre-designed forms to perform physical coordinations may not be at all a simple endeavour, if ‘simple’ is to be understood as an activity with no mediation. I ask one of my interviewees responsible for assigning donors to recipients at one clinic how does she actually carry out the donor/recipient matching. She answers that not all characteristics are equally important, insofar as complexion colour is more important than hair and eye colour, pointing for the first time to the significance that skin colour has for kin – and, I will argue, racial – reckoning in Argentina (see also Telles 2012; van den Berghe 2012). With regard to skin colour, she tells me that the phenotypic data form she uses classifies four categories: white, matt<sup>9</sup>, light brown<sup>10</sup> and dark brown. Curious about how is she able to recognise such differences, since I am not myself so sure of being able to do so, I ask her how she chooses between these options:

LA: And which are the categories of the skin? How do you *divide* them?

G: white complexion...

LA: what would that be?

G: *us*. White complexion, matt complexion, light brown and dark brown...

LA: aha, there are a lot...

G: yes, brown I *divide* into two, light brown would be for example a Latino, and dark brown would be an African. *In a certain sense, that is the idea that I have of it*. But the skin is brown...

LA: and what would matt be?

G: matt is something in between a Latino *and us*. *Is it that kind of skin that, when exposed to the sun, becomes golden. I become red*. The one that becomes golden. It’s that skin (Gynaecologist 2, my emphasis).

Similarly, I asked another practitioner:

LA: Which are the categories present on the form?

N: white, brown, very brown and black

LA: and is it easy to distinguish between them? How do you use them?

N: well, it’s difficult... yes, it is a bit subjective. Did you see my colleague that just entered into the room? I think she would be brown (Nurse 1)

Much as many would want it that way (see Banton 2012), skin colour

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<sup>9</sup> In Argentine Spanish, ‘mate’ (matt, matte) may be used as a colour to describe a shade of brown, although, as it is characteristically imprecise, what shade exactly the colour matt refers to is very difficult to establish.

<sup>10</sup> The practitioner uses the term ‘moreno’ which might be better translated as ‘dark’, yet I have chosen to translate into ‘brown’ to be able to qualify it as either ‘light’ or ‘dark’.

differences are not self-evident or bodily inscribed; they are produced in technical (Latour 2002) or sociotechnical (Callon 2007, 2010)<sup>11</sup> arrangements that make them both graspable, real and, as M'charek (2010a) suggests, relational. In effect, both practitioners' explanations of how they actually use the form show that – to be able to *empirically see the differences* between categories – they rely heavily on their experience as a person, a member of a wider social group and not strictly of the medical profession, to understand and deploy the categories given on the form. To function as entities with meaning, formal classifications like white, matt, light brown and dark brown need to be inscribed in/through a sociotechnical arrangement whereby they are racialised ('light brown [is ...] a Latino'). They become understandable by way of being read as markers of racial identity, making race real (Strathern 1992) insofar as it can actually be *seen* in people's bodies. This process can further be understood as the deployment of a form of racial thinking amid scientific practices, and whereby the existence of racial differences that cannot be proven through science (Hunt et al. 2013, Ossorio 2006) is paradoxically reinstated through scientific practices.

What does the above tell us about the use of the phenotypic data form in the clinic? I argue that it is a potent example of how race becomes a key element in the rendering of empirical colour differences, and thus in the making of family resemblance. In effect, the categories present on the form are not capable *by themselves* of providing a definitive and uncontroversial reckoning of a person's look. Formal as they are, deprived of quality or examples, the colour divisions demand that they are 'agenced' (Deleuze and Guattari 2002) with the practitioner. This agencement entails their being made sense of according to some classificatory system. This classificatory system is race, which is further actualised by the arrangement in which phenotypes are matched. But why is this so?

The answer lies in what the form represents in the context of its use in Argentine ART practice. In fact, forms are an abstraction of data which appears in a continuum in a population; a continuum that, for example in the case of complexion, covers the infinite colour gradation between 'white' and 'black'<sup>12</sup> (see also Fox 2012). Yet because the form's purpose is in a sense to enable 'recordability', speed up the matching process and reduce the empirical complexity of a person's phenotype, it relies on specific losses of information, precisely those related to the continuum of colours (Ariza 2014). It is in this sense that forms can be understood as a

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<sup>11</sup> Following these authors, I characterise the arrangement in which form and practitioner are engaged as technical or socio-technical precisely because it relies on an interaction between humans and apparatuses.

<sup>12</sup> I do not dwell here on the conventional character of terms like 'white' or 'black' to describe the colour of human skin. I point out, however, how such convention may partake of the formal (abstract) character of the colours on the form that I am analysing here.

categorisation, a representation of information through division and differentiation. Forms enable, hence, the formalisation of skin colour difference; they have a performative character in that they contribute to perform such distinctions (for a similar argument on colour scales, see Fox 2012). Yet given the colour continuum in a population, the difference that the form produces is a kind of abstract difference, ultimately hard to identify unless related empirically.

According to the above, the form records in a highly abstract way a person's physical appearance, divesting her appearance of singularity (the specific position in the population colour scale, shapes, etc.) and converting it into a specified abstract, the particular combination of general and repeatable qualities. Thus, insofar as the categories on the form are abstract, generic forms that summarise a set of traits but in no way the singularity of a person, those categories need to be interpreted, related to the broader, more-than-medical experience of the practitioner, in order to be deployable during the matching process. As suggested above, 'race' is a key element in the translation that takes place between the abstract categories of the form and their actual use in the clinic. Race is a system that allows the formal colour differentiation of the form to be found empirically, literally by being seen through race.

Moreover, this seeing entails the *making* and reinforcing of racial difference as 'material substance', a process that is, however, scarcely evident, that is, bracketed off, as if people were indeed racially differentiated *in nature*. In fact, because the making of difference is enabled through a sociotechnical arrangement designed to register *bodily* differences, race is enacted as a fact of nature, further working as a reinforcement of Western notions of kinship being in part biological (Edwards 2000; Schneider 1984; Strathern 1992; Wade 2012a). By helping to establish differences between people on the basis of their phenotypic appearance, the arrangement in which both the form and the practitioner interact produces 'white [as] us' and 'light brown [as] a Latino', that is, race as the given matter of bodies whose 'coherence' is only retrospectively sought out. This performance also entails the (re)production of bodily colour difference between people as a characteristic of the Argentine population. By producing family colour coherence as part of the production of kinship links and filiation, the population as a collective body is enacted as defined by difference and neatly discriminated divisions that speak of distinct kinds of people.

## 6. Scientific arguing, racial doing

As shown above, the production of physical likeness between mothers and donor children in Argentina entails the racialisation of body colours; a process whereby race makes possible the matching of phenotypes, and



becomes produced as a material substance ineluctably inscribed in bodies. In the following pages I give different examples of the ways in which race is implicated in the making of resemblance. I suggest that while in the Argentine fertility clinic the necessity of phenotypic (racial) coherence is argued in scientific terms, race provides a telling example of the ways in which nature works. This mutual emergence of race and science (as a discourse on nature) entails the making real of kinship by way of avoiding racial in-coherence, that is, by making racial coherence visible. This reinstates classical Euro-American understandings of race and kinship as partly biological and partly social (Edwards 2000; Schneider 1984; Strathern 1992), further proving the embedding of science in the social (see Latour 1993). Continuing our discussion of her daily matching routine, the issue of body colour reappears in our talk with one of the practitioners. I ask her who taught her how to look at the donor, since I gather her job requires a lot of attention to detail. She clarifies:

G: at the donor and *at the recipient*. *Because maybe the recipient doesn't ask for her donor to have white skin, but you see that the recipient is of this colour* [points to the colour of her own skin] *and you say 'I can't assign a donor with brown skin to this recipient'*. So then (...) *I make a note somewhere* that she [the recipient] is very fair, so that I know when the assignment time comes that I can't give her a dark donor...

LA: so even if you are not asked to, you do it...

G: yes, *it is a matter of logic* (Gynaecologist 2, my emphasis).

By arguing in terms of (lack or presence of) 'logic', the practitioner denies here the possibility of assigning a donor with brown skin to a fair-skinned recipient. She appears to imply that assigning together two persons of different colours (and in that sense, not matching at all) will give out – or increase the possibilities of giving out – an unwanted result: the 'wrong' colour in the offspring. Similarly, another doctor answered:

LA: Do you think that the matching is important?

G: I think it's important (...) for a *social reason*, and that is the thousand-year-old *separation between Whites and Blacks* (...) *you can't give two very blond persons the ova from a dark-skinned<sup>13</sup> donor because they will have a dark-skinned son* (Gynaecologist 1, my emphasis).

What is implied in these clarifications? What is the 'logic' that needs to be clinically upheld? I argue that the practitioners' explanations are

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<sup>13</sup> The word used by the practitioner to refer to people of dark skin is 'Morochona', in this case a superlative of the Spanish word for brunette or dark, morocha. As with the diminutive case below ('morochita'), the use of a superlative is indicative of the attempt to introduce a further connotation into the original word, probably to dilute the possible negative connotation of making a differentiation between those who are morochos and those who are of white skin.

indicative of a conflation between forms of racial and scientific reasoning where race and science are aligned and made to support each other. Furthermore, I suggest as a future line of enquiry that this alignment appears particularly important in the case of patients with white phenotypes, and in the context of a lower frequency of ‘mixed’ couples in comparison with ‘colour-coherent’ sexual partnerships.

Regarding my first claim, in effect, both practitioners’ answers above are significantly structured around the imperative ‘I/You can’t [assign a Black donor to a White recipient]’, a form of argumentation that is indicative of the ways in which race emerges as a classificatory system that reinforces the clinical upholding of natural laws, while the necessity of racial coherence is argued in scientific terms. On the one hand, as both quotations illustrate, from a scientific point of view it lacks ‘logic’ to assign a dark-skinned donor to a White recipient because ‘they will have a dark-skinned son’, an unlikely result unless the partner of the woman is of dark skin (I dwell on the significance of the hypothetical assumption regarding the Whiteness of the partner in the paragraphs below). This lack of logic appears to be argued on the basis of what is thought to be the genetic law of the recessiveness of certain traits: genetically speaking, dark eye and hair colour are considered to be dominant over blondness and blue eyes. Hence, while the inheritance of a trait like skin colour is a complex genetic process that entails the interplay between several genes and proteins, and not just one gene, this complexity appears simplified in the practitioners’ accounts. Justified in terms of the dominance/recessiveness logic, the refusal to attribute dark to white has more predictable results, ultimately serving better the protection of white phenotypes. One of the practitioners has referred to the genetic laws of inheritance at one point in our talk:

In the general population, blondness and blue eye-colour are much less frequent than dark with brown eyes, because genetically it is like this because it is expressed as recessive (Gynaecologist 2).

In refusing to assign a dark donor to a White recipient, the doctors enact the dominant/recessive genes logic for the case of skin colour, thus avoiding overruling in artifice the laws thought to be given in nature, that is, that white combined with dark will likely produce a person of darker skin than the mother. These answers exemplify the ways in which racial coherence (and more specifically in this case, Whiteness) are upheld on the basis of a scientific reasoning, insofar as the matching choices are underpinned by a simplified version of knowledge about the dominance/recessiveness of certain traits. It is in this sense that one could say that the doctor is performing her scientific role: from a biological point of view, the progeny cannot have traits (like Whiteness) that are not present in the parents, while certain traits are recessive combined with others, so it would lack logic to assign a dark donor to a White recipient, insofar as

a dark offspring would be contradicting nature's given laws. Hence, while scientific arguing on one side, and the achievement of racial coherence on the other, may be said to be two different kinds of practices (one pertaining to the rational discourse of 'science', the other one to 'culture'), the examples above show that they come together at this particular case, that is, when the egg recipients are White. If the patients to be treated are of "white" skin, science is put in service of obtaining racial coherence (namely, the continuity of Whiteness), while this may be less the case when the patients are of darker skin:

LA: Do you pay more attention in avoiding to assign a dark donor to a white recipient than in assigning a white donor with a dark patient?

N: Yes (...). I try... if the donor is White I know that a dark patient will not have a problem with me giving her a White [donor] (Nurse 1)

Importantly, this enactment of nature as having certain intrinsic laws works to materialise race (and Whiteness) as a biological and inheritable aspect of the relation between mothers and offspring. This materialisation has the effect of enacting donor children as *biological offspring* of their mothers. As part of a scientific milieu concerned with the organic as a set of given elements and laws, race is reinforced as an inheritable cluster of traits, something that is genetically bestowed on children by their progenitors, and something that cannot be biologically acquired unless present in the mothers. This reinforcement not only enacts the idea that nature has its own intrinsic norms (only those traits present in the parents are inherited; certain traits are genetically dominant over others). It also helps to sustain the socially relevant fiction that children born from donor gametes are genetically linked to their mothers<sup>14</sup>, while ultimately working to protect 'white' as the colour passed on to children from mothers who have a light skin.

On the other hand, the hypothetical assumption regarding the Whiteness of the partner signalled above is also telling: it speaks of the presupposition, in giving a guesswork-like example, that a White woman's partner will be White, insofar as it is only given this condition that assigning dark to white lacks any logic. This assumption hence evinces (White) partners' racial coherence as a norm, formulated in the manner of a hypothetical presumption regarding people's preferences in choosing a sexual partner. The assumption that the partner will be White points, however, in a different direction to that concerning the enactment of race as a biological fact: Why is, in effect, such colour coherence expected between partners? I argue that one way of making sense of this assumption about the Whiteness of the partner is acknowledging it as a part of a material understanding of race as cultural inscription, as a form of belonging that

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<sup>14</sup> And, by extension, that children are also biologically linked to the relatives of the mother (grandparents, siblings).

is different to the mere possession of biological traits. In effect, there is no ‘natural’ pre-requisite to select a partner whose biological constitution, understood as an inherited set of qualities, is similar to oneself – yet there may be social aspects related to taking part in a shared culture that may influence such a selection, including the ‘naturalisation’, or passing as rooted in nature, of such criteria about whom to associate with. Here, the assertion that ‘it is a matter of logic’ to avoid assigning dark to White makes patent an enactment of race as a cultural element of identity. This performance of race, and of the necessity of racial coherence, is better expressed in the second quotation given above, which explains that the reasons for attempting to maintain parents/children colour continuity have to do with the ‘thousand-year-old separation between Whites and Blacks’, an assertion that points in the direction of a material understanding of race as culture.

Other testimonies from doctors further point to how the matching acquires sense in relation to widespread forms of phenotypic and ethnic appreciation based on ideas about race as culture, where such appreciations enact potent and frequently open forms of discrimination. As one practitioner said:

G: Well, [phenotype matching] is the issue of donation (...) There are women *who have deeply entrenched the issue of descent and the colour of skin, and the colour of the hair and of the eyes, and maybe they come from Italians or from Jewish or from whomever it is, and they won't accept that their baby doesn't have the same characteristics as them* (Gynaecologist 2, my emphasis).

As the preceding quotations show, if race is enacted as a culturally (as well as a biologically) inheritable aspect of identity, it may well be that in Argentina the failure to pass on certain biological traits is seen as a failure to pass on identity and cultural belonging. This supports Charis Thompson's finding that “genes have social categories built into them” (2005, 181). Moreover, in a country traditionally pervaded by narratives of the prevalence of European Whiteness, the inheritance of biological features different from those on which belonging to a family and to Argentine Europeanness and/or Whiteness are thought to be grounded, may be regarded as a ‘giving up’ on the prominence that white phenotypes have.

In effect, the following quotations suggest the specific sense that such ‘giving up’ might entail. This points to how it may be precisely the presence of an unacknowledged part of the population, the Indigenous non-European component, that acts as a threat to what is regarded by sectors of the population as Argentine (and specifically *porteño*<sup>15</sup>) Whiteness. It may be in fact that the mestizo phenotypes that carry the stigma of rural migration, lack of education and development want to be avoided, lest

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<sup>15</sup> Meaning people from the port, people from the capital city (Buenos Aires).

they are passed to the unborn child if present in the donor. As two practitioners said:

There are patients that (...) explicitly ask for similar phenotypic features in the donor, *that she is not, let's say, if I am blond and blue-eyed that the donor is not a darky-haired<sup>16</sup> from the Altiplano<sup>17</sup>* (Embryologist 2, my emphasis).

LA: so there is a lot about this social thing about the colours... but do you think that this preoccupation happens in both senses, those who are of white skin that [the donor] is not of dark skin, and the other way around as well?

G: *I don't know if the other way around as well. At least couples who are more morochones do not transmit so much the anxiety of 'what are you choosing?'* (Gynaecologist 1, my emphasis).

These extracts show not only the work of a racial classificatory system where belonging both to a family and a wider social group, and countering the potential stigma of donor parenthood, seem to depend on the coherence between mothers' and offspring's physical appearance. They also point again to what I have signalled as a future line of enquiry: the relevance of the matching especially in the case of white phenotypes, and its strategic – albeit probably not intentional – naturalisation as a form of ensuring the transmission of Whiteness when this trait is present in the parents.

A final example further sustains the claim that race is enacted as a biological and cultural aspect of kinship in the medical making of family filiation, and how this enactment, which entails making kinship real through race, is based on the conflation of science and race. Trying to find out more about how assignments happen in the clinic, I asked about rare cases and if patients ever demanded specific things to the practitioners:

LA: Has it ever happened to you that a couple or a woman comes and they ask for characteristics that she doesn't have?

G: yes, it happens...

LA: that she does not look like that and she asks for.... And what do you do in those cases?

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<sup>16</sup> 'Morochita' in the original. The use of the diminutive form ('morochita' from 'morocha', dark-skinned) is probably intended as a derogatory form, used in an ironic tone by the practitioner, who is reproducing the recipient woman's voice.

<sup>17</sup> The Altiplano refers to the high plateaux of Bolivia and Peru, whose population composition is markedly of quechua and aymara origin, phenotypically visible in dark skin, eyes and hair, and less common in Buenos Aires. The Altiplano figures here by extension as a synonym of the Northern provinces of Argentina, whose population by geographical proximity is also in high proportion of quechua and aymara origin, and typically subdued in economic terms.

G: well, *you try to dissuade her, or you tell her that she will have to wait*. But in general *we don't pay attention to that*, we don't pay attention to that...

LA: but do you tell her that you will not be looking for something like this?

G: we try to tell her and we try to make sure that her main doctor convinces her before she reaches the point of matching, *because she is coming to look for a baby, she is not coming to look for a prototype of anything* (...) I personally don't agree. *Because she is coming here to look for a baby. You can't ask for something that you are not* (...) *If I am dark-skinned, black, very black, with frizzy hair like Black people have, and I am seeking a baby that is of German descent, what is the point...?* To feature in a debit card ad? *No, it doesn't exist*<sup>18</sup> (Gynaecologist 2, my emphasis).

Here, the practitioner recounts the scolding answer that patients may get if they express desirability for a child with characteristics that they do not have. Once again, white racial coherence is sustained on scientific claims: genetically speaking, a person cannot inherit genes – like those that produce a 'German' phenotype – that her ancestors do not have. Yet this genetic impossibility ('You can't ask for something that you are not') condenses as well a moral reprimand and command: lest the baby becomes a prototype and, one may further argue, a disconnected being, racial coherence needs to be sustained. Science cannot do what nature would not: sustaining this imperative entails making racial (White) coherence visible, and doing this, making kinship real, making 'babies' rather than just scientific products.

As the above makes clear, the search for (white) colour coherence sometimes allows for the emergence of different valuations of body colours ('if I am blond and blue-eyed that the donor is not a darky-haired from the Altiplano'). The implication is that body elements that culturally code for race, like the colour of the skin, are the object of an ordering (but also dividing) activity through which some are cast off ('darky-haired') in order to preserve others ('blond and blue-eyed'). Such exclusions and preservations work in Argentina on the basis of a set of presuppositions: that race is a form of cultural belonging partially encoded in genes, and that therefore some neat separations need to be scientifically preserved ('you can't give two very blond persons the ova from a dark skinned donor'), ultimately contributing to the culturally significant preservation of white phenotypes.

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<sup>18</sup> Affirming that 'something doesn't exist' is a native Argentine (mostly porteña) expression to convey that something is morally reproachable, or that it is, for some reason, unacceptable.

## 7. Conclusions

In this article I have explored the ways in which race is enacted in medical practices that aim at helping persons procreate with the use of donor gametes. In doing so, I have argued in favour of acknowledging some of the ways in which race enters, and helps to sustain, a regime of visibility whereby family links need to be *made visible* in order to count as such, in order to be real. This 'necessity' is not given in social or medical discourse, however. In effect, in Argentina the institutional and more widely political presentation of ARTs is constructed around the idea that the latter help to make pregnancy and parenthood possible for those who *wish it*. In this discourse, *procreative will* features as a key justification for the use of ARTs, the necessity for, and right to, its public funding, and for permissive legislation, among other demands. And procreative will is another form of talking about kinship: those who wish to procreate *are willing* to establish family relations; they *want* to be entangled. This world of voluntary acts, willingness and decision appears thus to be irretrievably linked to kinship: to wish to be connected (with one's children) is almost like already being so; a bond has already been established by the intention itself.

However, this world is rarely articulated in terms of race. Donor conception is institutionally and more widely culturally predicated as a matter of right and decision; yet it is also in other ways connected to stigma, secrecy and shame, which derive from being incapable of reproducing with one's own gametes; from the lack of biological continuity with the offspring; and with issues associated with exchanging gametes for money. Donor conception is frequently spoken also as a matter of psychological well-being: if one cannot procreate with one's own gametes, one first needs to 'accept this', then 'accept a cell from another woman'. Then, one may be ready to bond with the (donor) child.

It has been my argument here that the discourse of decisional 'bonding' from which race is almost erased speaks subtly of a certain insufficiency, that of social labels like 'mother', 'parents' or 'offspring' (themselves linguistic embodiments of 'kinship') to *actualise*, or be able to materialise, the kinship that they are meant to express. Because to call someone 'mother' or 'daughter' when there has been donor conception appears not to be enough if the kinship described by the word cannot be *actually seen*, if it is not apparent. This insufficiency is, of course, immanent, and almost never an explicit topic. Yet my analyses have shown that in the 'doing' of techno-scientific kinship through the matching of phenotypes, such insufficiency is at stake, actually instigating its own reparation. Race plays a key role, I have contended, in the mending of what are enacted as donor conception 'damages': the dangers of a lack of bonding, the presence of money, the potential appearance of physical dis-similarity. It does so, again, in immanent ways, rarely being said, yet actually *being*

*done*. This doing is part of, and enables, different forms of visibility, in ways that show the significance, in Argentina, of keeping to a family by way of keeping up the appearance of biological kinship. The first analytical section of the article argued that the socio-technical arrangement in which race is deployed helps to make body colours visible, allowing the seeing of colours in their empirical, bodily appearance. In fact, it is race that provides the *lens* through which otherwise abstract skin colour differences become real, a concrete experience. By providing the lens through which formal colour differences can actually be seen clearly and distinctly in people, race becomes inscribed in people's bodies, and thus produced as a biological matter. This production is made possible by the sociotechnical interaction between the form and the practitioner, which taking place in an inscription device, both produces race as a 'material substance', and brackets off such production. In the second section, I have pressed metaphors of visualisation in a different sense. Examining how medical practitioners argue through scientific idioms the need for racial coherence, and how simultaneously race provides not a random, but a very meaningful example of the workings of nature, I have suggested that it is the avoidance of racial in-coherence, and more specifically of the discontinuity of white, that helps to make kinship visible, and in this sense to make it real.

## Acknowledgements

This article was made possible by the generous contribution made towards my doctoral studies by the Alban Programme of the European Union (project number E07D403209AR), and by the following schemes and institutions in the UK: the Overseas Research Student Award Scheme, the Central Research Fund of the University of London, the Allan and Nesta Ferguson Charitable Trust, and the Foundation for the Sociology for Health and Illness. I am also very grateful for generous reading provided by Celia Lury, Marsha Rosengarten, Ana Gross, Mariano Fressoli, Daniel Jones and Mauro Turrini and the anonymous reviewers. Finally, I thank especially Ignacio Mancini for providing an invaluable bibliographic assistance with this article.

## References

- Ariza, L. (2014) *Fotografías, registros médicos y la producción material del parentesco: acerca de la coordinación fenotípica en la reproducción asistida en Argentina*, in A. Cepeda and C. Rustoyburu (eds.), *De las hormonas sexuales al Viagra. Ciencia, Medicina y Sexualidad en Argentina y Brasil*, Mar del Plata, EUDEM, pp. 173-206.
- Banton, M. (2012) *The Colour Line and the Colour Scale in the Twentieth Century*, in "Ethnic and Racial Studies", 35 (7), pp. 1109-1131.



- Becker, G., Butler, A., and Nachtigall, R. D. (2005) *Resemblance Talk: A Challenge for Parents whose Children were Conceived with Donor Gametes in the US*, in "Social Science & Medicine", 61 (6), pp. 1300-1309.
- Callon, M. (2007) *What Does it Mean to Say that Economics is Performative?*, in D. A. MacKenzie, F. Muniesa and L. Siu (eds.), *Do Economists Make Markets? On the Performativity of Economics*, Princeton, NJ, Princeton University Press, pp. 311-357.
- Callon, M. (2010) *Performativity, Misfires and Politics*, in "Journal of Cultural Economy", 3 (2), pp. 163-169.
- Carsten, J. (2000) "Knowing Where You've Come from": Ruptures and Continuities of Time and Kinship in Narratives of Adoption Reunions, in "The Journal of the Royal Anthropological Institute", 6 (4), pp. 687-703.
- Coons, S. J. (2009) *Have We Witnessed the Rise and Fall of Race-Specific Drugs?*, in "Clinical Therapeutics", 31 (3), pp. 620-622.
- Deleuze, G. and Guattari, F. (2002) *A Thousand Plateaus: Capitalism & Schizophrenia*, London, Continuum.
- Duster, T. (2007) *Medicalisation of Race*, in "The Lancet", 369 (9562), pp. 702-704.
- Edwards, J. (2000) *Born and Bred: Idioms of Kinship and New Reproductive Technologies in England*, Oxford, Oxford University Press.
- Fox, J.E. (2012) *Of Colours and Scales*, in "Ethnic and Racial Studies", 35 (7), pp. 1151-1156.
- Franklin, S. (2000) *Life Itself. Global Nature and the Genetic Imaginary*, in S. Franklin, C. Lury and J. Stacey (eds.), *Global Nature, Global Culture*, London, Sage, pp. 188-227.
- Franklin, S. (2003) *Re-Thinking Nature-Culture. Anthropology and the New Genetics*, in "Anthropological Theory", 3 (1), pp. 65-85.
- Garay, R. (2008) *El destino de ser madres: la ideología de la maternidad como soporte discursivo de las nuevas tecnologías reproductivas*, in M. Tarducci (ed.), *Maternidades en el siglo XXI*, Buenos Aires, Espacio Editorial, pp. 29-56.
- González Burchard, E., Ziv, E., Coyle, N., Gomez, S.L., Tang, H., Karter, A. J., et al. (2003) *The Importance of Race and Ethnic Background in Biomedical Research and Clinical Practice*, in "The New England Journal of Medicine", 348 (12), pp. 1170-1175.
- Haraway, D. (1997) *Modest-Witness@Second-Millennium.FemaleMan-Meets-OncoMouse: Feminism and Technoscience*, London, Routledge.
- Hunt, L.M., Truesdell, N.D. and Kreiner, M.J. (2013) *Genes, Race, and Culture in Clinical Care. Racial Profiling in the Management of Chronic Illness*, in "Medical Anthropology Quarterly", 27 (2), pp. 253-271.
- Inda, J.X. (2014) *Racial Prescriptions. Pharmaceuticals, Difference, and the Politics of Life*, Farnham, Surrey, Ashgate Publishing.

- Lakoff, A. (2005) *Pharmaceutical Reason: Knowledge and Value in Global Psychiatry*, Cambridge, Cambridge University Press.
- Latour, B. (1993) *We Have Never Been Modern*, New York and London, Harvester Wheatsheaf.
- Latour, B. (2002) *Morality and Technology. The End of the Means*, in “Theory, Culture & Society”, 19 (5/6), pp. 247-260.
- Latour, B. and Woolgar, S. (1986) *Laboratory Life: the Construction of Scientific Facts* (2<sup>nd</sup> edition), Princeton, NJ, Princeton University Press.
- Martiniello, M. (2012) *Beyond Race and Colour Lines and Scales in the Twenty-First Century?*, in “Ethnic and Racial Studies”, 35 (7), pp. 1137-1142.
- M'charek, A. (2008) *Silent Witness, Articulate Collective: DNA Evidence and the Inference of Visible Traits*, in “Bioethics”, 22 (9), pp. 519-528.
- M'charek, A. (2010a) *Fragile Differences, Relational Effects: Stories about the Materiality of Race and Sex*, in “European Journal of Women's Studies”, 17 (4), pp. 307-322.
- M'charek, A. (2010b) *The Mitochondrial Eve of Modern Genetics: of Peoples and Genomes, or the Routinization of Race*, in “Science as Culture”, 14 (2), pp. 161-183.
- M'charek, A. (2013) *Beyond Fact of Fiction: On the Materiality of Race in Practice*, in “Cultural Anthropology”, 28 (3), pp. 420-442.
- Mol, A. (2002) *The Body Multiple. Ontology in Medical Practice*, Durham and London, Duke University Press.
- Nordqvist, P. (2010) *Out of Sight, Out of Mind: Family Resemblances in Lesbian Donor Conception*, in “Sociology”, 44 (6), pp. 1128-1144.
- Ossorio, P.N. (2006) *About Face: Forensic Genetic Testing for Race and Visible Traits*, in “The Journal of Law, Medicine & Ethics”, 34, pp. 277-293.
- Phillips, J. (2006) *Agencement/Assemblage*, in “Theory, Culture & Society”, 23 (2-3), pp. 108-109.
- Rabinow, P. (1992) *Artificiality and Enlightenment: From Sociobiology to Biosociality*, in J. Crary and S. Kwinter (eds.), *Incorporations*, New York, Zone Books, pp. 234-252.
- Rabinow, P. and Rose, N. (2006) *Biopower Today*, in “Biosocieties”, 1, pp. 195-217.
- Reardon, J. (2004) *Decoding Race and Human Difference in a Genomic Age*, in “differences: A Journal of Feminist Cultural Studies”, 15 (3), pp. 38-65.
- Rheinberger, H.-J. (2000) *Beyond Nature and Culture: Modes of Reasoning in the Age of Molecular Biology and Medicine*, in M. Lock, A. Young and A. Cambrosio (eds.), *Living and Working with the New Medical Technologies: Intersection of Inquiry*, Cambridge, Cambridge University Press, pp. 19-30.
- Rodriguez, J. (2011) *A Complex Fabric: Intersecting Histories of Race, Gender and*

- Science in Latin America*, in "Hispanic American Historical Review", 91 (3), pp. 409-429.
- Schneider, D.M. (1968) *American Kinship: a Cultural Account*, Englewood Cliffs, N.J., Prentice-Hall.
- Schneider, D.M. (1984) *A Critique of the Study of Kinship*, Ann Arbor, University of Michigan Press.
- Stepan, N.L. (1991) *The Hour of Eugenics: Race, Gender, and Nation in Latin America*, Ithaca, Cornell University Press.
- Stepan, N. (2001) *Picturing Tropical Nature*, London, Reaktion.
- Strathern, M. (1992) *After Nature: English Kinship in the Late Twentieth Century*, Cambridge, Cambridge University Press.
- Szkupinski Quiroga, S. (2007) *Blood Is Thicker than Water: Policing Donor Insemination and the Reproduction of Whiteness*, "Hypatia", 22 (2), pp. 143-161.
- Tarducci, M. (2008) *Maternidades y adopción: una introducción desde la antropología de género*, in M. Tarducci (ed.), *Maternidades en el Siglo XXI*, Buenos Aires, Espacio Editorial, pp. 15-27.
- Telles, E. (2012) *The Overlapping Concepts of Race and Colour in Latin America*, in "Ethnic and Racial Studies", 35 (7), pp. 1163-1168.
- Thompson, C. (2005) *Making Parents: The Ontological Choreography of Reproductive Technologies*, Cambridge, MA and London, MIT Press.
- van der Berghe, P. L. (2012) *Colours vs. Race: a Distinction or a Difference?*, in "Ethnic and Racial Studies", 35 (7), pp. 1174-1176.
- Wade, P. (2002) *Race, Nature and Culture: an Anthropological Perspective*, London and Sterling, VA, Pluto Press.
- Wade, P. (2004) *Human Nature and Race*, in "Anthropological Theory", 4 (2), pp. 157-172.
- Wade, P. (2012a) *Race, Kinship and the Ambivalence of Identity*, in K. Schramm, D. Skinner and R. Rottenburg (eds.), *Identity Politics and the New Genetics: Re/Creating Categories of Difference and Belonging*, Oxford, Berghahn Books, pp. 79-96.
- Wade, P. (2012b) *Race and Skin Colour as Analytic Concepts*, in "Ethnic and Racial Studies", 35 (7), pp. 1466-4356.
- Winickoff, D.E. and Obasogie, O.K. (2008) *Race-Specific Drugs: Regulatory Trends and Public Policy*, in "Trends in Pharmacological Sciences", 29 (6), pp. 277-279.