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Rabbis and Reproduction:
The Uses of New Reproductive Technologies Among Ultraorthodox Jews in Israel

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In this paper I examine contemporary rabbinic attitudes to the new reproductive technologies and look at their social uses among ultraorthodox Jews in Israel. Ultraorthodox Jews have embraced the practical and theoretical challenges presented by the new reproductive technologies and have created innovative, if often contradictory, rulings about their appropriate use. That they inhabit a world governed by ancient traditions and rooted in a two thousand-year-old legal system has not prevented them from adapting the newest technologies to their way of life, including the latest techniques to conceive persons. This phenomenon is instructive on many levels. We gain insight in to how the traditional Jewish legal system allows for innovation, provided the impulse towards innovation preserves and reinforces foundational assumptions, in this case, about the Jewish family. We learn how contemporary rabbinic attitudes towards these technologies have created remarkable applications for the treatment of infertility among ultraorthodox Jews, applications that embody innovative and counter-intuitive understandings of reproductive genetic material. We also learn from what is absent from this account and from the discourse about the new reproductive technologies in Israel more broadly: the voices and experiences of ultraorthodox Jewish women, whose bodies bear the brunt of most high-tech reproductive interventions. How do they experience hi-tech fertility treatment in a context where law and technology converge to make such treatments all but inevitable for those coping with infertility?

This study is based primarily on my analysis of contemporary rabbinic legal opinions regarding infertility and on fieldwork I conducted in Jerusalem-area fertility clinics, one of which caters almost exclusively to ultraorthodox Jews. I include in this sphere of fieldwork conversations with patients and interviews with Israeli rabbis, fertility doctors and clinic staff who counsel infertile ultraorthodox Jews.

The New Reproductive Technologies in Israel

It is important to understand the social context in which ultraorthodox Jews in Israel gain access to the new reproductive technologies, for these technologies are widely available to all segments of the population in Israel, both religious and secular, Jewish and non-Jewish. There are more fertility clinics per capita in Israel than in any other country in the world (24 units for a population of 5.5 million, four times the number per capita in the United States) and Israeli fertility specialists are global leaders in the research and development of these technologies. In addition, Israeli lawmakers have created legislation that guarantees insurance coverage for these treatments at unprecedented rates: not only are less invasive technologies and their associated treatments heavily

subsidized, so are in-vitro fertilization and other advanced treatments. Indeed, every Israeli citizen is entitled to receive unlimited rounds of in-vitro fertilization treatment, up to the birth of two live children, as part of their basic basket of health services. Moreover, these subsidies are available to Israelis regardless of marital status, which means that even unmarried women may receive the equivalent of thousands of dollars of fertility treatment at the state's expense. In March 1996, Israel became the first country in the world to legalize surrogacy agreements that are regulated by a publicly appointed government commission; since that time, numerous surrogacy contracts have been successfully negotiated and carried out (Shalev 1998).

Contrast this extraordinary state support for reproductive technology with the striking degree to which treatments that limit family size remain unsubsidized in Israel. Family planning services do not receive state support and are funded on a voluntary/charitable basis. Moreover, contraceptives, unlike fertility treatment, are not part of the basic basket of medical services broadly subsidized by Israeli health insurance. Officials from the Ministry of Health explain that contraceptives are not subsidized due to lack of funds. Rather, funds earmarked for reproductive services are simply allocated to treatments and programs that encourage and enable women to give birth, rather than those that limit reproductive productivity (Reminnick 1996). This attitude is reflected in the regulation of abortion in Israel as well. Abortion is legal in Israel, though it is subsidized only for those under 17 or over 40, for those whose pregnancies were the result of rape or incest, for those for whom pregnancy would endanger the woman's health, or in cases where the fetus is suspected to be malformed physically or mentally. These regulations make it difficult for healthy, married women to receive abortions.

There are many explanations for this overt pronatalism in Israel. Since the establishment of the State of Israel in 1948, there has been a range of state policies aimed at explicitly increasing Jewish birth rates, from Ben Gurion's rewards to "heroine mothers" to present-day economic incentives to have large families. This state interest in increasing Jewish birth rates has historic roots in early state propaganda about the need to produce soldiers to defend the fledgling state; it also comes from perceived demographic concerns about maintaining parity with Palestinian and Arab birthrates. For some Israeli Jews, having children is a direct response to the loss of the six million Jews in the Holocaust and reflects a desire to "replace" those who were killed. Other Jews have immigrated to Israel from traditional cultures that are very child-centered. And finally, many Israelis bear a range of historical sensitivities to practices designed to limit the number of Jewish births, given that such policies were often employed in various diaspora contexts as part of other anti-Semitic measures.

Who are Ultraorthodox Jews?

There are approximately thirteen million Jews in the world; of these close to 600,000 are ultraorthodox. One half, or 300,000 ultraorthodox Jews

live in Israel, a country in which the Jewish population is approximately six million. That means that ultraorthodox Jews comprise just over 5% of the Israeli Jewish population (Heilman 1992: 12). Ultraorthodox Jews are largely descended from Jews who fled Eastern Europe in the years before and after World War II. They maintain strict adherence to Jewish law and those who live in Israel make every effort to limit their interactions with the secular Israeli society in which they live. They often live in semi-isolated enclaves and neighborhoods; they wear distinctive clothing that clearly sets them apart, and most speak the traditional European language Yiddish, instead of the modern Israeli language, Hebrew. They are largely non-Zionist, in that they do not believe in the legitimacy of a secular Israeli state that is not governed by Jewish law. They do not serve in the Israeli army, which is mandatory for other Israeli Jews; a fact which creates no small amount of resentment among the secular population. Indeed, negative myths and stereotypes about ultraorthodox Jews abound among secular Jews in Israel, myths and stereotypes which are derived from certain assumptions about the ultraorthodox way of life and are nurtured by their isolation from mainstream Israeli society.
Hostility between secular and ultraorthodox Jews in Israel is also generated by the complex ways that ultraorthodox Jews are economically dependent on the secular Jewish community. Many ultraorthodox educational and social institutions are heavily subsidized by the secular Israeli government through the taxes it collects from secular citizens.
Though generalizations about cultural similarities between different segments of the ultraorthodox population often obscure more than they reveal, they may be cautiously proffered, because all ultraorthodox Jews share certain central cultural ideals. The core values that inform ultraorthodox life are strict observance of Jewish law as interpreted by ultraorthodox rabbis, personal responsibility, and the giving of charity; continual efforts are made to actualize these values in daily life.
Ultraorthodox men are meant to dedicate their lives to the study of Torah, and indeed, many ultraorthodox men do so in all male institutions called yeshivas. In a recent study economists Berman and Klinov found that almost two-thirds of all working age males in the ultraorthodox community are not gainfully employed (Berman and Klinov 1998). Ultraorthodox women are meant to dedicate their lives to bearing and raising children, and indeed, many if not most ultraorthodox women spend their lives in this way, though many wives in ultraorthodox families also work outside the home.
Financial support for these families, either in the form of yeshiva stipends for the men or in the form of generous government subsidies for dependent children helps to support these families. Nevertheless, many ultraorthodox families in Israel live well below the poverty line.

Ultraorthodox Jewish Birthrates in Israel

According to Berman and Klinov's 1998 study, ultraorthodox Jewish communities are the fastest growing segment of the Israeli Jewish population and are increasing annually by 4-5%, or doubling every 18 years (Berman and Klinov 1998). By 1993, the number of live births projected for the average ultraorthodox woman increased to 6.9, up from 5.8 in 1980.

This contrasts markedly with the projected birth rates for other population groups in Israel. For the average Israeli Jewish woman in 1993 the projected number of births was 2.6, a decrease from the 1980 projection of 2.9. In other words, the average ultraorthodox woman in Israel can now expect to have three times as many children as her non-ultraorthodox counterpart. This high birthrate among ultraorthodox Jews helps to boost overall fertility levels among Israeli Jews to rates which are higher than any economically developed nation; rates which are twice as high as those in western Europe (Reminnick 1998). When birthrates are so high the desire to have children, let alone the social pressure to do so, is very great. Unwanted childlessness in these communities is therefore as socially stigmatized as it is personally painful.

Fertility Treatment: Practical Concerns for Ultraorthodox Jews

It is within this broader social context that ultraorthodox Jews in Israel seek out fertility treatment. Unlike their secular counterparts, however, ultraorthodox Jews only seek out fertility treatments with explicit rabbinic guidance and in close consultation with rabbinic authorities. Many will only seek treatment in Israeli hospitals that operate under close rabbinic supervision, though some seek treatment at the larger secular hospitals which contract rabbinic supervision when necessary, as will be made clear below. A Jerusalem-based organization called PUAH operates as the central clearinghouse for advice, information and referrals for ultraorthodox Jews who wish to seek fertility treatment. The acronym PUAH "Poriyoot veRefuah Alpi HaHalakha" ("The Institute for Fertility Treatment According to Halakha") is not coincidentally the name of one of the Biblical midwives who saved Jewish babies from the Pharaoh's genocidal decree in Egypt. PUAH acts as the liaison between ultraorthodox couples seeking guidance for their fertility treatments, ultraorthodox rabbis who determine the appropriate uses of these technologies and fertility doctors who provide treatments for ultraorthodox Jews. Since most fertility specialists in Israel are not ultraorthodox, PUAH maintains an active list of those fertility specialists known to be sensitive to the special needs and concerns of ultraorthodox Jews. PUAH performs an important function for these non-religious doctors by translating rabbinic concerns and provisos about these technologies into medical language, thereby ensuring that rabbinic theory turns into medical practice.

Before beginning fertility treatment, an ultraorthodox couple must first obtain a letter from two doctors, which diagnoses and confirms their infertility. Couples must then seek specific rabbinic advice about the appropriate treatment for their particular fertility problem from an authoritative rabbinic decisor. If a couple does not already have a relationship with an authoritative rabbinic decisor, PUAH refers the couple to well-known rabbis from the same ethnic and/or ultraorthodox sub-group for advice and assistance. In other words, an infertile couple of Ashkenazi (European) heritage would be referred to an appropriate rabbi of Ashkenazi heritage, and a couple of Sephardi (Spanish) heritage would be referred to a rabbi of Sephardi heritage. Given that rabbinic rulings on

the appropriate uses of these technologies vary widely, with some rabbis being significantly more lenient and permissive towards them and others being significantly more restrictive, two couples with the identical fertility problem may receive entirely different directives about which fertility treatment they may use simply because they have sought advice from rabbis of different ethnic or religious subgroups. Moreover, since each couples' fertility problem is evaluated individually in its particular context, two couples from the same ethnic or religious sub-group with the same fertility problem may consult the same rabbi and receive different directives about the appropriate fertility treatment, either due to differences in age between the couples, different mediating circumstances or other factors. In short, each couple's situation is evaluated on a case by case basis.

In addition, rabbis must negotiate a range of practical questions regarding the Halakhic hazards of various forms of reproductive technology. The entire process of handling and manipulating reproductive genetic material is a source of enormous rabbinic concern and laboratory procedures involving the preparation and combination of sperm and ova are integral to many forms of fertility treatment. During these procedures, sperm and ova must be withdrawn or procured from human bodies by a variety of methods, transferred through pipettes, catheters and syringes to petri dishes and test tubes, manipulated, treated, and/or "washed" by trained technicians, placed into new petri dishes and test tubes and then transferred back into pipettes and catheters for re-implantation in a woman's body. These procedures take place in busy laboratories where several patients' reproductive material may be circulating at any one time. In order to make sure that there is no untoward mixing of sperm and eggs, all petri dishes and test tubes are clearly marked with patients' names and all instruments are used only once and then discarded. Potential problems arise when lab technicians mistakenly re-use pipettes or other instruments, particularly when transferring or working with sperm. In such instances, sperm from one procedure may become inadvertently mixed with sperm from another procedure, creating the potential for an unintended fertilization and subsequent pregnancy. In order to avoid such mistakes, which are obviously undesirable for anyone but which would have disastrous kinship consequences for ultraorthodox Jews (to be explained below), Halakhic fertility treatment inspectors called mashgichot, are employed by hospitals in Israel where ultraorthodox patients are treated. These mashgichot are all ultraorthodox women. They receive training from rabbis who educate them as to the Halakhic importance of their duties, and from doctors, who explain the mechanics of laboratory procedures. The mashgichot sit in fertility laboratories and watch to make sure that instruments are used and disposed of properly, that test tubes containing sperm and petri dishes containing eggs are appropriately matched, and that embryos are implanted in the woman for whom they are designated. PUAH is actively involved in coordinating training programs for mashgichot and for recruiting them.

In the fertility laboratory in which I did fieldwork mashgichot were employed full time and monitored every procedure that involved reproductive

genetic material. The mashgichot and the lab technicians worked side by side, with the mashgichot literally peering over the technicians' shoulders all day long as they did their jobs. Amazingly, there seemed to be little animosity bred from what would seem to be an annoyance; on the contrary, one lab technician said she felt there was a need for supervision. "Four eyes are always better than two," she said, "and we also don't want to make any mistakes."

One mashgicha told me that all of this technology would only work if God Almighty wanted it to work; she explained that what she does is "holy work," and is more important than what the doctors and scientists do to achieve pregnancy.

Fertility Treatment: Theoretical Concerns

It is clear that there are a plethora of practical concerns that must be negotiated in order for ultraorthodox Jews to receive fertility treatment. Let us now examine some of the theoretical questions that have fueled the intense and ongoing rabbinic debates about these issues. First, it must be understood that there is nothing unusual about debate and disagreement in the ultraorthodox Jewish world. Since rabbinic decision-making is, by its very nature, decentralized and variable, yet binding, there exists a great diversity of rabbinic opinion on many issues, from the number of hours one waits to drink milk after eating meat to the appropriate way to procure sperm for medical analysis.

Rabbinic debates about reproductive technology substantively began in the 1940's with debates about artificial insemination and continue until today. By the 1990's many of the questions fundamental to the appropriate use of reproductive technology have been effectively resolved, though there are large and vocal minorities in the rabbinic world who vehemently reject the majority opinions. The dissenting opinions of these rabbinic decisors directly limit the choices available to their followers.

Artificial Insemination

Artificial insemination using Jewish sperm, either from the husband or from a Jewish donor, raises numerous Halakhic questions which have been central to rabbinic debate. These questions range from practical concerns regarding sperm procurement to more complex concerns regarding the act of artificial insemination and its conceptual repercussions.
One of the central issues of rabbinic concern is: does artificial insemination with Jewish donor sperm constitute adultery? If so, it must be prohibited, since the children born of adulterous unions, mamzerim, carry a range of severe and intractable social stigmas. The traditional Halakhic definition of adultery is sexual intercourse that occurs between a married Jewish woman and a Jewish man who is not her husband. According to certain rabbinic interpretations, the sin in adultery is not confined to the physical act of intercourse, but inheres in the resulting conception as well. Therefore, the resulting stigma is indelibly stamped on the children who are born from such unions. In other words, the physical act of illicit

sexual intercourse between a man and a woman has a direct relationship to the subsequent biological act of the sperm and egg that are thereby joined in conception. If this definition of adultery is applied to fertility treatments using Jewish donor sperm, then certainly a married Jewish woman's egg should be prohibited from achieving conception with sperm that has been procured from a Jewish man who is not her husband, since the child so conceived would be effectively the product of an adulterous union. Due to these rabbinic concerns about the status of children conceived with Jewish donor sperm from a third-party, the use of such donor sperm is entirely prohibited for ultraorthodox Jews facing severe male-factor infertility.

The rabbinic definition of adultery only refers to illicit sexual unions between Jews, however, it does not refer to sexual unions between Jews and non-Jews. An interesting possibility is thus presented; if a Jewish woman is married to an infertile Jewish man and is inseminated with non-Jewish donor sperm instead of Jewish donor sperm, the resulting conception will not have adulterous overtones. The child so conceived will therefore not be a mamzer and yet he or she will be a full-fledged Jew, since Jewishness is conferred through the matriline. And so it is in the rulings of the majority of contemporary rabbinic decisors who allow for artificial insemination by third-party donor, provided that the donor sperm that is used in these cases is donated by a non-Jew.

Artificial insemination with non-Jewish donor sperm is not the only innovative solution for male factor infertility. Some rabbis have advocated in-vitro fertilization and embryo transfer as another possible avenue for treating male factor infertility with donor sperm while circumventing the adulterous combination of sperm and eggs. For there is a clear Halakhic distinction between the act of sperm being introduced into the vagina of a woman and the act of an embryo being placed in a woman's uterus (or fallopian tube) since the prohibition against adultery is derived from the Biblical verse: "Thou shalt not implant thy seed into thy neighbor's wife" (Leviticus 18:20). The prohibition, then, is against putting "seed" in thy neighbor's wife, it is not against putting an embryo in her, and it is clear that an embryo is a fundamentally different entity than sperm. Thus, IVF and embryo transfer are preferred by many rabbis as a form of fertility treatment that does not violate the literal Halakhic precepts against adultery (Waldenburg: 1982).

Certainly the advent of intracytoplasmic sperm injection (ICSI) in the mid-1990's has decreased the practical need to use donor sperm from a third-party altogether. With (ICSI), individual sperm cells are retrieved and injected into oocytes in the laboratory, allowing men with extremely low sperm counts to contribute their own genetic material to conception instead of using third-party donor sperm. Many of the Halakhic problems intrinsic to sperm donation from a third-party have been thus eliminated. Micromanipulation has quickly become common practice in IVF treatments in Israel.

The confluence of rabbinic innovation and technological possibility has a range of remarkable applications. Take for example, the following ethnographic anecdote about a couple who was treated by one of the fertility specialists I interviewed in Jerusalem.
After being diagnosed with severe male-factor infertility and receiving medical advice that the only treatment was artificial insemination by donor, the couple in question consulted their rabbi who advised them to receive treatment using non-Jewish donor sperm. This was not unusual for the reasons outlined above. What was unusual was the way they dealt with the problem of the husband's status as a Kohen, a patrilineal status that designates membership in the priestly class, a status which passes from father to son. The woman was given hormonal treatment to stimulate her ovaries so that they would produce an abundance of eggs. These eggs were then surgically removed, fertilized with the donated non-Jewish sperm, and the resulting embryos were implanted in her uterus. As often happens in these cases, an over-abundance of fertilized embryos began to grow in the uterus and the woman had to undergo an "embryo-reduction" in order to prevent the spontaneous abortion of all of the embryos. In this case, the couple had access to advanced technology that allowed the doctor to determine the sex of the developing embryos. The couple had the embryos sexed, and then asked to have the male embryos aborted so that only daughters would be born. Since Kohen status is passed through the patriline from father to son, sons born to a man who is a Kohen would be expected to perform the many public duties of a Kohen. These duties include the recitation of the "priestly benediction" in synagogue, and the observance of restrictions imposed on a Kohen, including not visiting cemeteries and not marrying divorced women. But sons born from non-Jewish donor sperm do not inherit identity from their Jewish social fathers, so a son conceived with non-Jewish donor sperm whose social father is a Kohen, is not a Kohen himself (even though some rabbis have innovatively ruled that in such a case the son could inherit Kohen status from his mother if her father was a Kohen) (Auerbach: 1958). This couple decided, then, that since daughters born to a Kohen do not have the public obligations of a Kohen, a daughter born from non-Jewish donor sperm would avoid the social expectations that would be demanded of her brother. By choosing to have daughters, this couple succeeded in having legitimate Jewish children, while avoiding Halakhic and social complications related to the patrilineal inheritance of Kohen status. This story offers a remarkable contrast to popular accounts of how sex-determining technologies have been used to ensure the birth of boys in other cultural contexts.

Ovum Donation

The Halakhic questions regarding ovum donation are extremely complex and are made more difficult by the fact that Jewishness is conferred through the matriline, so any questions about the origin of maternity become questions about the origins of Jewishness. Contemporary rabbis seeking to legislate for the appropriate uses of these technologies have to isolate and reify the essential elements of maternity, which makes for some dizzying and as yet unresolved debates about where Jewishness comes from.

Are Jews born from Jewish ova? From Jewish wombs? From some combination of the two? Persuasive rabbinic arguments have been made that in light of these new technologies, maternity should be understood to have both a genetic and a gestational source, and that both variables should be considered in the determination of a child's identity. Other traditional precedents strongly suggest, however, that maternity is solely established at birth; precedents which have persuaded the majority of contemporary orthodox rabbis that gestation and parturition should continue to be the sole determinants of maternity and ergo, a fundamental source of Jewish identity.

This Halakhic crisis, whereby the determination of maternity has been so profoundly destabilized by the advent of ovum-related technologies has not prevented the practice of ovum donation, however. The drive to reproduce, and the technological potential presented by ovum donation seems to have superseded any desire to await conclusive rabbinic rulings on the subject, even among the ultraorthodox population. To be sure, as with artificial insemination, ultraorthodox Jews follow the opinions of different rabbis, and some rabbis are much more lenient than others when it comes to ovum donation than others.

The Halakhic questions inherent in ovum donation echo rabbinic concerns about artificial insemination, particularly with regard to whether it is preferable for an ultraorthodox Jewish woman to receive an ovum donation from a Jewish or a non-Jewish woman. The practical questions regarding ovum donation are fundamentally different, however, for unlike sperm which can be readily obtained and frozen, ova must be surgically extracted from a woman's hormonally hyper-stimulated ovaries and then fertilized within hours or else they expire.

I asked the office manager of PUAH about the use of donated non-Jewish eggs to conceive Jewish children. He explained that for those rabbis who believe that maternal identity is determined at parturition, a Jewish woman can give birth to a Jewish baby even if the baby is conceived with a non-Jewish egg. Other rabbis who believe in the genetic basis for maternal identity, suggest that a child born of a non-Jewish egg to a Jewish mother needs to be converted to "sanctify the people of Israel (Bleich 1991: 88-89)." In practice, potential egg recipients are informed of the ethnic and religious identity of the egg donor and may refuse to accept an egg donation from a woman on those bases, depending on her rabbi's rulings regarding ovum donation.

Ethnographic Silence

Unfortunately, no in-depth ethnographic research has been done on how ultraorthodox Jews experience fertility treatments. Because this population is extremely resistant to efforts of social scientists to survey and question them about any issue, let alone an issue like infertility, which is both intensely personal and intensely stigmatized, it is difficult to draw all but the sketchiest conclusions about their individual attitudes towards and experiences of these treatments. In interviews with fertility

specialists and in informal conversations with infertile ultraorthodox patients who were receiving treatments in the fertility clinics in which I did fieldwork, I learned that most ultraorthodox couples who are undergoing fertility treatment do so quietly and in fact many try and keep it a secret. They are concerned that if their problems with fertility become known the stigma of infertility may devolve on to their children, making it difficult for them to find spouses when they are adults, since they too may be assumed to have difficulty with conception. Despite the fact that there is no Halakhic injunction to overcome infertility, the social pressure to pursue these treatments remains intense. One ultraorthodox woman I encountered in a fertility clinic in Jerusalem was receiving extensive IVF treatments, including hormonal injections and the surgical extraction of her ova, because she had been diagnosed with secondary infertility after the birth of her fifth child. Everyone else in her neighborhood had at least eight children and she was desperate to do what she could to keep up. What was particularly troubling about the methodological difficulties in gaining access to the lived experience of infertility treatment among ultraorthodox Jews was the silence of ultraorthodox women. Rabbinic debates and directives about these technologies are articulated by ultraorthodox rabbis, all of whom are male, and all of whom are primarily concerned about the Halakhic implications of conceiving Jews through assisted reproduction. Ultraorthodox women's opinions about these treatments, let alone their experiences of invasive, on-going and often futile treatment, are of secondary concern at best, and they certainly have no formal outlet beyond the individual's complaint to her individual doctor or rabbi. Such silencing is particularly deafening when women are under intense pressure to bear children, when this pressure is reinforced by rabbinic directives that explicitly prescribe fertility treatment, and when fertility treatment is provided by the state virtually free of charge. Under these circumstances, there is little room and few excuses for non-compliance with the technological pursuit of motherhood. Indeed, this convergence of pronatalist social pressure, rabbinic permission and economic accessibility makes fertility treatment all but inevitable for ultraorthodox women in infertile couples in Israel. How ironic it is, then, that so many of the hormonal treatments and surgical procedures integral to these high- tech treatments are performed on their bodies regardless of whether the fertility problem is theirs or their husbands'.

Recent accounts of assisted conception detail the ways that women experience fertility treatment in less coercive cultural contexts, where these treatments are more costly and the imperative to reproduce is not reinforced by the mandates of religious authorities. These women seek out such treatments on a more explicitly voluntary basis as consumers living in consumer-oriented societies (Franklin 1997).

Ultraorthodox women who undergo fertility treatment in Israel do not do so as atomized consumers in a free-market context, they do so as participants in a pronatalist religious system and as citizens of a pronatalist state. Though it is unlikely that they would articulate criticism of these treatments, for the imperative to reproduce is one that they presumably

share as ultraorthodox Jews, the contours of their compliance remain to be charted and the narratives of their fertility treatments remain to be told. Until we hear their stories, we are left with their silence.