THE WORLD EGG & SPERM BANK

The Importation of Eggs from Developing Countries:

How Human Trafficking Is Effecting the Fertility Industry

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The Problem

Being an egg donor is a woman's reproductive right. Women should be fully consented as to risks and commitments to become an egg donor, but it should be a choice, not prompted by a desperate need to feed one's children. That is coercion.

In most developed countries, a donor donates for the reimbursement of her costs; in the U.S., donors can be offered fees paid for time and effort. In developing countries, egg and sperm donation is often tied to human trafficking and organized crime, who employ duress based on extreme financial need or worse, without adequate legal rights or health care for these women. Human eggs and sperm from developing countries are flooding worldwide IVF clinics and egg banks for sale to couples unaware of the source of the eggs, and how they were procured.

We all like to think that unacceptable environments for women/children are not a problem in the U.S., Australia, Canada, the U.K. or Ireland and most of us have not been exposed to obvious intimidation or abuse. How can this lack of accountability in developing countries be acceptable in developed countries?

We want to believe these imported eggs are ethically procured human eggs and that the story we are told by "brokers", retrieval doctors and foreign egg banks is true: the women and young men are treated well, they are paid well, they are cared for medically, and despite no third party auditing at all of the source clinics for the veracity of the paperwork or testing abroad, it behooves us to accept these verbal assurances.

As recently as late August 2023, Neos Kosmou, headquartered in Melbourne, Australia, reported arrests in a human trafficking organization, citing 71 egg donors from various countries including Ukraine, Romania, Moldova, Georgia, and Albania who were sent to Crete.

> *"Here they were kept under controlled condition"* and *"the investigation revealed that in certain cases, the same recruited women were used for both egg trading and as surrogate mothers" (P.1).*

The article states

> *"the staff (including secretaries), doctors and embryologists were charged with human trafficking, falsification of medical file data for the purpose of selling genetic material, false certificates intended for judicial use and fraud, combined with simple bodily harm" (Neos Kosmou, 2023, P.1).*

Yet the eggs marketed for exporting boldly claim to be compliant with strict worldwide legislation and recommendations to maintain standards (U.S.) with virtually no direct oversight from any outside governing body in countries receiving the eggs, including the U.S., Australia, U.K. and Canada.

One documented case perfectly illustrates this pervasive problem and how it could affect your practice. Polina Vlasenko of Indiana University carefully studied the Ukraine's ova market over a three-year period as part of her 2021 Ph.D. dissertation, entitled *Global Circuits of Fertility: The Political Economy of the Ukrainian Ova Market.* Vlasenko wrote:

> *"My fieldwork took place between 2015 and 2018 and included more than 100 interviews with egg donors, surrogates, medical professionals, and fertility brokers, and 15 months of participant observation in a Ukrainian egg bank, that delivers frozen eggs to any destination worldwide"*

During an interview, Natalia admitted to donating 24 times so far. Yet every donor profile online at many U.S. and Canadian sites, do not acknowledge more than 6 donations, with only 2 retrievals most prevalently disclosed on donor profiles. The donor reported she donated in India, Georgia, Cyprus and Ukraine.

If she had 25 eggs retrieved per retrieval, which would be roughly a total of 600 eggs and roughly 20% were not mature. That leaves 480 eggs, divided into cohorts of 6, made available to 80 couples, *resulting in roughly 40 children*, all from just ONE DONOR.

Financially, that ***single donor represents up to $2.6 million in revenue generated by the procuring clinic and the resale clinic/bank.*** The amount of donor compensation has been reported to be around $100 per donation, even though foreign banks often say the donors are paid $1,000 U.S. That is **$2,400 in the donor's pocket** after several years of retrievals. The 80 cohorts of 6 would net the broker/doctor at the **foreign egg retrieval location $600,000** (selling them for $7,500 a cohort of 6, as documented in emails and one-on-one conversations from source clinics in Ukraine), and a clinic or distributor or egg bank sells them for $19,500 – $25,000 a cohort, making **the distributor, clinic or egg bank $1.56-$2.0 million in addition to the $600,000 made by the procuring clinic!** Again, that is ONE DONOR.

Human Trafficking is Acknowledged Worldwide

Trafficking of women and children for sexual exploitation is a well-known phenomenon. Although it is so well documented, written about, and discussed in all media forums, very little real change for the better has taken place. It is not even a topic one must 'prove' before discussing the exploitation of women and boys for gamete production.

> *"After 1989, the societies of Eastern Europe all experienced an increase in poverty, widespread unemployment and social dislocation, the weak rule of law, pervasive corruption, and the fast growth of organized crime. Females have been hit especially hard, due to the sharp drop in maternity and daycare benefits, the rise in female-led households, sexist attitudes, widespread domestic violence, and increased gender discrimination in society, in general and the workplace, in particular," (Jolluck, 2012, P. 1).*

Rather than being offered alternatives to bettering their lives through work or education, they end up in the hands of transnational, well-organized human trafficking organizations and coerced by extreme financial need.

In 2012, data showed that all twenty states of Eastern Europe are source countries for trafficked women and children.

> *"In the second half of the twentieth century the trade in women spread, affecting females first in Southeast Asian, then Africa, and then Latin America" (Jolluck, 2012, P.2).*

Also, studies by the United Nations Global Initiative to Fight Human Trafficking indicate that the perpetrators of human trafficking have expanded their operations to use women as "natural resources" in most of Eastern Europe, diversifying the use of the women from prostitution, as dancers with egg donation on the side (Jolluck, 2012, P. 5).

Gametes are being trafficked from within countries where they are retrieved, to foreign countries for use, or the women/children are relocated to destinations outside of their country of origin for trafficking as immigrants flee adversity in their own countries. They are often victimized by seasoned traffickers who lure them to other countries with fraudulent promises of employment, marriage or a 'free vacation.' According to an article by Macarena Baena Garrido indicates Spain is the main country in the EU for victims of trafficking, and the Spanish Prosecutor's Office warns of the increase in trafficking of Venezuelan, Colombian, Bolivian Chilean, and Cuban women (and others), who upon arrival, are confined in apartments under tight control (2020, P.4).

The U.S. Department of State publishes reports on Trafficking in Persons, placing Malaysia and Cyprus, among others, on lists that 'do not meet the minimum standard for mitigating trafficking, which means the U.S. Department of State has determined that human trafficking is not being managed. In 2019, 66 doctors, medical staff and lawyers were arrested in Greece for trafficking women, children, babies and human eggs. The European crime agency Europol identified that they were recruited from Bulgaria, Georgia, Russian and other locations and brought to Greece (Harley, 1).

The Kathimerini press published in June 2020 that

> *"the illegal trade of human eggs in Cyprus returned to the limelight during this week's House human right committee,"* noting that *"women in dire need of money could be paid for repetitive egg donations that form goldmines for fertility clinics…" (KNews, 2020, P.1).*

The next time you think 'an egg is an egg' without really knowing it's source, think of the women, men and children behind the eggs and sperm. How can you evaluate the procurement of the gametes and the veracity of the paperwork that accompanies the gamete when they are flooding the market from developing countries KNOWN for human trafficking?

Yes, human trafficking occurs in every country, however, the problem here, is that it is rampant, entirely unchecked, untraceable, obscenely profitable for transnational organized crime brokers and doctors, creates severe consequences for women that are hyper stimulated with hormone medication, and worse. If, or perhaps when a problem is discovered with a child born from these eggs and the risks and uncertainties of using the eggs was not disclosed to the parents, the parents may take a U.S. clinic to court, and there will not be a means to legally 'discover' documentation from these countries to mount a reasonable defense for practice doctors and staff.

The children conceived from these donors will be faced with uncertainty as they will not be able to access the donor, or face disappointment when a DNA based testing site connects the donor and child, but the donor had no desire to be located. Or they discover they have 50+ siblings worldwide, or maybe only in the U.S., when a 10-family limit is recommended or required by most reproductive guidelines worldwide.

Given the documentation of falsified medical data used to market eggs, it is likely that children will be born with avoidable genetic illnesses because adequate testing was not performed. Scott Carney, in his book that documents human trafficking called *The Red Market: On the Trail of the World's Organ Brokers, Bone Thieves, Blood Farmers, and Child Traffickers,* states that

> *"Internationalization has made oversight laughable" (2011, P.117).*

Some clinics, newer private equity owned clinic chains, are 'flying women in' to the U.S. to have their eggs retrieved in the U.S. This practice may bear even greater consequences that human trafficked eggs. The U.S. Department of Justice defines human trafficking:

> *"Human trafficking, also known as trafficking in persons, is a crime that involves compelling or coercing a person to provide labor or services, or to engage in commercial sex acts" (2023).*

Coercion can be subtle or overt, physical or psychological. Coercion can be excessive financial inducement, promises of a great 'holiday' with no financial reimbursement, and has been the case, unsuspecting women are brought to the U.S. and elsewhere on short term visas. Who tracks if these donors are ever returned to their country of origin or simply become victimized by organized crime waiting on the U.S./U.K./Australian side of the border?

Why This Matters to YOU

The unverifiable documentation and unethical recruitment and treatment of gamete donors are not only tragedies on a societal level, they may cause compliance irregularities and quality concerns for which you can be held responsible.

1. **Compliance.** What is a doctor's ethical and legal responsibility in order to provide patients with family building options that are safe, transparent and will lead to a healthy baby?

The FDA

When they come knocking at our door, the broker clinics often claim their donors are "managed just like they are in the U.S." They profess to be conducting ethical donations from the Ukraine and elsewhere and following all FDA guidelines (conversation between Diana Thomas and a broker/doctor from a well-known Ukrainian egg bank at ASRM conference, Denver, 2022). But we have seen evidence that proves otherwise, including, for example, a June 20, 2023, email that we received from a Ukrainian egg bank promoting the use of clinics in Kyiv ("biomaterial can be delivered to Ukraine to do any IVF procedure") on the same day that 24 drones were circling overhead ready to drop bombs on the city.

Even claims of "FDA compliance" can be misleading in this particular context. Broker clinics advertising access to foreign eggs often tout their full compliance with FDA requirements, European IVF standards, and Health Canada, HFEA, ANVIZA, ANZICA and other requirements.

They market themselves "FDA registered" egg donor banks. And they proudly publicize that their donors are approved by an FDA certified laboratory. And while those claims may be true, they hardly tell the whole story.

Indeed, the FDA Regulation of Human Cells and Tissue contains an unfortunate loophole that is widely abused in the industry. The FDA provides that

> *"[f]oreign establishments that offer Human tissue for import into the United States must register and list . . . The expectation is that all HCT/Ps distributed in the U.S. are manufactured in accordance with FDA regulations . . . [but] it is important to emphasize that registration is not the same as a pre-market review, nor does it ensure an establishment is in compliance with all regulations" (2019).*

So domestic egg banks that openly import eggs routinely market themselves as FDA compliant because they registered and listed with the agency. But as far as ***ongoing*** compliance with FDA regulations, those egg banks make vague claims to "train" their international partners to be fully versed in U.S. and Canadian tissue guidelines.

Such statements beg the question(s):

- What does "fully versed" mean?
- Do they know what is supposed to be done or are they actually doing it?
- Who is auditing the source clinic?
- Will the FDA agree that you—as a doctor acting as an U.S. Agent for foreign egg banks (around the world)—are truly in compliance with the relevant regulations if the agency audits your clinic?
- What is the chain of custody of the lab work, and who will confirm the tests are conducted to U.S. standards?
- Who can confirm that the blood results are from the same person from whom the eggs were procured? Who is auditing these regulatory requirements – the broker making money or the banks and doctors receiving the eggs, also motivated by enormous profitable mark ups?

Some egg banks state that they "retest the donor's blood in the U.S. at an FDA licensed lab," but without any auditing capability, it is unclear how one could confirm that the shipped blood came from the same donor as the donor eggs. It is unclear if the testing occurs within 30 days of egg retrieval. And it is unclear if the required FDA questionnaire is utilized and made part of a donor's permanent records.

All of this uncertainty can have very serious practical consequences for you and your practice. What would your defense be, for example, if one of these egg banks provided your clinic with eggs that resulted in a baby born with cystic fibrosis or HIV? Claiming ignorance—or that you believed the eggs came from a trustworthy source simply because they were available in the U.S.—clearly wouldn't suffice in that scenario.

Beyond the lack of validation, the question must also be asked: WHY IS IT THAT A FOREIGN COUNTRY CAN SAY THEY ARE FDA COMPLIANT, AND A U.S. CLINIC SAYS WE BELIEVE THEM, BECOME LEGALLY, MORALLY AND MEDICALLY ACCEPTABLE, WHEN U.S. CLINICS MUST COMPLY WITH the voluminous U.S. Food and Drug Administration's Human Cell and Tissue Establishment Regulations and *PROVE COMPLIANCE, with significant regulatory putative consequences* if compliance is not met?

Maybe the FDA will not cite a lab, if the U.S. Medical Director believes the source clinic is compliant? However, the FDA clearly states that the sponsor clinic must be assured that the testing meets FDA standards and protocols. Yet we all know any level of verification is impossible in any of dozens of source countries where eggs are retrieved by an U.S., Canadian, Australian or U.K. doctor.

Testing regulations are framed differently in the United Kingdom and Australia, but the concerns remain the same. The Human Fertilization and Embryology Authority in the U.K. (HFEA), over 20 pieces of legislation across Australian, and Health Canada, rely on documentation from foreign countries in much the same way: as long as the paperwork 'looks good' and the source clinic 'says' they adhere to standards from developed countries, it should be ok, right?

Yet who audits the source clinics? Are doctors from Toronto, Virginia, London or Melbourne flying to Ukraine, Chili, Kazakhstan, Bolivia, China, etc. to audit regularly? Where is that documentation kept outside of the parties engaged in buying and selling the eggs? Why is there such a lack of accountability outside of these developing countries when accountability is rigorously applied within developed countries?

In Victoria, Australia, regulatory compliance is placed on each doctor and clinic who will encounter fines, at best, and patient lawsuits at worst, if only one donor acknowledges coercion/human trafficking of eggs or false statements peppering profiles, falsified medical records (as the recent arrests in Greece demonstrated) and underreporting of family limits by the broker clinics, as well as knowledge that the donors will not be open identity donors but are coerced into signing 'consents' indicating they will be.

CLIA Certification

> *"The Society for Reproductive Technology (SART) requires a qualified member clinic to have accreditation of the embryology laboratory every two years by CAP or Joint Commission" (CLIA).*

According to the Joint Commission Standards Interpretation Group,

> *"The Joint Commission further recommends that the individual at least meet the minimum qualification route otherwise defined in the CLIA regulations for moderate complexity testing personnel [42 CFR 493, Subpart M]. Note that the Laboratory Director is legally responsible for all testing performed under the CLIA certificate. Non-physicians serving as Laboratory Director should seek professional advice regarding the necessity of additional professional liability insurance" (2021).*

CLIA prohibits any person from soliciting or accepting human specimens without a valid CLIA certificate if the test results are used to diagnose, prevent, treat, or assess health.

In her dissertation, Vlasenko writes that

> *"[i]n 2018 the bank acquired FDA registration and established cooperation with a clinic in San Francisco, which also served as its representative in the U.S. **Acquiring CLIA certification in Ukraine seemed unfeasible, since no laboratory was willing to undergo the difficult process**" (2021, P.168).*

Do IVF laboratories in the U.S. who accept imported eggs know that Chili, Mexico, Brazil, Cypress, Argentina, Russia, Romania, Ukraine, Azerbaijan, China and many other donor sources now imported to the U.S. either directly or indirectly, obtained there FDA testing from CLIA certified labs? Apparently, if CLIA is recommending additional professional liability insurance for non-physicians serving as Lab directors, there must be considerable legal liability associated with accepting and transferring human specimens from these labs. Many U.S. embryology labs are not CLIA certified but the blood testing, semen testing and evaluations must come from a CLIA lab.

SART's stated purpose is the improvement of care, safety and truth in advertising for the IVF patient. To be a member of SART, an IVF laboratory must earn certification through an extensive inspection by CAP or the Joint Commission. But one wonders if a clinic can remain a SART member if their own lab is CLIA certified, but the human tissue from imported eggs comes from a lab that is *not* CLIA certified. And would anyone in a lab even know if the testing was conducted in a CLIA certified lab?

Some egg banks go a step further and combine importing eggs with importing the ***donors*** for retrievals in the U.S. I am sure the intent is to undertake FDA testing in the U.S. and dispel this concern and create a false sense of security that human trafficking has not occurred. But it did. And, many other concerns remain, including the veracity of donor profiles, medical records and the proper consent of the donor. The likelihood that human trafficking is occurring to arrange for a donor to travel for an egg retrieval to the U.S., U.K., Canada or Australia from their country of origin, is a legal and ethical concern.

Hence, the core issue remains: if a U.S. Clinic meets FDA and CLIA testing requirements by transporting the donor or donor gametes to the U.S. (or U.K.), she is still the victim of human trafficking? According to the United Nations *Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children*, RATIFIED by the U.S. in 2005,

> ***"trafficking can occur and is actionable, irrespective of the consent of the victim" (2000).***

In other words, when egg donors are trafficked through abuse of a victim's vulnerability, consents given by an egg donor are irrelevant. Perpetrators and participants of trafficked egg donors cannot point to 'a signed consent' to shield the perpetrators, including the doctors, clinics and banks importing the eggs and financially benefiting from the victims of abuse.

As Vlasenko further notes,

> *"the risks for egg donors are amplified when egg donation becomes a long-term occupation, especially when eggs are donated repeatedly in large amounts with the help of high doses of medication and within short periods of time without sufficient follow-up" (2021, P.94).*

2. Egg and Sperm Quality

How will we assess quality of imported eggs and sperm, when the outcome data is co-mingled with data from U.S. donors when foreign cycle data is entered into SART? What would the imported egg outcome data look like and how would it differ from U.S. sourced donors retrieved in the U.S.?

Why isn't this data separated out so that true outcome data can even be determined for U.S. and foreign eggs in order to uphold its mission to report truth in accurate advertising and data for IVF Patients? Which is of course, secondary to the ultimate question: Why do our U.S NGOs (non-governmental organizations) seem to condone the victimization of women through silence and inaction and thereby neglecting their role to protect the ethics and standards of care for IVF patients, and IVF Professionals in the U.S.?

It isn't a stretch to anticipate the innumerable inconsistencies from hundreds of clinics worldwide regarding skills sets, equipment, lack of standardization of freezing protocols, testing standards and consents. These alarming concerns are only exacerbated as some of the gametes are transported and tracked through myriad routes, going in and out of tanks, stored at various 'hubs' and redistributed again at the time of purchase. In an informal survey via email and LinkedIn conducted by The World Egg and Sperm Bank (April 2023), it indicated that 33% of clinics that responded in the U.S. said they do not know the original retrieval location of the eggs they warm. (N= 185) (April 18-21)

When asked where the donor eggs they warm originate from (when they do know), 45% responded that eggs were from the U.S., 53% were from Spain, the U.K., or Eastern Europe. Many of the eggs from Spain are Eastern European eggs relocated to Spain and then shipped out again to the U.S. or Canada. The eggs from the U.K. are imported to the U.K. from developing countries and then re-shipped to the U.S. So it seems patients think they are receiving eggs from Spain or the U.K. because the eggs are being re-shipped to them from those locations.

But the gametes are bounced around from country to country and taken in and out of tanks. The skill set needed for egg handling in and out of tanks is a delicate process, and one has to wonder how many times eggs are shuffled about and by whom as there is virtually no transparency or documented (and audited) chain of custody. Embryologists in clinics primarily only see the last leg of the shipment from a North American location.

To compound the resulting lack of traceability and compliance, many U.S. egg banks send imported eggs from their foreign sponsored clinics to CanAm Cryo Storage in Canada under their own egg bank branding or the branding names are changed to avoid attribution to their true ownership sources. The Global Gamete egg bank, which is another branding name for Ovobank, Fairfax, Cryos, among others, are all stock piling huge quantities of foreign eggs at CanAm. These eggs are marketed to Canadian and U.S. patients, and clinics worldwide. The U.S. patients are being sent to the CanAm Canadian website to acquire eggs, to be transferred back into the U.S.

It is doubtful that the entire third-party egg donor needs in Canada could ever use all these eggs – so why are they going there? An Ovobank representative at ESHRE conference 2023 informed The World Egg and Sperm Bank staff that the FDA is "really starting to come down on them, so U.S. patients need to purchase eggs from CanAm Cryo in Canada." Yet Can-Am Cryo does not verify testing results, only that the paperwork looks like some testing was done, or the U.S. Bank assured Can-Am that they "sponsor" the foreign clinics.

Can this system (i.e., sponsorship in the U.S., transportation to Canada, and resale back to a U.S. patient) become an acceptable means to by-pass the FDA? Vlasenko describes this practice as well:

> *"However, when the import of vitrified oocytes to a certain country is not possible due to legislative or other restrictions, it is very flexible in adjusting to any customer needs and coming up with a scheme that will allow the product to reach the final market in some way" (2021, P.149).*

Is the problem here? Yes, in earnest. During her 3 years working in a Ukrainian egg bank, Vlasenko documents that donor profiles of young women exaggerate their characteristics to appeal to western couples and clinics who want the egg donors to appear middle-class, educated and have professional occupations to

> *"free them from the ethical concerns that they are "exploiting poor Third World women" (2021, P.295).*

As a result, some doctors indicate donors are paid well, such as $1,000 per donation, which is 3+ months of a full-time wage in Ukraine, IF the donor was working.

> *"This also allows doctors to avoid the accusation of "exploiting" donors because of their poor material conditions when marketing them to foreign couples" (Vlasenko, 2021, P.295).*

However, there is no proof that donors are paid this amount.

For example, here are only 6 donors of thousands publicly on U.S. egg bank websites in recent months:

- Donor ID 4133, 97% East European, Fluent in German, Latvian, Russian, French, English and Ancient Latin as well. She is trained as a classical and jazz pianist. She is supposedly "in London" but says she "is not on any Visa at the moment. She has an Honors BA in Media, Communications and Business Management. And yet her current occupation is a "freelancer in Fashion."
- Donor 1943. Ukrainian, with "a green card pending" but the profiles says "Florida." She has a master's degree in economics, but chose a path in the fashion industry.
- Donor 4109I. Another Ukrainian who is seeking Asylum while she attends a College in Ukraine in "philology and accounting."
- 4097. She is 75% Finnish-Russian, attending University in Ukraine, is a Model and Actress, has a Master's in Theatrical Arts and is also a Real Estate Agent. Yet the profile says New York as a location, or are her eggs just in NY? Hard to say, isn't it?
- Then we have Julia 910 Who is Chinese, and her Country of origin is "Outside of the USA", but her eggs are frozen for use in the U.S. Where were they retrieved (considering that all egg donation is illegal in China; is she still in China)?

Vlasenko points out that the

> *"consultation with the psychologist was really a profile management session, encouraging donors to exaggerate their educational background and many other talents and attributes to make them seem more attractive, educated, talented, and middle class" (2021, P.295).*

Given the mergers and acquisitions of egg banks through global investment, tracking the circuit of egg donor shuffling has resulted in an interesting web of multiple organizations with multifarious branding that often refer back to the same donor pool. Ovation Fertility directs patients to use Donor Nexus which proclaims to be "The Future of Egg Donation." Others such as Donor Concierge, who boasts 25,000 worldwide egg donors, most, if not all well established U.S. egg banks, Lucina Egg Bank, Manor IVF, and many other independent clinics also market imported eggs directly to their patients in the U.S., U.K., Ireland and across Australia.

In Canada, the gamete distributor, Can-Am Cryo Storage distributes eggs imported from foreign countries "sponsored" by U.S. and international egg bank brokers, with new names cropping up that are difficult to trace, such as Global Gametes and Aphrodite Egg Bank.

Many U.S. based egg banks, often owned by global partners, now redirect U.S. and outside of Canada purchases of eggs through the Can-Am Cryo roster of donors to resend back to the banks that sponsored the eggs going into Canada. Confusing, isn't it? The global and U.S. egg banks that purchased eggs from foreign countries, who then make the eggs/ gametes available to Canadian distributors and clinics are not responsible to Health Canada for validating the accuracy of data on each donor.

In fact, Health Canada states they cannot regulate any actions that occur outside of Canada. Instead, Health Canada states that a Canadian Proxy Medical Director must only ensure donor suitability of a donor retrieved in a foreign country by:

1. *Reviewing all available* medical information.
2. *Review all available* results from donor testing.
3. Complete a donor suitability assessment *unless it is not medically possible* to do so.
4. The Medical Director is defined by Health Canada as a person who is responsible for all medical and technical procedures carried out *during* the processing of sperm and ova.

Does the Proxy Medical Director, who is purchasing the eggs from foreign clinics, and determining suitability in Canada, rely on another Proxy Medical Director at a foreign clinic (DURING processing)?

Is this an acceptable path to meet the safety and regulatory due diligence our patients expect? Who is accountable, when the "reviews" are simply of existing, well produced paperwork, and the review can be done on only documents available, and no one at a U.S. egg bank or Canadian clinic must medically see the donor (it isn't possible if she is in a foreign country)? With such a lack of traceability of the donor, the donor eggs and who is purchasing them, moving them about for someone else to repurchase, then who can trace the money, much less the eggs? Who is getting paid, and is most of the money for the eggs in Canada going back to global and U.S. banks "sponsoring" the gametes?

The reality is such that, for example, "Medical professionals and agents in India recognize that the IVF sector "thrives on the poverty" that pushes local women to become egg donors (Bärnreuther et.al., 2018, P. 280). Examples of coercion and improper consenting, devoid of any sufficient risk assessment, plague the donor egg markets from developing countries. There is no doubt that some U.S. clinics do not properly inform egg donors of risks, but equating lapses in developed countries with the injustices toward vulnerable populations in developing countries is a red herring.

Developed countries have access to many sources for donors to self-educate, but more importantly there are viable employment opportunities, assistance for health issues, reparations for malpractice and social systems for housing and sustenance that mostly accommodate the very poor, albeit not as successfully as they could.

What do the Intended Parents and Practices Really Know?

As an IVF practice, when a typical patient brings donor eggs for approval, storage, warming, fertilization, embryo growth and transfer, they are going to reasonably assume that the practice is only engaged in legal, morally ethical practices to enable them to have a healthy baby. Depending on the legislation in developed countries, intended parents will also assume that the clinic will abide by their laws to undertake verifiable testing, manage family limits, and provide access to a donor for the child that is conceived with donor egg or sperm.

And quite naturally, they will assume the information they are provided by the bank is not intentionally doctored to appear more appealing to intended parents, and that the donor is not coerced and physically mistreated.

Vlasenko describes the means by which donors are coerced into signing consents that comply with open identity laws in many countries.

> *"Medical coordinator Irena explains to the donor after the egg retrieval what it means to sign a nonanonymity agreement: The child can be told how s/he was conceived when s/he is 18 years old. Respectively, the family can then contact our clinic to get information about you. Usually no one will have claims against you. It will happen only if parents want to share it with the child. It is really up to them, it is not up to you. The mother is the one who was pregnant, you are not involved. You just need to grow eggs. However, if you plan to work with us again, signing this agreement will increase the demand for you, because foreigners prefer non-anonymous donation. It is standard abroad. For Ukrainian couples, all donors are anonymous, these are our laws" (2021, P. 314).*

If local legislation holds that donation must be non-anonymous and a couple wants to comply, the bank in Ukraine adjusts to this legislation and makes donors sign non-anonymity agreements (as with the U.K., Canada, and Australia) (Vlasenko, 2021, P.164).

When documented interviews indicate that donors are regularly put through many cycles, how does a practice confirm the number of donations, the number of egg procured per donation, the number of families receiving

the ova, the amount of medication given to the donor, the care provided to the donor, the motivation for her donation, and indeed, if the testing results for the donor whose name appears on the paperwork is accurate? Is it enough to say, the paperwork is filled out the way it should be, so we can safely look the other way, or HOPE it is true? In developed countries, a practice or intended parent or donor conceived person may choose to seek a legal remedy for negligence, fraud or non-compliance, and subpoena all records, documents, lab data, forms of identification, and protocol, staff and professional qualifications involved throughout donor recruitment to egg freezing, storage and shipment. Will a practice or parent or adult donor conceived person have the ability to retrieve these records from Kazakhstan, China, Russia, Bolivia, Venezuela, Chili, and more?

Are importers of these eggs aware of the lack of compliance in many other areas? In Australia and the U.K., a donor has the legal right to withdrawal from a donation at any time without repercussions.

In Ukraine, and likely many places, Vlasenko writes:

> *"The bank's staff scares the prospective donors by telling them that if they refuse to continue the donation cycle in the process of stimulation due to their own personal reasons, the bank obliges them to pay back all the money that was spent on their stimulation. The donors are also repeatedly told that if something happens to the 'expensive' medications they are given to administer at home, or if they are broken or not taken in time, the donors are financially responsible for them" (2021, P.256).*

This is clearly another form of coercion.

Why Import Donor Eggs at all?

We need more donors. One of the most touted reasons often heard, is that "there just aren't enough donors and patients will not be able to conceive." Consider the reality and the logic. The World Egg and Sperm Bank has recruited egg donors for 20 years. These are only U.S. based donors (residents) who are willing to donate non-anonymously and remain accessible to donor conceived persons. One bank cannot supply the world, but we are an example of how egg donation can be ethical, manage quality and remain transparent. But will there be enough gametes for all patients? Are there enough organs for transplants? Does "need" justify human trafficking?

We can get them cheaper. *But the savings are not passed on to the patients,* so the brokers, importing banks and practices reap the obscene profits. The question is, does the millions made from a single donor constitute fraud and profiteering? The UN Convention Against Transnational Organized Crime ratified by the U.S., says YES.

One can go online and see widely advertised Ukrainian eggs for $5,000 per cohort of 6. Direct sales from Ukraine were advertising verbally $200.00 U.S. per egg during ESHRE 2023, meaning a cohort of 6 eggs would be $1,200. Yet U.S. clinics are still charging $19,000 to $22,000+ for the same cohort of 6 eggs. Who is making this outrageous profit of up to $20,000 per cohort? Are doctors aware that they may well be brokering eggs for transnational criminal organizations who are making a tremendous profit?

Who are the egg banks receiving the eggs and marketing them directly to patients, and the doctors who buy them directly from brokers? At an annual IVF – U.K. conference in Scotland in 2022, a doctor in the U.K recently said, "why would we use your egg bank when I can make so much profit off these imported eggs?" Vlasenko makes the point in her dissertation when she stated:

> *"The egg procurement industry is buyer-driven meaning it is mostly governed by the needs of the lead firms that purchase the final commodity, and they are in the EU and US" (2021, P.146). As long as these 'lead firms' continue to be motivated by money, as they are not passing the savings on to the patients, the eggs will continue to be procured under questionable circumstances. For every donor, the bank must assure its British partners that they reimbursed the donor for loss of earnings in line with the HFEA's Code of Practice (max GBP 250 per cycle) and provide all the receipts to cover all reimbursed cost" (Vlasenko, 2021, P.286).*

All this evidence was almost completely fabricated because donors were financially motivated, and the reported number was two times lower than the actual compensation the bank paid, which exposes how the international demand for "altruistic donation" only further encourages the firm to conceal the "dark value" of donors' reproductive labor (Vlasenko, 2021, P.286).

Are we helping women by providing them some kind of income? This naïve notion does not stand up to even a desperate form of rationalization, yet it is a commonly asked question. Does paying someone for the risk, threat to one's health, a pathway to hook these victims in other aspects of organized crime, constitute a reasonable 'choice' for women, girls and boys? Perpetuating and desensitizing human trafficked gamete donors amounts to collusion, not assistance. The focus should be on offering alternatives to bettering their lives through work or education and withholding of the financial inducements that "buyers" feed back into the system. As Vlasenko aptly states:

> *"To sum up, medical professionals in Ukrainian clinics acknowledge that the success of ARTs still depends on the availability of 'desirable,' 'beautiful' but 'impoverished' women who are willing to donate for a small amount of money, a lack of state intervention into the process, and commercialization (privatization) of the practice" (2021, P.235).*

What provides the legal framework for protection of trafficked persons in the U.S.? The U.S. Victims of Trafficking and Violence Protection Act of 2000 (TVPA) in which the President was required to establish an Interagency Task Force to Monitor and Combat Trafficking, chaired by the Secretary of State. The TVPA identifies in section 112 that the penalty for trafficking by force, fraud or coercion can be life imprisonment, with the forfeiture to the U.S. of any of the trafficker's property that was used for or derived from violations of these laws (Library of Congress).

In addition to the TVPA, The United Nations Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children was adopted by the United Nations General Assembly in 2000 and is currently ratified by 180 countries including *the United States in December of 2003, Canada in May of 2002, Ireland in June of 2010, and the U.K. in February 2006.* Trafficking in persons, shall mean the recruitment, transportation . . . by means of abduction, of fraud, of deception, of the abuse of power or of a position of vulnerability. *The* ***consent*** *of a victim of trafficking is also deemed irrelevant when any means identified in human trafficking is used (such as abuse of a victims vulnerability).*

The European Parliament adopted an EU resolution identifying Egg Donors as victims in the trade in egg cells who become prey to transnational organized crime in 2005. Other countries including the U.K., Canada and Australia that are receiving eggs imported from countries well known for human trafficking also have specific legislation that requires compliance and contains specific penalties for convicted human trafficking crimes.

The Final Word

Who benefits from the use of human trafficked eggs imported from developing countries? The women who are trafficked to donate (girls and males as well) that become stuck in a cycle of desperate need at best, and fear for the lives at worst? The intended parents that do not know the true source of the eggs nor the risks involved with how the eggs were procured and transported, nor do they receive the savings benefit from "the cheaper eggs."

Foreign gamete data is entered into SART and the CDC through U.S. Clinics, as has been noted by numerous clinic embryologists tasked with entering SART data, that then often misleading the public about the original source and quality of the eggs.

There is an urgent and dire need for an internationally binding legislative framework overseeing the ethical recruitment of egg donors across international borders. It is the moral obligation and duty of both local and international governments, non-governmental organizations and medical professional bodies to advocate for and draft new legislation and regulatory guidelines that puts a stop to human trafficking in an industry that exists to create healthy families.

Our own medical professional groups often do not acknowledge that the practice is happening in the U.S. and worldwide. Is there too much money to be made off of these women, girls and men to expect proactive change? What can be done when our own professional representatives are avoiding a strong stance on these transactions to protect the women and our industry from organized criminal groups, or keep the data and information that is used by the U.S. public free of foreign misinformation? We should expect hard line repercussions for this industry if lawsuits soon begin threatening individuals and practices and the ability for Reproductive Medicine to self-regulate, will become under serious scrutiny.

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